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Testimony of University Settlement Before the New York City Council

FY 2021 Joint Preliminary Budget Hearing: Committee on Health
and Committee on Mental Health, Disabilities and Addiction

Council Member Mark Levine, Chair of the Committee on Health
Council Member Farah N. Louis, Chair of the Committee on
Mental Health, Disabilities and Addiction

March 15, 2021

Presented by Barbara DiGangi, Director of Families Thriving at
University Settlement

Thank you for convening this hearing. I'm Barbara DiGangi, Director of Families Thriving at University Settlement. I am writing to ask the city to strengthen the funding, development and support of school-based mental health partnerships between community-based organizations (CBOs) and the Department of Education (DOE).

For 135 years, University Settlement has partnered with New Yorkers to build community strength and promoted resilience through challenging times in history. We've collaborated with our neighbors to pioneer highly effective programs that fight poverty and systemic inequality across Manhattan and Brooklyn. University Settlement infuses a commitment to civic engagement, equity and communal action into each of our programs which include early childhood education, mental health and wellness, youth development, healthy aging, and the arts.

Families Thriving is a home and community-based, wraparound family support program offering therapy, skill-building, school-based services and Triple P, an evidence-based model for positive parenting, to youth and their families. In delivering our multi-level approach, we've partnered closely with schools in District 1 to provide accessible mental health support, consultations, family workshops, crisis prevention and management, professional development training for school staff, and Connection Circles, a community-care model we developed to help folks gather and feel less alone. We work with families where they are, and partner with their schools to stimulate an impactful approach to enhancing family engagement, positive parenting and successful outcomes. Families Thriving employs a strengths-based approach that is sensitive to the impact of systemic racism and the effects of intergenerational trauma. By leveraging relationships within the communities, we work with families who might otherwise fall through the cracks.

Whether it's addressing the economy, systemic racism, children's education, or health, one critical piece to our city's recovery cannot be overstated: accessible mental health support. In response to the impact of Covid-19, we join in the

LEAD. ACT. IMPACT. 領導。行動。影響。 LIDERA. ACTÚA. IMPACTA. अनुवादे करारवादे अरर DIRIGEZ. AGISSEZ. IMPACTEZ. Դժվար չէ օգնելու յանձնարար ԼԻԴԻՐՄՆԻ. ԴԵՅՆՏԻՎՆԻ. ԲԼԻՂՈՒ. 领导。行动。影响。



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Thank you for the opportunity to present testimony. If you have further questions, I can be reached at bdigangi@universitysettlement.org.

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Asian American Federation

Testimony to the New York City Council Committee on Mental Health, Disabilities, and Addiction & Committee on Health

March 15, 2021

I want to thank both Committees for holding this hearing and giving the Asian American Federation (AAF) the opportunity to testify on the mental health needs of our community and our mental health service providers. I'm Joo Han, Deputy Director at the Asian American Federation.

The FY2022 budget is a critical opportunity for our City to address systemic inequities in funding for innovative and effective mental health work already being done by our community-based organizations. It also presents an unprecedented opportunity, amidst the COVID-19 recovery, to reimagine the City's mental health approach when it comes to communities of color and our especially vulnerable immigrant and senior communities.

Community Needs

We are coming to this conversation well-aware that mental health service delivery in the city's most diverse community is notoriously difficult. More than 20 Asian ethnic groups are represented within our city, speaking dozens of languages. Aside from the logistics of mental health service delivery in a crisis, cultural stigma around mental health adds an additional layer of service delivery complexity. The shortage of linguistically and culturally competent mental health practitioners and services, which is particularly egregious in areas of specialty, such as drug or alcohol abuse, gambling addiction, domestic violence, and LGBTQ+ topics and challenges, highlights the urgency to address these gaps and ensure that our community has equal access to mental health services that cater to their unique needs.

According to AAF's 2017 report, *Overcoming Challenges to Mental Health Services for Asian New Yorkers*, Asians are the only racial group for which suicide was one of the top 10 leading causes of death from 1997 to 2015. Asian American women are particularly vulnerable, with women ages 65 and older having the highest suicide rate across all racial and ethnic groups, and young women ages 15-24 having some of the highest rates of suicide across all racial and ethnic groups. Furthermore, our report uncovered the lack of research into our community's mental health needs and service models that work best for the Asian community, due to the absence of disaggregated data for Asian ethnicities and funders' proposal criteria that often exclude integrated or alternative service models.

But the Asian community's mental health burden has exponentially increased under COVID-19 due to the loss of loved ones, high unemployment rates, the severe isolation of seniors, and a

continuing rise in anti-Asian violence. These stressors have only compounded the fears and anxieties relating to the last administration's anti-immigrant rhetoric and policies that separated families and threatened to remove essential safety nets.

Asian Americans are the least likely of groups to report, seek, and receive medical help for depressive symptoms; a challenge that is further exacerbated in New York City by the fact that 22 percent of Asian New Yorkers live in poverty.

Nonprofit Support

Nevertheless, these challenges have compelled community-based service providers to innovate amidst stagnant funding and rising demand for mental health services. Our community members, especially our more vulnerable populations like our seniors and immigrants, have consistently demonstrated that they are more likely to come to community-based organizations that have demonstrated cultural competence before utilizing City services. From innovative wrap-around services like including wellness checks with basic needs deliveries, to training volunteers in mental health awareness as they deliver meals, Asian CBOs have been leading by example in how City dollars can be most effectively put to use in our communities.

But Asian-led, Asian-serving organizations continue to struggle to receive the funding they need to provide services the way our community members best receive them. From Fiscal Year 2002 to 2014, the Asian American community received a mere 1.4% of the total dollar value of New York City's social service contracts. Our analysis showed that over that 12-year period, the Asian American share of DOHMH funding was 0.2% of total contract dollars and 1.6% of the total number of contracts. This was over a 12-year period, representing a trend.

Recommendations

We are asking to address the access and capacity challenges to mental health care for Asian New Yorkers with an initial \$2 million investment to provide culturally competent programs. With this investment, AAF plans to expand and sustain a citywide effort to build mental health service capacity to meet the burgeoning yet underserved needs of the Asian community, made worse by COVID-19, specifically by:

- Formalizing a community education program to reduce the deep cultural stigma surrounding mental health issues, as well as develop and disseminate mental health resources that are culturally competent.
- Developing the capacity of Asian-serving community-based organizations to identify mental health needs and provide non-clinical interventions.
- Developing and provide cultural competency trainings to mainstream mental health providers to increase their understanding and knowledge of how to address the mental health needs of Asian Americans.

- Fostering greater collaboration among community resources and with formal service systems in order to reach those who are most in need of assistance. This includes convening the Asian American Mental Health Roundtable, made up of Asian-serving nonprofits involved in mental health work, to share knowledge, resources, and best practices to serve the varied mental health needs of the community.
- Creating an online directory of clinical and non-clinical mental health service providers with the linguistic and cultural competency to serve Asian New Yorkers.
- Replicating successful program models and provide training to Asian-serving organizations in order to build mental health service capacity in the Asian American community, and,
- Implementing an advocacy strategy to win the support of elected leaders, policy makers, funders, and the general public to build mental health services for Asian New Yorkers.

With the looming budget cuts, our advocacy efforts and budget ask is that our nonprofits be provided enough resources to protect essential services to support the mental health needs of our diverse community. We understand that the City is in dire financial straits. But as we've said before, CBOs have led by example in how to spend City dollars effectively, and we have the opportunity with this Budget to show that New York City can still lead by example in protecting its most vulnerable. We at the Asian American Federation thank you for allowing us to testify and look forward to working with all of you to make sure our communities get the mental health support they deserve.



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Date: March 15, 2021

To: Members of the Committee on Health and the Committee on Mental Health, Disabilities, and Addiction

From: Michael Davoli, New York City and New Jersey Government Relations Director

Re: **American Cancer Society Cancer Action Network Testimony Regarding the Fiscal Year 2021-2022 Budget**

Chair Levine, Chair Louis, members of the Committee on Health and the Committee on Mental Health, Disabilities, and Addiction, thank you for the opportunity to testify today. My name is Michael Davoli and I am the New York City and New Jersey Director of Government Relations for American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, nonpartisan, advocacy affiliate of the American Cancer Society.

As we all know, the COVID-19 pandemic has upended lives and the economy. But as this virus grips the nation, cancer is ever-present; 1 in 2 men and 1 in 3 women in the United States will be diagnosed with cancer in their lifetime. On average 40,531 new cancer cases and 12,776 cancer deaths occurred in New York City annually between 2012-2016 according to the New York State Cancer Registry.

Cancer patients have long faced significant barriers to accessing care. COVID-19 has magnified these barriers, with 46% of cancer patients and survivors reporting a change in their ability to pay for care due to the pandemic, and 79% experiencing delays in active treatment.

The pandemic has also shone a spotlight on health disparities across populations. Individuals from marginalized groups including communities of color are more likely to be uninsured, increasing the likelihood they will be diagnosed with advanced cancer. The 5-year relative survival rate is lower in Blacks than in Whites for every stage of diagnosis in the four most common cancer sites.

While policymakers are addressing acute needs related to COVID-19, cancer patients need changes that promote innovation, expand access, and drive towards health equity to relieve suffering during the pandemic and beyond. Eliminating cancer relies as much on public policy as it does on scientific discovery and innovation. To reinforce New York City's commitment to the fight against cancer ACS CAN recommends the following be addressed in the FY 2021-2022 city budget.

Prevention and Early Detection

The New York City Department of Health and Mental Hygiene Cancer Prevention and Control Program leads efforts in New York City to ensure that all men and women who lack health insurance have access to free cancer screening for breast, cervical, colorectal and prostate cancer. When detected early, these cancers are more easily treated. Failing to have these cancers detected early can lead to deadly consequences.

These efforts have never been more important to the health of New Yorkers. The COVID-19 pandemic and resulting economic downturn have led to loss of health coverage among low-income New Yorkers. According to the Community Services Society, 22 percent of low-income New Yorkers who lost employment income in their household due to COVID-19 said that they or someone in their household lacked health insurance coverage since the start of the pandemic, double the share of those who did not experience wage or job loss (11 percent).¹

Budget recommendation #1:

- New York City should renew its commitment to reducing cancer death rates by maintaining its current commitment of \$1.6 million in 2021-2022 to the New York City Department of Health and Mental Hygiene Cancer Prevention and Control Program. This funding will allow the DOHMH to focus on getting cancer prevention and early detection screenings, and especially stool-based test options for colon cancer, to those who need them.
- The City Council should also renew its \$1 million Cancer Initiative commitment. This critical funding goes out to community partners working to improve screening in under-resourced communities.

Reducing the Toll of Tobacco

Every year in New York City more than 12,000 lives are lost to tobacco related illness. The number one cancer killer in New York City is lung cancer. Cigarette smoking is the number one risk factor for lung cancer and in the United States, cigarette smoking is linked to about 80% to 90% of lung cancer deaths.²

While New York City experienced a historic decline in smoking rates between 2003 and 2017, that decline has leveled off and early reports show that many New Yorkers have once again picked up smoking during the COVID-19 pandemic.³

These trends are especially troubling given the fact that according to the CDC, being a current or former smoker increases the risk of severe illness from COVID-19. Smoking impairs the immune system and lung function, making it harder for the body to fight off coronaviruses and other respiratory diseases.

It is critical that New York City step up its efforts to curb tobacco use.

Budget recommendation #2:

- **New York City should maintain its current \$7.2 million in funding to the New York City Department of Health and Mental Hygiene's Tobacco Control Program.** A well-funded tobacco control program will not only produce long-term savings but can have an immediate benefit.

¹ <https://www.cssny.org/news/entry/health-inequity-persists-unheard-third>

² https://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm

³ <https://nypost.com/2021/01/29/americans-smoking-more-cigarettes-during-covid-19-pandemic/>

- **New York City must end the sale of menthol cigarettes and reform enforcement of current tobacco laws.** Ending the sale of menthol cigarettes will contribute to a further reduction in smoking rates, especially in communities of color, and contribute to a reduction in tobacco related health expenditures paid for by New York City taxpayers. As part of any effort to end the sale of menthol cigarettes New York City should reform enforcement of all current tobacco laws to ensure that they are first and foremost public health measures and the enforcement of such laws does not have unintended consequences. These reforms are in accordance with ACS CAN's commitment to addressing systemic racism in the enforcement of commercial tobacco control as explained in the policy paper [Tobacco Control Enforcement for Racial Equity_FINAL_20201011.pdf](https://www.fightcancer.org/sites/default/files/Tobacco%20Control%20Enforcement%20for%20Racial%20Equity_FINAL_20201011.pdf) (fightcancer.org)⁴.

Reduce Disparities in Cancer Research

Clinical trials are a key step in advancing potential new cancer treatments from the research setting to the clinic, and patient participation in trials is crucial to this success. Most patients express a willingness to participate in clinical research, yet only a small fraction ultimately enrolls in cancer clinical trials because of barriers that make participation difficult or even impossible.

Participation levels in clinical trials have historically been far lower and less diverse than the actual demographics of patients living with cancer and the prevalence of the disease. Marginalized communities including communities of color, members of the LGBTQ community, and older adults, are all dramatically underrepresented in clinical trials, often despite equal or higher cancer incidence rates compared to the general population.^{5 6 7}

Budget recommendation #3:

- New York City should immediately ensure that the NYC Care program's benefit design be amended to include coverage of routine care costs for clinical trials. As program participation continues to expand, it is critical that all NYC Care enrollees are encouraged to participate in clinical trials. This change would bring NYC Care in line with existing requirements for Medicare, most private insurance plans, and – beginning in January 2022 – all state Medicaid plans.

Conclusion

ACS CAN's mission is to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. With that objective in mind, we appreciate the Council's commitment to the fight against cancer. With your support of the above-mentioned budget priorities in 2021-2022 you can reduce New York City's cancer rate; help identify cancers at their earliest- and often most treatable- stage and ensure that cancer patients are adequately supported from the public policy standpoint as they battle this devastating disease.

While COVID-19 may have stopped many things in our lives, cancer hasn't stopped. So, neither have we. We thank you again for the opportunity to testify today.

⁴[https://www.fightcancer.org/sites/default/files/Tobacco Control Enforcement for Racial Equity_FINAL_20201011.pdf](https://www.fightcancer.org/sites/default/files/Tobacco%20Control%20Enforcement%20for%20Racial%20Equity_FINAL_20201011.pdf)

⁵ 1 Duma, Narjust, et al. "Representation of minorities and women in oncology clinical trials: review of the past 14 years." *Journal of oncology practice* 14.1 (2018): e1-e10.

⁶ Murthy, Vivek H., Harlan M. Krumholz, and Cary P. Gross. "Participation in cancer clinical trials: race-, sex-, and age-based disparities." *Jama* 291.22 (2004): 2720-2726

⁷ Hutchins, Laura F., et al. "Underrepresentation of patients 65 years of age or older in cancer-treatment trials." *New England Journal of Medicine* 341.27 (1999): 2061-2067.



**Committee on Health jointly with Committee on Mental Health, Disabilities & Addiction
Committee**

Adaptive Design Association, Inc.

Public Testimony

March 15, 2021

Thank you to the committee chairs, Louis and Levine, and committee members for allowing Adaptive Design and all the organizations in the room for the opportunity to give public testimony today. Thank you for the avid support of city council member Rosenthal, Speaker Johnson of District 3, and Manhattan Borough President Gale Brewer.

My name is Tamara Morgan. I'm the Community Partnerships Coordinator of an amazing innovative 501c3 organization that provides custom adaptive equipment and educational programs through cardboard carpentry and adaptive design practices called Adaptive Design.

[Adaptive Design Association](#) (ADA) is an innovative approach responding to disability by designing and building custom adaptive equipment and providing educational programming in cardboard carpentry and adaptive design principles. Since its incorporation as a 501(c)(3) in 2001, using readily available, affordable materials like cardboard and white glue, **ADA has provided thousands of custom adaptations to hundreds of individuals with varying needs in all 5 boroughs of NYC.** This has ensured they have the essential adaptations for optimal functioning and participation at home, in school, or in the community. Our 'Never Say No' policy means no child is denied a device because their family cannot pay for it.

Examples of adaptive equipment (adaptations) include a custom bike-seat insert for a 4-y-o with cerebral palsy so he can enjoy bike rides with his parents, a dining-chair with neck and torso supports so a 5-y-o survivor of a drunk-driving accident can share meals with her mother, an above-the-bed custom support bar so an adult with a disability can transfer in and out of bed independently, and an adapted gas-pedal for a 5-y-o girl with cerebral palsy so she can drive her ride-on toy car with a head switch.

On average Adaptive Design works with 80-100 clients annually in the 5 boroughs on a case-by-case basis to provide 200-300 custom adaptive components. In 2020, Adaptive Design successfully strengthened its capacity to serve clients virtually and plans to continue implementing this practice in FY22 to reach more clients. Support for the following citywide initiatives will ensure that Adaptive Design can meet the demand for our clients and community in NYC who otherwise have limited access or financial means to acquire these services.

Summary of City Council Request FY22

Initiative	Program	FY22 Request
Child Health and Wellness	Adapt for Access program: Citywide	\$25,000
	Adapt for Access program: Queens	\$10,000
Speaker's Fund	Educational Workshops for Schools and Community Organizations	\$25,000
Autism Awareness	Made-To-Learn program	\$25,000

ADA respectfully requests support for the following citywide initiatives:

Child Health and Wellness Health Services Initiative

Request: \$25,000

To support the needs of families with children 0-21 years of age in need of basic to complex adaptations at home.

Adaptive Design's **Adapt for Access program meets the needs of children ages 0-21 at critical points in their development through custom adaptation support.** When commercial devices do not meet individual needs, the targeted approach of custom adaptations tailored to the special needs of a child, support children to meet their essential milestones like walking, standing, talking, play, and interacting at the point when they are needed most.

While Adaptive Design serves people with disabilities at every age, a recent system shift in early intervention services means children 0-3 no longer have the same access to custom adaptations as they did before. Prior to 2018, therapists contacted ADA directly to request equipment as part of early intervention services. The Department of Health Early Intervention Assistive Technology Department was responsible for approving the request and disbursing reimbursement. In 2018 the system changed and therapists could no longer choose the vendor for client equipment. Instead, a state fiscal agent was assigned to approve vendors based on reimbursement. Adaptive Design's custom equipment is not categorized as DME (durable medical equipment approved) and therefore is not eligible for reimbursement.

Although this precludes Adaptive Design as a preference for the state fiscal agent, the organization remains a first choice for many therapists. Adaptive Design's equipment clearly falls into the definition of Assistive Technology as specified by the Early Intervention Memorandum 99-1. Prior to 2018, we had 15-30 reimbursable requests for early intervention equipment annually. Now therapists continue to choose Adaptive Design and make requests out of the system and we honor those without being reimbursed (relying primarily on grants and donations). Adaptations can range in complexity. A complex adaptation often includes multiple components (for example, a work-station can include seating, tray, footplates, and

harnesses) and can cost between \$700 - \$1,500. Funding will offset the costs of 15-20 adaptations for children with disabilities through the Adapt for Access program.
(Funds Received: FY 21 - None)

Speaker's Fund Educational Workshops for Schools and Community Organizations

Request: \$25,000

To support educators' supplement curriculum and broaden student understanding of adaptive design, disability, and accessibility with in-person or virtual Adaptive Design hands-on experience.

Adaptive Design has provided in-person presentations and field trips with community school groups, organizations, and individuals since its inception in 1998. These sessions included a tour of our Midtown workshop, exploring customized equipment, and viewing a short film/presentation outlining case studies. Participants learn basic construction techniques with single-wall cardboard and safe hand tool use. In FY20, Adaptive Design was granted funding to support hands-on group workshops through the Speakers Initiative's discretionary funding. In 2020, ADA provided 97 tours, presentations, and courses serving 887 individuals. **The Speaker's funding offset the cost of 19 of these sessions benefiting 282 individuals who otherwise would not have participated.** With FY19 funds we provided learning opportunities to 256 individuals ranging from elementary school students to practicing clinicians in occupational therapy. Although Adaptive Design did not receive Speaker's funding for FY21, ADA continues to receive requests and has supported groups virtually to meet the demand of remote learning.
(Funds Received: \$25,000 in FY19, FY20)

Autism Awareness Mental Health Initiative

Request: \$25,000

To support high school students with autism and the community in the practice and philosophy of adaptive design -- on how to use basic cardboard carpentry and finishing techniques to create adaptive devices and that benefit individuals with autism and other disabilities.

Adaptive Design's Made-To-Learn (M2L) program is an in-school and community-based program teaching hands-on design and fabrication skills. The program is an innovative educational and vocational opportunity. During the hands-on sessions, students with autism learn 1) pre-vocational skills, including interpersonal relations, time-on-task, receptivity to supervision; 2) STEAM skills, including working with fractions, using measuring and building tools 3) Mission-centric knowledge about how their skills and knowledge can help, not just themselves, but other people with disabilities. Staff-training provides teachers and paraprofessionals with the skills and curriculum needed to provide much-needed pre-vocational training to their students with autism. It adds to their repertoire of teaching skills and improves inclusion and accessibility in the participating schools. The items created via this

program are used by other students at the school or distributed to other local schools. (*Funds Received: \$25,000 annually, since FY17*)

Thank you all for your time and willingness to consider the appeals to the city council and the Committee on Health jointly with the Committee on Mental Health, Disabilities & Addiction Committee.

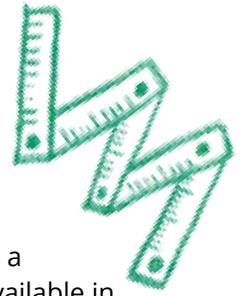
Sincerely,

A handwritten signature in black ink that reads "Tamara M. Morgan". The signature is written in a cursive style with a large, stylized initial 'T'.

Tamara Morgan, Adaptive Design Association
Community Partnerships Coordinator

Adaptive Design Association

CUSTOM ADAPTATIONS 2020



At the Adaptive Design Association, we create custom adaptations for people with disabilities in a landscape of non-custom, commercial products. These and other user-centric adaptations unavailable in catalogs are created using low-cost materials like triple-wall cardboard and simple tools. See examples of custom adaptations made in 2020 and quotes collected from newly incorporated post-service surveys.



HERSCHEL'S CUSTOM CHAIR FOR SCHOOL

"This chair is allowing for development progress at an increased rate, specifically in choice making. We never had a chair that he could sit in. This chair is supportive and allows him to be positioned similarly to how his peers." -Applied Behavior Therapist

SANAYAH'S CUSTOM CHAIR

Sanayah, an 8-year-old survivor of a drunk driving accident, required custom supports to sit upright. Due to the pandemic, Sanayah moved to virtual learning and needed a custom chair and desk for use at home.

"The desk and chair allow her to do her work comfortably. She is secure and I can leave the room knowing she is safe and completely supported. It's great for her to write effectively and independently." -Mom



ARYEH'S SCOOTER

Aryeh's custom scooter allows him to move freely around the house. Previously he was limited to sitting or lying still at home unless accompanied by an adult.



"It's helping him learn direction and where his body is in space. It helps at day-care to interact more with other kids as he can move more freely, and he can play with his brothers so they are happier too." -Mom

"She didn't have a place that she felt comfortable in and now her mood is better. She was a little scared at first but now love sitting in it alone. When she sits down she's focussed. She's attentive to what's going on because she understands what the table is for, she's ready for therapy" -Mom



HIVERICA'S CHAIR & DESK FOR THERAPY

Due to the pandemic, Hiverica was no longer receiving in-person occupational therapy at daycare. Mom needed a supportive seating and desk solution so the therapist could meet with Hiverica virtually. Hiverica now has a custom chair, desk, and easel.

LILY AND NORA'S CHAIRS AND TABLE

"It's really helped them in their fine motor skills and interacting with each other, and being in a different physical space and posture - it's helped them." -Mom



DANNA'S DINING CHAIR BOOSTER

Before Danna received this dining-chair booster she ate earlier and at a separate dining space so mom could focus solely on supporting her during mealtime. This 6-year-old with cerebral palsy is a triplet and was eager to share mealtime with her mother and brothers and now she can.

VIVIAN'S SOLUTION FOR SEATING

One request often leads to another. Vivian, a 3-year-old with dysplasia syndrome, loves bathtime. Mom needed a bath seat not just for bathing but to fully enjoy water play. While working with Vivian on this equipment the fabrication team modified her current seat.



DAVID'S FLOOR SITTER

A photo of David's cardboard floor sitter partway through the building process, demonstrates that beyond the main components of the seat and tray, at ADA custom means many more pieces that will accompany it to make it a perfect fit. These include wedges, a removable headrest, and slots for a sewn harness. All made to order. David also requested a superhero theme for the final paint job, not surprising from a 5-year-old.



"For me as his therapist, this gave me other ways to work on the goals I had for him. The prolonged sitting increases his tolerance for recreational & ADL (activities of daily living) goals, it helps with carryover. The parents really appreciate the opportunity for him to sit up while spending time with the family. It's definitely had a positive effect."
- Physical Therapist

DINING CHAIR BOOSTER

Gianluca's family was ready for their 4-year-old to join them at the dining table but there is no commercially safe high chair for his current age. The fabrication team created a dining booster to fit perfectly on their current chairs and in his favorite color too!



"We absolutely love the chair. Gianluca loves it. He sits and eats with the family and he doesn't run away when he is eating. He is even able to do an activity or iPad work without running. We are so happy. Thank you so much." -Mom

MILLIE'S MIRROR FOR SELF-CARE

With anxiety high for contracting COVID 19, 40-year-old, Millie, was delighted that we could make something custom for her entirely contactless. Millie has Cerebral Palsy and uses a motorized wheelchair. Following a recent surgery, ADA created this mirror extension to connect to her wheelchair so that she can position her Ostomy bag.



February 8, 2021

Adaptive Design Association Program Highlights 2017- Present

Autism Awareness Mental Health Initiative

Funds Received: \$25,000 annually, since FY17

This funding is to educate high school students with autism and the community in the practice and philosophy of adaptive design -- on how to use basic cardboard carpentry and finishing techniques to create adaptive devices that benefit individuals with autism and other disabilities.

Adaptive Design Association's Made-To-Learn (M2L) program is an innovative educational and vocational in-school and community-based program teaching hands-on skills in design and fabrication. It consists of two components: hands-on sessions for students and staff-training sessions for educators and support staff. During *hands-on sessions*, students with autism learn 1) pre-vocational skills, including interpersonal relations, time-on-task, receptivity to supervision, ; 2) STEAM skills, including working with fractions, using measuring and building tools 3) Mission-centric knowledge about how their skills and knowledge can help, not just themselves, but other people with disabilities. *Staff-training* provides teachers and paraprofessionals with the skills and curriculum needed to provide pre-vocational training to their students with autism. It adds to their repertoire of teaching skills, and improves inclusion and accessibility in the participating schools. The items created via this program are distributed to students of the school or other local schools.

Summary of Program Impact 2017- present

	Phase 1 / 2017	Phase 2 / 2018	Phase 3 / 2019	Phase 4 / 2020-21
Council Funding	✓	✓	✓	✓
Program Growth	Introduced 1-year weekly internship pilot.	Introduced 1) Teacher professional development 2) Weekly class visits	School administration established fully outfitted Adaptive Design workshop at school	Paused due to COVID-19 then adapted for remote learning
Student Reach	3	18	15	11 in-person / 4 virtual
Equipment Made	fewer than 5	54	245	TBD
ADA Class Sessions	-	50	30	15+

Program Highlights, 2017- Present

Phase 1 / Internship

The initial partnership included two 14-21-year-old high school students from a local D75 school interning one morning a week at ADA's workshop. This program was initiated by the school transition coordinator and designed in partnership to strengthen work skills like collaboration, project planning, hand and power tools, measuring, painting, and shop maintenance.



Interns painting footrests in the ADA workshop. Footrests are made at the request of therapists to support dangling feet. For students who have low muscle tone dangling feet can cause fatigue and make students unavailable to learn. They are made to order with specific measurements.



An advanced project adapting a classmates' classroom chair. Together ADA and interns made sure that the final piece had the ideal angles, dimensions, and postural supports, and also the right shade of green.

Phase 2 / Professional Development for Teachers and Weekly Class Visits

In 2018, with discretionary funding from the City of New York and the support of council member Helen Rosenthal, the M2L program expanded to include an entire class, weekly visits, and an intensive train-the-trainer component for their instructors and support staff. The resulting instructor-designed curriculum allowed students to share tasks, troubleshoot, adopt responsibilities, and build items that create inclusion and accessibility for themselves, their peers, and other students. As students create collaboratively, they learn valuable hard and soft skills essential for entry into the job market and other postsecondary opportunities, including day habilitation programs.



Students excited to deliver a set of smartboard steps they built.



Jordan uses a jigsaw to cut cardboard pieces for a custom chair.

Phase 3 / Fully outfitted Adaptive Design Workshop at School with weekly ADA visits

With the continued support of the Council Adaptive Design continued to offer weekly hands-on skill building class field trips. Seeing the value of this program, the DOE D75 leadership has worked with ADA to foster partnerships with three schools to expand the M2L program. The local D75 M2L programs are publicly supported and receive grant funding from the Vocational and Technical Act (VTEA). The most established partnership is with a local D75 school where students participate in adaptive design fabrication work through weekly visits to ADA's central workshop, and continue working on projects during the week at their in-school workshop class .



D75 students working on building Easels in their Adaptive Design Workshop at school.



D75 students at ADA Workshop proudly holding signs showing their achievements.



Easel being used by a student.

Phase 4 / Adapting for Remote Learning

In this unprecedented year ADA is thrilled to share that it has adapted its M2L program to take place virtually while students remain in remote learning sessions. This is a tremendous triumph over circumstances given the disruption students in special education have endured this year. Adaptive Design staff partnered with the local D75 team to customize cardboard caddies to be delivered to students' homes. The caddies serve both as a curriculum tool and hold student supplies. ADA remains one of few work sites that has adapted to continue providing the means for much needed community interaction with students and staff of local schools via M2L (and other virtual opportunities such as virtual site visits).



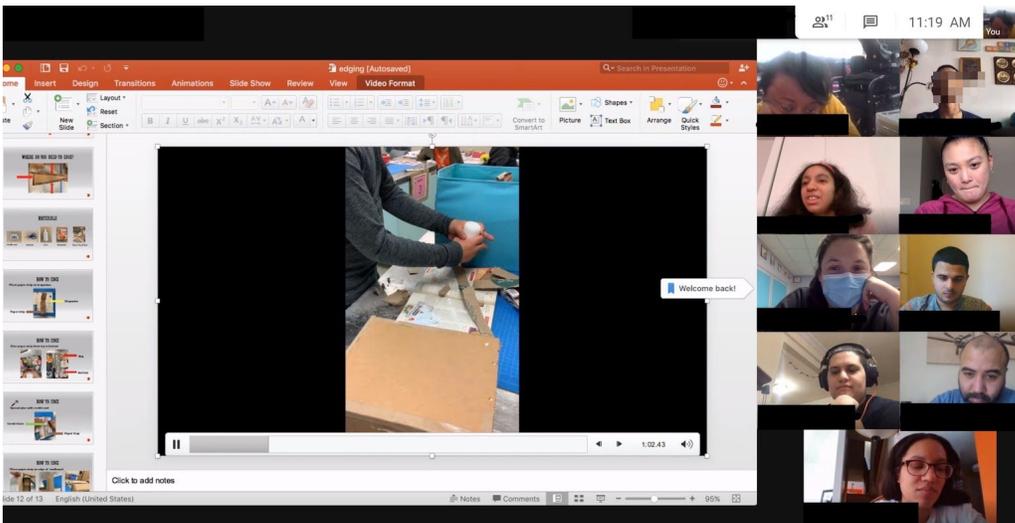
ADA volunteer who made caddys.



Cardboard caddys with supplies.



Virtual session: Students & staff adjusting to the new format with smiling faces.



Virtual session: Educator demonstrating cardboard carpentry curriculum.



Thank you for the opportunity to testify today.

My name is Liz D'Imperio the Director of Health Promotions for the American Lung Association in the New York City office. I have been with the organization for 14 years and have had the honor of managing the Open Airways For Schools program for the duration of that time.

The American Lung Association is the nation's longest-standing voluntary public health association with a mission to save lives by improving lung health and preventing lung disease.

Over 400,000 children in New York live with asthma; a chronic disease of the lungs that causes wheezing, breathlessness, chest tightness, and coughing. If not well-controlled, even under normal circumstances, asthma can greatly limit a person's quality of life. Asthma is the leading cause of school absenteeism. According to the CDC on average 1 in 10 New Yorkers has been diagnosed with asthma, higher than the national average of 1 in 12.

The burden of asthma in New York remains highest in New York City. According to the NYC Environmental & Health Data Portal 158,000 children 0-13 years old, or 11.2%, have been diagnosed with asthma. Some of the highest burden is found in the Bronx, 17.5%, East & Central Harlem, 15.4%, North & Central Brooklyn, 15.3% and South Jamaica and Rockaway at 15.7%. These numbers reflect a rate at almost twice the national average.

Open Airways For Schools® (OAS) educates and empowers children through a fun and interactive approach to asthma self-management. The program teaches children with asthma ages 8 to 11 how to detect the warning signs of asthma, avoid their triggers and make decisions about their health. The curriculum is six 30-minute lessons taught by a school nurse during the school day, often during the lunch hour. OAS is taught in all elementary schools across the five boroughs of NYC.

The OAS curriculum is grounded on the national heart, lung and blood institute's evidence-based guidelines for diagnosing and managing asthma.

The lessons cover:

- Basic information/feelings about asthma
- Recognizing episode warning signs
- Managing asthma symptoms
- Communicating with adults
- Identifying and controlling asthma triggers
- Understanding asthma medications
- Getting enough exercise
- Having and following Asthma Action Plan



- Doing well at school

The American Lung Association has provided the Open Airways For Schools program in NYC elementary schools since 1996. In that time, we have trained over 3000 facilitators who have helped over 75,000 children with asthma successfully complete the program. OAS provides the children with a foundation of information in asthma management skills.

The American Lung Association has dedicated staff, working in partnership with the NYCDOHMH and the Office of School Health, to train and certify OAS facilitators, who are mostly school nurses. We provide the nurses all post training program materials, technical assistance including and not limited to support and program implementation expertise.

A vital component to the success of the program over my 14 years is our ability to provide the school nurses with the program materials needed to teach the curriculum. The school nurses are expected to teach 2 groups of up to 10 children in a school year, they would not be able to accomplish this without the support we provide. The partnership has led to 3000-3500 children graduating from OAS as asthma experts.

The funding for the current school year was reduced by 30%, from \$121,875 to \$87,018. The funding has remained at the \$121,875 level since 2010. If the funding is not reinstated, we will be unable to deliver the full day training, including intensive asthma pathophysiology, to the nurses and to provide the curriculum materials and technical support necessary for continued success. This will have a direct impact on 3000-3500 children with asthma in NYC.

Today we have heard the responsibilities of the school nurse continues to grow to meet the demands of the COVID-19 pandemic. We cannot also expect them to make photocopies of the OAS student handouts.

The OAS program needs to have the full funding reinstated to continue the critical work of guidelines-based asthma self-management education to children with asthma in NYC.

Asthma education is a key priority in the EPR-3 expert panel guidelines for achieving and maintaining asthma control.

Thank you for your continued commitment to the health of NYC school children and for your continued efforts to fund the Open Airways For Schools program.

Thank you,

Liz D'Imperio
Director, Health Promotion
American Lung Association



Liz.Dimperio@Lung.org



Testimony of the American Heart Association

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

March 15, 2021

Greg Mihailovich, Community Advocacy Director
American Heart Association, New York City

Thank you, Chair Levine, Chair Lewis, and the members of the New York City Council Committee on Health, and the New York City Council Committee on Mental Health, Disabilities, and Addictions. On behalf of the volunteers of the American Heart Association, we are grateful for the opportunity to present testimony related to key health initiatives that our organization believes will support healthy behaviors in New Yorkers.

As the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke, of which approximately 80% of diagnoses are preventable¹, we believe every person deserves the opportunity for a full, healthy life. As champions for health equity, by 2024, the American Heart Association will advance cardiovascular health for all, including identifying and removing barriers to good health. In a world forever-changed by COVID-19, our mission – *to be a relentless force for a world of healthier, longer lives* – is more important than ever.

Reducing Food Insecurity

Every family should have access to the foods that help support a balanced diet and a healthier life. Unfortunately, nearly 1.6 million New Yorkers – one in five – are facing food insecurity.² That includes school children, seniors, parents, and working adults.³ The Supplemental Nutrition Assistance Program (SNAP) helps reduce food insecurity and help households rise out of poverty.⁴ SNAP healthy food incentive programs can help people eat more fruits and vegetables and increase the quality of their diet.⁵

¹ "Preventable Deaths from Heart Disease & Stroke." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 3 Sept. 2013, www.cdc.gov/vitalsigns/HeartDisease-Stroke/index.html.

² NYC Mayor's Office of Food Policy. (2021). Food Forward NYC: A 10-Year Food Policy Plan. <https://www1.nyc.gov/assets/foodpolicy/downloads/pdf/Food-Forward-NYC.pdf>

³ Ibid.

⁴ Renwick, Trudi, Fox, Liana. The Supplemental Poverty Measure. Prepared by the U.S. Census Bureau. <https://www.census.gov/library/publications/2016/demo/p60-258.html>.

⁵ Bartlett, Susan, Jacob Klerman, Lauren Olsho, et al. Evaluation of the Healthy Incentives Pilot (HIP): Final Report. Prepared by Abt Associates for the U.S. Department of Agriculture, Food and Nutrition Service, September 2014.

Higher intakes of fruit and vegetables – at least 2 daily servings of fruit and 3 daily servings of vegetables – have been associated with lower mortality.⁶

When SNAP recipients are given incentives to buy more fruits and vegetables, they spend more of their benefits on healthier foods.⁷ Families can buy healthier options, which help children establish lifelong habits supporting overall health and wellness.⁸ SNAP incentives can increase spending on fruits and vegetables in grocery stores, which generates economic growth. Every \$5 spent using SNAP generates as much as \$9 in economic activity.

SNAP serves nearly 1.5 million New York City residents, or 20 percent of the population, on average each month.⁹ New York City's existing SNAP incentive programs help people eat more fruits and vegetables and increase the quality of their diet, but they are limited and do not reach everyone who would benefit from them:

Health Bucks offers SNAP recipients a voucher to increase the buying power of SNAP benefits used at participating farmers markets. Previously offering a \$2 voucher for every \$5 spent, this year the match is increasing to a \$2 voucher for every \$2 spent, up to \$10 a day. This increase will greatly help food insecure New Yorkers, but not everyone has convenient access to a farmers market and most locations are seasonal and closed for a good part of the year.

Get the Good Stuff offers a matching dollar in reward points for every dollar of SNAP spent on purchases of eligible fruits, vegetables, and beans at participating supermarkets – up to \$50 per day. Those points can be used for the next purchase of eligible produce. Currently, there are only six supermarkets participating in the program. There are plans for expanding to 14 supermarkets and there is some funding in the FY22 Preliminary Budget to support this.

Pharmacy to Farm provides \$30 in Health Bucks each month to SNAP recipients who fill a prescription for high blood pressure medication at select pharmacies. The Health Bucks can be used to purchase fresh produce at participating farmers markets. The federal funding supporting this initiative is expiring and NYC is winding this program down.

We ask that you significantly increase the funding for these SNAP incentive programs in the budget for FY22. Expanding the reach and impact of these effective initiatives will have significant long-term health and economic benefits for New York City.

⁶ Wang, D. D., Li, Y., Bhupathiraju, S. N., Rosner, B. A., Sun, Q., Giovannucci, E. L., . . . Hu, F. B. (2021). Fruit and vegetable intake and MORTALITY: Results from 2 prospective cohort studies of us men and women and a meta-analysis of 26 cohort studies. *Circulation*. doi:10.1161/circulationaha.120.048996

⁷ Ibid.

⁸ Hilary Hoynes, Diane Schanzenbach, Douglas Almond, "Long-Run Impacts of Childhood Access to the Safety Net," *American Economic Review* 106, no. 4 (2016): 903-34.

⁹ NYC Mayor's Office of Food Policy. (2020). Food Metrics Report 2020.

https://www1.nyc.gov/assets/foodpolicy/downloads/pdf/food_metrics_report_2020-two_page_spread.pdf

Access to Care

Stroke survivors and those with heart disease, including high blood pressure and congenital heart defects, may face an increased risk for complications if they become infected with the COVID-19 virus. People with diabetes, compromised immune systems, chronic lung diseases and other underlying conditions also may be at risk of more severe illness, according to the CDC.¹⁰ High blood pressure also accelerates memory loss and other cognitive declines for middle-aged or older adults, even when it only goes up slightly and for a short time, new research shows. Conversely, controlling high blood pressure slows the speed of cognitive decline.¹¹

Telehealth, also called telemedicine, is the use of electronic information and telecommunication technologies to provide care when the patient and the doctor are not at the same location.¹² Telehealth increases access healthcare to those who ordinarily lack it, increases medication adherence protocol, and allows patients to be monitored and treated continuously within the comfort and privacy of their own home.

Telehealth may increase access and convenience for cardiovascular disease and stroke patients. This is especially true for vulnerable cardiovascular disease or stroke patients who – because of their geographical location, physical disability, advanced chronic disease, or difficulty with securing transportation – may not otherwise access specialty health care services.

With millions of New Yorkers staying home due to fears of being exposed to COVID-19, many have turned to telehealth to meet their medical needs. Unfortunately, there are numerous barriers to the adoption of telehealth. The lack of equitable public and private insurance reimbursement and the lack of multi-state licensure disproportionately deny high quality healthcare to vulnerable populations that lack access to traditional healthcare.¹³ Many New Yorkers also face additional barriers to accessing telehealth. If someone is living on a fixed income, they may not have the financial resources to afford devices or internet service fees. They may not know how to use the technology and lack the assistance to learn. People with hearing loss, impaired vision, or language barriers will struggle even more.

These barriers underscore the importance of access to self-monitoring devices. Just like having a thermometer will help someone tell if they have a fever or are just feeling flushed, access to self-monitoring devices – like blood pressure cuffs and pulse oximeters – helps someone determine whether need to seek in-person care if they are

¹⁰ Centers for Disease control and Prevention. (n.d.). Retrieved February 16, 2021, from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

¹¹ De Menezes, S. T., Giatti, L., Brant, L. C., Griep, R. H., Schmidt, M. I., Duncan, B. B., . . . Barreto, S. M. (2021). Hypertension, Prehypertension, and Hypertension Control. *Hypertension*, 77(2), 672-681. doi:10.1161/hypertensionaha.120.16080

¹² What is telehealth? (n.d.). Retrieved February 16, 2021, from <https://telehealth.hhs.gov/patients/understanding-telehealth/>

¹³ Schwamm LH, Chumbler N, Brown E, Fonarow GC, Berube D, Nystrom K, Suter R, Zavala M, Polsky D, Radhakrishnan K, Lacktman N, Horton K, Malcarney MB, Halamka J, Tiner AC; on behalf of the American Heart Association Advocacy Coordinating Committee. Recommendations for the implementation of telehealth in cardiovascular and stroke care: a policy statement from the American Heart Association [published online ahead of print December 20, 2016]. *Circulation*. doi: 10.1161/CIR.0000000000000475.

feeling unwell. This is especially important if that person struggles with accessing telehealth services.

Self-measured blood pressure (BP) monitoring, the measurement of BP by an individual outside of the office at home, is a validated approach for out-of-office BP measurement. Several national and international hypertension guidelines endorse self-measured BP monitoring, which has high potential for improving the diagnosis and management of hypertension in the United States. However, to adequately address barriers to the implementation of self-measured BP monitoring, financial investment is needed.¹⁴

By investing self-monitoring devices, such as blood pressure cuffs and pulse oximeters, to provide to community partners (FQHCs, Health Systems, other clinics, CBOs) for distribution to those in need, essential care can be remotely provided to medically underserved populations and continue to lessen the impact of COVID-19 through physical distancing.

We ask the NYC Council to dedicate funding for self-monitoring devices as part of your efforts to remove barriers to telehealth and remote care for our most vulnerable New Yorkers.

Tobacco Cessation

According to the World Health Organization, smokers are likely more vulnerable to severe and potentially life-threatening cases of COVID-19. Smokers often suffer from lung disease and reduced lung capacity, which would greatly increase the risk of serious complications from COVID-19 infection. While there is currently no direct data about the role of vaping in COVID-19 infection or outcomes, a growing body of evidence shows that vaping can harm the health of your lungs. While more research is needed, limited evidence suggests that using e-cigarettes may suppress your immune system, making you more susceptible to respiratory infections and delayed recovery.

The growing evidence around tobacco and e-cigarette use and adverse outcomes from COVID-19 has strengthened the American Heart Association's position that we need New Yorkers to quit their addiction as urgently as possible. With the enactment of the city law banning all flavored e-cigarettes – hopefully to be soon followed by companion legislation restrict access to all flavored tobacco products, including menthol – New York City needs to invest in more cessation programs and support for those now struggling with a nicotine addiction because of heavy e-cigarette use. Those cessation resources also need to be available virtually or online to be easily accessible during for these socially distant times.

¹⁴ Shimbo D, Artinian NT, Basile JN, Krakoff LR, Margolis KL, Rakotz MK, Wozniak G; on behalf of the American Heart Association and the American Medical Association. Self-measured blood pressure monitoring at home: a joint policy statement from the American Heart Association and American Medical Association. *Circulation*. 2020;141: e***-e*** doi: 10.1161/CIR.0000000000000803.

We ask the NYC Council to dedicate funding to expanding tobacco and nicotine cessation programs.

Thank you for everything you have done and will do to protect the lives of the people of New York City. The American Heart Association is a reliable and trusted source of information based in credible science, and we will continue to be your partner in ensuring the health and well-being of all New Yorkers.



The American Lung Association is the nation's longest-standing voluntary public health association with a mission to save lives by improving lung health and preventing lung disease.

The American Lung Association established the model of combining health education, public advocacy and groundbreaking research to address public health issues. Founded in 1904, we played a critical role in eradicating tuberculosis in the United States.

We remain committed to four strategic imperatives getting us closer to a world free of lung disease:

1. To defeat lung cancer
2. To champion clean air for all
3. To improve the quality of life for those with lung disease and their families
4. To create a tobacco-free future

An estimated 1.5 million adults and over 400,000 children in New York live with asthma; a chronic disease of the lungs that causes wheezing, breathlessness, chest tightness, and coughing. If not well-controlled, even under normal circumstances, asthma can greatly limit a person's quality of life. Asthma is the leading cause of school absenteeism. According to the CDC on average 1 in 10 New Yorkers has been diagnosed with asthma, higher than the national average of 1 in 12.

The burden of asthma in New York remains highest in New York City. According to the NYC Environmental & Health Data Portal 158,000 children 0-13 years old, or 11.2%, have been diagnosed with asthma. Some of the highest burden is found in the Bronx, 17.5%, East & Central Harlem, 15.4%, North & Central Brooklyn, 15.3% and South Jamaica and Rockaway at 15.7%. These numbers reflect a rate at almost twice the national average.

Open Airways For Schools (OAS) educates and empowers children through a fun and interactive approach to asthma self-management. The program teaches children with asthma ages 8 to 11 how to detect the warning signs of asthma, avoid their triggers and make decisions about their health. The curriculum is six 30-minute lessons taught by a school nurse during the school day, often during the lunch hour.

OAS is the most widely recognized asthma management program for children in the nation, and a proven-effective way to improve asthma self-management skills, decrease asthma emergencies and raise asthma awareness among families and school personnel.



The lessons cover:

- Basic information/feelings about asthma
- Recognizing episode warning signs
- Managing asthma symptoms
- Communicating with adults
- Identifying and controlling asthma triggers
- Understanding asthma medications
- Getting enough exercise
- Having and following Asthma Action Plan
- Doing well at school

The American Lung Association has provided the Open Airways For Schools program in NYC elementary schools since 1996. In that time, we have trained over 3000 facilitators who have helped over 70,000 children with asthma successfully complete the program.

The American Lung Association has dedicated staff who train and certify OAS facilitators, who are mostly school nurses. The ALA staff provide all post training program materials, technical assistance including and not limited to support and program implementation expertise. There are two physician consultants who are experts in asthma pathophysiology to provide intensive asthma education during each training session.

Funding for the current school year was reduced by 30%.

During this challenging year the staff of the American Lung Association has convened a national workgroup, adapting the OAS curriculum for a virtual learning experience, and incorporating messaging about staying healthy with asthma during the COVID-19 pandemic, while maintaining the evidence-based messaging of the original curriculum.

The OAS program needs to have the full funding reinstated to continue the vital work of guidelines-based asthma self-management education to children with asthma in NYC.



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Testimony on the New York City Fiscal Year 2022 Budget for the Health & Mental Health Committee March 8, 2021

Mon Yuck Yu

Good Afternoon. My name is Mon Yuck Yu, Executive Vice President & Chief of Staff at the Academy of Medical & Public Health Services (AMPHS). Thank you, Chair Levine and Chair Louis, for the opportunity to testify.

AMPHS is a not-for-profit healthcare organization in Sunset Park that works to bridge the health equity gap among communities of color by providing free clinical screenings and bilingual mental health therapy integrated with individualized health education and social services to the immigrant populations of New York City, free of cost and regardless of immigration status. We work primarily with undocumented immigrants who suffer high risks of chronic, infectious, and behavioral health issues due to their lack of health insurance access.

I want to tell you the story of Maria, an undocumented immigrant. She never learned to read or write. Turned away at hospital reception because she could not communicate in English, Maria borrowed money to see a private doctor to find out she had COVID-19 and diabetes. When she came to AMPHS, our social worker connected her to follow-up care, helped her navigate free treatment and complicated online patient portals so she could understand her results, and helped her secure funding for diabetes medications, while our mental health therapist provided free, ongoing care in Spanish. Our cash assistance program helped her pay off her bills and she even enrolled in our adult literacy classes with individualized tutoring. Maria is one of the 1,500 residents that receives food deliveries and distribution from us every week. This is the type of holistic support that organizations like ours provide.

During COVID-19, our work has become more important than ever before, reaching over 400,000 people through our outreach and education efforts. Our Community Health Workers offer interpretation in Spanish, Arabic, and three Chinese dialects to help community members navigate our healthcare and social assistance systems. Every month, we are holding in-language workshops and distributing thousands of pieces of literature to community members through canvassing and our weekly food distribution events, and poster at over 700 businesses. Since March, we have distributed over 100,000 pieces of PPE. Now, we are helping 300-350 people make appointments for COVID-19 vaccination sites every week. Requests for assistance have also tripled. Every day, our team fields 50-60 calls for individuals like Maria seeking clinical and

social assistance. We have a waiting list of nearly 100 individuals seeking support from our free mental health services, which we cannot meet by our current funding levels.

We would like to thank the City Council for its historical support of our funding through the Immigrant Mental Health Initiative. I would like to urge the City Council to restore and expand the Immigrant Health Initiative and Mental Health Services for Vulnerable Populations to support this work, and in particular advocate for restoring state Article VI funds. The Governor's budget reduces reimbursement for NYC from 20% to 10%, which translates to \$35M or more in lost funding to support essential public health programs. Other New York counties remain at 36% - so this is an NYC-specific cut, though we have been one of the hardest hit cities from COVID-19. Cuts to funding over the past year have been detrimental, while demand for services have tripled; many of our staff are stretched thin and unfortunately we have not been able to hire new staff to meet the demand.

What has been a mental health stressor in the past has now been exacerbated. For people who are working from home, implementing boundaries and maintaining a work life balance is difficult. Unemployment and lack of work has created financial hurdles and fear of eviction. Families with a history of domestic violence are now facing more tension. Children are feeling more isolated because of the inability to socialize and parents are bearing the responsibility of being an educator, caretaker, and breadwinner -- this is especially difficult for single parents. Community members experience heightened levels of anxiety and depression with the loss of loved ones and financial stability. Our Asian communities are feeling the stress of racism and harassment every day when they ride the subway going to work.

We have a waiting list of nearly 100 individuals seeking support from our free mental health services, which we cannot meet by our current funding levels. AMPHS is one of few organizations offering bilingual therapy services and the need is high; while we budgeted for two additional bilingual therapists this year, the reduced funding means that we cannot do so. It has been particularly difficult to hire therapists who speak Chinese and Arabic as a result of limited funding, not to mention the outreach we must do to combat the mental health stigma. We can only afford to hire part-time therapists at this time, but many therapists are seeking full-time opportunities. Currently, Mental Health for Vulnerable Populations Initiative only supports mental health services in one Asian-serving organization and we, in addition to a number of other organizations doing this work, have not been funded.

Furthermore, the City's vaccine outreach has been less than equitable and it is organizations like ours that are closing this gap. One year into the pandemic ineffective language access still plagues the City's response. Many of our immigrant community members struggle to navigate the City's convoluted vaccination scheduling system with limited English and technological proficiency, and a lack of accessible, translated educational materials on vaccine safety has allowed rampant misinformation to spread. Immigrant communities average about 22% vaccine uptake, compared to 70% in some majority White communities. The Upper West Side community, with half of Sunset Park's population density, has vaccinated 30% more people than Sunset Park. Despite the fact that Sunset Park has been named a priority neighborhood in the City's "Vaccine for All" effort, vaccine uptake remains at only 21%.

CBOs like AMPHS have been at the forefront of vaccine education. Our Community Health Workers offer interpretation to help community members navigate our healthcare and social assistance systems. We have created a task force to conduct listening sessions in our community and create vaccination education materials. Every month, we are distributing thousands of pieces of literature to community members through canvassing and our food distribution events. We are working with the Health+Hospitals to coordinate vaccine blocks for immigrant community members, connecting 300-350 people to vaccines every week in Sunset Park, many who tell us we are the first organization through which they have been able to get connected to the vaccine in their language. We have served as a vaccine navigation pop-up site, but we are not funded to do ANY of this work through Test & Trace even though our staff spends over 60 hours per week on this work, and are asked to seek subcontracting opportunities with the few T2-funded organizations, who do not have an obligation to partner with any other groups. We need to replicate the Census funding model to sustain this work for nonprofits who are meeting community needs on the ground using a more accessible RFP and contracting process.

In addition to requesting support for nonprofits like ours that are engaged in vaccine outreach, we would also like to address the systematic racism that exists in our COVID-19 testing and vaccine distribution plans. At the Sunset Park vaccine site, we have been fortunate to work with H+H and be given vaccine blocks to ensure those who are least connected to vaccines are able to secure them. We have developed translated vaccine appointment forms and are calling those who are technologically disenfranchised in their languages to break down access challenges. But even though they are connected at the point of access, they are estranged at the point of care.

Language access is lacking at the vaccination sites, leading to fear and confusion when community members are confronted with questions about insurance status and other personal information, or even at the front of the line. Mr. Wong is an 80-year-old man who has diabetes, lives alone, walks with a limp, and only speaks Chinese. For months, he has been unable to get a vaccine appointment until he connected with AMPHS. But when he reached the site, he waited two hours online and was then told that he was not on the list and was motioned to the side and complete paperwork that was only in English, even though he had already signed up. He was told to wait in the cold with a line of other Chinese and Spanish speakers who were not on the list, until he could wait no more after five hours. He could not understand why he was treated this way. And when he called us, his voice was quivering and said, “With one wave of their hand, we were set to the side. It is unfair. This is too frightening. I don’t want to get the vaccine anymore.”

While we have worked with H+H to resolve the initial systematic infrastructure challenges that led to this confusion, these language access issues are the exact reason that there is vaccine hesitancy in communities of color. When I visited the vaccination sites last week, here is what I saw: None of the signage nor registration forms is translated into other languages. There are no staff members onsite speaking other languages; instead, we are told to tell community members to bring their own translators if they can. There is no signage telling community members they have a right to language support, and there is only one language assistance kiosk that is not visible but hidden indoors. Our non-English speaking seniors were afraid of the possibility of

standing in line and not be given accommodations for priority service because they cannot communicate regarding this need ended up canceling their appointments. Our community members are feeling scared, frustrated and confused. What broke my heart is that a Spanish-speaking community member, who had an appointment but who they could not find on the list, and could not communicate with the people onsite, was being escorted out by security – what kind of message that does send to communities of color who have a history of trauma with healthcare institutions, with immigration and police enforcement? She, too, did not want to return to the site.

This process is perpetuating the systematic racism inherent in our current healthcare infrastructure. Even though we have helped community members move past the point of access, challenges still exist at the point of care. Non-English speakers are being treated differently and set to the side, while English speakers are shown they have more privilege; it generates hesitancy to get a second dose due to poor experiences getting their first does; it creates distrust of our hospitals and the CBOs that are working hard to connect them to this system; and CBO resources are now utilized to the help navigate the point of care itself as opposed to accessing appointments. And how can we properly address vaccine questions without having interpreters in a healthcare setting? Our FY22 budget must invest in translated signage, materials and interpreters at all testing sites, working with community-based organizations to hire from within the community.

I humbly thank the City Council for supporting organizations like AMPHS working on providing on-the-ground, culturally-competent services during this challenging time. We look forward to working together to ensure that healthcare is not a privilege, but a basic human right.



THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS®

Michelle Villagomez
NYC Legislative Senior Director

AMERICAN SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS

*New York City Council Budget and Oversight Hearings on The
Preliminary Budget for Fiscal Year 2022*

March 15, 2021

I am Michelle Villagomez, New York City Senior Legislative Director for the American Society for the Prevention of Cruelty to Animals (ASPCA). On behalf of the ASPCA, I would like to thank Chairman Levine for the opportunity to submit testimony in support of funding for Animal Care Centers of NYC (ACC) in FY22.

We are grateful that the Council and the administration have made clear their commitment to protecting at-risk animals by passing legislation to establish full-service animal shelters in every borough, providing funding for such shelters, and selecting sites for new facilities in the Bronx and Queens. This animal sheltering system is a national leader in the placement of dogs, cats and rabbits among those that publicly report data and have average annual intakes exceeding 25,000 animals.

In FY20, the Council provided ACC with \$3 million dollars in addition to their base-line funding, which allowed for the growth of its medical staff, expanded mobile adoption efforts, and strengthened its community outreach and pet retention programs. The aim of pet retention work is to keep more pets in their homes and help owners access needed services. This includes veterinary care, spay/neuter, supplies, and other pet care resources. Due to the City's financial constraints, this funding was cut in FY21, at a time when this work was in high demand as a critical element in the City's collaborative response to the COVID-19 pandemic. We urge you to ensure that this funding is reinstated in FY22 so that ACC can continue to provide these critical, high-quality programs throughout the city.

In addition to the unprecedented challenges COVID-19 has created for everyone, it also puts animals at risk by straining essential owner and shelter resources. To address this problem, ACC partnered with the Mayor's Office of Animal Welfare and NYC Emergency Management's Animal Planning Task Force (APTF) - which includes the ASPCA - to work collaboratively on a strategic response to help people and animals in crisis. The ACC's shelter staff managed cases requiring higher levels of support such as emergency retrieval, in-home pet drop-in services, and emergency

boarding. While the COVID-19 pet response plan was in operation, ACC's shelter intake declined, suggesting that the safety-net put in place was an effective tool for diverting or preventing surrender to the municipal shelter.

We expect the pet retention programs to only increase in significance as the City begins its recovery from the pandemic and faces new housing challenges for pet owners. Even now, the animal welfare community sees firsthand the economic hardships making it difficult for pet parents to care for their beloved animal companions. Considering the vital role pets play in our lives – especially in times of crisis and stress – it is extremely important to safeguard their health and welfare as much as we possibly can. Proactive steps taken now by government at all levels and by other key community stakeholders can minimize the damaging impact and help ensure that pet-owning families have a safe and secure place to call home during this crisis and long after it has passed.

We respectfully ask you to ensure that ACC can maintain and enhance its levels of service, as their work is essential and needed now more than ever. This important funding will go a long way toward helping the ACC team deliver a level of care and protection that New Yorkers both need and deserve. We are grateful to the Council for recognizing the value of investing in our sheltering infrastructure and look forward to making the most of this opportunity to best protect animals across the city.

Thank you.



New York City Council
Committee on Health and Committee on Mental Health
FY 2022 Preliminary Budget Hearing

Testimony of Elizabeth Powers,
Communications and Community Engagement Coordinator, BOOM!Health

BOOM!Health is located in the South Bronx, one of the most neglected neighborhoods in our city in terms of healthcare. The Bronx has the worst health outcomes of any county in the state of New York, and the residents are frequently left feeling as though they are less than or unimportant in the eyes of their local government. It has been BOOM!Health's mission to provide our community with a full range of services to meet their needs, while also helping to address the barriers that they frequently face in accessing healthcare. Whether we are working with an individual who is experiencing homelessness, living with HIV, or someone who uses drugs, we believe that everyone should be able to have access to healthcare.

Access Health NYC (AHNYC) has assisted BOOM!Health in this mission over the past several years in empowering our community and providing them with education they need in order to navigate the healthcare system. The past year has been our most challenging to date as we deal with all the fallout from the COVID -19 pandemic. However our program has adapted to this new reality and has been innovative in our attempt to continue to serve our participants and the community of the South Bronx.

Our Access Health program has been able to continue to engage with members of the community virtually, and provide them with the information they need to make the most informed choices regarding their health and healthcare. We continue to provide the specially created My Health Access curriculum to bring information to our community regarding health insurance, managing chronic conditions, and learning how to advocate for your health. This has been especially beneficial to them as they have navigated the changes that they have encountered over the past year with COVID-19, such as telehealth, COVID-19 testing, and now the COVID vaccine.

It is our goal in FY2022 to continue to be a means of support for the people of the Bronx. Through continued outreach, health education groups, workshops in the community, and our curriculum we know we can continue to help empower our community and help them to live the healthiest version of their lives. By the end of FY2021 over 20 individuals will have completed our My Health Access curriculum virtually. Additionally, we have been able to safely conduct community outreach and have distributed vital information to the community regarding COVID and access to health care in the form of approximately 1500 flyers so far this year. Over the past year we have heard from those who have participated in our program how great it has been to be able to connect with other people virtually- the basic human interaction we all took for granted, and to also be able to talk about such important issues

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surrounding health and healthcare.

Our program participants have come into groups seeking information, and while they have left with that information they have also helped other participants along the way, as well. We are seeing tangible proof of the program's impact through our pre- and post-tests that are conducted for the My Health Access curriculum, and also with surveys being sent to weekly group participants. We believe that this level of impact can be sustained with the continuation of Access Health NYC.

For FY2022, we are asking that the city restore the \$2.5 million initiative funding for AHNHC as well as backfill for Article VI funding. The populations that BOOM!Health and other organizations under Access Health funding serve, are among the most vulnerable in our city. It is essential that they continue to receive the necessary support that Access Health provides to ensure that they are given culturally competent access to healthcare and the knowledge needed to accurately navigate through the healthcare system. Thank you for considering our concerns and recommendations.

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New York City Council
Committee on Health and Committee on Mental Health
FY 2022 Preliminary Budget Hearing

Testimony of Donette Perkins,
Assistant Director, Advocacy and Community Engagement, BOOM!Health

BOOM!Health is located in the South Bronx, one of the most neglected neighborhoods in our city in terms of health care. The Bronx has the worst health outcomes of any county in the state of New York, and the residents are frequently left feeling as though they are less than or and unimportant in the eyes of their local government and health care providers. It has been BOOM!Health's mission to provide our community with a full range of services to meet their needs, while also helping to address the barriers that they frequently face in accessing health care services. Whether we are working with an individual who is experiencing homelessness, or a person infected with Hepatitis C and/or HIV, or someone who uses drugs, we believe that everyone should be able to have access to healthcare and feel they are befitting of receiving such care and that they are treated as relevant human beings.

The Check Hep C and the HCV Peer Navigation has assisted BOOM!Health in this mission over the past several years by empowering our community and providing outreach, education, prevention, and linkage-to-testing and -care services for people at risk for or infected with hepatitis C. It has also provided us the means to employ peers and build on our existing harm reduction programs, by way of allowing people with lived experiences to be ones to help and support our Hep C positive participants navigate what can only be described as a cumbersome system. The Hep C Peer program is special in that it reaches people who inject drugs and people who engage in sex work, and LGBTQ + youth, and baby boomers in a part of the city that has seen the worst of the worst. It is a known fact that these populations are generally at the greatest risk of acquiring HCV and the least likely to be connected to care. Based on the latest DOHMH stats and visible effects of the COVID -19 pandemic this is likely to become even harder to navigate. The past year has been our most challenging to date and we dealt with all the fallout from the COVID -19 pandemic. Our program, however has adapted to this new reality and has been innovative in our attempt to continue to serve our participants and the community of the South Bronx.

Our Check Hep C (CHC) program has been able to continue to engage with members of the community virtually, and provide them with the information they need to make the most informed choices regarding their health and health care. The Hep C Navigator provides one-on-one and group education sessions around Hep. C, treatment readiness and initiating treatment. Though this is has been harder during this time, we have been able to find innovative and creative ways to keep engaging.

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In addition, our CHC team collaborates with Brightpoint Health, now known as Sun River Health to ensure initial appointments are kept and maintain ongoing communication with providers about the participants' care. Out of 51 Hep C positive participants, more than half (37) have attended initial medical visit to discuss their diagnosis and explore treatment readiness/options. So far, the CHC Navigator has assisted 20 participants to complete treatment by providing reminder calls and individual follow-ups to promote and ensure compliance, while another six participants are currently in the process of treatment.

The CHC Navigator has been able to assess participants' needs outside of Hep C, and make appropriate referrals to other programs to ensure participants are also connected to other social and support services such as Health Home Care Management, Harm Reduction Services, behavioral health services, and nutrition education programs and pantry. This has been especially beneficial to them as they have navigated the changes that they have encountered over the past year with COVID-19 such as telehealth, COVID-19 testing, and now the COVID vaccine.

It is our goal in FY2022 to continue to be a means of support for the people of the Bronx through continued outreach to engage predominantly homeless, unstably housed IDU's who are in need of Hep. C education, testing, treatment and follow-up. Over the past year we have heard from those who have participated in our program and how great it has been to be able to connect with other people virtually- the basic human interaction we all took for granted, and also to be able to receive the much needed help and linkage to care as they seek treatment and an eventual cure.

For FY2022 we are asking the City Council to sustain level funding to the City Council Viral Hepatitis Initiative, which is one of the most innovative and effective hepatitis B and C treatment, prevention and education initiatives in the nation. We are grateful to the City Council for its inspiring national leadership with its Viral Hepatitis Initiative. We are asking for the Mayor to increase his commitment to eliminating hepatitis B and C in NYC, and we encourage the Administration and NYC Department of Health and Mental Hygiene to work with community providers to create and implement a plan to eliminate hepatitis B and C in NYC. It is our hope that one day the funding for viral hepatitis will be part of the city council's baseline funding and not part of the discretionary funds; to us that will signal a real commitment to ending this disease.

We also urge the City Council to contact your counterparts in the State Assembly and Senate to not allow the Governor to cut the Article 6 public health matching funds rate to New York City. The Governor's Executive budget proposes to single out NYC and cut our public health matching funds rate from 20% to 10%. For every other locality the public health funds matching rate is 36%. The Governor's proposed cut will take more than \$38 million out of NYC public health programs. Please sound the alarm with your State counterparts and try to get this funding restored or help backfill this vital funding if these cuts are pushed through by the Governor.

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The populations that BOOM!Health and other organizations that receive Viral Hepatitis funding serve, are among the most vulnerable in our city. It is essential that they continue to receive linkage to care and support as they attempt to navigate through the healthcare system. Thank you for considering our concerns and recommendations.

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Preliminary Budget Hearing Testimony Before the New York City Council
Committees on
Mental Health, Disabilities, and Addiction, and Health
March 15, 2021

Presented by:
Cal Hedigan, Chief Executive Officer
Community Access, Inc.
chedigan@communityaccess.org

Community Access expands opportunities for people living with mental health concerns to recover from trauma and discrimination through affordable housing, training, advocacy, and healing-focused services. We are built upon the simple truth that people are experts in their own lives.

www.communityaccess.org



Thank you Chairs Louis and Levine, and to the other members of these committees for convening this hearing. As the CEO of Community Access, I lead an organization that has long been at the forefront of efforts to transform our public mental health system into one where the voices of people living with mental health concerns are centered and play a vital part of the design, delivery, and evaluation of services. Our organization was founded in 1974 in response to the closure of psychiatric facilities to support individuals who were transitioning into community living. We are one of the leading providers of supportive housing in NYC, and are the pioneers of an integrated housing model, which has become a best practice nationally: affordable housing where families live alongside people living with mental health concerns.

Our 350 person strong staff works daily to support thousands of New Yorkers living with mental health concerns through supportive housing, mobile treatment teams, training, supported education, advocacy and other healing-focused services. Community Access is also proud to be a founding member of the Correct Crisis Intervention Today in NYC Coalition (CCIT-NYC)¹.

I would like to begin by echoing some of the themes from the Mayor's preliminary budget – the critical need to strengthen essential services strained by the pandemic, the importance of continuing to increase our city's affordable housing stock, the urgent need for investment to close the digital divide and achieve broadband equity, and our common goal of building a fairer, more just and equitable New York City for us all.

All of these items are tied to the health and mental health of New Yorkers. By now, we are all familiar with the concept of the social determinants of health – those conditions in which we are born, grow, live, work and age, that impact our health and mental health, and are determined by the distribution of money, power, and resources in our society².

The mental health toll of these last 13 months cannot be overstated. The City must increase its investment in community-based services so that access to trauma-informed, culturally competent, person-centered services will be available to the growing number of New Yorkers in need.

As you consider budget priorities, I ask you to keep these issues in mind:

¹ <http://www.ccitnyc.org/>

²Compton, M. T., & Shim, R. S. (Eds.). (2015). *The Social Determinants of Mental Health*. American Psychiatric Publishing.



The nonprofit sector, and particularly the human services sector, has been underfunded for decades. Having worked in New York City in this sector since 1989, I speak from experience. Today, the nonprofit sector employs more than 600,000 New Yorkers, the majority of whom identify as Black, Indigenous, or other people of color (BIPOC) women. Our City contracts are structured in such a way that nonprofits cannot pay our workforce a living wage.

These are the very workers who have been showing up to work every day for the last 13 months, providing essential services to some of our City's most vulnerable people. Many of them are tired, and worried about the ongoing risks they are facing. Many are burned out, and they all deserve to be appropriately compensated for their labor. Their work is essential and invaluable, and the way each and every one of them has stepped up during this pandemic has only underscored that fact.

It is long past time for them to be compensated at a level that is commensurate with their service. City-contracted human services workers, on average, earn less than half the wages of those outside of the sector with similar credentials and experience. The human services workforce is our City's second lowest-paid labor force, after restaurant workers. This is shameful. City funding levels must increase to address the inequitable salary structure in this sector. In the last calendar year, the City has allowed the COLA for human services workers to expire in the middle of the pandemic by not renewing it in the FY21 budget, and has failed to enact comprehensive emergency pay for low-wage City-contracted frontline workers. The day to day costs of living in New York City are high, and the city must contract with nonprofit providers at levels that enable our staff - particularly our direct service staff - to live with dignity.

Similarly, attention needs to be paid to the financial solvency of nonprofits and the true cost of the essential services we provide. At Community Access, we need to raise more than \$3 million every year in private philanthropy just to break even. Last year, through the Indirect Cost Rate (ICR) Initiative, the City took an important step towards reimbursing nonprofits for the administrative costs of doing business. Before that, our indirect cost reimbursement for ten of our City contracts was a shocking 0%. The promise of remedy for the decades old structural underfunding in this area was a welcome relief and the result of years of advocacy. But now the City is reneging on that commitment, and creating fiscal chaos for the sector, by retroactively



cutting the ICR Funding Initiative by 40% in FY20 and up to a staggering 70% in FY21. This simply must not happen.

The FY22 budget must include the following: The restoration of the COLA on the personnel services line of all human services contracts at a rate of at least 3%, comprehensive emergency pay for human services workers retroactive to March 23, 2020, when non-essential workers in New York were ordered to stay home, and \$171 million to fully honor the ICR Funding Initiative for FY20, FY21, and FY22.

These urgent investments are needed while workers, advocates, providers, and elected officials continue to work together on more comprehensive solutions to ensure that human services workers finally earn fair pay for their essential labor. Going forward, the City must understand that, as with the cost of living, the cost of doing business increases incrementally each year. The City must do away with stagnant funding levels and provide contracts with annual escalator clauses as a standard practice in order to adequately support the providers of essential services and their workforce.

These urgent calls for investment are happening in a time where the need has never been greater, given the painful human toll of our dual public health and economic crises.

Homelessness is at a record high in New York City. According to the Coalition for the Homeless' 2020 State of the Homeless Report:

- The number of single adults sleeping in Department of Homeless Services (DHS) shelters has reached an all-time high (18,694 per night);
- Single adults in shelters are remaining in shelter for longer periods of time (1 in every 10 single adults in DHS shelters has spent between three and four of the past four years in shelter);
- A significant portion of single adults in DHS shelters experience one disability (DHS estimates that 2/3 of single adults in their shelters live with at least one disability and cite "mental illness" as one of the common disabilities among the people they serve);
- The number of families living within DHS shelters has tapered off, but eligibility to the system remains incredibly difficult to achieve (65% of family applicants had to submit two or more applicants before the City determined they were in fact homeless and eligible for shelter).



Experiencing homelessness can lead to death. A separate Coalition for the Homeless report found:

As of June 1, 2020, the overall New York City mortality rate due to COVID-19 was 200 deaths per 100,000 people. For homeless New Yorkers sleeping in shelters, it was 321 deaths per 100,000 people on an age-adjusted basis – or 61 percent higher than the New York City rate.³

Our city must move on from the idea of a right to shelter to the understanding of *housing as a fundamental human right* – and a vital determinant of individual health and mental health – and we must establish policies and budget priorities that support that truth.

While the City and State have invested heavily in new housing developments, we know more needs to be done. More investment is needed with regard to the development and preservation of supportive and deeply affordable housing. Nonprofit housing developers are mission-driven and committed to permanent affordability. They are natural partners for the City in ending the affordable housing crisis.

Economic and racial segregation persists throughout our City. Thus, our housing policy must be shaped by the need to redress the results of discriminatory practices and answer the call for racial justice. This means looking at zoning changes in the borough of Manhattan, fighting back against NIMBY assaults on supportive and affordable housing anywhere, but especially in areas where wealth and gentrification are the norm.

I know I'm not alone when I say that community-based housing providers such as Community Access are ready, willing, and able to work with the City and the State to build housing that fits the needs of New Yorkers who have long been underserved in our city. This need cannot be overstated. As we all know, New Yorkers experiencing homelessness have been disproportionately impacted by the COVID-19 pandemic, and they live with more severe health challenges than their housed neighbors⁴. Housing is a vital part of healthcare and must be front and center of any conversations about how to improve the health of New Yorkers.

I would also like to underscore the call for broadband equity – and the urgent need for the city to invest in efforts to close the digital divide. Another lesson of this pandemic has been the

³ <https://www.coalitionforthehomeless.org/press/homeless-new-yorkers-living-in-shelters-have-higher-covid-19-mortality-rates-new-report-finds/>

⁴ Ibid.



importance of connectivity – access to telehealth and telemental health services, access to education, access to family and social connections, and the privilege of “working from home” — all of these basic needs that impact mental health are dependent on reliable, affordable connectivity and high speed internet access. The question of whether internet access is a basic utility has been clearly answered and the inequities of the current situation in New York City have been clearly shown. The City’s own reporting illustrates that 1/3 of New York City households lacks a broadband connection; Black and Latinx New Yorkers are significantly less likely to have a broadband connection (the same is true of older New Yorkers and New Yorkers with fewer years of formal education); and those New Yorkers who speak Spanish or Chinese at home are less likely than those who speak English and Russian (New York’s four most commonly spoken languages) to have a broadband connection⁵. The City must establish and fund a broadband access plan that eliminates existing disparities. The costs associated with broadband access must be part of the New York City Department of Housing Preservation and Development’s (HPD) underwriting of all future affordable housing projects.

I would like to end by discussing the critical need to move away from using law enforcement officers to respond to people experiencing mental health crises. After years of advocacy by organizations, families of people who have been killed during encounters with police, and New Yorkers who live with mental health concerns, I’m pleased to see that the City has put forth several proposals to reform the mental health crisis response system. There is still much work to be done. While the ThriveNYC pilot in Harlem and the recently introduced City Council legislation concerning the Office of Community Mental Health and a separate three-digit number for mental health calls have the opportunity to meaningfully impact our failing crisis response system, the lack of peer involvement in the design and implementation of these initiatives must be rectified. We must move swiftly to eliminate the NYPD from all mental health crisis calls and create a health-only, peer-informed crisis response system in New York City.

To this end, Community Access has worked diligently as a member organization of the CCIT-NYC Coalition to develop a pilot proposal, presented before the New York City Council in 2020, in which we outline the design, implementation, execution and budget considerations for a health-only crisis response system⁶. The proposal was developed in consultation with affected communities through two, 100+ peer focus groups and an ongoing community survey. The core components of the CCIT-NYC proposal are:

⁵ <https://tech.cityofnewyork.us/wp-content/uploads/2018/04/NYC-Connected-Broadband-Report-2018.pdf>

⁶ <http://www.ccitnyc.org/wp-content/uploads/2021/02/CCITNYC-Pilot-11-2-20.pdf>



- teams of trained peers and emergency medical technicians (EMTs);
- teams run by peer-driven, culturally-competent community organizations;
- response times comparable to those of other emergency services;
- 24/7 operating hours;
- calls routed to a number other than 911; and
- oversight by an advisory board of 51% or more peers and reflective of the demographics of the communities served

Adopting CCIT-NYC’s proposal will save lives, at no additional cost to the city, by reallocating funds currently allotted to the NYPD, and directing them towards a health-only crisis response system that respects individuals in crisis, supports them to make decisions about their own care, and moves our city in a more person-centered direction overall.

Critically, for reasons set forth in my testimony before the Committee on Mental Health, Disabilities, and Addiction on February 22, I urge you *not to pass Intro 2210 as written* because it outlines the criteria for police involvement in “public safety emergencies” far too broadly, inevitably resulting in a continued overreliance on police as first responders — contrary to the stated goal of the legislation⁷.

We know that there is much work to be done to achieve true system transformation in this area, but there are steps we can take today to create a system that is better prepared to respond to mental health crises, and to better support community-based services that help *prevent those mental health crises from happening in the first place*.

I am proud of the work Community Access and other allied organizations have done to push the conversation about mental health service delivery in a direction that is more person-centered and rights-based. With thoughtful policy choices and investments, we can create a more just city that meets people's needs, protects them from harm, recognizes human dignity, and supports them to make decisions about their own health and wellness.

Thank you for hearing my testimony today. I look forward to working with the members of these committees and agency partners to advance budget priorities and policy changes that will support the health and mental health of New Yorkers and create a model of post pandemic recovery for other cities to follow.

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https://www.communityaccess.org/storage/images/Blog/Blog_Documents/Community_Access_Testimony_Before_New_York_City_Council_Committee_on_Mental_Health_Disabilities_and_Addition_February_2_2021.pdf



**Testimony Presented at the New York City Council Fiscal Year 2022 Preliminary Budget
Hearing
Committee on Health
Committee on Mental Health, Disabilities, and Addiction**

March 15, 2021

Thank you for this opportunity to provide testimony. My name is Alice Bufkin and I am the Director of Policy for Child and Adolescent Health at Citizens' Committee for Children of New York, Inc. CCC is a 75-year-old independent, multi-issue child advocacy organization dedicated to ensuring that every New York child is healthy, housed, educated, and safe. CCC does not accept or receive public resources, provide direct services, or represent a sector or workforce. We document the facts, engage and mobilize New Yorkers, and advocate for solutions.

I would like to thank Levine, Chair Louis, and all the members of the Committee on Health and the Committee Mental Health, Disabilities and Addiction for holding today's hearing on the Preliminary Budget for Fiscal Year 2022. Children and families have experienced a year of hardship that will continue to impact families across generations. CCC has joined our city partners in advocating at the State and Federal level for widespread investments to enable families and communities to recover from the COVID-19 pandemic. Particularly with the additional funding New York City will receive from the American Recovery Act, we believe it is imperative that the City reject austerity measures and instead invest in urgent needs today so children do not suffer the long-term consequences of budget cuts.

There are critical steps the city must take to reverse harmful cuts in previous years, as well as invest in the health and behavioral health services that will be so essential for recovery. We look forward to working with leaders in the City Council and the Administration to identify and address urgent needs of New York's children and families.

Supporting Children's Healthy Development

As New York City leaders and advocates continue to fight back against state cuts to the city's public health infrastructure, we urge the City Council and the Administration to prioritize the healthcare needs of children and families. Without adequate investments now, we will see long-term repercussions for the health and wellbeing of children as they grow into adults.

- 1. Fully restore Fiscal Year 2021 cuts to City Council health and human service initiatives. These cuts have impaired the ability of community-based organizations to support communities through the COVID-19 pandemic.**

In the Fiscal Year 2021 Adopted Budget, City Council initiatives saw an average 15-20% reduction in funding. These cuts affected community-based organizations across a broad spectrum of services, ranging from maternal and child health, to reproductive and sexual health,

to mental health services, to nutritional assistance, to services designed to connect New Yorkers to the healthcare safety net.

These cuts hit CBOs at a time when community needs were escalating in the face of the pandemic. Many of those providing services through these initiatives belonged to the very communities most impacted by COVID-19, multiplying the harmful effects of austerity during a time when investments in health were needed more than ever.

As New York begins to envision recovery, we urge the Administration and the City Council to recognize that recovery will not be possible without restoring and enhancing the wide spectrum of health and human service that help support struggling families, keep children healthy, and connect communities to care.

We therefore urge that City Council health and human service initiatives at a minimum be restored to their funding levels in Fiscal Year 2020.

2. Develop a comprehensive plan to ameliorate the secondary health impacts of COVID-19 on young children.

National data shows a precipitous decline in preventive and primary care rates since a state of emergency was declared, including a 22 percent decline in vaccinations, a 44 percent decline in physical, cognitive, and developmental child screening services, and a 69 percent decline in dental services.ⁱ

While these rates are beginning to improve, much of the damage has been done, as many children have gone months without the preventive and primary care services that are so important for their development. Early Intervention stands as a stark example of this loss. A recent report from Advocates for Children found that during the 4-week period beginning March 22, there was an 82% decline in referrals from earlier in the year. From mid-April through mid-May, there was 67% decrease in evaluations, and the total number of infants and toddlers receiving EI services between July and September 2020 was 15% lower than the same time period in 2019—a difference of nearly 2,900 children.ⁱⁱ

These rates underscore the urgent need to make additional investments to identify which children have been left behind and develop a campaign to reconnect children and their families to essential preventive and primary services.

We urge city leaders to commit additional investments in these efforts to enable both the Department of Health and Mental Hygiene and community-based organizations to connect families to care, including strategies such as:

- Enhancing funding for community health workers and health navigators.
- Enhancing funding, support, and coordination among public health departments, providers, and community-based organizations to help identify unvaccinated children and connect them to services. Promote streamlined vaccination strategies that have been effective in other states, including pre-visit virtual screenings, mobile vaccinations, drive-through clinics, and

curbside immunization clinics, and clearly stated safety protocols to ensure parents feel safe when their children are vaccinated.

- Identifying and implementing strategies to improve children’s access to oral health services, including by promoting mobile dental service models and ramping up school-based dental services once students are able to return safely to school.
- Enhancing funding for child find efforts to identify children who may have missed developmentally appropriate screenings. Additionally, the City should invest in efforts such as the United for Brownsville Early Intervention Ambassador program, designed to combat racial inequities in EI referral and evaluation rates.

3. Protect funding for Article VI public health services.

In State Fiscal Year 2020, the state reduced its reimbursement for NYC’s Article VI General Public Health Works Program from 36% to 20%. This year’s Executive Budget proposes an additional 10% reduction. CCC has joined many of our partners – including those within the City – to adamantly oppose these discriminatory cuts, which have cut tens of thousands of dollars from NYC’s public health budget. These cuts are particularly unconscionable in the middle of a public health crisis that has disproportionately impacted New York City.

The Article VI General Public Health Works program supports a broad range of services that are heavily accessed and relied on in communities that have been disproportionately impacted by the pandemic - including communities of color, Indigenous New Yorkers, and immigrant households, as well as people with disabilities and those experiencing chronic illness impacting their physical and mental well-being. Cuts to Article VI impact programs providing immunizations; tuberculosis outreach, education, and testing; and sexual reproductive health. They also impact community-based preventive services addressing maternal and child and maternal health; mental health; substance use; and chronic diseases. These cuts put the health and well-being of children and families at risk, at a time when our city and state can least afford to slash public health.

WWe hope and continue to advocate for the State budget to restore its reimbursement to 36%. However, failing this, we urge the City Council and the Administration to backfill these funding cuts for both DOHMH and CBOs, as it did in CFY 2020.

Supporting Children’s Behavioral Health Needs

New York is facing a children’s behavioral health crisis, as children have faced a year of anxiety, isolation, loss of loved ones, disconnection from school, and economic insecurity. The pandemic has led to declines in critical mental health screenings and access to services,ⁱⁱⁱ even as rates of anxiety, depression, substance use, and suicidal ideation have risen.^{iv} Children are facing unprecedented emotional distress, yet are unable to access adequate primary and preventive services, resulting in stark increases^v of psychiatric distress, hospitalizations, and families waitlisted for services.^{vi} This has created a perfect storm that is impacting all children, and disproportionately impacting low-income communities and families of color.

CCC is appreciative of the inclusion of \$35 million for Social Emotional Learning in the Preliminary Budget. We believe this takes the city in the right direction and is an important step towards addressing the enormous needs that existed prior to COVID and have grown because of the pandemic. However, we join other partners in calling on the city to invest even further in behavioral health supports for children, given the escalating challenges children and families are facing. Investments are needed in schools (as discussed below), but also in early care and education; in clinical care; and in community-based services.

Moreover, we remain concerned that the details of this \$35 million investment have not been shared with community members. The city has announced a number of initiatives in recent months, including a partnership with Health+Hospitals and a crisis response pilot. While we laud any effort to enhance behavioral supports, it remains unclear how these initiatives are related to each other and to existing programs; if and how they are funded; how they will be operationalized; and what level of stakeholder engagement was involved in their development and eventual rollout.

We ask that the Administration provide a comprehensive and accessible mapping of current youth-focused behavioral health efforts to enable a more systematic approach to addressing service gaps.

In addition, we urge city leaders to take the following steps to support children's behavioral health in the city:

- 1. Restore cuts to Community Schools, SONYC, and other education services that provide essential wraparound and behavioral supports for students.**

Community schools, which serve 135,000 students and families citywide, suffered a \$3 million cut in last year's Adopted Budget. NYC community schools offer wrap-around supports for students and families, including upstream prevention services like food pantries and benefit enrollment help, in addition to direct mental health services in the form of counselors, social workers and school-based mental health clinics. These supports have been shown to have positive effects on outcomes like attendance, grade progression, math achievement and reductions in disciplinary incidents.

If the city wants to truly prioritize student achievement and recovery in the next school year, community schools are the type of programs they should be investing in, not cutting. **We urge city leaders to reverse Fiscal Year 2021 cuts to Community Schools.**

Additionally, the FY 22 Preliminary Budget proposes to cut School's Out New York (SONYC) summer camp for as many as 24,000 low-income New York City middle schoolers. At a time when children across New York City have lost so much -- social connections, their in-person school community and even their loved ones -- this budget would strip away vital summer programming and social support systems for children when they need it most. Children have experienced profound trauma as a result of the pandemic, even as access to behavioral health supports has plummeted. Programs like SONYC and community schools provide children with a vital connection to their peers and a wide range of youth and community services which can help

prevent children's behavioral health needs from escalating. The Mayor's proposal to cut those funds at a moment like this will be devastating for thousands of families hit hardest by the pandemic.

We strongly urge the Mayor and City leaders to restore and expand its investment in SONYC and community schools in the Executive Budget in order to ensure that New York City's children have a safe, engaged summer and school year, regardless of income.

2. Address the trauma and loss of the pandemic by enhancing school-based behavioral health supports for children.

When children return to school, the preparedness of the education and community-based behavioral health system will play a critical role in identifying and providing mental health support and treatment to students. An integrated system of intensive supports and services will be particularly important for students who experienced significant mental health needs even before this crisis.

What is *not* needed are punitive responses to trauma that engage the police, emergency services, and school safety agents when reacting to students in emotional distress. Too often, schools respond to a child's need for emotional or behavioral support with suspension, expulsion, or a call to the NYPD or Emergency Medical Services. In fact, the NYPD reported intervening in more than 3,500 incidents involving students in emotional distress in the 2018-2019 school year, with a disproportionate number of the incidents involving Black and Latinx students.

Rather than continue investing in police engagement in schools, **we join other city partners in calling on the city transfer \$450 million from the NYPD budget out of school policing and towards social and emotional supports for students.** Below are critical areas where additional investments are also needed:

- **Additional funding for direct social/emotional support services in schools.** Only a fraction of NYC schools have a School Based Mental Health Clinic on site, and 290,000 students attend a school without a full-time social worker. We greatly appreciate investments in last year's budget to add more social workers to schools. However, a single social worker is often insufficient to address the complex needs of a school's population. New York City must make significant additional investments in training and supervisory supports for social workers, as well as make investments in the full continuum of direct social/emotional supports for students, including behavior specialists, trauma-informed de-escalation staff, school psychologists, conflict resolution specialists, and school climate and restorative justice staff.
- **Investment in a Mental Health Support Continuum to support the significant behavioral health needs of students in designated neighborhoods in high-need schools.** CCC joins our city partners in urging the administration to invest in targeted intensive mental health supports for students such as a Mental Health Support Continuum. This proposal is based on the Mayor's Leadership Team on School Climate and Discipline's 2016 Recommendations. These recommendations included strategies to address in-school

environment and student behavior to promote a safe learning setting for everyone, one that ensures students who misbehave or make a mistake are provided the supports to stay engaged in school for their academic and social well-being.

The Continuum would implement strategies including clinician response teams; student assessments to determine appropriate level of care needed; direct, ongoing mental health supports; school partnerships with hospital-based mental health clinics; school-based mental health clinicians; whole-school trainings in Collaborative Problem Solving; and call-in centers to advise school staff about students in crisis in two designated neighborhoods with high-need schools.

- **Expansion of whole-school restorative practices citywide.** Restorative practices help build healthy school communities, promoting inclusiveness, relationship-building, and problem-solving to help address student behavior and reduce harmful disciplinary practices. The successes provided this program should now be expanded citywide.

3. Restore and enhance funding for community-based behavioral health supports

For years, programs in the City Council’s Mental Health Initiatives have used non-traditional, community-based settings to help identify children and families in need and offer developmentally appropriate services and support. These trusted community services are more essential than ever in addressing the trauma children and families are experiencing in the face of COVID-19. Unfortunately, many of these programs saw cuts in the FY21 Adopted Budget. According to a survey by the Coalition for Behavioral Health, because of cuts to Mental Health Initiatives, 40% of providers report serving fewer people; 20% had to lay off staff, and 30% had to cut staff hours.

Given the heightened needs facing children and families now, we urge the City Council to restore and enhance funding for key programs:

- 1) **The Mental Health Services for Children under Five Initiative (CU5)** allows organizations to work with children to develop psychosocial and educational skills, as well as cope with trauma resulting from witnessing or experiencing domestic violence, sexual abuse, or physical or mental abuse. CU5 has provided screening and psychotherapy to thousands of families, as well as mental health consultation services to numerous pediatricians, preschool teachers, and child welfare workers. **We urge city leaders to fund this program at \$1.2 million.**
- 2) **Opioid Prevention and Treatment** Supports neighborhood-based prevention & treatment efforts around opioid abuse, including overdose reversal drugs. Overdose deaths increased 55% from 2015 to 2019. Early 2020 data shows the pandemic made this substantially worse: deaths rose an additional 28% in Q1 of 2020, compared to Q1 of 2019. **We urge city leaders to fund this program at \$4,375,000**
- 3) **Mental Health Services for Vulnerable Populations** supports community-based behavioral health programs, including medication for individuals in transitional housing and mental health services for families with child welfare involvement. **We urge city leaders to fund this program at \$3,477,000**

- 4) **Developmental, Psychological and Behavioral Health** helps individuals with behavioral health needs and developmental disabilities, supporting harm reduction, clubhouses and more. **We urge city leaders to fund this program at \$2,255,493.**
- 5) **The Court-Involved Youth Initiative** helps identify youth involved in the justice system who require mental health services and provides family counseling and respite services to families of court-involved youth. **We urge city leaders to fund this program at \$3,400,000.**
- 6) **LGBTQ Youth Mental Health** supports comprehensive mental health services for vulnerable LGBTQ youth, focusing particularly on youth of color, youth in immigrant families, homeless youth, and youth who are court-involved. **We urge city leaders to fund this program at \$1,200,000.**
- 7) **Autism Awareness** supports wraparound services for children with autism spectrum disorders (ASD) in after-school and summer programs and during school closings. **We urge city leaders to fund this program at \$3,246,846.**

Combatting Hunger in the Face of COVID-19

Even prior to COVID-19, 1 in 5 children in NYC were experiencing food insecurity. COVID-19 has had a devastating impact on hunger in the city, leading to a 39% increase in food insecure children in 2020 compared to 2018.^{vii} CCC echoes the priorities of Lunch 4 Learning and the New York COVID-19 Food Coalition in urging the City to take immediate steps to combat food insecurity and support families struggling with hunger. We urge city leaders to take the following actions:

1. Address emergency feeding and benefits access.

- **Maintain and baseline funding for the Emergency Food Assistance Program (EFAP) by at \$20.2 million, and allow additional flexibilities with program operation.** To meet increased demand, EFAP funding should be allowed to use program funds to cover their increased administrative, rental and operational costs that have emerged since the start of the pandemic. In addition, we ask that the RFP for EFAP be adjusted to allow more opportunity and incentive for the purchase of fresh food and that pantries have choice in what they buy as they do with the New York State Hunger Prevention Nutrition Assistance Program and New York City’s Pandemic-Food Reserve Emergency Distribution Program.
- **Allocate additional funds within Human Resource Administration towards nutrition benefit program enrollment and outreach.** Food insecurity has nearly doubled in NYC since the start of the pandemic. To meet this need, we look to HRA to allocate additional funds within their budget towards promoting and enrolling New Yorkers in social safety net programs, re-opening field offices closed during the pandemic, adding additional One Stop Shop locations, expanding emergency food distribution efforts, adding additional staff to the hotline to enroll people in programs as well as additional money for promoting Health Bucks and Get the Good Stuff Program at DOHMH.
- **Support additional funding for GetFoodNYC and hold a hearing on details and impact of the Get Food Program and Emergency Food Relief in NYC.** We support

the Mayor's Preliminary Budget request for an additional \$52 million for the Get Food NYC program in FY22. However, little to no information has been made available to advocates or City Council on the details and impacts of the Get Food program to date. We therefore join partners in calling on City Council to hold an oversight hearing on the program the Mayor's Office of Food Policy to publish a report on GetFoodNYC. We also urge the City Council to include review of the \$25 million investment in emergency food relief in this hearing to ensure this funding is distributed equitably, that a wider range of organizations can receive this funding, and that data on the outcomes from this program are collected and reported.

2. Address hunger in schools.

- **Invest \$3.5 million for additional school food managers in The Office of Food and Nutrition Services (OFNS).** OFNS has been working tirelessly to make sure that students have the food they so desperately need during COVID-19 school closures, and to ensure that these meals are high quality and culturally competent. In order to do so, an additional 60 school food managers should be employed to plan and review appealing menus, educate students on the importance of eating healthfully, train new personnel, and increase participation in the school meals program. Funding for these additional 60 managers would enable OFNS to better achieve these goals, helping to ensure that children are well-fed and ready to learn. To support these managers a culinary institute should be reinstated.
- **Commit an additional \$30 million per year in the DOE's 5-Year Capital Plan to Expand the Food Court Style ("enhanced") cafeterias.** OFNS has rolled out an innovative cafeteria redesign in 34 middle and high school buildings that serve 60,000 students across the city. The Chancellor has committed \$25 million for approximately 50 more schools. We join partners at Lunch 4 Learning in calling for an additional \$150 million towards a planned phase-in of 300 more cafeterias over 5 years. The food court style serving line includes more daily menu options, speeds up the serving line, and provides a presentation that dramatically increases the appeal of the food.
- **Expand menu options, including access to halal and kosher meals.** Families would save an average of \$900 per year per student if the school meals met their needs and they did not have to provide lunch from home every day.
- **Ensure ongoing, broad reaching and innovative communication about school food.** Universal Free School Lunch reverses decades of the discriminatory policy that separated children by income in the cafeteria. OFNS must invest in a comprehensive and creative rebranding and sustained marketing campaign. Annual funds must be dedicated to promote UFL and other initiatives such as New York Thursdays, which aims to support local NYS growers.

3. Support community-based organizations feeding New Yorkers.

- **Restore cuts and enhance funding for City Council discretionary initiatives that combat hunger.** These initiatives include the NYC Composting Program; Access to Healthy Food and Nutritional Education; Worker Cooperative and Business Development Initiative at SBS; Food Access and Benefits Initiative; the FoodEd Resource Hub; and food pantries.
- **Allocate \$1 million to establish a new Food Justice Grant Program housed within the Mayor’s Office of Food Policy that supports community-led projects to grow food justice.** The purpose of the Initiative is to improve healthy food access by investing in community-based projects designed and led by the people most impacted by race, social, health, and environmental injustices.

Thank you for your time and consideration.

ⁱ Centers for Medicare and Medicaid Services. “Service use among Medicaid and CHIP beneficiaries age 18 and under during COVID-19.” September 2020.

ⁱⁱ Advocates for Children and Citizens’ Committee for Children. “Early Inequities: How Underfunding Early Intervention Leaves Low-Income Children of Color Behind.” December 2020.

ⁱⁱⁱ Centers for Medicare and Medicaid Services. “Service use among Medicaid and CHIP beneficiaries age 18 and under during COVID-19.” September 2020.

^{iv} Czeisler, Mark et al. “Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020.” CDC Morbidity and Mortality Weekly Report. August 14, 2020.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

^v Leeb, Rebecca et al. “Mental health-related emergency department visits among children aged <18 years during the COVID-19 pandemic – United States, January 1-October 17, 2020.” Centers for Disease Control and Prevention. November 2020. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

^{vi} Kramer, Abigail. “In COVID-Era New York, Suicidal Kids Spend Days Waiting for Hospital Beds.” The New School Center for New York City Affairs. January 2021. <http://www.centernyc.org/reports-briefs/2021/1/25/in-covid-era-new-york-suicidal-kids-spend-days-waiting-for-hospital-beds>

^{vii} Gartland, Michael. “One out of three children in New York City is food insecure, non-profit says.” MSN News. March 13, 2021. <https://www.msn.com/en-us/news/us/one-out-of-three-children-in-nyc-are-food-insecure-non-profit-says/ar-BB1eypzt?li=BBnbcA1>



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Center for Court Innovation

- Written Testimony for submission to 3/15/21 New York City Council Joint Preliminary Budget Hearing of the Committee on Mental Health, Disabilities and Addition & the Committee on Health
- Summary of FY22 Major Proposals
- Letter to Council from Courtney Bryan, Executive Director, Center for Court Innovation



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**Center for Court Innovation
New York City Council
Joint Preliminary Budget Hearing - Committee on Mental Health, Disabilities and
Addition & Committee on Health
March 15, 2021**

Good afternoon Chair Louis and esteemed Councilmembers. Since its inception, the Center for Court Innovation has supported the vision embraced by New York City Council to respond to the needs of vulnerable New Yorkers, reduce unnecessary and harmful involvement in the justice system wherever possible, and build public safety through sustainable solutions.

Mental health and the justice system cannot be siloed; they are inextricably intertwined. Properly addressing the mental health needs of New Yorkers—necessary now more than ever before with the stressors of COVID-19 weighing heavily on already under-resourced communities—will allow us to lessen harmful interactions with the justice system and law enforcement. And, on the flip side, ensure that contact with the system is humane, with an emphasis on providing culturally competent treatment and programming.

The Center's longstanding partnership with Council has helped bring this vision to life through evidence-based and racially just programming that spans the entire justice continuum: from diversion programs that route low level arrests away from costly court appearances; to proven alternatives to jail and prison that reduce recidivism for people charged with felonies; to community-based programs that reduce crime and shrink the footprint of police; to recognizing housing instability's intersection with the justice system.

Our firsthand experience in each of these priority areas uniquely positions us to serve as a model that Council can look to as it considers the development and support of initiatives that responsibly respond to the mental health needs of New Yorkers. In each instance, our aim is to provide a meaningful and proportionate response, to treat all people under our care with dignity and respect, and to produce much-needed cost savings for the City. And, as an anti-racist organization, to ensure the needs of marginalized New Yorkers are addressed. With the populations we serve facing ongoing police violence and a public health crisis that disproportionately impacts Black and brown communities, realizing this vision is now more important than ever.¹

Center programs continue to work closely with a long list of community-based substance abuse and mental health treatment providers. Our programs have remained committed to assisting clients throughout the pandemic, bringing innovation in the following priority areas:

Reduction of Unnecessary Incarceration

Responsibly reducing incarceration requires a long-term commitment. We know the mental health needs of the incarcerated population is changing. The “Brad H” flag includes people diagnosed, screened for, or receiving or requesting mental health services during their jail stay. The data suggest that jail reductions since mid-March almost exclusively involved people *without* the Brad H flag. As a result, the Brad H share of the jail population increased considerably, from 45 to 52 percent.² With more than half of incarcerated New Yorkers flagging for a mental health concerns, it is more pertinent now than ever before that Council support the Center’s work upstream to provide treatment and offramps for folks before they suffer an extended jail stay while battling mental illness.

Indeed, this elevates the need for alternatives to incarceration. Alternatives to incarceration can prevent unnecessary disruption to individual lives, while providing linkages to additional services to decrease criminogenic factors that would otherwise grow in confinement. To that end, in 2017, the Center played a coordinating role in crafting the plan to shutter the notorious jail complex on Rikers Island by coordinating the Independent Commission on New York City Criminal Justice and Incarceration Reform, otherwise known as the Lippman Commission. This achievement was a monumental step forward in the mission to reduce incarceration in New York. Many of the report’s recommendations were included in Council’s commitment to significant community investment laid out in the **Points of Agreement (POA)**.

In another huge leap forward, in early 2020, New York State passed landmark reforms to the bail statute with the goals of reducing the pretrial jail population. In the year following reforms, there was a 40 percent decline in New York City’s pretrial jail population, with slightly greater reductions throughout the rest of the state.³ However, beginning July 2, amendments to the initial reforms exposed more people to bail and detention. From July through November 1, the effect of those amendments resulted in a 7 to 11 percent increase in the pretrial jail population relative to the jail reductions brought about by the original law.² Over time, as judges set bail in more cases that would have been ineligible for it under the original reforms, this increase will grow, with our research predicting a possible 16 percent increase in New York City’s pretrial jail numbers.⁴

The Center urges Council to honor the community investment and proposals laid out in the POA. Only with adequate funding for programming set forth in the POA, which includes community investments to reduce the jail population and close Rikers, can we realize the vision laid out for a safer, fairer New York.

Brooklyn Mental Health Court

With COVID-19 prompting the loss of in-person contact during regular court appearances, the Center’s Brooklyn Mental Health Court (BMHC) sought new ways to keep clients engaged and connected to services. BMHC staff reached out to programs to see what services were still available to clients in a remote posture and then worked directly with clients to ensure that they had what they needed to access these services. The large majority of outpatient

substance abuse and mental health programs began delivering services remotely through telehealth. Once BMHC had ensured that clients had the ability to access telehealth, they were able to check in with programs on their participation and continue to encourage clients to stay connected. They were also able to get phones to clients who might otherwise have been unable to stay connected and walk them through accessing remote services. BMHC held virtual court calendars and case conferences which prevented the interruption of client treatment and mandate compliance so that clients could be served safely in community, as opposed to unnecessary jail detention.

Additionally, thanks to the support of this committee, BMHC is piloting specialized support to youth ages 18 to 24, who have unique social and cognitive needs and represent a growing percentage of cases served. Since 2017, over 63 youth in this age range have pled into the Court, with 26 of those joining in 2019 alone. Of the 30 youth served in July to September of 2020, 23 had a co-occurring substance use disorder. BMHC now offers twice monthly programs specifically for youth, including arts programs, movie trips, and meditation classes, all designed to nurture close engagement with the youth population to help them comply with their court mandates and avoid future contact with the justice system. Our new Youth Engagement Specialist, a bilingual member of our clinical team, ensures young people are not left behind due to language barriers. Renewed funding will enable BMHC to continue and strengthen youth-focused programs, maintain the critical Youth Engagement Specialist role, and provide meaningful activities and healthy meals and snacks to participants, fostering close relationships that help youth to lead healthy non-justice involved lives.

Brooklyn Felony Alternatives to Incarceration

Also operating out of Brooklyn, is the Center's Felony Alternatives to Incarceration (ATI) Court, which offers community-based interventions and rigorous judicial monitoring for felony cases (that are otherwise ineligible for drug, mental health, and domestic violence courts), which can decrease the use of jail and prison sentences and potentially lead to reduced criminal dispositions. The court is staffed by a team of resource coordinators, social workers, and mental health counselors who conduct independent assessments, prepare recommendations for programming and supervision, provide referrals to community-based providers, offer ongoing case management, supervision and compliance monitoring, and pilot new services, such as restorative justice interventions. Our research shows that 11%-25% of our Felony ATI program participants are experiencing homelessness, and nearly 90% are flagging for mental health needs.⁵ Access to housing, as well as proper mental health treatment are crucial elements to the conversation around social justice, equity, and public safety. The program and court part seek to significantly increase the use of ATIs, support, and supervision offered to individuals charged with felonies and provide a model for jurisdictions across the country interested in enhancing public safety and reducing incarceration.

Shrinking the Footprint of Police

Spurred by ongoing police violence, there is public and Council support to reallocate certain responses from police into community-based approaches. As municipalities work to submit police reform plans by the April 1st State deadline, the Center's expertise through

sustainable community-driven solutions that enhance public safety can serve as a path forward. Based on lessons learned, we believe that this is not the work of a moment, but rather a long-term shift that will require engaging with previously policed communities in new ways. The Center's blueprint for transformational change requires funding for community-based programs: from restorative justice approaches to addressing harm by focusing on healing relationships across families, communities, and neighborhoods; to mentoring and supporting young people at risk of system involvement through credible messenger models that prioritize the lived experiences of youth; to supporting families through trauma and systemic-racism informed programming that creates security in the home.⁶

Innovative Criminal Justice Programs

The Center's core Council-funded innovative criminal justice programs are built upon community partnerships and serve thousands of youth and adults across the City. Renewed funding by the Council provides flexibility in the Center's approach to this work, allowing the continuation of the Center's alternative-to-incarceration, youth-diversion, and access to justice programs across all five boroughs. Specifically, Council's support provides mental health services, family development, youth empowerment, workforce development, housing, legal, immigration, and employment resource services. The Center's funding under this initiative was cut in FY21. We ask the Council to return the Center's funding to its pre-pandemic level so that it can provide programming to vulnerable New Yorkers.

These programs primarily serve low-income individuals, people of color, youth, immigrants, and/or LGBTQ persons. The programs, which include but are not limited to the Red Hook Community Justice Center, Neighbors in Action, Harlem Community Justice Center, Midtown Community Court, Bronx Community Solutions, Queens Community Justice Center, Staten Island Justice Center, Bronx Child Trauma Support, Save Our Streets Bronx, RISE Project, and Youth Justice Board, have been documented by independent evaluators to improve safety and enhance public trust in government. The Center's diversion programs in Manhattan, Bronx, Brooklyn, Queens, and Staten Island currently serve thousands of young people each year through counseling, academic support, and workforce development. The Center's goal continues to be to help participants to avoid detention and system involvement wherever possible by offering meaningful off-ramps and alternatives. Our Citywide Youth Impact program, for example, provides peer-led diversion that invests in youth leadership and restorative alternatives to detention.

Through these programs, the Center is making a deep investment in engaging individuals as far upstream as possible, to limit, and ideally prevent justice system involvement. For example, we developed a particular expertise in providing trauma-informed social services, which continue to be crucial given the increasing number of justice system-involved individuals facing mental health and/or substance use challenges. Through our Staten Island Justice Center, we provide clinical support and restorative programming for court-involved youth who have mental health needs.

Midtown Community Court

Thanks to Council support of the Center’s Midtown Community Court, the Midtown team was able to purchase and prepare hundreds of bags of food to distribute in and around Midtown throughout the pandemic. Staff were able to purchase and distribute PPE to communities in need. Midtown hosted 8 different outreach events where they distributed clothing, socks, underwear, shirts, shoes, duffel bags, and Naloxone kits, including on International Overdose Awareness Day and World Mental Health Day.

Midtown Community Court recognizes that police intervention is not the appropriate response for all public safety matters. So, alongside the Times Square Alliance, they developed the use of Community Navigators, through the Community First program to work with some of Manhattan’s vulnerable individuals—those who are homeless, battling mental illness and/or substance use disorders—following an arrest and throughout their court involvement. This pilot program is a holistic community response, working to link individuals to social and wellness services. Specifically, Community First will employ teams of Community Navigators, partnering them with community-based organizations, and engaging them in social services, substance use and mental health services. Navigators will become a staple in the Times Square community, building meaningful connections with individuals frequenting Times Square. The Community Navigators’ consistent presence and engagement allows them to gain credibility with local businesses, community-based organizations, and other Times Square entities, which result in opportunities for supportive services and access to those who need it.

Additionally, in partnership with Fountain House, Midtown North Precinct and the NYPD’s Behavioral Health Unit, Midtown worked to create a precinct-based intervention called Midtown’s Rapid Engagement Initiative (“the Initiative”). This program serves as a dedicated resource for the precinct-based rapid engagement of individuals who may have complex needs on the same day of an arrest. The Initiative offers individualized care to people arrested on cases that are Desk Appearance Ticket-eligible who want to connect to services by employing a highly skilled social worker from Midtown as the precinct’s “on-call” social worker and peer navigator. This timing is critical because often an arrest of someone may be the direct result of their dire need for mental health services and/or harm reduction services, along with other services. The Initiative intervention team includes coordination between a social worker, a peer navigator, Midtown’s long-standing community-based partners, and City agencies such as DHS, DOHMH and HRA. Beyond the immediate engagement at the precinct, the assigned social worker or peer navigator continue to be a point of contact for individuals who participate in the Initiative and is tasked with meaningfully engagement beyond the point of arrest.

Conclusion

Effectively shrinking the footprint of police **and** responsibly reducing unnecessary incarceration require investments in community-based programming centered on supporting the mental health needs of all New Yorkers.

The Center for Court Innovation thanks Council for its longstanding partnership and stands ready to continue implementing its proven programming. We are available to answer any questions you may have.

Notes

¹COVID Tracking Project at The Atlantic and the Boston University Center for Antiracist Research. (2021). The COVID Racial Data Tracker. Available at: <https://covidtracking.com/race>.

²Rempel, M. (2020). COVID-19 and the New York City Jail Population. New York, NY: Center for Court Innovation. Available at: <https://www.courtinnovation.org/publications/nycjails-covid>.

³Rempel, M. & Rodriguez, K. (2020). New York's Bail Reform Law: Major Components and Implications. New York, NY: Center for Court Innovation. Available at: <https://www.courtinnovation.org/publications/bail-reform-NYS>.

⁴Rempel, M. & Rodriguez, K. (2020). Bail Reform Revisited: The Impact of New York's Amended Law. New York, NY: Center for Court Innovation. Available at: <https://www.courtinnovation.org/publications/bail-revisited-NYS>.

⁵Center for Court Innovation. (2020). Felony ATI Homelessness. [Data file]. Retrieved from the Justice Center Application case management system.

⁶Center for Court Innovation. (2020). Shrinking the Footprint of Police: Six Ideas for Enhancing Safety. New York, NY. Available at: <https://www.courtinnovation.org/publications/alternatives-to-police>.



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Center for Court Innovation Major Proposals

Diversions Programs Initiative

- **Felony ATI Brooklyn: #108895 (Renewal)** The Brooklyn Felony Alternatives to Incarceration Court offers community-based interventions and rigorous judicial monitoring for felony cases (that are otherwise ineligible for drug, mental health, and domestic violence courts), which can decrease the use of jail and prison sentences and potentially lead to reduced criminal dispositions. The court is staffed by a team of resource coordinators, social workers, and mental health counselors who conduct independent assessments, prepare recommendations for programming and supervision, provide referrals to community-based providers, offer ongoing case management, supervision and compliance monitoring, and pilot new services, such as restorative justice interventions. The program and court part seek to significantly increase the use of ATIs, support and supervision offered to individuals charged with felonies and provide a model for jurisdictions across the country interested in enhancing public safety and reducing incarceration.

Mental Health Services for Vulnerable Populations Initiative

- **Harlem Community Justice Center: Men's Empowerment Program (MEP) #106702 (Renewal)** The Harlem Community Justice Center's Men's Empowerment Program (MEP) provides trauma-informed programming and mental health interventions to Black and brown young men who have experienced the trauma of mass incarceration and/or community violence in East and Central Harlem. The requested funding will support professional development and training opportunities for direct service staff centered on learning Cognitive Behavioral Therapy (CBT) curricula and best practices around trauma and mental health. Funding will also be used to provide stipends and incentives to MEP participants as they learn valuable life skills while developing and participating in community service projects and engaging in CBT groups, workshops focused on professional development/employment, and activities centered on preparing for success by identifying and achieving goals. While COVID-19 has forced our program to temporarily shift to a primarily virtual model of service delivery, it remains operational and fully engaged with MEP participants.
- **Bronx Child Trauma Support #103714 (Renewal)** Funding for Bronx Child Trauma Support will support the provision of assessment and treatment of child victims and witnesses to crimes in the Bronx, in partnership with the Bronx District

Attorney's Office. Direct services are conducted through evidenced-based trauma-informed intervention models designed to prevent or reduce post-traumatic stress symptoms, suicidality, re-traumatization and future victimization.

Mental Health Court-Involved Youth Initiative

- **Brooklyn Mental Health Court: Court-Involved Youth Mental Health #110517 (Renewal)** The Court-Involved Youth Mental Health initiative of the Brooklyn Mental Health Court provides specialized support to youth ages 18 to 24, who have unique social and cognitive needs and who represent a growing percentage of the cases we serve. Since 2017, over 63 youth in this age range have pled into the Court, with 26 of those joining us in 2019 alone. Thanks to FY20 City Council support, we now offer twice monthly programs specifically for youth, including arts programs, movie trips, and meditation classes, all designed to nurture close engagement with our youth population to help them comply with their court mandates and avoid future contact with the justice system. The program also supports our new Youth Engagement Specialist role, a bilingual member of our clinical team. Renewed funding will enable us to continue and strengthen our youth-focused programs, maintain our critical Youth Engagement Specialist role, and provide meaningful activities and healthy meals and snacks to our participants, fostering close relationships that help youth to lead healthy, law-abiding lives.
- **Staten Island Justice Center: Justice-Involved Youth Wellness Initiative #108977 (Renewal)** This is a renewal proposal for Staten Island Justice Center's Youth Wellness Initiative, a program that provides robust mental health services that address trauma and promotes healing for young people on Staten Island involved in the justice system or at-risk of justice system involvement. Participants will be provided mental health assessments by a clinician who will create engagement plans based on the needs that are identified in the assessment. Youth will also participate in a 10-week long workshop series focused on addressing the impacts of trauma and promoting healing facilitated by a mental health professional. In addition to group sessions, youth will be offered a menu of services such as individual short-term counseling, peer mentorship, restorative justice circles, and/or civic engagement opportunities as determined clinically appropriate to address underlying needs that spurred justice system involvement. Additionally, this proposal will be geared towards providing support to the families by supporting the parents and caretakers of youth enrolled in the initiative.



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March 5, 2021

Dear Esteemed Councilmembers,

From a global pandemic to the continued violence against Black and Brown people, 2020 was a hard year for many. And, as the City still grapples with COVID, this time continues to be one of unthinkable loss and uncertainty. Despite these challenges, the Center continues to serve tens of thousands of New Yorkers in all five boroughs, providing critical programs and services to those most in need. Much of this work has been and continues to be funded by Council. To that end, I want to take this moment to thank Council for its steadfast support of our work, and request renewed support as we look ahead to FY22.

With Council's support through the innovative criminal justice programs initiative, the Center for Court Innovation has continued to operate community-based programs to serve the most vulnerable New Yorkers, while also reducing reliance on police. The vast majority of those served are youth, immigrants, low-income, LGBTQ, and people of color. Last year, funding through this initiative was reduced. We hope Council will restore this core funding to its pre-pandemic level. By doing so, we can make a greater impact in meeting the many needs your constituents.

Through Council-funded programs like the Brooklyn Felony Alternatives to Incarceration Court, Driver Accountability Program, and Bronx Project Reset, we continue to keep hundreds of people out of jail and provide them with off-ramps through meaningful supports and services. We also ask that Council renews funding for these programs in FY22 so that this important work continues unabated.

I cannot close without thanking you again for Council's enduring partnership. We have done an enormous amount with you over the years, including creating a credible plan for closing Rikers Island, implementing the Cure Violence model in multiple neighborhoods, and creating new mechanisms to divert low-level cases out of the criminal justice system. In this time of great uncertainty, renewing funding for our programs will ensure our efforts to make New York City stronger, fairer, and safer for all, are realized.

If you have questions, you can reach me at 718.496.9363 or bryanc@courtinnovation.org. I look forward to speaking with you in the near future.

Sincerely,

A handwritten signature in black ink, appearing to read "Courtney Bryan", written in a cursive style.

Courtney Bryan
Executive Director



CHARLES B. WANG
COMMUNITY HEALTH CENTER
王嘉廉社區醫療中心

268 Canal Street, 6th Floor, New York, NY 10013 | Phone 212.379.6988 | fax 212.379.6936

March 15th, 2021 New York City Council Health Committee Preliminary Budget Hearing

Charles B. Wang Community Health Center

Approximately 1 in 8 of adult patients at our Health Center live with chronic hepatitis B, and we have more than 9,000 patients in our Hepatitis B Registry. It is estimated that there are 241,000 people with hepatitis B in New York City. However, many people living with hepatitis B are unaware of their infection because this condition often does not have symptoms. If left unmonitored or untreated, 1 in 4 individuals with chronic hepatitis B develop serious liver problems, including liver cancer.

The Check Hep B Program under the Viral Hepatitis Initiative provides essential patient navigation and care management services for New York City residents identified to have chronic hepatitis B infection. From July 2014 through June 2019, 1,532 New Yorkers living with hepatitis B were enrolled in the program and received education and additional support in managing their condition. Of those linked to care through Check Hep B, 96% completed a hepatitis B medical evaluation. With continued funding and resources, Check Hep B programs throughout the city can continue to address the burden of hepatitis B among our communities. However, the prioritization of limited resources toward COVID-19 efforts have impacted our ability to offer program services at full capacity, and the proposed further cuts that reduce state Article 6 reimbursement to 10% would exacerbate the issue. We ask that the City Council continues to fund the Check Hep B program at no less than FY2020 levels and support our efforts in the elimination of hepatitis B.

If you have any questions, please contact Jane Wong, janwong@cbwchc.org.

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Testimony to the New York City Council
Committee on Mental Health, Disabilities, and Addiction
Preliminary Budget Hearing March 15, 2021

My name is John Sentigar, and I am the Director of Development and Communications at Covenant House New York (CHNY), where we serve youth experiencing homelessness (RHY) ages 16 to 24. I would like to thank the Committee on Mental Health, Disabilities, and Addiction for the opportunity to testify today.

CHNY is the nation's largest, non-profit adolescent care agency serving homeless, runaway and trafficked youth. During this past year, CHNY served over 1,600 young people in our residential programs, as well as through our drop-in center and outreach efforts. On a nightly basis, we provide shelter to approximately 300 young people, including, LGBTQ youth and pregnant women and mothers with their children as well as survivors of human trafficking/commercial sexual exploitation. Our youth are primarily people of color and over a third of our youth have spent time in the foster care system. Many of our youth have experienced abuse or neglect at the hands of parents or other caregivers, and a disproportionately high percentage of our youth struggle with the pervasive impacts of trauma, mental health issues, and substance abuse. We provide young people with food, shelter, clothing, medical care, mental health and substance abuse services, legal services, high school equivalency classes and other educational and job-training programs, as well as a safe house and specialized services for survivors of human trafficking/commercial sexual exploitation. All of these services help young people overcome the trauma of abuse, homelessness and exploitation and move toward stability.

We are keenly aware that our city, state, nation and world are in the midst of a global economic recession due to the current COVID-19 pandemic and that difficult spending decisions need to be made. However, we by now all know that minority groups have been especially hard-hit by this pandemic and



have faced a larger death toll respective to their representation in the greater population. Global and national crises have shone a spotlight on the inequalities that exist in our society with the most vulnerable among us often faring the worst. At CHNY, the most vulnerable among us are exactly who we serve: young people without homes, financial support, adequate vocational or educational skills and little-to-no safety net before they reach our doors. Additionally, rather than closing our doors, youth homeless shelters must welcome and shelter even more at-risk young people during a pandemic. Our direct service staff cannot work from the safety of their home, and instead are essential workers who must directly care for our young people at our 41st St. and Bronx based shelters and transitional housing. We therefore implore you not to forget our youth and staff in the New York City budget process.

Mental Health Funding

Living through a global pandemic can exacerbate mental health symptoms in all of us. However, individuals who were previously struggling with mental health concerns and the neediest among us are the most susceptible to declines in mental health. The experience of being without a home or family support is in and of itself traumatic, and for this reason, even prior to Covid-19, most of the young people we serve required mental health services. Now, during the pandemic, the CHNY mental health team is reporting significant increases in a wide range of mental health issues among our young people, including depression, anxiety, and suicidal ideation.

Our mental health interventions, including our on-site rehabilitation program called Moving In New Directions (MINDs), are unique mental health resources in New York City as they are one of few, if any, programs that are specifically targeted to, and tailored for, young adults experiencing homelessness. MINDs is integrated into our DYCD-funded homeless shelter (by far the largest of its kind in New York City). As such, MINDs participants not only have the opportunity to address their mental health and housing needs in



the same location, but they can also avail themselves of all other on-site services, including employment, vocational, and educational programming (CovWorks); our free legal clinic; on-site health services at our Federally Qualified Health Center; youth development programming; and services designed specifically for youth who identify as LGBTQ. The cornerstone of our MINDs Program, Dialectical Behavioral Therapy (DBT), aims to address concomitant treatment considerations from both developmental and clinical perspectives. With over thirty years of evidence in support of its efficacy in treating mood and personality disorders, DBT aims to remedy the key psychological deficits that result from complex trauma. In some samples, estimates as high as 80-90% of youth reporting to homeless shelters endorse symptoms related to complex trauma – psychological distress resulting from the repeated experience of interpersonal trauma. These traumas impact youths’ ability to participate, and succeed, in other areas of life development. As such, it is critical that a comprehensive and robust mental health program such as MINDs receive adequate funding to ameliorate the negative effects and intersections of homelessness and complex trauma.

We are continuing to train our mental health workers in several other evidence-based mental health models designed specifically for young people or those who have experienced trauma, including Trauma Focused Cognitive Behavioral Therapy (TFCBT), Screening Brief Intervention and Referral to Treatment (SBIRT) and Motivational Interviewing (MI) as we work to address our young people’s ever-growing mental health needs. However, as our young people’s mental health needs grow, so do our costs in providing the appropriate level of 24/7 care. To continue to safely meet our young people’s mental health needs throughout this pandemic we needed to offer youth greater availability to mental health services, obtain the appropriate PPE for our staff, reconfigure spacing, buy individual supplies for our art and group therapy work and ensure that we have the appropriate technology.



CHNY is doing everything in our power to meet this increased need for mental health services for our young people, including asking more of our private and foundation donors, at a time where people have less to give. However, we simply cannot do it alone and need the City's support to help us fund our mental health department, which includes a part-time psychiatrist and a team of social workers. While our mental health programming is partially funded through the NYC Department of Health and Mental Hygiene (DOHMH), we have not seen an increase in that funding in several years, despite the fact that we continue to innovate our programming and serve more youth each year – we routinely exceed participant targets for this program each year with our limited resources. Additionally, we do not receive any City Council mental health care discretionary funding – assistance which could go a long way in shoring up additional programming and staffing needs for our program. We are asking for **\$100,000** to help fund a portion of the salary for two social workers on our dedicated mental health team. Infusion of additional money through the New York City Council will not only support the work we currently do, but will also allow us to expand to more youth and support the enhancement of our services. Our continued refinement of the way we use and incorporate evidence-based assessment tools and practice models will not only help us to better engage new MINDs participants, but will also enhance their experience within the program. We thank the New York City Council for consideration of this request.

John Sentigar
Director of Development and Communications
Covenant House New York
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Testimony from Christine Rutkoski, VP of Development, Community Healthcare Network

Hello and thank you all for having me. My name is Christine Rutkoski and I am the VP of Development at Community Healthcare Network, otherwise known as CHN. CHN is a federally-qualified health center, providing access to critical medical care, mental health services, and support services in underserved communities in New York City. Reaching over 80,000 individuals through clinical and community-based services annually, CHN provides essential health care to individuals of all ages, regardless of their ability to pay.

Currently CHN operates fourteen community health centers, located in underserved communities in Manhattan, Brooklyn, Queens, and the Bronx. As the COVID pandemic began in 2020, CHN has fought to ensure its communities had uninterrupted access to health care services, including COVID education, testing, treatment support, and now, vaccinations. In the spring of 2020, CHN radically expanded its telehealth program, offering primary care, mental health services, and supportive services through this service, which allowed patients to access care while practicing social distancing. CHN also kept all of its clinics open, so patients with urgent, in-person service needs could be seen and treated. In total, CHN provided over 60,000 patients with in-clinic services and over 100,000 telehealth encounters during this period.

The organization also leveraged all of its resources, in clinical support, operations, finances, and patient education and outreach, to provide support for its communities' fight against COVID. Since the start of the pandemic, CHN telephone triage nurses provided thousands of COVID-related sessions, including patient education, symptom management, and assistance with access to testing services. In April, CHN also worked with the State Department of Health to open up a temporary COVID testing location in partnership with the First Presbyterian Church of Jamaica, which provided over 1,000 COVID tests to one of the hardest hit areas in Queens. Currently, CHN is actively involved in COVID vaccination efforts, offering vaccinations to patients at each of its sites, and partnering with other community-based organizations to provide their eligible patients and staff with vaccines. The organization is currently working with the City Department of Health to open up four new vaccination sites in underserved communities in the city.

In order to continue our essential work, CHN has applied for continued funding for over a dozen discretionary grants for the next fiscal year. Those grants help to support the organization's vital work in women's health, family planning, HIV prevention, Hepatitis C prevention and treatment, patient education, and veteran's services. Maintaining this funding will allow CHN to continue to offer this wide breadth of programming within underserved communities in the city.

Additionally, in this year's capital application cycle, CHN is also requesting funding to support the purchase of its Long Island City Health Center. One of CHN's largest health centers, the Long Island City Health Center is located on 21st Street and 36th Avenue and serves over 7,000 patients each year, of which approximately 20% are uninsured.

Since 2008 CHN has been operating under a long-term lease for the property, but in the last year, CHN and the owner have entered talks for sale of the site. By retaining ownership of the property, CHN would not only be able to gain the flexibility to grow and expand the health center, but it would secure CHN's place as a health care provider within the community in the long-term. In recent years, CHN lost one of its long-standing health centers after its lease was not renewed by the owner – causing CHN to

find an alternate location that ultimately could not accommodate all of the services that had been previously offered at the site. Ownership would solidify CHN's place in the Long Island City community, and give the organization the ability to access new funding opportunities to expand the site and introduce new services.

During this application cycle, CHN has requested \$800,000 from City Council for the project, in addition to \$200,000 from the Queens Borough President. The project has an estimated cost of approximately \$4 million and the remaining funding will come from CHN's capital project reserves.

These funding requests will help CHN remain an important part of the health care safety net as we continue to deal with the challenges of COVID and recovery from the pandemic. I thank you so much for the opportunity to present today and look forward to any questions you may have.



Anthony Feliciano, Director's Testimony

Committee on Health jointly with Committee on Mental Health, Disabilities & Addiction Committee, Monday, March 15, 2021 @ 1:00pm

My name is Anthony Feliciano, I am the Director of the Commission on the Public's Health System. Thank you chairs and councilmembers of both the Health and Mental Health, Disabilities & Addiction Committees.

The recently signed \$1.9 trillion stimulus may have just been a significant helpline to pump the needed billions of dollars to stop a doomsday state and city budget- including covering COVID-19 expenses and more.

We are a one of four leads for Access Health NYC. Access Health NYC, an initiative that funds community-based organizations (CBOs) and federally qualified health centers (FQHCs) to provide education, outreach, and assistance to all New Yorkers about how to access health care and coverage.

Access Health NYC was awarded \$2.5 million in FY 2020 which expanded exponentially the number of CBO's from 13 to 33. This increase the capacity to work with underserved populations to do outreach and public education about health care coverage, care, and rights. **We are asking for a restoration of the \$2.5 million in funding for this FY21. (Ask #1)**

In this moment of crisis due to COVID19, Let's pull together, as we've done in times past, to ensure the funding and care gets to those who are hardest hit by this crisis including the trusted organizations that can meet the needs of those hit hard. Access Health NYC is an initiative that has essential staff. They have and will continue to be working at our community-based organizations accomplishing the important job of assisting communities now and after the pandemic is abated.

This new federal stimulus plan has not truly expanded health and economic protections for all. But we still have undocumented immigrants that will not benefit from its support. We need Access Health NYC Initiative CBOs to continue being part of covering the gaps and the response as key to the social safety net that we must protect.

Commission on the Public's Health System creates know your rights to coverage and access materials for Access Health NYC, which is done with consult and review from the Access Health NYC leads and awardees. We will need the funding to continue doing that important resource.

In the State Budget for FY19, the state legislature did not prioritize a rejection to the cuts to the General Public Health Works Program, more commonly

known as Article VI. It was a reckless and discriminatory cut in Article VI reimbursement to only New York from 36% to 20%, resulting in \$59 million dollars gap to vital public health programs & services.

Article VI is state matching aid to localities like NYC for local specified health programs and services conducted by DOHMH. This state aid has provided for several years a vital funding match for programs administered by NYC community-based organizations (CBOs). This match that has allowed CBO's and health providers to increase their capacity to serve many low-income, immigrant, communities of color, people with disabilities, people with chronic illnesses, and other vulnerable New Yorkers.

The Save NY Public Health Campaign was formed with the co-facilitation of Housing Works and CPHS. Over 150 community-based organizations, hospital programs, and community health centers came together but the legislature could not restore the cuts, but our efforts lead to successfully advocating the Mayor to include \$59 in the city budget to address the State's cuts- which is know as the "Backfill" for the CBO contracted by the City DOHMH for preventative, culturally and linguistically competent programs and services that meet the eligibility to be matched by Article VI.

We are understanding over the weekend, the Senate and Assembly One-House Bills have rejected part L on of the Governor's Executive Budget that aimed to further gut The General Public Health Work Program (Article VI funds)- including a rejection of the Global Medicaid Cap and ICP funding cut to the public hospitals.

The Governors FY22 Executive Budget cuts Article VI from 20% to 10%. We are pleased that our advocacy efforts have led to Article VI rejection of the current cut to be included in the One-House Bills. However, Save NY Public Health Campaign is advocating for the full restoration to 36% for New York City.

According to talks with the Mayor's office, the cut translates to \$35M in lost funding to support essential public health programs. We think the lost may be higher than that. Other New York counties remain at 36% - so this is a discriminatory cut to NYC-. We have been through the Save NY Public Health Campaign fighting to request the rejection of this language in the final State budget.

If this State aid is reduced, NYC Health Department will need to:

- Reduce the number of naloxone kits: 573 fewer potential lives saved due lost in funding for naloxone kit distribution and outreach.
- Reduce Sexual Health Clinic services: Approximately hundreds of chlamydia, gonorrhea infections, and syphilis infections, as well as cases of HIV would go undiagnosed and untreated at our Sexual Health Clinics.

- Close one Tuberculosis clinic and reduce services, which will reduce clinical services by 10,000 visits per year; and 20,000 observations annually of live-saving TB Directly Observed Therapy (DOT) will not be conducted.
- Reduce the number of clean syringes distributed: 2,000 New Yorkers who use injection drugs will not have access to clean syringe distribution.
- Reduce Nurse-Family Partnership clients served: 300 families will not receive 3,300 visits from a nurse per year.

On top of the City Department being forced to cut back on vital health services, we will see reductions to the “backfill” for the contracts of community-based organizations. Access Health NY Awardees already for this current fiscal year had a 15% reduction to their “Backfill”. We expect more for this coming fiscal year, if the state legislature does not make sure they reject the Governor’s proposed cut. Additionally, if we are not successful with the state advocacy, we need the Mayor and City Council to step up again to cover the additional cuts imposed by reductions to the percentage of Article VI match. We cannot allow this because the Governor’s intent is to eliminate fully any of these matching state aid to New York City.

We have additional asks, and they are:

Contract reform asks:

- City contracts must enable the provision to pay workers and provide adequate benefits. We must amend pre-existing contracts with nonprofits to provide the financial resources needed to make this successful and sustainable.
- We need the city to engage community-based organization in the policies, practices, program design, funding decisions and its implementation from the very beginning and not afterwards,
- Reduce barriers to accessing resources by creating a safer and friendlier funding environment and access to needed resources for smaller community-based organizations, especially Black, Indigenous and people of color led organizations that have been discouraged by a challenging discretionary funding process and excluded because of their challenging approaches and practices that justify racist policies and treatment.
- Pay community-based organizations on time when they already have a contract approved and on the record. We must respect the staff and work of the community-based organizations who are helping in creating a community safety-net for communities at the margins who need to bring to the center. This includes clarity and predictability around contract registration and timing of being paid.
- Develop an equity assessment on all city expenditures and spending including around all discretionary and city agency funding distribution that covers the actual cost of the community-based organization’s work of implementing the service (direct program costs and indirect costs)

City's health & public health infrastructure asks.

- Review any additional increase to the City's Subsidies to NY Health + Hospitals to ensure our public hospitals are strengthened during this pandemic recovery efforts.
- Ensure no cuts to vital preventive, cultural, and linguistically competent services addressing maternal and child health, mental health, communicable diseases such as HIV, viral hepatitis, TB, STIs; Substance Addictions; chronic diseases like Diabetes, Asthma, Cardiovascular, and much more.
- Place a halt and re-evaluate the Mayor's proposal for EDC and DOHMH proposal for a pandemic center. The city released an RFI that sought input from NYC's public health experts, CBOs, and other stakeholders around how the City can increase public health capacity and preparedness to identify and respond to infectious disease outbreaks and epidemics. RFI deadline was January 19, 2021. We have several concerns with this proposal:
 1. It is taking public funds and giving it away to private sources.
 2. The pandemic center is being proposed to be located at NYU Langone instead in a medically underserved area. NYU Langone has been an institution that has contributed to a segregated health care system.
 3. It is not community or BIPOC led. If the RFI seeks to address the root causes of health inequities that existed prior to and were exacerbated by the COVID-19 pandemic, and which are critical to address to stand up more effective emergency health responses in the future; then funding should be invested in the community and not in the pockets of hospitals.
 4. CBO's do not need another bureaucratic process for their engagement.
- Support a citywide wellness initiative and public health infrastructure fund that would have set aside amount to support a community-based safety-net and pandemic recover effort. Neither New York State or New York City has ever had a comprehensive plan to control and prevent chronic disease. Their pandemic response and recovery efforts have significantly ignored and not invested in community driven, effective, proven programs that will absolutely end the preventable levels of illness that have been allowed to overshadow these communities for decades! In the wake of a devastating epidemic fueled by chronic disease, we must finally do what works. The "New York Wellness Initiative" will demand real funding to support local, trusted organizations to take the lead in training and fielding people who live in the communities hardest hit by

COVID-19 to educate others in good chronic disease prevention, self-care, and other proven strategies to build wellness.

- Track disproportionality. The City and State use seven measures to reopen. We need a key 8th measure that tracks disproportionality. Not all neighborhoods or communities are improving at the same rate and averaged, or aggregated data creates a false sense of recovery and security.
- Invest in improving language access as part of the ongoing covid -19 response and recovery. We should invest in more in-person interpreters.
- Improve on the specific and granular disaggregated data on infection rates, hospitalizations, and deaths: Disaggregate existing data collection around race/ethnicity, sex, and age. Expand data to include collecting information on primary written and spoken language, disability status, sexual orientation, gender identity, and socioeconomic status of participants. Data collection should also be carried out in nursing homes, residential facilities, homeless shelters, and detention centers. Deaths at home or in the streets must be counted. We have data erasure of the Asian Pacific Islander community and First peoples (indigenous people). This is unacceptable.
- Truly defund NYPD and invest in the health and the holistic wellbeing of our communities. Communities that have been hurt by decades of neglect and abuse must be the benefactors of re-investments. We must also be the decision-makers of where funds should be targeted. Re-investments include access to housing, and the funding of cultural healing practices and rituals. These funds currently still are poured back into structures or programs that foster racism, segregation, and other forms of inequities.

It is still raining, COVID is still very much here, the response is still very much here. And so, where you are budgeting, an equitable response to recovery must be central for making sure that we have the right resources in the right place at the right time. Both the state and city will soon receive massive federal funds that can be devoted to community-driven health. We call for New York State to immediately allocate at least \$500 million and New York City to allocate \$100 million to start implementing effective community-based programs to control chronic disease.

David R. Jones
President & Chief Executive Officer

Steven L. Krause
Executive Vice President &
Chief Operating Officer

Community Service Society of New York
Testimony before
New York City Council Committee on Health
Preliminary Budget Hearing

March 15th, 2021

Good afternoon. My name is Juan Pinzon, Director of Health Campaigns and Government Engagement at the Community Service Society of New York (CSS). CSS respectfully submits this testimony for the Preliminary Budget Hearing of the Health Committee of the New York City Council.

CSS is a 175-year-old 501(c)(3) non-profit dedicated to fighting poverty and strengthening New York. It seeks to address economic disparity through research, advocacy, and innovative programs that strengthen and benefit all New Yorkers. CSS recognizes that access to quality affordable health care is essential to building strong, equitable, and economically secure communities. Our health programs help New Yorkers enroll into health insurance coverage, find healthcare if they are ineligible or cannot afford coverage, and help them use their coverage or otherwise access the healthcare system. We do this through a live-answer helpline and through our partnerships with over 50 community-based organizations throughout New York State. Annually, CSS and its partners serve over 300,000 New Yorkers, saving them over \$60 million dollars in healthcare costs.

In this testimony, CSS urges the City Council to increase funding for the NYC Managed Care Consumer Assistance Program (MCCAP) from \$425,000 to \$750,000 in the FY22 budget. During the COVID-19 public health crisis the City should leverage every dollar available to strengthen programs like MCCAP that provide a lifeline for those struggling to access the coverage and care they need. The new federal American Recovery Act (stimulus) funding provides the City with an opportunity to precisely do that. In addition, important policy changes are occurring right now in Albany that could further open up more coverage opportunities for our hardest hit immigrant communities in need.

The COVID-19 pandemic has brought to light the enduring inequities that permeate almost every part of our healthcare system and prevent New York City's communities of color, immigrants, people who are LGBTQ, and people with disabilities and mental health or substance use disorders from accessing the care they need. Additionally, residual Trump-era anti-immigrant coverage exclusions, rising health care prices and a complex healthcare system create

additional barriers to care. There are also thousands of New Yorkers who will need help this year navigating and accessing enhanced financial assistance to purchase Affordable Care Act coverage and COBRA premium support under the new federal American Recovery Act. In addition, the New York State legislature is poised to provide a special one-time insurance coverage program for undocumented immigrants who have or were suspected of having COVID-19. This is where a program like MCCAP can make a significant difference because of its community-based approach that can provide culturally and linguistically competent guidance, remove barriers, and improve access to affordable care.

MCCAP relies on the Community Service Society (CSS) and a network of 12 community-based organizations (CBOs) who work directly with the most vulnerable populations across the city—over 80 percent of MCCAP clients are people of color and/or speak a language other than English at home. CSS acts as the hub with its live, toll-free helpline while advocates at 12 CBOs serve as the spokes that provide in-person services in 15 languages and at 15 different locations across all five boroughs. The advocates are trained and supported by CSS to help people understand their insurance, resolve health insurance problems, get medical services, access affordable care for those who are uninsured, and address social determinants of health.

The program was launched in February 2020, right before the pandemic began creating havoc around the city. Since then, the CSS helpline and CBOs have provided much-needed advocacy assistance to over 3,000 clients who have struggled to secure coverage and medically necessary care during this difficult time, obtaining a favorable outcome for them in 90% of the cases. Some examples of our health advocacy work include:

- providing insurance navigation to those who have lost their job-based coverage or are uninsured;
- helping clients get a COVID-19 test or vaccine without paying co-pays under the State's special emergency rules;
- helping clients request prior authorizations over the phone when their providers are unable to do so;
- helping undocumented clients access Emergency Medicaid services that now cover COVID-19 testing and treatment; and
- addressing social determinants of health, such as food insecurity and unemployment, by helping clients apply for food stamps and unemployment insurance.

New York City residents need trusted and experienced MCCAP advocates on their side now more than ever to help them access the coverage and care they need. MCCAP also stands ready to help the city begin its path towards an inclusive post-pandemic recovery by serving as a trusted advocate that can provide reliable information to marginalized communities of color about COVID-19 vaccine distribution, safety, and effectiveness. To ensure that, we respectfully ask for the New York City Council to increase MCCAP funding from \$425,000 to \$7500,000 in the FY22 budget. With the additional funding, MCCAP will be able serve thousands of



additional clients by increasing funding to the existing network of CBOs and procuring additional CBOs that can provide in-person services in districts that are currently underserved.

Thank you for the opportunity to submit this testimony today. Should you have any questions, please do not hesitate to contact me at: 212.614.5353 or jpinzon@cssny.org.



Caribbean Women's Health Association, Inc.

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

Fiscal 2022 Preliminary Budget Hearing

Testimony

Introduction

The Caribbean Women's Health Association, Inc. (CWAHA) has served as a social service and health provider in Brooklyn and beyond for more than 37 years, with the mission of providing high quality, comprehensive, culturally appropriate health, immigration and social support services to its diverse constituency. Since its inception, CWAHA has developed culturally sensitive programs and services to meet the health and social service needs of our community. CWAHA has successfully worked within the neighborhoods of Central Brooklyn and beyond, with a particular focus on Flatbush/East Flatbush, Bedford-Stuyvesant/Crown Heights, Brownsville and East New York; serving predominantly Caribbean, African American and Latinx residents who are low income, undocumented and/or indigent.

CWAHA currently provides programs/services in the following categories: Maternal and Child Health Support Services, HIV Testing/Counseling and Community Prevention Education and Immigration/Legal Assistance.

It should be noted that since the start of the COVID-19 pandemic, CWAHA has continued to provide full services to meet the needs of the community. The CWAHA office location was re-opened effective July 2020. For the Fiscal Year ending June 2020, all CWAHA contract deliverables were met and/or exceeded. At this time, all services are being provided. Health education and other workshops are being provided virtually. Community residents may receive in-office services with an appointment. The following COVID-19 emergency response services have been provided to meet the needs of our community:

- In partnership with the Mayor's Office of Immigration Services, in 2020 CWAHA provided direct emergency financial assistance to 200 undocumented persons, who were not eligible for government stimulus/assistance.
- With emergency private grant funding, in 2020 CWAHA provided 350 pregnant and post-partum families with direct emergency financial assistance for food and baby supplies.
- Via private donations, CWAHA provides a weekly food distribution for 75 neighborhood residents.
- Via private donations, CWAHA provides diapers/wipes to post-partum families in need.

Summary of CWA City Council Discretionary Requests for FY 2022

CWA has submitted the following City Council Discretionary Funding Requests for FY 2022:

- Maternal and Child Health Funding- \$750,000 for the Healthy Women, Healthy Futures Doula Initiative (Coordination of Doula Services in Manhattan, Bronx and Queens, Doula Recruitment/Training and Program Evaluation)
- Ending the Epidemic (HIV) Funding- \$300,000 for HIV Prevention Workshops via the Outreach and Education in CBO's Initiative
- Immigration/Legal Assistance- \$100,000 to enhance the CWA Immigration/Legal Assistance Department
- Faith-Based Initiative (HIV)- \$75,000 for the Faith Based HIV Community Prevention Education Initiative

Maternal and Child Health Funding/Healthy Women, Healthy Futures Doula Initiative

Since its inception, the Caribbean Women's Health Association has had a particular focus on improving the health status of pregnant/post-partum community residents and their families; especially persons who may be immigrants, low income/indigent community residents and persons with additional barriers to adequate health and social support services. Despite overall improvements in the maternal and child health status indicators in NYC overall, disparities continue to exist within certain communities, putting communities of color at particular risk for maternal mortality, severe maternal morbidity and poor birth outcomes:

- Infant Mortality Rate (IMR) - is the death of an infant before his/her first birthday. Although there has been an overall decrease in the IMR for NYC for all ethnic groups, the rate for Non-Hispanic Black neighborhoods was 3.4 times the rate for Non-Hispanic Whites in 2018.
- Severe Maternal Morbidity (SMM)- Serious childbirth related complications which may include heavy bleeding, blood clots, etc. Every year approximately 3,000 women in NYC die or almost die from serious childbirth complications. Black Women are more three times more likely to experience SMM than White Women.

The Healthy Women, Healthy Futures Doula Initiative has been developed to provide social and emotional support to pregnant and post-partum persons, to reduce the risk of poor birth outcomes and improve the overall quality of the birth experience. CWAH is responsible for the coordination of doula services in Manhattan, Bronx and Queens, where we are currently providing direct services to 150 pregnant and post-partum persons. In addition to providing direct support, Doulas also refer pregnant and post-partum persons to other needed social services, such as mental health services, food assistance, housing, etc. To improve the overall doula capacity in NYC, CWAH also recruits community residents (from Manhattan, Bronx and Queens) for Doula Trainings; and provides these newly trained doulas with mentorship and professional development trainings. During the last fiscal year (FY 19-20), CWAH recruited and successfully trained 50 new doulas from Manhattan, Bronx and Queens. CWAH also coordinated a Certified Lactation Certification (CLC) for 35 MCH professionals from across NYC. CWAH is also responsible for the Evaluation activities for HWHF. Additional funds are being requested to enhance the citywide HWHF Evaluation activities, including the development of electronic database transmission and database technology. Currently, the lack of adequate electronic data processing and maintenance systems for HWHF client data substantially limits our ability to analyze data and develop systems to improve HWHF program effectiveness. Currently, HWHF client data are routinely collected by hand, which requires physical transmission and storage of voluminous paper forms.

Ending the Epidemic HIV Funding- Outreach and Education in CBO'S

Although the overall rates of HIV infection continue to decline in NYC, the communities served by CWAH continue to have the highest numbers of new HIV diagnoses per 100,000 population. In 2018, Bedford Stuyvesant-Crown Heights had a rate of 40.2 new infections per 100,000 population, compared to the overall rate for NYC, which was 22.6 per 100,000 population. Similarly, East Flatbush/Flatbush had a rate of 32.0 per 100,000 population; and East New York had a rate of 33.6 per 100,000 population; also, significantly higher than the citywide rate.

CWAH is requesting funding to provide HIV Prevention Education, targeting the most at risk populations within these communities. Utilizing existing community partnerships, CWAH will provide outreach and education to persons who receive services at homeless shelters, substance use facilities,

and other locations that serve high risk persons. In addition, CWAHA will also continue to conduct event based and street outreach/prevention education in these high-risk communities. The HIV Prevention Education Outreach activities will focus on providing information to targeted populations at risk for HIV infection, regarding the availability of the various HIV prevention strategies, including HIV testing/counseling, consistent condom use, STI screening, PrEP/PEP counseling, and treatment adherence. Via outreach, persons at the highest risk for HIV will be identified, counseled, and matched with the HIV prevention intervention(s) that is most appropriate for them. Navigation/Linkage to other supportive services will also be provided, including medical/mental health services, health insurance enrollment, SNAP benefits enrollment, Immigration/Legal Assistance, etc. The funding will be used to conduct outreach to at least 1,000 community residents and provide them with HIV prevention educational materials and condoms; provide HIV prevention education workshops at 20 community- based organizations; and provide additional supportive services via linkage/navigation to at least 100 high risk HIV - persons and/or HIV+ persons. Last fiscal year, CWAHA did receive funding and provided HIV Prevention Education activities to community-based organizations in Brooklyn, reaching more than 500 persons at risk for HIV infection. CWAHA also facilitated the referral of more than 50 persons for additional health and support services, including HIV testing/Counseling, health insurance benefits, PrEP/PEP referrals, STI screenings and food stamp benefits.

Immigration/Legal Assistance Program Enhancements

Because CWAHA has been a trusted community provider for more than 37 years, community residents feel comfortable and safe accessing information, social support and services, regardless of their immigration status. It should also be noted that there is a direct relationship between immigration status and access to health care services. Persons who are undocumented may be afraid to access emergency or even routine health services; or may not know where to go for services. Community residents who receive immigration/legal assistance at CWAHA also routinely receive information on how to access health care and receive referrals for other support services such as health insurance, food stamp assistance, etc.

CWAHA currently provides Immigration/Legal Assistance services to the community with limited funding. Funding is being requested to enhance services, so that more persons can receive services. The proposed funding will

be used to support the CWAH Immigration Department, which provides Immigration/Legal Assistance to community residents from throughout NYC. CWAH currently provides Immigration/Legal Assistance to approximately 500 persons per year; and submits approximately 300 applications per year including alien relative petitions, adjustment of status, consular processing, naturalization, citizenship applications, renew/replace permanent residence cards, removal of conditions on permanent residence cards, and DACA applications and renewals. This proposed funding will allow CWAH to help 100 more persons; also, to provide Immigration Know Your Rights Workshops targeting the predominantly immigrant communities throughout NYC to inform residents regarding the most recent changes to Immigration Laws. It should be noted that during COVID-19, CWAH has continued to provide Immigration /Legal Assistance services via telephone consultations and pre-scheduled face to face visits. Workshops are conducted virtually via Zoom.

HIV Faith Based Initiative

The high rates of new HIV infections in the communities served by CWAH have been noted above. Partnering with local Faith organizations has been an effective way to reach hard to serve at risk community members. Over the years, CWAH has developed relationships with a variety of Faith Based organizations throughout Brooklyn. Many churches are engaged in Health Education via their Health Ministries. Similarly, Faith organizations routinely organize health fairs, workshops, panel discussions and seminars for their members. These opportunities are utilized to provide culturally sensitive HIV Prevention Education including referrals for HIV testing and counseling.

The requested funding will be used to strengthen collaborations with Brooklyn Faith Leaders to be able to provide HIV testing, counseling and prevention education workshops to their members/constituents; especially those faith institutions that are in the communities that are at highest risk for HIV infection. Considering the current COVID restrictions, these services will be provided both in person and virtually via telephone conference, zoom workshops/meetings, etc. CWAH will schedule at least 10 HIV Prevention Education Workshops for faith communities (virtual and/or in person); including at least 100 participants. In addition, at least 50 persons will receive HIV testing/counseling services. It should be noted that at this time, CWAH is distributing Home HIV Test Kits; to maximize the availability of testing for our community at this time. CWAH did receive limited HIV Faith Based Initiative Funding for FY 2020. CWAH completed 10 HIV Prevention

Education Workshops, on-site at partner Faith Institutions throughout Brooklyn, reaching 100 persons. Persons were also referred for HIV Testing/Counseling at CWAHA.



Caribbean Women's Health Association, Inc.

3512 Church Avenue, Brooklyn, NY 11203 • Tel: 718.826.2942 • Fax: 718.826.2948

COVID-19 Response/ Services Available

Maternal and Child Health Support Services- Supportive services for pregnant women, post-partum women and their families:

- **Online Breastfeeding/Safe Sleep Workshops and Support Groups-**Ongoing instruction and support; referrals for needed services, wellness checks as appropriate.
- **Online Parenting Workshops** – Workshop series for Parents, Partners, and caregivers of children, newborn-3 years old.
- **Free Birth/Post- Partum Virtual Doula Support-** available for pregnant and post-partum women
- **Emergency Supplies-** Available for pregnant and post-partum women and their families, including food, diapers, baby supplies/clothes and taxi vouchers (medical visits only)

For additional information on Maternal and Child Health Support Services, contact Lisa Joseph at LJoseph@cwaha.org

Immigration/Legal Assistance-Providing telephone/online consultations and support with the following applications for immigration benefits:

- Naturalization (Citizenship)
- Replacement of Naturalization Certificates
- Renewal/Replacement of Green Cards
- Renewal of DACA status
- Extension of Visitor's B1/B2 visa status
- Certificates of Citizenship (Children of US Citizens)
- Waitlist for Green Card Application Cases

For additional information on Immigration/Legal Assistance Services, contact Natalie Burge, Esq. at NBurge@cwaha.org

HIV Prevention Education/HIV Testing/Counseling- The following services are available:

- Distribution of HIV Home Testing Kits- for home delivery only
- Ongoing Virtual Women's Support Group (For all women, regardless of HIV status)
- Virtual HIV Prevention Education Workshops- HIV 101, STI Prevention, PrEP/PEP Education, Condom Use, etc.
- Custom Virtual HIV Prevention presentations for faith-based organizations

For additional information on HIV Services, contact Parker Morris at PMorris@cwaha.org

New York City Council
Committee on Health - Hearing

Emeka Iloegbu MSc. MPH. MLS(ASCP)
Public Health Consultant at Hepatitis C Mentor and Support Group, Inc.
New York, NY
6464368168
March 15th, 2021

I am an avid public health advocate passionate about empowering individuals facing systemic barriers in their respective environments. In my public health journey, I've been fortunate to work with a variety of community-based organizations. This journey continues in my current role as a public health consultant with the Hepatitis C Mentor and Support Group (HCMSG) here in New York.

At HCMSG, we provide education and supportive services for people living with Hepatitis C and co-infected with HIV throughout New York. Educational groups and supportive patient mentoring services are essential elements of successful and cost-effective medical care for patients with hepatitis C and other conditions requiring long term care and management. These services improve the quality of life, as well as medical outcomes for patients which could have a positive outcome for the community at large.

At Hepatitis C Mentor and Support Group, we design and implement training for healthcare providers and community partners. Our in-person and online training session improves their understanding of working with all patients, focused on people with substance use disorder, those co-infected with HIV, the LGBTQ community, youth, and women of child bearing age dealing with Hepatitis C. It is critical for NYS to fully support the \$5 million Executive budget for Hepatitis C Elimination which would increase services for viral hepatitis, peer recovery coaches, peer navigators, harm reduction, and syringe exchange services.

It is imperative to protect Medicaid and Article 6, given the current community health disparities and the forecasting of a 10% cut to public health matching funds to NYC. There is a need for more Overdose Prevention Sites and a prioritization of people's health needs in prisons. All stakeholders involved must protect public health, especially during this current pandemic, which has exacerbated unresolved pre-existing challenges.

An essential function of public health is education and training, a primary component of HCMSG's mission. I have worked on public health projects in Morocco, the Philippines, Nigeria, Mexico, and Geneva, both at the community and policy levels. One of the biggest threats to community health in my experience is unsupportive policies and funding cuts as they increase the challenge for organizations like HCMSG to fulfill their mission and mandate. Solidarity during this time is needed to ensure that all communities in New York State have unimpeded and equitable access to Hepatitis C testing, treatment, and care.

Best Regards,



Emeka Iloegbu MSc. MPH. MLS(ASCP)



Empire Liver Foundation is asking the City Council to sustain level funding to the City Council Viral Hepatitis Initiative, for the 2021-2022 fiscal year. The City Council Viral Hepatitis Initiative funds 34 organizations to provide the most innovative and effective hepatitis B and C treatment, prevention and linkage to care education initiatives in the country, as well as training and technical assistance for providers. We are grateful to the City Council for its inspiring national leadership with its Viral Hepatitis Initiative.

New York State has cut millions of dollars from NYC's public health services including health outreach and education, immigrant health, HIV/AIDS, infant and maternal health, children's mental health, viral hepatitis, cancer, tuberculosis, and more. NYC Council has ensured that public health safety nets are positioned to reach NYC's most vulnerable communities. We ask for your leadership to prevent a true public health crisis by supporting the important work to address the health needs of all those impacted by viral hepatitis and protect the health and wellbeing of so many vulnerable New Yorkers.

Empire Liver Foundation was established by leading liver specialists dedicated to improving health in NYC communities at a time when NYC needed expert guidance on the novel hepatitis C treatment regimens. Relying on the expertise and leadership of our members, we have developed evidence-based hepatitis B & C clinical trainings for NYC's frontline primary care providers who serve communities most impacted by viral hepatitis. This past year, we have used funding to prioritize clinical trainings for providers who serve people at highest risk for hepatitis B and C, HIV, overdose and coronavirus, including the uninsured, immigrants, and people who use drugs. Empire Liver Foundation has offered several hepatitis C focused webinars to START Treatment and Recovery, a clinic that offers opioid treatment programs to individuals in NYC. After our training on *Hepatitis C Treatment in Persons who use Drugs*, one provider shared "I am grateful for the information because I have so many Hep C positive patients and if I can go ahead and start treatment while they are here for methadone then I feel like I can really start to save lives in this community. I'm excited to see NYC meet the 2030 elimination goal." Without the instrumental support and funding of the City Council Viral Hepatitis Initiative, NYC community-based providers will not have the resources to inch closer to its goal of eliminating hepatitis C in 2030.

Empire Liver Foundation is requesting \$205,000 to continue to deliver our services to the 3,000+ clinical providers (MDs, DOs, NPs, PAs, RNs and PharmDs) and other allied health professionals that have benefitted from our programs. We offer in-person grand rounds trainings, live and online CME web-based trainings, half-day preceptorships that include shadowing one of our experts, tele-mentoring opportunities, and special grand rounds topics delivered to health centers, substance use treatment centers, and hospitals around the city. Over the years, we have adapted our trainings to meet the changing needs of hepatitis C and B treatment and management using clinical guidelines.



We also urge the City Council to contact your counterparts in the State Assembly and Senate to not allow Governor Cuomo to cut the Article 6 public health matching funds rate to New York City. The Governor's Executive budget proposes to single out NYC and cut our public health matching funds rate from 20% to 10%. For every other locality the public health funds matching rate is 36%. The Governor's proposed cut will take more than **\$38 million** out of NYC public health programs. Please sound the alarm with your State counterparts and try to get this funding restored or help backfill this vital funding if these cuts are pushed through by the Governor.

Our organization continues to work alongside New York City stakeholders that serve marginalized communities often hit the hardest by disease burdens, especially viral hepatitis. We listen and amplify the voices of our New York City neighborhoods who greatly benefit from a variety of community-based health programs. Our experts advocate the needs of the community to our local, state, and national policymakers to bring essential resources to New Yorkers.

During the COVID-19 crisis, Empire Liver Foundation remains steadfast to our mission. We continue to deliver essential services to providers and believe that the City Council can play an instrumental role in eliminating viral hepatitis. With your help in supporting the Viral Hepatitis Initiative, we can continue to train more clinical providers to treat viral hepatitis and protect the health and lives of our NYC communities.

Sincerely,

Meg Chappell, MPH
Program Manager
Empire Liver Foundation



**Preliminary Budget Hearing
NYC Council Budget and Oversight Hearing on the
Preliminary Budget**

**Committee on Health, Disabilities, and Addiction
March 15, 2021**

Good morning Chairwoman Louis and all of the members of the
Committee on Health, Disabilities and Addiction,

Thank you for the opportunity to provide testimony in this vital matter and much gratitude for your hard work in leaning into solutions instead of rhetoric. I am Joseph Turner, co-founder and current President and CEO of Exponents and co-chair of the New York State Harm Reduction Association. I also serve as chairperson of the Harm Reduction Committee of the Association of Substance Abuse Providers (ASAP) and co-chair of the Recovery Implementation Team of OASAS. Lastly, although it is good to be working in Manhattan, I was born and raised Brownsville – *never ran, never will....* But now, I am glad to claim Chairwoman Louis as my Council member of District 45.

Exponents is a 30-year-old community-based behavioral health agency in Manhattan. At Exponents, we provide a continuum of harm reduction services that drug users can access or not at any time. We are invested in everyone's capacity to see themselves beyond their present status, and it's our job to provide the resources for that transformation. Through an array of 14 programs ranging from our licensed harm reduction outpatient drug treatment program, ARRIVE HIV/AIDS risk reduction wellness program, prison re-entry and recovery center, and professional, CASAC, Recovery Coach training programs.

It has been more than a year since COVID-19 ravaged New York City and the world-at-large. The COVID-19 vaccines are starting to end the pandemic, and hopefully, by the summer, we will enter some sense of normalcy. But for many of us on the front lines, we have faced twin pandemics of overdose deaths potentiated by COVID-19, a trail of unspeakable grief that feeds off of each. Recent data indicate that from January 2020 to June 2020, we have had over 81,000 overdose deaths – and that is only six months of data.

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At its essence, harm reduction is the compassionate engagement of drug users without regard to abstinence and providing life-saving services – in other words, keeping people alive until they can access treatment services. For those of us who are on the front lines of this battle, harm reduction meets people where they are at.....caring for folks that no one cares about.... providing life-saving services without condition.... For us, harm reduction realizes that no one was born an addict....no one in third grade planned to be homeless....no one of us here aspired to overdose and die in someone's stairwell.

In this light, we urge this Committee to directly fund community-based innovative harm reduction services to engage the most vulnerable of our citizens. We are most pleased to see that Congress under the Biden/Harris administration will provide "\$30,000,000 in community-based funding for local substance use disorder services like syringe services programs and other harm reduction interventions" through the American Rescue Plan. This legislation marks the first time in history that Congress has appropriated a funding stream specifically for "harm reduction," the phrase "harm reduction" has been used in an official Office of National Drug Control Policy press release, and community organizations are explicitly eligible for SED federal funding. However, \$30 million in a \$4 billion budget does not begin to address the level of need for Harm Reduction Services nationally.

But I leave you on a note of deep concern. For people of color, the overdose crisis is not going anywhere and is getting worse by the day. My concern is that if the victims of overdoses will again become predominantly those who look like me and you-then the compassion will stop, the resources will dry up. The prisons will fill up, and once again, we return to the days of "Ray-Ray" and "Flaco" dying anonymous deaths in project stairways. ***This cannot and must not happen on our watch.***

We urge the Committee to provide direct funding to the local community-based harm reduction programs that were and continue to be on the front lines of providing essential services to our most underserved.

March 15, 2021

Joseph Turner
President and CEO
Exponents

Mental health, and normalizing the discussion around mental health, is imperative for all people. At Getting Out and Staying Out (GOSO), we feel strongly that providing emotional well-being services begins the minute we connect with participants when they are incarcerated, until they are back in the community, and continues through their lifespan. Addressing childhood trauma, incarceration trauma, and everything in-between needs to become a societal norm to reduce recidivism and uplift communities impacted by incarceration, specifically, black and brown communities.

In the Mental Health Budget this year, GOSO would like to see an increase of access to psychiatric services in the East Harlem community as well as increased access to therapeutic support in both individual and group form.



Health Access
27-40 Hoyt Avenue South
Astoria, NY 11102
Tel: (718) 396-5041

March 15, 2021

By E-mail:

Honorable NYC Council
Committee on Health and Committee on Mental Health
New York City Hall
City Hall Park
New York, NY 10007

RE: HANAC Testimony Letter in NYC Council Committee on Health and Committee on Mental Health: Hearing on Preliminary Budget for Fiscal Year 2022

To the Honorable NYC Council Committee on Health:

I trust that this correspondence finds you very well. My name is Enrique Jerves, and I am the Program Director for HANAC's Health Access Program. I am humbly submitting this correspondence to serve as a testimonial correspondence supporting the request to restore the Article 6 budget cut for Fiscal Year 2022. The cuts to Article 6 will have a significant impact on the City's Access Health Initiative. The budget cuts will negatively impact the outreach efforts for HIV/AIDS intervention services, infant and maternal health support, viral hepatitis campaigns, and COVID-19 healthcare resources that are desperately needed for people with the COVID-19 Virus. While the actual numbers cannot be stated for sure, early estimates indicate that at least \$3.4 million of this funding is at risk of being lost due to these state cuts.

As you are keenly aware, the COVID-19 has had a significant impact on the New York State Healthcare system. While members from all different communities have suffered during this pandemic, the immigrant community is one of the groups that have been most disparately impacted. Historically the underserved immigrant communities face incredible obstacles in receiving adequate health care during regular times; during this pandemic, the immigrant community has faced even more significant difficulties obtaining primary care, specialist support, hospitalization, and COVID-19 healthcare resources needed for people that have the COVID-19 Virus. My experience helping the immigrant community allowed me to learn the needs in this community. The immigrants usually encounter problems related to language support, and most cases have expressed concerns about public charge policies.

To reiterate, before the onset of the Covid-19, immigrant communities were already vulnerable to illnesses such as but not limited to depression, substance abuse, and other negative factors such as high-blood pressure or diabetes. Now the mental health experts fear that many more will be prone to trauma-related disorders due to this pandemic. For example, as we have heard on the

news, immigrants are impacted by the loss of a family member, loss of employment, lack of health coverage, lack of access to testing, and most cases have no information for the vaccination process. During the pandemic, we assisted in providing essential social services during the pandemic. We helped many immigrants obtain primary care, health insurance, and referrals for financial assistance in New York City programs. At the height of the pandemic, our programs continued to provide essential services for the immigrant communities. These individuals may be at higher risk of developing long-term challenges.

The Health Care Act ("HCA") aims to ensure all of us get access to health care regardless of the status or the income perceived per person, but more importantly, HCA was enacted to prevent deaths. The costs involved in health care in New York State are already high; it is even worse for individuals who do not qualify for health insurance.

This cut will impact the program finance, and we would not be able to continue helping those who struggle with health conditions, such as high blood pressure, diabetes, obesity, or who have a prior history of substance abuse which might increase the risk of more ongoing distress due to the pandemic triggering factors. Many uninsured communities have yet received medical coverage due to lack of insurance eligibility, or just they are afraid of immigration policies. Your support is a "must" in the middle of these challenging situations.

Thank you so much for allowing us to provide this testimony, and please do not hesitate to let me know if you need any additional information that you may need in support of this request.

Respectfully submitted,



Enrique Jerves,
HANAC Health Access Program Director
718-396-5041
ejerves@hanac.org

3/15/2021

Committee on Health

Funding to the City Council Viral Hepatitis Initiative

Hepatitis C Mentor and Support Group Testimony

Thank you for the opportunity to speak to you today. I want to thank the council members for supporting the hepatitis community in the past. I am here today as a representative of the Hepatitis C Mentor and Support Group. I have been working for 8 years on the ground in with the underserved communities, providing training on education and supportive services within syringe exchange programs and drop in centers.

I work closely with the Founder/ Executive Director of HCMSG, Ronni Marks who in addition to being a patient has experience working with both patients and providers. Educational groups and supportive patient mentoring services have been shown to be important elements of successful and cost effective medical care for patients with Hepatitis C and other chronic health condition. Especially during a time when so many have been adversely affected by the loss of services due to Covid -19, it is more important than ever to support the improvement of quality of life, as well as medical outcomes for patients.

The training HCMSG provides for healthcare providers help them to have a better understanding of how to work with all patients with an emphasis on high risk populations, such as people with substance use disorder, those co infected with HIV, the LGBTQ community, Youth and Women of child bearing age dealing with Hepatitis C.

For FY2022, we are asking for the Mayor to increase his commitment to eliminating hepatitis B and C in NYC, and we encourage the Administration and NYC Department of Health and Mental Hygiene to work with community providers to create and implement a plan to eliminate hepatitis B and C in NYC.

Our hope is to see us provide a model for the entire nation, with NYC as the first City to eliminate Hepatitis C. We need increased and expanded services for hepatitis, peer navigators, harm reduction and syringe exchange services.

This is why it is critical that we reduce missed opportunities to screen and diagnose patients who seek care in emergency rooms and hospitals as well as educating providers and staff on the stigma faced by people who use drugs. There are opportunities to move towards elimination by increasing the focus on treating patients who are in the hospital for extended periods of time. Education is needed in overdose prevention, Hepatitis and HIV. People need to understand the syndemic connection between substance use and infectious disease.

As an educator in the field and someone who has witnessed the lack of knowledge in the communities, I can tell you firsthand what an impact this virus has on the lives of those affected. There is such power in having supportive services and patient navigators. It is essential for patients to work with people who understand what they are going through and can help them get through the process, making it easier for patients to adhere to treatment. In many cases it has helped to reduce the feeling of stigma associated with having Hepatitis.

Please help us ensure that all New York City residents have access to Hepatitis C testing, treatment and care regardless of race, gender, or economic status.

Thank You!



Japanese American Social Services, Inc.
100 Gold Street, Lower Level, New York, NY 10038

Phone: (212) 442-1541
Web: <http://jassi.org> E-mail: info@jassi.org

Organization: Japanese American Social Services, Inc. (JASSI)

New York City Council Committee on Health and Committee on Mental Health
FY 2022 Preliminary Budget Hearing
March 15, 2022

Japanese American Social Services, Inc. (a.k.a. JASSI)

My name is Hiroko Hatanaka and I am a member of the board of Japanese American Social Service, Inc.

Thank you, Chair Levine and members of the Committee on Health, Chair Louis and members of the Committee of Mental, Disabilities and Addictions for giving us the opportunity to submit our testimony. JASSI would like join with Coalition for Asian American Children and Families to request your support for NYC APA community for Access Health and Mental Health.

JASSI is an Asian-led non-profit social service organization that provides a safety net for the Japanese American Community in New York for the past 40 years. We provide services to people who face problems resulting from language barriers, cultural differences and difference in service system. 84% of JASSI's clients have limited English capability and over 95% our seniors need help in Japanese. They have low-to-medium income.

Along with 45 APA organizations of the 15% & Growing Campaign, I would like to ask your support for the growing APA community for the FY 2022 Discretionary Funding. We are asking for a fair allocation that reflects the growing APA population in NYC. In FY 2021, Asian-led and serving organizations received only 4.65% of City Council discretionary dollars and less than 1.5% of social service contract dollars. Our community-based organizations never received funding that adequately supported their vital services in neighborhoods, and during a time when APA New Yorkers are especially vulnerable, they have had to fill tremendous gaps in services. NYC Council must expand funding for the citywide initiatives to ensure that more APA-led and serving groups are adequately funded to support vulnerable people.

Covid-19 has devastatingly impacted APA New Yorkers. First was anti-Asian attacks, and then, there was the lockdown which exacerbated the systemic inequities that were already facing our communities prior to the

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pandemic. These rising challenges vary across communities and rely heavily on our APA-led and serving organizations to fill in the gaps of services through culturally inclusive and language accessible services that have the most impact on addressing the needs of our community. Now more than ever, providing equitable funding to APA New Yorkers is necessary in the recourse and revitalization of our communities.

During the lockdown many Japanese restaurants closed. And according to Asian Federation's report "Impact of Covid-19 on Asian Employment in NYC", their workers were impacted severely resulting a massive loss in employment of 72%. JASSI's hotline has not stopped ringing since the lockdown last year asking for help in applying for unemployment insurance, low-cost health insurance, to mental health problems to mention a few.

At JASSI we are still tallying the impact for the whole year of 2020. However, from March 16 to April 17 alone, JASSI staff spent 10,428 hours to answer all hotline calls and emails, and worked on 801 cases. This is a huge task for a small organization like JASSI. In fact, the continued heavy workload is affecting staff physically and mentally. I hope NYC Council recognized how important Asian-led CBOs are in face of crisis like the current one. **We ask that NYC Council support discretionary asks of APA community-based organizations in order to sustain the critical services they provide in addressing the growing needs of New Yorkers amid the pandemic.**

Thank you for the opportunity to submit my testimony.

Hiroko Hatanaka
Member of the Board of Japanese American Social Services, Inc.

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**New York City Council Oversight Hearing
on FY22 Preliminary Budget**

March 15, 2021

We would like to thank the New York City Council's Committees on Mental Health, Disabilities, and Addiction, and the Committee on Health for jointly holding this important oversight hearing on the City's FY2022 Preliminary Budget. My name is Lori Podvesker, and I am the Director of Policy at INCLUDEnyc. For the last 38 years, INCLUDEnyc (formerly Resources for Children with Special Needs) has helped hundreds of thousands of NYC families navigate the complex special education service and support systems.

While we commend the City for its response to the public health, economic, humanitarian and mental health crisis during the last year, we also testify today to urge the Council to maintain funding for the Autism Awareness Initiative. Many families with children on the autism spectrum were in high need prior to the pandemic and live in historically underserved neighborhoods. But they need help now more than ever. Without this resource, families would not be able to access or connect to life changing care, services, support, or community.

While COVID-19 has radically disrupted the lives of all New York City families and young people, children on the autism spectrum and their families have been amongst the most affected by these disruptions. Changes in routines, schedules, environment, coupled with the loss of in-person evaluations, services, instruction, socialization, and support at home triggered extraordinary challenges for these families who were now caring for their children full-time at home. Many families saw and still see a regression in their child's already challenging behavior, communication, learning abilities, and overall emotional well being.

There are tens of thousands of children on the autism spectrum living in New York City under the age of 21. According to the New York City Department of Education's November 2020 Special Education Report to the Council as per Local Law 27, over 22,000 students ages 5-21 are classified with autism. There are thousands more under the age of 5 who are diagnosed with autism, and many more who are not yet diagnosed or classified with autism who are still waiting to be initially evaluated as the result of the pandemic.

Eighty percent of school age children with autism are Latino, Black, or Asian, families who have been most impacted by the ongoing pandemic. One out of four children on the spectrum have not received any or all their mandated special education services since last March. And as per the most recent Mayor's Management Report (September 2020), there was a 27% decline of new children ages birth-3 receiving services from the Early Intervention Program during the first four months of Fiscal 2021 compared to the same period in Fiscal 2020.

In 2020 and with much gratitude to the Council, INCLUDEnyc was the largest recipient under this initiative. Nearly 4500 NYC families with a child on the spectrum attended one of our workshops, parent support groups, or events in 2020. We provided direct assistance to 500 parents of school-age children classified with autism, and 1,000 families attended our Indoors for Autism event in May.

Through our work, we were able to help families with children with Autism:

- Problem solve to access emergency supports for their child and themselves
- Better manage their child's behavior at home
- Connect to mental health resources
- Reduce social isolation
- Understand citywide and school based information
- Advocate for their child's educational rights
- Apply for home and community based services through NY State's Office for People with Developmental Disabilities
- Access child care and some form of respite

As our City begins to economically recover and emotionally start to heal from the pandemic, the lives of young people with autism and their families are forever changed. The needs of our families this coming fiscal year will be just as intense as last. Parents are burnt out and kids are disengaged due to the lack of an entire year of access to consistent in-person services, education, and engaging and supportive environments.

We urge you to fully restore the Autism Awareness Initiative at \$3.2 million. Without this funding there are no other public service systems where families can get this kind of support. It will provide the emotional and mental support parents need in order to sustain the effort, fortitude, patience, and love that is required of them to successfully parent their children.

Thank you for taking the time today to consider this important matter. We look forward to partnering with you to improve equity and access for all young people with disabilities in New York City.

Sincerely,

Lori Podvesker

Lori Podvesker

Director of Disability and Education Policy

GM,

I am gravely concerned about the lack of resources for consumers with mental disabilities in regard to rental arrears, substance abuse programs, assisting with proper transportation to and from doctors/therapist appointments, lack of visiting nurses to daily administer meds to consumers trying to live independently and the defunct Adult Day Program. For consumers trying their best to live independently but struggle esp. with the stresses of COVID 19 needs more assistance.

James Brooks MS, CSW
Black Veterans for Social Justice Inc.
Director of Supportive Housing Program
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New York City Council Chair Rose and Committee on Youth Services
March 15, 2020

Thank you Xommittee on Mental Health Services for giving us a chance to testify today. My name is Judy Ling and I am a Certified School Counselor currently working at Immigrant Social Services, Inc. (ISS).

Since 1972, ISS is dedicated to improving the conditions and promoting the welfare of our community in the Chinatown and Lower East Side Area of New York City. ISS has worked extensively with immigrant children and their families, many of whom are from low-income households with limited English proficient. We partner with schools to provide enrichment, academic support and prevention through OASAS but it has been extremely difficult especially during the pandemic because there is just so much we can do without adequate support from the city.

Nearly 50% of our Pan Asian population in NYC lives in the hardest hit areas during the pandemic but for fiscal year 2021, Asian led and serving organizations only received 4.65% of City Council's discretionary funding, when we make up 15% of the population in NYC. The purpose of this 15% and growing campaign is so we can receive 15% of the discretionary dollars, which correlates to the population size.

The 1st citywide initiative the city should expand on is Mental Health Services for our young people. To do that, the DOE needs to lift the current hiring freezes. Schools were already understaffed, especially when it comes to pupil personnel services. COVID-19 is a traumatic experience, so now more than ever, students and families need social emotion support. I chose to be a School Counselor so I can give back to my community, but was appalled that I wasn't even given a chance to a job interview not because I didn't have the skill set, but because I was born too late to be in the field. Just simply applying SEL in schools is not enough, you need PPS to help address crises. Teachers are not trained like we are and they are already burnout and overworked. Also, adequate language access needs to be in place to provide mental health resources related to covid-19 since a lot of our APA population have limited English proficiency. Covid-19 is a traumatic experience and it is crucial our young people can have support to process it and work through it. Adults have some skill sets to cope with the pandemic, but still struggle so imagine how much worse it is for our youth who speaks English and the ones who don't. Mental Health resources are great for our youth, but doesn't mean anything if it is not linguistically or culturally appropriate. It also doesn't help that there are anti Asian crimes in the midst of the pandemic. Youth need us to support them, but we cannot support them without adequate funding. ISS is at limited capacity, scrambling to help and going above and beyond but there is so much we can do with all these budget cuts. Thank you for your time.



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**Testimony for the New York City Council
Committee on Health Jointly with Committee on Mental Health, Disabilities & Addiction Committee
Preliminary Budget Hearing – Health
March 15, 2021**

**Testimony of Juyong Roh, Coordinator of MCCAP
The Korean Community Services of Metropolitan New York, Inc. (KCS)**

My name is Juyong Roh, and I am a Project Coordinator at the Korean Community Services of Metropolitan New York, Inc. (KCS). First of all, I would like to give special thanks to the Committee on Health for giving us a chance to share testimony.

Founded in 1973 as the first community-based social service organization for the Korean and other immigrant population, KCS is a non-profit community service organization supported by government agencies, foundations, companies and related individuals. The purpose of KCS is to develop and provide a wide range of community service programs to meet the diverse needs of the community. To achieve this goal, KCS provides a variety of professional community services in the areas of community, aging, workforce development, and public health. Nowadays, KCS serves an average of 1,300 individuals daily.

KCS is the only Korean American CBO in New York City that offers the program called “Managed Care Consumer Assistance Program (MCCAP)” which is funded through the Council’s Access Health Initiative. MCCAP helps New York City residents struggling with medical debt and address health insurance problems and financial barriers that will keep them out of medical care. The program provides services to consumers who are particularly likely to face barriers to access information about healthcare coverage and options. MCCAP also helps explain consumers' health insurance rights and responsibilities which empowers consumers with the knowledge to choose, switch or unregister health plans. In addition, MCCAP not only helps residents to handle consumers with appeals to New York State health eligibility decisions, but also to understand and access prescription drug coverage. Furthermore, this program also provides language services and SNAP registration.

We also provide assistance with enrollment, renewal, and training for Medicare, Medicaid, and SNAP benefits to vulnerable groups such as the elderly, disabled, and low-income families with limited English and computer proficiency. Lastly, we help clients who need assistance with medical billing disputes from government agencies, hospitals, or insurance company.

As a supporter who directly works with the immigrant community, I have seen many individuals who are isolated from assistance regarding healthcare. Although there are offices that give support for medical care, many individuals still do not know how to access those services because of low English language proficiency. To emphasize the need of culturally competent programs like MCCAP, I would like to share one of our client’s story.

Our client, Mrs. Kim, faced trouble with payment for SNAP benefits. Mrs. Kim received a letter from the Office of Temporary and Disability Assistance which stated overpayment of benefits received under the SNAP program in addition to paying a debt she owed to Treasury Offset Program. Based on her payment history, she had already paid the overpayment. Despite this fact, she continued to receive notices that she owed money to the HRA offices of New York City. At first, the client didn’t know how to prove her payment to the HRA office, because most of the HRA offices were closed as a result of the pandemic. In addition, she was not able to get services from other social service centers as she only had limited English proficiency. After contacting KCS for assistance, we were able to help her appeal with HRA office with the supporting documents proving that she had paid, and eventually was able to continue receiving SNAP benefits.

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We are grateful for the City Council's commitment to health equity for all New Yorkers, and we look forward to your continued support in reducing the diverse health disparities in the New York City immigrant community. Community-based organizations like KCS have longstanding relationship with the community, trust of community members, and have a sharp knowledge about the needs of the community. Therefore, the CBOs are well prepared to provide much-needed services to the community.

Thank you for the opportunity to share my testimony.

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**Testimony Before the New York City Council
Committee on Health
NYC Council Budget and Oversight Hearings on the FY 2022 Preliminary Budget
March 15, 2021**

**Testimony of Jessica Lee, Healthcare Navigator
The Korean Community Services of Metropolitan New York, Inc. (KCS)**

Our community

Founded in 1973, the Korean Community Services of Metropolitan New York, Inc. (KCS) was the first and remains the largest community/social service agency dedicated to the Korean community. We offer more than 20 programs that serve more than 1,300 individuals on a daily basis in the areas of Aging, Community, Workforce Development, clinical Mental Health services, and Public Health. Our mission is to be a bridge to Korean and the greater Asian immigrants to overcome cultural, language, and economic barriers to be effective and thriving members of the community. The division of Public Health, or the Public Health and Research Center (PHRC) is part of a city-wide initiative called the Access Health NYC that funds community-based organizations (CBOs) to provide community health education, outreach, and assistance to all New Yorkers about how to access health care and coverage. Being part of this unique initiative for three years now, PHRC has been able to deliver a more holistic approach to our access health service such as interpretation services, case management, and education-based counseling.

How has our community benefited from the Access Health NYC initiative?

- Health care being such a complex system, navigating and accessing health care services is a struggle to folks who are limited English proficient in the Korean community. Therefore, with the funds from Access Health, KCS has been able to improve health literacy among community members through linguistically appropriate education and outreach opportunities.
- Discretionary Funding for the Access Health NYC initiative has also expanded our healthcare navigator services by providing in-depth case management and interpretation services. Proper health insurance utilization does not stop at enrollment assistance. KCS offers post-enrollment services such as, but not limited to, understanding health insurance terminology, locating an in-network primary care provider, and making the first premium payment. In addition, for more complicated issues such as health insurance claims billing/payment reconciliation, premium reimbursement, etc, KCS is able to provide interpretation and translation services for community members.

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- So far, KCS has reached more than 3,000 Korean immigrants through media, educated more than 1,000 community members on healthcare policies and literacy, and managed more than 143 complex healthcare cases for FY20.

Why do we need Access Health NYC?

In early of 2020, Ms. Audrey reached out to us asking for assistance regarding her health insurance. Because of her disability, she required two public health insurance programs, Medicare and Medicaid, to cover her expensive medical costs. However, because she did not know how to update her address, all letters regarding her health insurance were lost. In addition, she was unaware of her primary coverage being a third-party insurer, so she was unable to get coverage through Medicare. With the help of our healthcare navigator, we were able to update her address on file so that she could continue to get important documents regarding her health benefits, contact the third-party insurer to terminate her coverage, and lastly, contact the Benefits Coordination and Recovery Center to update the primary coverage as Medicare, again. Fortunately, Ms. Audrey had no gap in coverage and was able to continue seeing her doctors without having to worry about her medical bills.

Ms. Audrey’s case is not an uncommon issue within our community. Therefore, we ask you to stop the Article 6 cuts towards the Access Health NYC initiative so that we can continue to offer these services. The funding will help our community receive better access to health care services and increase utilization of health insurance benefits through culturally and linguistically available information.

We sincerely thank the members of the City Council and Committee on Health for supporting the efforts of community-based organizations like KCS in the past. Without your support, our work for the community and assistance for at-risk individuals would not be possible.

Thank you for the opportunity to share our stories.

Jessica Lee
Program Manager /Healthcare Navigator
Korean Community Services of Metropolitan New York, Inc. (KCS)

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BREAST CANCER SUPPORT SERVICES • FOUNDED 1994

FY 2022 Preliminary Budget Hearing

Health Committee

Hon. Mark Levine, Chair

March 15, 2021

Submitted on behalf of:

Laura Jean Hawkins

Advisory Board Chair

Astoria/Queens SHARE-ING and CARE-ING, Inc.

(dba SHAREing & CAREing)

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Chair Levine and Members of the Committee, on behalf of the Board and Staff of **Astoria/Queens SHARE-ING and & CARE-ING, Inc. (dba SHAREing & CAREing)**, I thank you for the Council’s longstanding support of community organizations, including ours, which assist cancer survivors, their families and caregivers AND for your support of our funding under the Council’s Cancer Services Initiative.

The onset of the pandemic last year changed our world and that of city’s most vulnerable populations including cancer survivors. The pandemic, and its resulting social and economic impact, triggered a significant amount of fear, anxiety and concern among cancer survivors resulting in an increased demand for our services, specifically the need for individual and group counseling and emergent needs assistance.

Our 2020-2021 stats are as follows:

SERVICES

Community Outreach	Health & Wellness Workshops	Support Groups (LCSW and Peer-Led)	Individual Counseling (LCSW)	Special Needs including linkages to Cancer Screening and Treatment	High School Outreach
24%	17%	21%	18%	8%	12%

RACIAL DEMOGRAPHICS

Asian	Black	Hispanic	White
10%	17%	32%	41%

GENDER

Female	Male
82%	18%

At the same time, the restrictions put in place last year regarding group gatherings basically eliminated all of our traditional fundraising activities resulting in a loss of over \$150,000 in revenue.

SHAREing & CAREing was founded 27 years ago by four breast cancer survivors - Carolyn Scarano, Mary Demakos, the late Lucille Hartmann and our President Anna Kril, who late last year received a second primary breast cancer diagnosis, - to address the needs of Queens women living with breast and/or ovarian cancer. Through the years, our reach has expanded and we now serve women and men with all types of cancer from all over the city.

Our Advisory Board is made up of dedicated community members who give of their time and talents. Unlike nonprofits in other boroughs, we do not have deep pockets nor do we have big businesses or foundations to tap. Many of the private/foundational grants for cancer are for research not to support direct services and needs of cancers survivors, their families and caregivers.

I am therefore asking that the Council restore funding to the Cancer Services Initiative and that you support our request for \$250,000. This funding will enable us to keep up with the increased demand (25% over 2019) for our services and allow us to continue to assist those living and coping with cancer in Queens County and throughout the city.

My fellow Board Members and I are extremely grateful for the Council's continued support. On behalf of those we serve, I thank you.



Ramapo for Children Testimony for Mental Health Committee Autism: Culturally Competent Care and Family Support in NYC Hearing

Hello, my name is Lisa Tazartes, I am the Senior Director of Partnerships and External Affairs at Ramapo for Children. I am also the proud parent of a child affected by Autism. I want to start by thanking the New York City Council for your longstanding commitment to funding the Autism Awareness Initiative.

This has been an extraordinary year for parents and caregivers of children with disabilities. Many of us have embraced the roles of service coordinator, paraprofessional, social skills instructor, counselor and tutor as our children navigated unpredictable school schedules without access to many structures and supports that anchored them in the past. Ensuring adequate supports for parents and caregivers has become critical to helping our children develop resilience, maintain mental health and navigate the challenges of living through a Pandemic.

Ramapo for Children is a New York City based agency with an extraordinary track record of serving children and the adults who work with them since 1922. Through direct service youth programs and highly regarded training programs for adults, Ramapo works on behalf of children who face obstacles to learning, including children of all abilities, enabling them to succeed in the classroom, at home, and in life. We do this by providing workshops and assistance to educators, youth workers, and parents to help them better manage and meet the needs of their children.

We have been a parent and caregiver education workshop provider of the New York City Council Autism Awareness Initiative for the past 11 years. Ramapo's workshops have served thousands of families impacted with ASDs and this year our virtual workshop calendar was at capacity by February with higher attendance than ever before. All of the Parents/Caregivers (100%) who have participated in Ramapo's workshops have reported that the training helped them feel less alone as caregivers of children with Autism Spectrum Disorders and provided them with techniques and tools they could use immediately to help their child. In the words of one parent, *"You were able to help me understand my son more in this one workshop than in the last four years of raising him. It was a struggle, but you made it easier."*

For many parents and caregivers, our workshops are the only opportunities they have to receive vital skills which meet the unique needs of their children, and make daily life less stressful. Our parent workshops are relevant and substantive, and they provide information that is relatable.

Too frequently parents have little access to information and support to help their children. Parent education and support is a low cost, high impact, efficient way to ensure these New Yorkers have access to assistance. Ramapo, as an itinerant service provider, targets underserved areas and partners with schools and organizations in all five boroughs, working with families for whom this is often their first access point for support on how to manage the challenges of raising a child with a



Ramapo
for Children

Building Relationships, Inspiring Success.

disability. We respond to the racial, socioeconomic, multigenerational, and cultural diversity of New York City. Our workshops have served working parents, grandparents, immigrant populations – Russian, Latino and Chinese, from Mott Haven to Staten Island to Bensonhurst, just to name just a few. We partner with hospitals, community centers, and public schools. Every year, we identify new groups of New Yorkers who are parenting children with disabilities and set up workshops to bring information and support to them in their neighborhood.

We are very grateful for all of the work that we have been able to do for parents over the past few years, but there is a lot more to be done. While our programs have allowed us to reach many diverse parent populations, there are communities who still await help and need it desperately. In addition, each day there are new parents who receive a diagnosis of ASD for their young children - these parents need immediate help to understand this diagnosis and quickly learn skills and utilize tools to support their children.

We once again applaud the Department of Health and Mental Hygiene for underlining their commitment to individuals and families with ASDs. We are hopeful that you will understand how much the support provided through parent and caregiver education means to families who are impacted by ASDs.

I thank the New York City Council for their time and support.

**New York City Council Committee on Mental Health, Disabilities, & Addictions
Meeting on March 15, 2021
Testimony By: Maria James**

Prescriptive Arts

My name is Maria James and I have been a teaching artist at JCAL for over 20 years. I have had the pleasure of working with individuals from all walks of life at JCAL, but one of the dearest to my heart is my special needs students in the A.A.R.B. Program. This program is a necessity because it engages participants born with physical disabilities to create in meaningful and creative expression through movement. These physical activities can help to improve a variety of challenges including:

- * Mood improvement
- * Stress reduction
- * Improvement of self esteem
- * Pride in physical accomplishments
- * Promoting general feelings of well-being

This program is an enormous benefit to individuals who are oftentimes overlooked, and the class has provided an essential community for our participants during the covid pandemic. It is my hope that this program along with JCAL's other programs continues to thrive and provide these much-needed services to some of our most vulnerable populations in NYC.

NYCC Committee on Health Joint with Committee on Mental Health, Disabilities, and Addiction Budget Hearing

Monday, March 15, 2021

Michelle Gadot, Senior Director of Planning & External Affairs
Center for Comprehensive Health Practice
1900 2nd Avenue, 9th and 12th Floor
New York, NY 10029
mgadot@cchphealthcare.org

Good Afternoon. My name is Michelle Gadot, and I am the Senior Director of Planning & External Affairs at the Center for Comprehensive Health Practice, also known as CCHP. Thank you Health Committee Chairs Mark Levine and Farah Louis for calling this hearing and for the opportunity to testify before the joint committees.

CCHP has been a pillar in the East Harlem community for over sixty years. Our mission is to integrate high quality primary care, substance use treatment, behavioral health and supportive services all under one roof. Through our approach, we create a lasting health-care partnership between patients, families and professionals. We believe that comprehensive, family-focused, affordable, and community healthcare is an invaluable tool in improving the health and well-being of our patients. Our motto is, we are “your family’s home for a lifetime of care.”

Leading the way in community health, Dr. Richard Brotman founded CCHP in 1960 in collaboration with New York Medical College. Innovative in his approach, he looked holistically at both the individual and societal factors contributing to substance use and primary health care. This method resulted in new policy perspectives and clinical approaches for substance use treatment and health care, including physicians and clinicians from multiple disciplines working side-by-side to address both the medical and psychosocial issues affecting each person.

We use an integrative, community health, team-based approach to care that provides individuals and families with an array of services. This includes medication assisted treatment (methadone, buprenorphine, vivitrol, and naltrexone); outpatient substance use treatment; group and individual counseling; psychiatry; parenting classes; overdose prevention training and distribution, vocational/educational counseling, and primary care services such as: internal medicine, pediatrics, prevention and treatment of HIV, Hepatitis C treatment, hypertension, diabetes and asthma, and health education. Our emphasis on health education, prevention and early treatment of illnesses helps our staff intervene before minor issues become life-threatening conditions

Establishing trust with our patients is extremely important to our model of care. Cultural barriers and previous negative experiences often prevent our patient population from accessing the type

of resources they need to lead healthy lives. Noted barriers to success include: uncontrolled or untreated mental illness, active substance abuse, unwillingness to engage in medical care, non-compliance with medication, diet, and/ or appointments and complicated psychosocial issues such as housing instability. When a client walks through the doors of CCHP, they are met with warm smiles and treated with the integrity that they deserve.

In the spring of 2017, we added Opioid Overdose Prevention to our long list of services that we offer to our patients, residents of East Harlem and the greater New York community. In true nonprofit fashion, where limited financial resources led to staff wearing multiple hats, I was given the opportunity to run CCHP's Opioid Overdose Prevention Program. While this did not fall under my scope of work, these last four years have been the most educational and rewarding and hopefully impactful years of my career.

First I would like to say, that while the Opioid Overdose Prevention Initiative is relatively new to City Council, opioid use is not a new phenomena to many communities in New York City, particularly in East Harlem. As I stated earlier, CCHP was established six decades ago to combat the heroin epidemic that was taking over northern Manhattan at the time. In the 70's, we became one of the first programs in the country to offer methadone treatment to pregnant women. CCHP still remains only one of two providers in New York State to offer specialized treatment for pregnant women with opioid use disorders.

I say all this not to toot the horn of CCHP, but to remind you Committee Chair Louis and the Committee members that for many residents of New York City, they've been waiting for the day when resources finally funnelled into their community to fight this battle. And the reality that these resources became available, when the nation finally woke up to an epidemic that had been around for nearly three quarters of a century, once the color of people's skin who were dying became lighter, has not been unnoticed.

In 2019, the number of overdose deaths increased once again to 1,463. That's one New Yorker dying from an overdose every seven minutes. While the rate of overdose deaths continue to decline amongst white New Yorkers, the rate of overdose deaths continues to rise for Black and Latino New Yorkers. And the same five neighborhoods have been hit the hardest by these deaths, which includes East Harlem.

From 2017 - 2020, our overdose prevention trainers distributed over 2,500 naloxone kits to New Yorkers. We've participated in street and health fairs, block association meetings, police precinct community affairs meetings, set up tables on busy street corners, such 125th and Lexington, trained healthcare and community providers and visited Senior Centers with Council Member Diana Ayala to talk about the dangers of opioid overdose.

With the growing number of overdose kits being distributed, a focus on expanding treatment for addiction and the city-wide campaign that emphasized on reducing the stigma associated with

addiction, we were starting to see it all come together. The number of overdoses while still increased, where doing so at a slower rate.

And then in March of last year, COVID-19 hit. While the entire city began to shut down, we stayed open. We had to respond to new stay-at-home measures while ensuring our patients still had access to care. Historically, "big events" have had negative effects on health and health-related behaviors and have led to increase in substance use. Staff stayed in constant contact with their clients through text messaging and email. Unfortunately, a portion of our clients did not have access to devices (i.e. smartphones, WiFi, laptops, iPads) that are used for telehealth. The Center setup computers for patients to be able to use onsite, allowing them to continue receiving services.

A growing fear amongst harm reduction and health providers is what lasting effect will COVID-19 have on opioid users. The COVID-19 crisis has increased the risk of homelessness, overdoses and unsafe injecting and sexual practices. Concerned that many of our patients and general members of the community may deal with the sudden isolation and loss in jobs, family, home and social supports may lead to increased substance use, CCHP came up with innovative ways to distribute overdose prevention supplies online. In the summer of 2020, we launched a new page on our website to mail naloxone kits out to anyone who lived in New York and mailed out nearly 400 kits to date.

Unfortunately, we have yet to know what impact COVID-19 has had and will continue to have on mental health and substance use for New Yorkers. Early data from the CDC shows that emergency room visits for opioid overdose increased by nearly 30 percent from March 2020 - October 2020 compared to the previous year.

We ask the Committee to increase its funding to battle the opioid epidemic and support small community-based organizations such as CCHP in your budget for this year. The previous year we requested additional funds that would help us expand our program to reach more New Yorkers, but were told that funding was cut due to the COVID-19 pandemic.

Our original request for FY22 of \$40,000 was a modest ask to maintain our overdose prevention program as is. We would like to increase our request to \$225,000 as it has become apparent that overdose prevention is a priority for the City Council due to the large increase in overdose deaths in the past year. The increased funds will allow us to hire more front line staff and increase our outreach efforts to educate and train New Yorkers on overdose prevention and help reduce the stigma attached to substance use and treatment.

Thank you Chair Levine, Chair Louis and to the Joint Committee for your time. I am happy to answer any questions you may have. You can contact me at mgadot@cchphealthcare.org.

Check Hep C Program

The Check Hep C Program at Montefiore Medical Center strongly supports Resolution 1529-2021, which calls on the New York State Legislature to pass, and the Governor to sign, legislation to protect New York State's safety net providers and Hepatitis C program services by eliminating the Medicaid pharmacy carve-out. The carve-out would strip millions of dollars in annual 340B savings away safety-net providers across New York State—drastically curtailing the scope and reach of services now available to medically underserved New Yorkers, further undermining the fiscal stability of critical front-line community providers, and devastating a NYS safety-net system that is essential in order to address longstanding health inequities. The bill would allow the time necessary to fully consider the impact of the carve-out, as well as potential alternatives.

Hepatitis C (HCV) is the leading cause of liver failure and liver cancer in the U.S., and since 2007 has caused more deaths annually than HIV/AIDS. HCV is a critical problem in New York City, where the NYC Department of Health & Mental Hygiene estimates that 91,000 residents are living with HCV infection and 40% of those are undiagnosed. Although the number of newly reported cases of hepatitis C continues to decline, more than 4,000 cases have been newly reported each year since 2009. Among those with untreated Hepatitis C infection, 58% die from HCV (two times higher than all premature deaths in NYC). Due to recent increases in injection drug use, healthcare providers in New York City are seeing more young men and women with new infections. This epidemic is especially concentrated in the Bronx, which has the highest rates of new HCV infections (23.6 per 100,000) among people 3-29 years old. Now communities of the Bronx have carried the burden of the economic and public health fallout from the COVID-19 pandemic. With the Bronx having a 15% rate of unemployment, the highest in the New York state, the community is facing financial hardships, a growing need for food, shelter and healthcare and we can expect an increase rate of the new HCV infections. The Check Hep C Program is able to provide services to the Bronx community while minimizing the risk of COVID-19 exposure.

Montefiore Medical Center is the largest healthcare provider in the Bronx and one of the poorest urban counties in the United States. The Bronx is a community with high levels of poverty, poor health outcomes, and chronic HCV. 43% people of Black and Latinx decent are estimated to have HCV compared to other adults nationally. HCV patients in the Bronx face numerous barriers to health care, including language preference, transportation, health literacy, substance use disorders, serious mental illnesses, and housing insecurity. The community is in urgent need of HCV services, as we (and others) have previously demonstrated that the overall HCV prevalence among adults in our Montefiore ambulatory network is 7.7%. The Montefiore Check Hep C Program provides these essential services to those directly impacted by HCV in the Bronx community.

With the support of the 340B program, the Check Hep C Program at Montefiore Medical Center has been providing fully-integrated, individualized viral hepatitis services to Bronx residents since 2014. The program works with various community-based organizations to share resources and expertise with the goal of eliminating HCV in the Bronx. Our Check Hep C Program helps to link patients diagnosed with HCV from the community to our medical center. Through these efforts, we have been able to identify clients in need of HCV navigation and are able to link them to care. We currently work with partner organizations to assist HCV patients in patient education, travel assistance to medical appointments, and retention in care. We will continue to strengthen our relationships these organizations, including as New York Harm Reduction Educators (NYHRE); Bronxworks, The Living Room, The Brook, St. Ann's Corner of Harm Reduction (SACHR), the Osborne Association, and the Hep C Task Force. Our current partnerships with these organizations include Peer Educators conducting outreach on-site to identify potential HCV patients with the goal of scheduling an initial HCV appointment at one of our HCV treating sites. Our Peer Educators perform appointment reminders and provide travel assistance as needed.

We have quarterly meetings with these organizations to discuss best practices and to case conference about patients in our shared case load.

Montefiore’s Check Hep C Program combines HCV care and treatment, primary medical care, mental health care, social services, and substance use treatment. This program operates under a multidisciplinary team of HCV medical providers, a Care Coordinator, social workers, community health workers, and peer educators. Through our partnership with community-based organizations, we have identified barriers to care and have re-organized our resources to enhance linkage to care. In 2020, despite the COVID-19 pandemic, we enrolled 96 HCV patients in the Check Hep C Program, and 56 initiated HCV treatment. At the start of the COVID-19 pandemic, we identified barriers that might interfere with HCV care and made accommodations to ensure that patients completed their HCV treatment course while minimizing the risk of exposure to COVID-19.

We collaborated with the pharmacy team to have patient’s medications delivered straight to their homes or coordinated curbside pickup while maintaining safety precautions. Telemedicine visits were scheduled and conducted to monitor patients progress. Our Check Hep C Program provided continued support throughout each patient’s treatment course and maintained contact with patients who were pending treatment initiation. We also provided reassurance and resources to patients who were in need, such as locations to food or financial assistance, shelter, and mental health support. Of 17 patients on HCV treatment at the start of the pandemic, 14 completed treatment, and our Check Hep C Program played a vital role in ensuring that patients HCV care was not interrupted. We are now scheduling in-person and telemedicine visits, and we continue to offer medication delivery for patients who are unable to make it to medical visits. We also continue to collaborate with organizations in the community with the goal of identifying HCV patients and engaging those identified in HCV care.

The pharmacy benefit carve-out will victimize the Bronx community again, by limiting their access to care and support in the midst of a global pandemic. We strongly believe it is imperative to entirely reject the “carve-out” for safety net providers participating in the 340B drug discount program. Preventing implementation at this time is a necessary first step. For these reasons, we wholly support Resolution 1529-2021, which calls on the New York State Legislature to pass, and the Governor to sign, legislation to protect New York State's safety net providers and Special Needs Plans by eliminating the Medicaid pharmacy carve-out.

For questions or follow up, please email Kiara Lora, Program Director of the Hepatitis C Treatment Network at Montefiore Medical Center, at kialora@montefiore.org.



Make the Road New York Committee on Health Budget Hearing Testimony | March 15th, 2021

Good evening. My name is Arline Cruz and I am the Associate Director of Health Programs at Make the Road New York. We thank the Committee for the opportunity to testify today on behalf of Make the Road and our 24,000+ members and staff during this current pandemic. Our communities have been some of the hardest hit by COVID-19. Despite unprecedented obstacles we have continued to provide essential health, legal, education and survival services, while also continuing to organize our communities for crucial policy innovation for black, brown, low-wage and immigrant New Yorkers.

Our largest base is in central Queens, the epicenter of the pandemic and across all our sites (Brooklyn and Staten Island), our members and participants are dying, many more of our staff and members are or have been sick and lost family. Last year we trained frontline staff on how to help community members locate bodies of deceased loved ones so those bodies can be located and tracked until it is possible to have a burial, if the family could afford one.

During this time previous health and health care inequities experienced by our communities have been greatly exacerbated. The need for our members to access testing, care and now vaccinations is dire. In addition, undocumented immigrants lack health insurance have been excluded from government relief efforts and are struggling to figure out where to get tested and treated for COVID.

Our health teams have continued all core services while providing an array of emergency provisions via a mixture of remote/telehealth and in-person (in accordance with safety guidelines) service. We continue to do all health insurance enrollment, food stamp enrollment and health navigation (including referrals and negotiating medical debt) remotely. We also conduct our community health worker “home visits” via video call, making sure that families with asthma and respiratory issues are getting the care they need and providing counselling on COVID, and calling asthma patients to ensure that they have updated information on COVID and are able to still access their prescriptions and speak with providers as necessary.

Based on these experiences we are making the following recommendations for the Fiscal Year 2022 budget, which will play a key role in our and others ability to provide crucial health access services for the hardest hit communities during this pandemic:

Access Health Initiative + MCCAP Program

We first ask the council to maintain \$2.5 million in funding for the Access Health Initiative and restore \$750,000 in funding for the MCCAP--Make the Road specifically request \$110,000

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301 GROVE STREET
BROOKLYN, NY 11237
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QUEENS
92-10 ROOSEVELT AVENUE
JACKSON HEIGHTS, NY 11372
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STATEN ISLAND
161 PORT RICHMOND AVENUE
STATEN ISLAND, NY 10302
718 727 1222

LONG ISLAND
1090 SUFFOLK AVENUE
BRENTWOOD, NY 11717
631 231 2220

WESTCHESTER
46 WALLER AVENUE
WHITE PLAINS, NY 10605
914 948 8466

under the Initiative and \$40,000 for our MCCAP Program. We reach over 8,000 low-income immigrants a year with our health access services and in 2020, our team continued to provide services online and by phone without interruption, and expanded to respond to new needs. We assisted with health insurance enrollment, food stamp enrollment, and health navigation (including negotiating medical debt) remotely. We have also been helping families access Covid testing and mental health care, intervening with hospitals and the city as necessary to advocate on their behalf, and conducting community health worker “home visits” via video to check on vulnerable individuals at risk for Covid.

NYC MCCAP is a New York City Council-funded project of the Access Health NYC initiative. MRNY utilizes MCCAP to help New Yorkers understand how to use their health insurance; resolve billing issues and coverage denials with their plans and eligibility determinations; maximize their coverage (get prior authorizations, access specialists, and out-of-network services when needed); access affordable health care services and hospital financial assistance programs. A full restoration of these funds is crucial as this work has become increasingly needed during the pandemic for our communities where individuals are not eligible for insurance and need help finding low cost care and lowering their medical debt, as well as assistance accessing COVID testing or vaccines.

Immigrant Health Initiative

We ask the Council to maintain its \$2 million allocation to the Immigrant Health Initiative and request continued funding for our org in the amount of \$80,000. Through the initiative MRNY tackles health disparities among low-income and immigrant New Yorkers that have been drastically exposed and amplified due to COVID. We achieve this by continuing to improve access to health care, addressing cultural and language barriers, and targeting resources and interventions. With continued funding we will reach 900 new participants through the project. Specific services provided include: one-on-one assistance with the health insurance enrollment application process, referrals to apply for SNAP benefits, and SNAP application assistance. These efforts will have a deep impact in securing needed services for individuals without access, as well as promoting a culture of community health and advocacy.

Ending the Epidemic Initiative

We ask the Council to maintain \$7 million in funding and request \$75,000 specifically for our org under the initiative. This funding will support prevention, education, and outreach, including one-on-one intervention to and HIV prevention services. Through continued support at least 50 individuals will attend virtual HIV prevention sessions, and we will conduct screenings (virtually until it is safe to do so in person) for at least 400 individuals and refer them to HIV prevention services, while referring at least 100 individuals for social services such as health insurance enrollment and SNAP enrollment. The individuals we serve through this initiative remain increasingly vulnerable to COVID during this time as many are immunocompromised, without health insurance and struggling to gain access to health care.

Community Health Worker Project

We request \$50,000 from the Brooklyn Delegation to support MRNY and fellow coalition partner’s in the Bridges to Health Equity- Community Health Worker (CHW) Project. Through the project Brooklyn-based community based organizations (CBOs) have come together and

work with health care institutions to design and implement a multi-sector approach to improve health outcomes in our communities. MRNY and coalition partners will provide a home based asthma intervention program to families with asthma in the neighborhoods of Bushwick, Sunset Park, Red Hook, Bedford Stuyvesant, and Brownsville, (MRNY will focus on Bushwick). Our program will provide services to low-income families with asthma to help them better manage their disease, improve their home environments to foster better health, and connect with other needed services. This work has been amplified for the COVID-19 pandemic, as these families are at increased risk of infection due to all of these contributing factors.

We (along with other participating CBOs) employ community health workers (CHWs), who visit each family up to three times per year virtually or in-person to make sure that families with asthma and respiratory issues are getting the care they need and to provide counselling on COVID-19. This work has been amplified for the COVID-19 pandemic, as these families are at increased risk of infection.

Finally, the City should increase funding to \$22 million for the Emergency Food Assistance Program (EFAP) to support this critical source of food for more than 500 pantries and soup kitchens in the City. We continue to operate our food pantries in person and have expanded them during the pandemic to meet our community's dire need for food.

It is essential that we are able to maintain this work as well as previous highlighted services this year through the continued support from the Council's Immigrant Health, Ending the Epidemic and Access Health initiatives and increased funding for Community Health Workers.

Thank you again to the Health Committee, Chairs and the entire City Council for your consideration. Make the Road appreciates our partnership with each of you to ensure the respect and dignity of immigrant families in New York City. I hope you will give additional consideration to the requests we have made, and we look forward to working together in Fiscal Year 2022.



City Council Committee on Health and Committee on Mental Health, Addictions and Developmental Disabilities

Joint Preliminary Budget Hearing

March 15, 2021

Chair Levine, Chair Louis and distinguished members of the City Council, thank you for the opportunity to testify today. I'm Nadia Chair, the Director of Policy & Advocacy at the Coalition for Behavioral Health. The Coalition represents over 100 community-based mental health and substance use providers, who collectively serve over 600,000 New Yorkers annually. The majority of individuals our members serve have Medicaid, and our members also serve uninsured and underinsured New Yorkers. Our members are key parts of the communities they serve, working not only to advance the behavioral health but to increase the overall wellbeing of New Yorkers.

The past year has been filled with grief, tragedy, and loss for New Yorkers. Our members have lost staff and clients, and have seen their communities devastated as health disparities and racism rose to the surface. Individuals with schizophrenia are three times more likely to die from COVID, putting them at grave risk.

While facing significant challenges themselves, our members stepped up to serve New Yorkers. Agencies worked rapidly to transition services to telehealth. Knowing that the populations they serve are on the wrong side of the digital divide, this was not as easy as simply adding some new zoom licenses. Agencies purchased new devices for staff and for clients. They worked with clients to set them up for internet subsidies, where available. For older adults and others with limited tech literacy, agencies provided services via telephone and taught these clients how to use audio-video technology. At the Coalition, our training department created new programming to teach the workforce on the best practices for telehealth, and ensure a successful transition to this new modality.

Many services never transitioned to telehealth, because in-person service was essential. Supportive housing, outreach, mobile crisis, and injectable medications are just some of the programs that continued to operate in-person. Agencies spent hundreds of thousands of dollars on PPE, new ventilation, dividers, and other new safety supplies.

The work of our members was and is essential. New Yorkers are experiencing a massive mental health and substance use crisis. Even before the pandemic, we had ongoing overdose and suicide epidemics. These have grown worse, and new problems have emerged. At all ages, the isolation

of the pandemic has harmed mental health: rates of anxiety and depression are three times higher than pre-pandemic. New Yorkers of color have higher rates of poor mental health, with over 40% of Hispanic New Yorkers and 39% of Black New Yorkers reporting symptoms of anxiety or depression.

Every six hours, someone dies of an overdose in NYC, a number that is going up. In the first quarter of 2020, NYC had 96 additional overdose deaths, compared to the same period in 2019. Our providers report to us that they are reversing more overdoses than before, and that clients who had been stable for years and decades have returned to substance use.

Over one-third of parents in NYC reported that their child's emotional and behavioral health was negatively impacted by the pandemic. Our members report that they are seeing more children referred who need a higher level of treatment, and more who have been hospitalized. One member tells us "stuck at home, already vulnerable youth have experienced even greater mental distress, and it will take some time before they regain their pre-COVID level of functioning."

The City must act now to provide help to New Yorkers who are struggling by ensuring full and robust funding for behavioral health. Funding for the City Council Mental Health Initiatives must be restored to FY20 levels and increased to meet the need. The City must fully fund the indirect cost rate initiative, after failing to keep its promise and costing providers who had spent time and money to meet the city's deadlines. The City should invest in crisis services and children's mental health to meet the need at this moment.

City Council Mental Health Initiatives

Last year, the Council Mental Health Initiatives were cut by 15% and one initiative was completely eliminated. As a result of these cuts, 40% of providers served fewer people. 20% had to lay off staff, while 30% cut staff hours and 13% cut staff salaries. At the same time that their salaries and hours were being reduced, these staff were taking vital actions to help their communities.

The *Geriatric Mental Health Initiative* funding supports services to older adults in non-clinical settings. One provider uses these funds to serve homebound older adults and said the additional levels of isolation and lack of services available during this period led to increasing rates of depression, anxiety, and substance use. In addition, many older adults do not have access to the necessary technology/information to participate in telehealth services, leaving them even more vulnerable. Agencies worked with these adults not only on their mental health, but also connected individuals to food services and served as a connection to the outside world. Funding in this initiative was already inadequate to meet the need before the pandemic; with increases in demand now, it is vital that funding be increased to help older adults at this critical moment.

The *Mental Health Services for Vulnerable Populations* funding enables members to provide a range of supports to address the mental health needs of vulnerable and marginalized populations. One provider uses this funding to help individuals in supportive housing in the Bronx. Over the past year, they linked clients to primary care physicians, participated in family re-unification sessions, provided support and case management services to clients upon release from jail and prison, and worked with hospitals on discharge planning for hospitalized clients. In addition to

these services, they worked to help clients through the worst of the pandemic, following up with clients to make sure they had an adequate supply of food and visiting client's apartments to provide assistance with landlord-tenant issues. When clients have experienced psychiatric symptoms, they visited the individual to ameliorate their symptoms.

Many individuals with a serious mental illness experienced COVID as a profoundly destabilizing event, and have required a higher level of service this year. Additionally, clients who were already vulnerable have experienced death and unemployment, and required additional supports. To help these New Yorkers, it is critical that funding be increased, so that providers can continue to provide the appropriate level of service and can reach more New Yorkers in need.

The opioid epidemic continues to rage in New York, making the *Opioid Prevention and Treatment Initiative* critical funding to save lives. Instead of making progress against opioid overdose, deaths in NYC keep rising. There were 1,463 overdose deaths in 2019, an increase of 11 from 2018 and over 500 more deaths than in 2015. If NYC had the same number of overdose deaths over the last 10 years that it did in 2010, over 5,300 New Yorkers would be alive today who instead died of an overdose. Overdose deaths are preventable, and City Council funding provides an opportunity to turn the tide on this epidemic and save lives.

These funds enable providers to conduct localized prevention and treatment efforts. This includes distributing naloxone, an overdose reversal drug, providing syringes and safer injection supplies, and helping to connect individuals to treatment. Much of this work cannot be done remotely or via telehealth, but this did not stop providers. Staff continued to show up for clients and work to help them. These New Yorkers experienced two epidemics in 2020: COVID and overdose. We have vaccines for COVID, but there is no vaccine for overdose. Instead, we must invest in the services that work to save lives. The Council should increase funding for this initiative to combat the worsening opioid overdose epidemic.

The *Children Under 5 Initiative* provides critical supports to children who have experienced trauma and their caregivers. These services were even more important this year, as children experienced additional traumas due to the pandemic. For one funded provider, their staff spent the initial months of the pandemic working to stabilize caregivers through job loss and new stressors, including the fear of what would happen to their child if the caregiver contracted COVID. Uninsured clients faced scams related to COVID testing. The agency not only provided mental health services, but also ensured basic needs, including food, were met for the families they serve. They provided families with needed materials to support telehealth therapy sessions, including books and play-doh. As America engaged in an overdue racial reckoning, families of color were supported and provided resources for how to discuss racism with their children and to help the caregivers process the racism they had experienced.

As caregivers are starting to return to work, many children are now struggling with the separation and experiencing anxiety. This highlights the critical importance of increasing funding for this initiative. As caregivers return to work, and children return to daycare, preschool and school, there will be significant challenges and the need for support. Stuck at home, already vulnerable youth have experienced even greater mental distress, and it will take some time before they regain their pre-COVID level of functioning.

The Coalition for Behavioral Health Training

At the Coalition, we receive funding under two Council initiatives (Mental Health Services for Vulnerable Populations and Court-Involved Youth) to provide critical trainings to the workforce. Due to the 15% cut in Council funding, we had to reduce the number of trainings under both initiatives, limiting the topics that we were able to train the workforce on.

The Coalition served as a key resource to frontline behavioral health workers during the pandemic. We quickly transitioned our trainings to be virtual. Trainings were modified to include best practices on delivering telehealth and other relevant topics to help the workforce through the massive shift of services to telehealth.

The transition to virtual increased access to our trainings – for in-person trainings, we had been limited to 20-30 participants per training. We were able to increase the number of participants per training (while keeping numbers low enough to be interactive). As such, we trained 900 individuals through the Mental Health Services for Vulnerable Populations funding, and we trained over 1,000 individuals through the Court-Involved Youth funding. A return to full funding will allow us to provide the full array of topics necessary to ensure a well-trained workforce that provides quality care to New Yorkers.

Maintain Full Funding for Programs Under ThriveNYC

The programs currently funded under Thrive provide essential services to our most vulnerable residents. Any cuts to this funding would threaten services at a time when many programs have waitlists or are unable to meet demand.

Forensic ACT (FACT) Teams serve individuals with mental health needs and histories of incarceration. This program model allows for significantly more staff than a standard ACT team, allowing agencies to include peers (individuals with lived experience with mental illness), a housing specialist, and a criminal justice liaison. This model gives staff more time to spend with clients, who have intensive needs. Staff are also able to engage in more trainings to really develop their skills for these clients. The criminal justice liaison will attend court appearances and can coordinate with a client's defense attorney, a very important service that is not available in a traditional ACT program.

Intensive Mobile Treatment (IMT) was designed to help individuals who routinely fall through the gaps between various systems. There is no time limit for IMT services, which provides agencies the time they need to connect with individuals who are often highly disconnected and disengaged, to build trust with program participants, and to connect participants to community-based services and supportive housing. As we look at what services are needed to help avoid some of the tragic instances that have happened in the subway in the last year, IMT is one clear service that should be expanded, not cut.

Mobile Crisis Teams are able to respond to mental health crises in one to two hours, and provide substantial services that reduce the need for hospitalization and connect the individual to the appropriate level of care going forward. Children's mobile crisis teams provide schools with the right option for students, so they do not have to send children to an emergency room for an

emotional crisis during the school day. Additionally, mobile crisis teams are able to fill gaps created by waitlists for other services, by continuing to provide services until the child is stable and connected to resources.

These and other Thrive programs, including Mental health services in shelters, schools, and runaway and homeless youth residences, provide critical access to mental health services to New Yorkers who otherwise would be left without care.

Fully Fund the Indirect Cost Rate Initiative for FY20, FY21 and FY22

The City made a promise to nonprofit providers that their true indirect costs would be funded. After providers invested time and money to comply with the City's certification requirements, the City is now renegeing on its promise to pay these costs. The City must commit to fully funding the indirect cost rate initiative.

Provide a Behavioral Health Response to New Yorkers in Crisis

New Yorkers experiencing a crisis need a behavioral health team response comprised of clinicians or peers and EMTs. These individuals must be trained in both mental health and substance use crises. 911 dispatchers must receive significant training to ensure that these teams are dispatched appropriately. The City should also work with the State on 988 implementation and integrate these teams into 988. The teams also must engage with community-based providers, so that individuals in crisis are connected to the appropriate level of ongoing care. Investments in care will be required, particularly for respite centers so individuals who do not need hospitalization have a place to go to receive care. Although these centers require an upfront investment, research on the Crisis Respite Centers in NYC found the centers led to \$2,100 in monthly Medicaid savings and reduced hospitalizations.

Expand On-Site Behavioral Health Services in Schools

Children are experiencing a range of mental health and substance use challenges as a result of the pandemic. Over 4,200 children in NYS have lost a parent to COVID-19. Children are experiencing parental unemployment, social isolation, and virtual school, destabilizing their lives. The City should build on programs like Mental Health Services for High-Need Schools to have community-based providers operate satellite clinics in the school. This model allows providers to bill Medicaid, so only limited city funding is necessary. By working with community-based providers, children and their families are connected to the full array of behavioral health care, providing access to all levels care.



**Testimony of Emily Frankel, Government Affairs Manager
Nurse-Family Partnership**

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

March 15th, 2021

Thank you for the opportunity to present testimony as a part of today's New York City Council Budget and Oversight Hearing on the Preliminary Budget for Fiscal Year 2022. My name is Emily Frankel, and I am the Government Affairs Manager for Nurse-Family Partnership (NFP).

Nurse-Family Partnership is a voluntary, evidence-based community health program that pairs low-income, first-time pregnant women with a registered nurse from early in pregnancy through the child's second birthday. Through regular, ongoing home visits, NFP nurses help first-time mothers achieve healthier pregnancies and births, improve their child's health and development, and help NFP moms develop a vision and plan for their own lives and a more stable and secure future for their new family. This is accomplished through the provision of health education and guidance, care coordination, and preventive services.

Since 2003, NFP has served over 16,400 families across all five boroughs of New York City through its 5 network partners: the New York City Department of Health and Mental Hygiene (DOHMH), Montefiore Home Care (Bronx), Public Health Solutions (Queens and Staten Island), SCO Family of Services (Brooklyn), and the Visiting Nurse Service of New York (Bronx). This would not be possible without the support of our partners in New York City Government. We thank the New York City Council, the Office of the Mayor, and DOHMH for their support.

I come before you today on behalf of the 129 NFP nurses and the nearly 3,000 New York City families they serve to urge you to maintain Nurse-Family Partnership's funding in the New York City budget. We respectfully request that the New York City Council maintain NFP's \$4 million baselined appropriation in the FY 2022 Preliminary Budget. This funding is even more critical today given the impact of the COVID-19 pandemic on New York City and the multitude of cuts facing NFP in the Governor's proposed Executive Budget.

The NFP Model

Nurse-Family Partnership is a rigorously researched evidence-based model with over 40 years of randomized controlled trial research and longitudinal follow-up studies. NFP has been found to produce long-term improvements in maternal and child health, child development, education, and economic self-sufficiency. Some of NFP's outcomes include:

- 35% fewer cases of pregnancy-induced hypertension¹
- 79% reduction in preterm delivery among women who smoke cigarettes²
- 48% reduction in child abuse and neglect.³
- 67% less behavioral and intellectual problems in children at age 6.⁴

The Nurse-Family Partnership model, along with the trusted relationship between a nurse and mother, creates protective factors for mom and baby against the societal challenges that contribute to toxic stress, systemic racism, and adverse pregnancy outcomes. NFP nurses serve a specific population of first-time mothers who face inequities across this spectrum. NFP is solely focused on serving the highest risk families. Many of our mothers are young, living in poverty, and navigating several challenges, including social isolation, abuse, and mental illness. Many NFP mothers lack stable housing, family support and experience food insecurity. Our nurses are uniquely situated to reach underserved women and trained to help mothers at one of the most transformative parts of their lives - the birth of a first child.

NFP nurses use their clinical expertise and assessment skills to understand the strengths and risks that mothers have experienced in their lifetime that may impact their health and their child's health. With a two generational approach, nurses identify early warning signs of health problems during pregnancy, post-partum, infancy, and early childhood that can lead to adverse outcomes—even death. For example, nurses can identify early signs of preeclampsia, high blood pressure and other cardiovascular risks, and educate the mom about the warning signs she needs to closely watch for and when she needs to seek emergency medical care. In addition to monitoring for risk factors, NFP nurses ensure that women and children experiencing signs of possible health complications are seen by the appropriate health care provider and that follow-up care is completed. They also connect moms with community resources.

NFP nurses play a critical role in helping each mother develop a deep understanding of her health. Our nurses provide guidance and support to NFP moms as they learn how to navigate the health care system for themselves and their child. NFP nurses empower pregnant women and new mothers to advocate for themselves to be seen and heard by their health care providers and to have their health assessed when they know that something is not right with their body. If a mom believes something is wrong, the nurse encourages her to not take “NO” for an answer. If a medical provider dismisses her concerns, she knows to stand up for herself and insist that her concerns be addressed. This is especially important when identifying and addressing racism and implicit bias in health care.

Approximately half of maternal deaths that occur in the United States each year during pregnancy are preventable.⁵ Significant disparities exist in pregnancy and birth outcomes according to race, ethnicity, age, income, and health insurance status.⁶ In New York State, which ranked 30th in the nation for its maternal mortality rate in 2016, black women are three times more likely to die than white women.⁷ Black mothers living in New York City face even steeper

¹ Kitzman H, et al. Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. *JAMA*. 199.

² Olds DL, Henderson CRJ, et al. Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. *Pediatrics*. 1986.

³ Reanalysis Olds et al. Long-term effects of home visitation on maternal life course and child abuse and neglect fifteen-year follow-up of a randomized trial. *JAMA*. 1997.

⁴ Olds DL, Kitzman H, et al. Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. *Pediatrics* 2004.

⁵ Troiano N, Witche P. Maternal Mortality and Morbidity in the United States. *The Journal of Perinatal & Neonatal Nursing*. 2018.

⁶ *Ibid*.

⁷ New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes. Recommendations to the Governor to Reduce Maternal Mortality and Racial Disparities. https://health.ny.gov/community/adults/women/task_force_maternal_mortality/docs/maternal_mortality_report.pdf (March 2019).

odds- they are 12 times more likely to die from complications arising during or after childbirth.⁸ A NYC DOHMH report on severe maternal morbidity (SMM) found that non-Hispanic black women had the highest SMM rate- a rate three times higher than non-Hispanic white women.⁹ Evidence-based interventions like Nurse-Family Partnership play a vital role in identifying and mitigating the risk factors that can lead to maternal mortality and morbidity.

A 20-year follow-up study of the program shows that NFP is effective at reducing all-cause mortality among mothers and preventable-cause mortality in their first-born children living in highly disadvantaged settings. This study found that mothers who did not receive nurse home-visits were nearly 3 times more likely to die from all causes of death than nurse-visited moms (3.7% versus 1.3%).¹⁰

The Current Fiscal and Public Health Landscape

New York City is home to the largest urban implementation of Nurse-Family Partnership in the country. The New York City Department of Health and Mental Hygiene (NYC DOHMH) directly provides NFP services in parts of Queens, Brooklyn, Manhattan and citywide through the Targeted Citywide Initiative (TCI). TCI is a specialized group of nurses that serve women and teens in shelters, teens in foster care and those involved in the juvenile justice system, and to incarcerated women. TCI nurses can serve mothers from anywhere in the city and can follow these families, who are likely to be more transient, anywhere throughout the five boroughs.

NYC DOHMH also contracts with community-based organizations to deliver NFP across the city. These organizations include, Public Health Solutions, SCO Family of Services and the Visiting Nurse Service of New York. NFP's \$4 million baselined funding in the New York City budget goes to support these NFP programs.

This time last year, no one could have imagined the public health crises we are faced with today. NFP nurses have been a lifeline for the pregnant and first-time mothers they serve. At the height of the pandemic, many of our moms were unable to receive routine prenatal and postpartum care due to the closure of medical practices and clinics. NFP nurses played a critical role in filling these gaps in care. Through regular telehealth visits, NFP nurses were able to conduct clinical screenings and assessments, identify and monitor medical complications, and help their clients get the health care that they needed. NFP nurses also assisted families in applying for unemployment benefits and nutrition assistance like WIC, and secured formula, diapers, car seats, blood pressure cuffs and other essential supplies.

Coupled with the demands of COVID, NFP programs were hamstrung by a 20 percent withhold on state government contracts which forced many of our New York City network partners to institute hiring freezes for NFP nurse positions. This occurred at a time when many NFP nurses were on the frontlines of the pandemic assisting the city with COVID testing and contact tracing while also providing NFP services to mothers and children. NFP network partners are unable to sustain any additional cuts without taking more drastic measures, such as reducing additional nurse positions, which means less families will be served.

⁸ New York City Department of Health and Mental Hygiene Bureau of Maternal, Infant and Reproductive Health. Pregnancy Associated Mortality: New York City, 2006-2010. <https://www1.nyc.gov/assets/doh/downloads/pdf/ms/pregnancy-associated-mortality-report.pdf>.

⁹ New York City Department of Health and Mental Hygiene Bureau of Maternal, Infant and Reproductive Health. Severe Maternal Morbidity in New York City, 2008-2012. <https://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf> (2016).

¹⁰ Olds, D., Kitzman, H., et al. Impact of Home Visiting by Nurses on Maternal and Child Mortality: Results of a Two-Decade Follow-Up of a Randomized, Clinical Trial. JAMA Pediatrics. 2014.

NFP nurses support the very populations that have been hit hardest by the pandemic. In many cases, NFP nurses have been the only access or connection that families have had to primary care and other safety net resources throughout the pandemic. Despite this fact, the Governor has proposed a 20 percent cut to Nurse-Family Partnership's State funding for FY21-22. This cut would reduce NFP's funding from \$3 million to \$2.4 million and would result in less families being served at a time when they need NFP the most. The Governor's Executive Budget also reduces \$4 million in funding for the Community Optional Preventive Services Program (COPS), which supports community-based programs that prevent at-risk children and youth from entering the child welfare and juvenile justice systems. Many home visiting programs, including New York City NFP, receive COPS funding.

The Governor's proposed cuts to NFP's line-item and to COPS funding, would lead to workforce reductions of at least 6 nurse home visitors for New York City Department of Health and Mental Hygiene (NYC DOHMH) NFP, which is the largest urban implementation of NFP in the country. As a result of this workforce reduction, at least 150 low-income families in New York City would no longer be served annually by the program. Additionally, the Governor's proposed cut to New York City's Article VI reimbursement from 20 percent to 10 percent, would lead to further workforce and service reductions for NYC DOHMH NFP. NFP has launched an aggressive advocacy campaign urging the state legislature to reject these executive budgets cuts.

The City Council's help in maintaining funding for NFP is needed now, more than ever. Please maintain the Mayor's baselined funds of \$4 million in the FY22 Preliminary Budget. NFP programs are facing challenges from the State that threaten the viability of these programs, your ongoing support is deeply appreciated by the 3,000 families who depend on NFP nurses.



**The New York Immigration Coalition
Testimony on NYC FY 2022 Budget
Committee on Health jointly with Committee
on Mental Health, Disabilities & Addiction Committee**

Seongeun Chun, MPH

March 15, 2021

My name is Seongeun Chun and I am the Senior Manager of Health Policy at the New York Immigration Coalition (NYIC). Thank you chairs and councilmembers of both the Health and Mental Health, Disabilities & Addiction Committees for calling this hearing and for the opportunity to testify today.

I want to talk about the New York Immigration Coalition's top priority, the City Council-funded Access Health NYC initiative.

The NYIC is an advocacy and policy umbrella organization for more than 200 multi-ethnic, multi-racial, and multi-sector groups across the state working with immigrants and refugees. Our members serve communities that speak more than 65 languages and dialects. The NYIC Health Collaborative brings together immigrant-serving organizations from the frontlines of the battle to improve health access.

Access Health NYC

It has been one year since COVID-19 has swept our nation and we have seen the devastating impact that this pandemic has had on our low-income, immigrants, people of color and other resource-limited communities in New York City. This pandemic is not just a public health emergency, it is an economic crisis that has disproportionately impacted the city's most vulnerable. As COVID-19 continues to take its toll, we must protect our local communities as they confront and attempt to mitigate its impacts, especially resource-limited populations. Immigrants face particular challenges during this time because they have been excluded from federal relief programs and many immigrant New Yorkers continue to suffer reduced access to health services because of the state's persistent health insurance discrimination against those without status.

New York Immigration Coalition

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We at the NYIC are thankful to New York City for standing against xenophobia and fear, and for leading the way to ensure equal justice for immigrants, particularly at a time of crisis. The Biden administration has begun to unravel and undo the damage of the previous administration most recently with the public charge rule being permanently blocked nationwide. These long overdue damages underscores the critical role of the CBOs to effectively communicate rapid and ongoing changes to our communities. Existing Council initiatives like Access Health NYC, which support community-based organizations in getting the word out about these rights and access points, are all the more important in this context. Thank you to Councilmember Levine for continuing to champion this initiative.

We are hearing concerning stories from our members about the growing mental health needs of immigrants in New York City especially with the dramatic increase in anti-Asian racism. This is something I have experienced firsthand as I have been repeatedly told to go back to where I came from and when my 80 year old father was attacked by a group of teenagers blaming him for this pandemic last March. He is now afraid to go to his vaccine appointment in fear of another attack. This incident reminded me yet again of the devastating impact that anti-Asian racism has on our immigrant communities and the critical role that programs like Access Health NYC play in providing support from trusted organizations during this time of heightened stress and anxiety. Access Health NYC is an initiative that funds community-based organizations (CBOs) and federally qualified health centers (FQHCs) to provide education, outreach and assistance to all New Yorkers about how to access health care and coverage. The NYIC is one of five leading agencies and is responsible for the training of all awardee organizations funded through the Access Health NYC initiative. In this way we have had direct contact and know of the value of these resources for all of the organizations that have taken advantage of the trainings.

Now in its sixth year, the Access Health NYC initiative is currently funded at \$2.25 million. This year, we are advocating for an expansion of Access Health NYC to \$2.5Million. The need to restore this funding is made even more evident by this on-going pandemic. At the time of writing this testimony, the one house bills rejected the Governor's Executive Budget that aimed to further gut Article VI funds, only targeting NYC. We need to have a full restoration of Article VI public health budget to the original 36% match to ensure that New Yorkers can continue to receive the health services and information they need during this difficult budget landscape for the city, state, and country. Any cuts would undermine the financial viability of community-based health initiatives like Access Health NYC that empowers reliable CBOs to provide



culturally competent and accurate information to ensure that all New Yorkers understand their rights to health care coverage and services.

Thank you for the opportunity to testify today.

New York City Council
FY 2022 Preliminary Budget Hearing
Health Committee
Monday, March 15th, 2021

Submitted on behalf of:
New York Junior Tennis & Learning (NYJTL)
36-36 33rd Street, Suite 504
Long Island City, NY 11106

George Guimaraes
President and CEO

Presented by
Scott Daly
Senior Director of Community Tennis

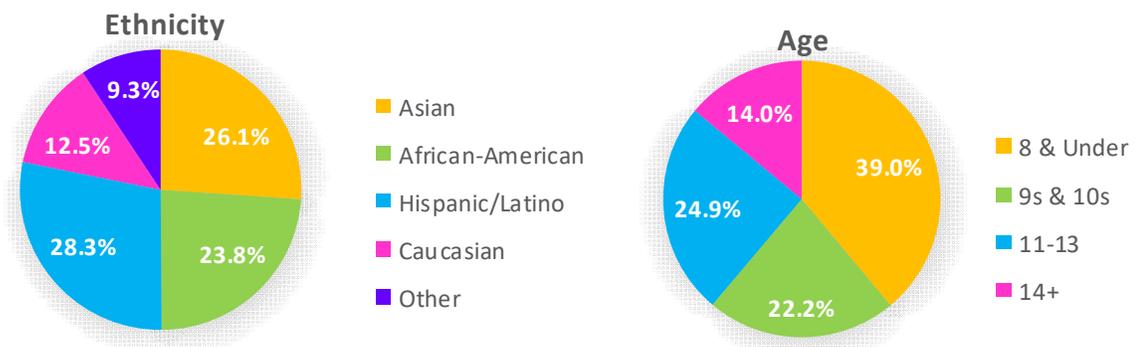
Thank you for the New York City Council’s longstanding support of **New York Junior Tennis & Learning** (NYJTL), legally incorporated and funded as the **New York Junior Tennis League, Inc.** We are the largest and most successful scholastic tennis program in the country, serving as a model for other states. For nearly 50 years, NYJTL has been a driving force for New York City’s youth and tennis communities, traditionally reaching over **85,000** youngsters throughout the five boroughs on an annual basis.

With the NYC Council as our partner, NYJTL is offering the youth of our city much more than the chance just to learn tennis. The overwhelming majority of the young people we serve are Black, Latino, Asian, and new immigrant populations. Virtually all come from low-income families and neighborhoods where young people lack access to the opportunities typically available only to youth in affluent neighborhoods, suburbs, and private schools.

With COVID-19 still present in our lives, many kids are getting less exercise and social interaction with school being done virtually. NYJTL has been able to provide an escape to the loneliness and the uncertainty experienced by NYC youth, as well as an outlet for their stress and anxiety. NYJTL provides an opportunity for socialization and physical activity done safely, which can positively influence children’s physical and mental health.

When COVID started, NYJTL had to suspend our Winter season and cancel our Spring season. In Summer 2020, when NYC Parks allowed for group instruction on the tennis courts, NYJTL was out there the next day. **All NYJTL locations were made aware of NYC Parks COVID rules and protocols were also created by NYJTL to ensure safety of all kids and staff.**

CTP CITYWIDE DEMOGRAPHICS¹



CTP CITYWIDE DEMOGRAPHICS continued¹

Ethnicity	%	Age	%	Gender	%	N/R	%
Asian	26.1%	8 & Under	39.0%	Male	55.4%	New	55.2%
African-American	23.8%	9s & 10s	22.2%	Female	44.6%	Returning	44.8%
Hispanic/Latino	28.3%	11-13	24.9%				
Caucasian	12.5%	14 +	14.0%				
Other	9.3%						

¹- Graph & Pie Charts represents CTP demographics, not the traditional 85,000 youth reached by NYJTL annually

NYJTL addresses issues of economic and educational inequities by giving **ALL children**, including children with special needs, the opportunity to learn the sport of tennis—and just as importantly - the opportunity to become physically fit; the opportunity to reach new educational heights; and the opportunity to expand their horizons beyond their immediate world. Studies have proven that the sport of tennis offers young people numerous physical and psychological developmental benefits.

Regular tennis play has been demonstrated to improve physical fitness in the following areas (including but not limited to):

- Aerobic & Cardiovascular Fitness
- Anaerobic Fitness
- General Body Coordination
- Bone Strength & Density
- Hand-eye Coordination

The psychological benefits from regular tennis play may help children to learn and develop positive personality characteristics which are useful on and off the tennis court. Tennis has been demonstrated to improve:

- Work Ethic
- Discipline
- Sportsmanship
- Teamwork
- Social Skills
- Resiliency skills

NYJTL brings tennis to thousands of children of all economic, social, and cultural backgrounds. **Funded under the Council's *Physical Education and Fitness Initiative*, NYJTL provides quality tennis, educational programming, and character development in EVERY borough throughout the city:**

- **Community Tennis Programs (CTP)** – CTP reaches children throughout the five boroughs by supplying trained coaches, tennis instruction, match play, educational services, and special events to youth ages 5-18 during Spring, Summer and Fall. In our educational component, we provide a Reading Club, USTA ACEs curriculum for our 4th and 5th graders, and free SAT Prep classes for our 11th graders. CTP holds over 15 tennis tournaments for all ages throughout the year. We provide trips to Arthur Ashe Kids Day, US Open Qualifiers, multiple Mets/Yankees games and various pro tennis tournaments in the vicinity of NYC (New Haven to Long Island). **In addition, last year alone, CTP provided tennis to over 1,000 Special Population/ District 75 children.** Finally, CTP develops not only tennis skills but also the character of youth through positive life experiences. *Due to COVID-19, all tournaments and special events have been suspended.*
- **Winter Weekend Indoor Program** – This program enables players to continue their progress during the 20-week indoor season and includes NYJTL sponsored events: Hartman Cup Championships, Holiday Tournament, and Presidents' Week Tournament. This program runs from mid-November to early April. *Due to COVID-19, all tournaments and special events have been suspended.*
- **School-Time Tennis Program (STP)** – STP supplies free tennis equipment, teacher training, and ongoing support to approximately **250** schools annually throughout the city to include tennis as a regular part of their physical educational curriculum. **NYJTL is a NYSED Approved Provider of Continuing Teacher & Leader Education (CTLE) credit.** Any participant that attends one of NYJTL's STP trainings will receive 6.5 CTLE credit hours. *Due to COVID-19, STP is currently suspended.*

- **Intensive Training Program (ITP)** – ITP provides tennis training for high-performing/high-potential players who currently participate in NYJTL’s Community Tennis Program. With smaller coach-to-student ratios and increased access to tennis, ITP bridges the gap between recreational community-based programs and elite training. ITP is **FREE** to the under resourced population that NYJTL’s Community Tennis Program serves.

Council funding also enables us to employ many of our NYJTL alumni, high school seniors and college students, as coaches and assistant coaches at various time throughout the four seasons (spring, summer, fall and winter). In effect, we run our own Student Youth Employment Program (SYEP).

NYJTL is seeking 1.2 million in FY 22. Funding at this level will enable us to:

- Keep up with rising costs, including the new minimum wage of \$15 per hour, and costs associated with implementing COVID -19 protocols –
 - Additional Equipment – no sharing of any items between participants and staff;
 - Equipment to assist in social distancing (lines, cones, spots);
 - PPE Supplies – cleaning products, point and shoot thermometers, masks and hand sanitizers (for players and staff);
- Enable us to continue serving youth in **EVERY** borough;
- Allow us to bring **additional hours** of free tennis instruction throughout the city;
- Increase staffing at each site to ensure safety as per newly implemented protocols
- Increase enrollment throughout the city as a result of additional program hours.

Continued funding of NYJTL in the FY 22 budget is crucial to our vision and that of NYJTL’s founder, Arthur Ashe who believed tennis could transform the lives of poor children of color just as it had his own life. With your support, we can continue to change the lives of thousands of New York City youth and their families.

We could not do what we do without the strong funding support of the New York City Council. On behalf of the youngsters and parents annually served by NYJTL, I thank you for the New York City Council’s commitment to the youth of our city and for your sustained support of NYJTL.

March 15, 2021

Testimony of
Courtney Hauck, Pro Bono Scholar
on behalf of
New York Lawyers for the Public Interest
before the
Council of the City of New York
Committee on Health
and
Committee on Mental Health, Disabilities, and Addiction
regarding
New York City's Response to
Individuals Experiencing Mental Health Crises

My name is Courtney Hauck and I am a Pro Bono Scholar in the Disability Justice Program at New York Lawyers for the Public Interest (NYLPI) (Juris Doctor Candidate June 2021). Thank you for the opportunity to present testimony on the critical issue of budget allocations for a non-police response to individuals experiencing mental health crises.

When the police showed up, they disregarded me, they would not take my complaint, they didn't investigate . . . I wasn't treated as a person. And

*that day I realized that people living with mental health concerns did not have any human or civil rights.*¹

When an individual experiences a mental health crisis, a well-trained crisis care team will de-escalate the event with respect and empathy. Yet in communities like New York City that lack an adequate mental health crisis response system, law enforcement become the de-facto first responders. We would not ask police officers to perform surgery; why, then, do we ask them routinely to respond to mental health crises? As federal mental health authorities recognize, ***only people with extensive training in de-escalation practices should respond to a mental health crisis, and the most appropriate individuals to respond are peers*** (people with lived mental health experience) and health care providers.²

Since 2015, ***police in New York City have killed at least 23 individuals*** who were experiencing mental health crises or had a history of mental illness, most of whom were Black or other people of color.³ The scores of people experiencing mental health crises who have been killed and seriously injured by police, and the broader criminalization of mental illness, are microcosms of the police brutality and mass incarceration that are being protested around the world today. Moreover, ***individuals experiencing mental health crises account for approximately a quarter of all people killed by police nationwide.***⁴ Even if encounters do not end in death or injury at the hands of police, individuals with mental illness often find themselves forcibly committed or incarcerated, beginning a cycle of readmissions, reincarceration, and homelessness.⁵ This reality falls even more heavily on communities of color, which experience both disability and police violence at disproportionate rates.⁶ The longer it takes to reform

¹ Christina Sparrock, CPA, peer mental health advocate, and CCIT-NYC partner. NYLPI, *Establishing a Non-Police Response to Mental Health Crises*, Facebook Live (Nov. 12, 2020), <https://fb.watch/47LjZMIyVB> (hereinafter *Establishing a Non-Police Response*).

² SAMHSA, *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit 8* (2020), <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> (“In too many communities, the ‘crisis system’ has been unofficially handed over to law enforcement; sometimes with devastating outcomes.”); *id.* at 18 (recommending that mobile crisis response teams incorporate peers and respond *without* law enforcement unless special circumstances require otherwise).

³ Data compiled from *Washington Post* police shooting data as of March 10, 2021, Julie Tate, Jennifer Jenkins, Steven Rich & John Muyskens, *Fatal Force Database*, GitHub, <https://github.com/washingtonpost/data-police-shootings>, and other public news sources. See Appendix A.

⁴ Wesley Lowery, Kimberly Kindy, Keith L. Alexander, Julie Tate, Jennifer Jenkins & Steven Rich, *Distraught People, Deadly Results*, Wash. Post (June 30, 2015), <https://www.washingtonpost.com/sf/investigative/2015/06/30/distraught-people-deadly-results>.

⁵ See SAMHSA, *supra* note 2, at 8, 27; *Jailing People with Mental Illness*, NAMI, <https://www.nami.org/Advocacy/Policy-Priorities/Divert-from-Justice-Involvement/Jailing-People-with-Mental-Illness>.

⁶ See Mayor’s Off. for People with Disabilities, *AccessibleNYC 138* (2020), <https://www1.nyc.gov/assets/mopd/downloads/pdf/AccessibleNYC2020.pdf> (noting that 73% of New York City residents with disabilities are people of color); Elle Lett, Emmanuella Ngozi Asabor, Theodore Corbin & Dowin

this City's response to individuals experiencing mental health crises, the more lives will be at risk.

In contrast to law enforcement responses to mental health crises, *peer-driven de-escalation models* have been shown to be highly effective and safe for all individuals involved. In over 30 years since [CAHOOTS](#) (Crisis Assistance Helping Out On The Streets), a peer-driven program in Eugene, Oregon, was founded, *not a single crisis responder, nor a single person experiencing a crisis, has ever been seriously injured* during a CAHOOTS crisis response.⁷

Building on this model, [Correct Crisis Intervention Today – NYC](#) (CCIT-NYC), a coalition of more than *80 community mental health advocacy and other organizations*, including NYLPI, has developed a [proposal](#) (attached as Appendix B) to make non-police responses available to individuals experiencing mental health crises. This proposal has been developed in consultation with affected communities through *two 100+ peer focus groups* and an *ongoing community survey*. Critical components of CCIT-NYC's proposal are:

- teams of trained peers and emergency medical technicians (EMTs);
- teams run by peer-driven, culturally-competent community organizations;
- response times comparable to those of other emergency services;
- 24/7 operating hours;
- calls routed to a number other than 911; and
- oversight by an advisory board of 51% or more peers from low-income Black, Latinx, and other communities of color.

Adopting CCIT-NYC's proposed reforms will *save lives, facilitate more effective de-escalation, and break cycles of recurring hospital readmissions, incarceration, homelessness, and suicide*.⁸

Further, investing in this proposal will also *save City resources*:

First, by reallocating funds from the New York Police Department (NYPD) budget (since police will have at most a minimal role in mental health crisis response), the Council can ensure that individuals experiencing mental health crises will receive appropriate services to de-escalate the crises and obtain access to mental health care—at *no additional cost to taxpayers and vast savings to the public*.

Boatright, *Racial Inequity in Fatal US Police Shootings, 2015–2020*, 75 J. Epidemiology & Cmty. Health 394 (2021) (finding that Black, Indigenous, and other people of color experience significantly higher rates of death by police shootings).

⁷ *Establishing a Non-Police Response*, *supra* note 1 (statements by Tim Black, CAHOOTS).

⁸ See SAMHSA, *supra* note 2, at 8.

As a reference, the CAHOOTS program budget is about \$2.1 million per year, compared to about \$90 million for police serving the same jurisdiction.⁹ Scaling this figure to New York City's 77 police precincts, the Council should anticipate a budget of roughly \$100 million per year to implement CCIT-NYC's proposal citywide.¹⁰ This is equivalent to *less than 1% of total annual spending on the NYPD* (roughly \$11 billion in FY 2020¹¹), or approximately 1.8% of City allocations for NYPD's operating budget (\$5.6 billion in FY 2020¹²).

Second, this proposal will conserve City resources both by lessening the burden on inpatient psychiatric facilities, police, and other de-facto first responders, and by reducing City spending on claims stemming from NYPD encounters with people experiencing mental health crises.¹³ Although City Comptroller records do not track this data with precision, such encounters likely account for a significant portion of the City's over \$95 million per year in payments for personal injuries due to excessive force, false arrest, and other NYPD misconduct.¹⁴ For instance, in 2019, *roughly 21% of all NYPD uses of force and 30% of all Taser discharges involved people experiencing mental health crises*.¹⁵ By diverting responses to mental health crises away from law enforcement, the City can avoid the monetary costs associated with NYPD misconduct claims attributable to encounters with people experiencing mental health crises, and protect the *priceless resources of human life and dignity* for all New Yorkers.

In short, by reallocating less than 1% of the NYPD's budget, City Council can save invaluable human lives, conserve significant City and public resources, and ensure safe

⁹ *What Is CAHOOTS?*, White Bird Clinic (Oct. 29, 2020), <https://whitebirdclinic.org/what-is-cahoots>.

¹⁰ 2019 Census data indicates that New York City's population is about 8.419 million people, which is about 48.8 times the population of the CAHOOTS service area in Eugene-Springfield, Oregon (172,622 per 2019 Census data). Scaling CCIT-NYC's proposal to all 77 precincts, therefore, will require roughly \$102.4 million: 8.419 million divided by 172,622 and then multiplied by \$2.1 million.

¹¹ *See Seven Facts About the NYPD Budget*, Citizens Budget Comm'n (June 12, 2020), <https://cbcny.org/research/seven-facts-about-nypd-budget>.

¹² *See Council of the City of N.Y., Report to the Committee on Finance and the Committee on Public Safety on the Fiscal 2021 Executive Budget for the New York Police Department 1* (2020), <https://council.nyc.gov/budget/wp-content/uploads/sites/54/2020/05/FY21-NYPD-Executive-Report-1.pdf>.

¹³ *See SAMHSA, supra* note 2, at 8 ("With non-existent or inadequate crisis care, costs escalate due to an overdependence on restrictive, longer-term hospital stays, hospital readmissions, overuse of law enforcement and human tragedies that result from a lack of access to care."); Greg B. Smith, *The NYPD's Mental Illness Response Breakdown*, City (Mar. 21, 2019), <https://www.thecity.nyc.gov/special-report/2019/3/21/21211184/the-nypd-s-mental-illness-response-breakdown> (indicating that most 911 calls involving people with mental illness result in emergency room visits).

¹⁴ *See* Off. of the N.Y.C. Comptroller, *Claims Report: Fiscal Year 2019*, at 10, 13 (2020), <https://comptroller.nyc.gov/wp-content/uploads/documents/Claims-Report-FY-2019.pdf>.

¹⁵ *See* NYPD, *Use of Force Report 2019*, at 46, 55 (2020), <https://www1.nyc.gov/assets/nypd/downloads/pdf/use-of-force/use-of-force-2019-2020-11-03.pdf>.

and effective crisis care for all New Yorkers experiencing mental health crises. For these reasons, NYLPI urges this Council to take immediate action to fund non-police responses to mental health crises, and in doing so, protect the *1.7 million City residents living with mental illness*.¹⁶

Critically, for the reasons set forth in [NYLPI's February 22, 2021 testimony](#) before the Committee on Mental Health, Disabilities, and Addiction, annexed hereto as Appendix C, *NYLPI urges this Council not to pass Int. No. 2210-2021 as written, because it will authorize far greater police involvement in mental health crises than it intends*.

Thank you for your consideration. I can be reached at (212) 244-4664 or CHauck@NYLPI.org. I look forward to the opportunity to discuss how best to support live-saving mental health crisis interventions.

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About New York Lawyers for the Public Interest

For over 40 years, New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights advocate for New Yorkers marginalized by race, poverty, disability, and immigration status. Through our community lawyering model, we bridge the gap between traditional civil legal services and civil rights, building strength and capacity for both individual solutions and long-term impact. Our work integrates the power of individual representation, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to achieve equality of opportunity and self-determination for people with disabilities, create equal access to health care, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color.

NYLPI's Disability Justice Program works to advance the civil rights of New Yorkers with disabilities. In the past five years alone, NYLPI disability advocates have represented thousands of individuals and won campaigns improving the lives of hundreds of thousands of New Yorkers. Our landmark victories include integration into the community for people with mental illness, access to medical care and government services, and increased accessibility of New York City's public hospitals. Working together with NYLPI's Health Justice Program, we prioritize the reform of New York City's response to individuals experiencing mental health crises. We have successfully litigated to obtain the body-worn camera footage from the NYPD officers who shot and killed individuals experiencing mental health crises.

¹⁶ See Off. of the Mayor, *Report: Understanding New York City's Mental Health Challenge 1* (2015), https://www1.nyc.gov/assets/home/downloads/pdf/press-releases/2015/thriveNYC_white_paper.pdf ("At least one in five adult New Yorkers is likely to experience a mental health disorder in any given year.").

Appendix A: People killed as a result of police encounters in NYC who had a history of mental illness, expressed suicidal intentions, or were experiencing mental distress at the time of their encounter with police, *January 1, 2015 through March 10, 2021**

<i>Name</i>	<i>Date</i>	<i>Manner of Death</i>	<i>Age</i>	<i>Gender</i>	<i>Race</i>	<i>Borough</i>
<i>Jonathan Efrain</i>	4/22/15	shot	30	M	White	Queens
<i>David Felix</i>	4/25/15	shot	24	M	Black	Manhattan
<i>Mario Ocasio</i>	6/8/15	beaten and Tasered	51	M	Hispanic/Latinx	Bronx
<i>Anthony Paul II</i>	7/1/15	cuts by saw (defending entry), Tasered	29	M	Black	Bronx
<i>Garry Conrad</i>	5/18/16	shot	46	M	White	Manhattan
<i>Rashaun Lloyd</i>	6/19/16	shot	25	M	Black	Bronx
<i>Deborah Danner</i>	10/18/16	shot	66	F	Black	Bronx
<i>Ariel Galarza</i>	11/2/16	Tasered/dry stun	49	M	Hispanic/Latinx	Bronx
<i>Manuel Rosales</i>	11/4/16	shot	35	M	Hispanic/Latinx	Manhattan
<i>Erickson Brito</i>	11/19/16	shot	21	M	Black	Brooklyn
<i>James Owens</i>	1/3/17	shot and Tasered	63	M	Black	Brooklyn
<i>Dwayne Jeune</i>	7/31/17	shot	32	M	Black	Brooklyn
<i>Miguel Richards</i>	9/6/17	shot	31	M	Black	Manhattan
<i>Cornell Lockhart</i>	11/13/17	shot	67	M	Black	Bronx
<i>Dwayne Pritchett</i>	1/28/18	multiple causes	48	M	Black	Bronx
<i>Michael Hansford</i>	1/29/18	shot	52	M	Black	Bronx
<i>Saheed Vassell</i>	4/4/18	shot	34	M	Black	Manhattan
<i>Susan Muller</i>	9/17/18	shot	54	F	White	Queens
<i>Robert Myers</i>	1/3/19	shot	63	M	White	Brooklyn
<i>Kawaski Trawick</i>	4/14/19	shot	32	M	Black	Manhattan
<i>Kwesi Ashun</i>	10/25/19	shot	33	M	Black	Manhattan
<i>Luis Manuel Vasquez</i>	12/13/20	shot	52	M	Hispanic/Latinx	Manhattan
<i>George Zapantis</i>	6/21/20	Tasered	29	M	White	Queens

*Data compiled from *Washington Post* police shooting data as of March 10, 2021, Julie Tate, Jennifer Jenkins, Steven Rich & John Muyskens, *Fatal Force Database*, GitHub, <https://github.com/washingtonpost/data-police-shootings>, and other public news sources.

Piloting a Peer-Driven Mental Health Crisis Response Program

The need:

The New York Police Department (NYPD) began providing Crisis Intervention Team (CIT) training in June 2015. In the four and a half ensuing years, sixteen mental health recipients were fatally shot by the police, and four others were shot and arrested.

Not surprisingly, many mental health recipients, family members, and health providers fear calling 911 because of these and other similar tragedies. This causes many people to delay reaching out for help until circumstances have escalated to a critical stage.

Mental healthcare responses to mental health crises are universally considered the best practice. For example, the leaders of CIT international – a group consisting primarily of police, which created crisis intervention team (CIT) training 35 years ago – now argue that only a mental healthcare response is appropriate for a mental health crisis. In the CIT International's [recent best practice guide](#), they note that even a co-response model (police and mental health workers) is an inappropriate response because it still involves the police. Other [police leaders also say mental health workers should be used in lieu of police](#).

Although New York City created a taskforce to determine an appropriate mechanism for responding to mental health crises, the initiatives put forth by the taskforce do not systematically address how to best respond to the *180,000 crisis calls per year* received by the NYPD. The taskforce failed to recognize that responding to mental health crises is a public health issue, and it continued to view the NYPD as the first responder for the vast majority of crisis calls.

In response to the taskforce's suggestions, the City proposed adding only five mobile crisis teams to respond to crisis calls. However, the minimal increase in mobile crisis teams does not even come close to serving a city of 9,000,000 people and countless visitors. And critically, the mobile crisis teams cannot respond to 911 emergency calls. Mobile crisis teams also do not have a means to transport people to drop-in centers, hospitals, or other appropriate healthcare resources. If transport is required, mobile crisis team members must call 911.

In addition, mobile crisis teams at best respond to the immediate crisis at hand, and do little to ensure the mental health recipient is connected to longer-term community resources. Mobile crisis teams do not always have a peer – an individual with lived mental health experience – on staff and they utilize the no-longer acceptable "medical model," which often focuses narrowly

on medication rather than a person's ability to recover and live well. Moreover, mobile crisis teams consist of five staff members and are relatively expensive.

New York also has Health Engagement Assessment Teams (HEAT teams) which consist of one peer and one clinician. But HEAT teams are only used by police for areas of outreach that do not involve any active risk, and, like mobile crisis teams, they cannot be deployed to 911 mental health crisis calls and they cannot transport anyone.

The Solution:

We propose forming a mental health crisis response team that would embody existing best practices in non-police alternative mental health crisis response. The team would consist of one peer trained as a crisis counselor and one emergency medical technician (EMT).

What is the role of the peers?

During all stages of the pilot (planning, design, implementation, maintenance, evaluation), peers from low-income Black, Latinx and other communities of color within the areas in which the pilot is taking place, who do not have a governmental interest, will be included in the discussions and given the ability to weigh in on key decisions, including the hiring and training of peers, dispatch personnel and other personnel. During the planning for the pilot, multiple forums will be held in the pilot communities, at times that allow working people to attend, in order provide input into the pilot.

Where would the pilot be located?

In order to provide complete coverage to a given geographical area, the pilot will be located in two police precincts with the highest number of "emotional health crisis" calls (formerly derisively referred to as "Emotionally Disturbed Person" or "EDP" calls): Midtown South's 14th Precinct with 4,356 mental health crisis calls in 2018 and Brooklyn's 75th Precinct with 5,428 mental health crisis calls in 2018. The selected precincts are among those with the highest number of mental health calls per capita.

What would the peer-driven mental health crisis response teams look like?

The new mental health crisis response team would embody existing best practices in non-police alternative mental health crisis response, and consist of one peer trained as a crisis counselor and one emergency medical technician (EMT). Having a peer on the team is essential, as a person with lived experience, a person who has "been there," can best relate to the fear of an outsider responding in a moment of crisis, and can prove that recovery works. An EMT worker is needed as many crisis calls may involve physical health issues which are masked by the mental health crisis.

The Office of Consumer Affairs in the New York City Department of Health and Mental Hygiene (DOHMH) will contract with non-governmental agencies which will deploy the mental health crisis response teams.

The mental health crisis response teams will consist of peers who have worked with people in crisis, such as those who have worked in crisis respite centers, and also have experience in de-

escalating crises. It would be desirable for the peers to either have lived or worked in the areas in which they are hired to serve.

The teams must operate 24/7, 365 days a year, in three consecutive shifts per precinct (8 a.m. to 4 p.m., 4 p.m. to 12 a.m., and 12 a.m. to 8 a.m.), with two teams in place for the day and evening shifts, and one team for the overnight shift. Since each team consists of two people, the staffing need for the pilot requires 38 total FTE's for the two precincts for all shifts.

In addition, the pilot requires one Project Director, two Supervisors and one Administrator.

The pilot also requires two vans per precinct so that the team can transport individuals to drop-in centers, safe havens, the new support and connection centers, urgent care centers, or hospitals.

What type of training will the pilot provide?

The agency with which DOHMH contracts, operating with consensus from peer-driven organizations and peers from low-income Black, Latinx and other communities of color, who do not have a governmental conflict of interest, will be responsible for training all mental health crisis response teams, NYC Well staff involved in the project, as well as all 911 operators who will likely still be responsible for directing some of these calls .

How would people call for the mental health crisis response team?

The pilot will establish a new number dedicated to mental health crisis calls such as “WEL” or 988, which anyone can call. The calls would go to NYC Well's hotline and will be staffed by NYC Well staff who would automatically send the calls to the mental health crisis response teams. Since NYC Well operators will be dispatching mobile crisis teams in the next few months it will be cost-effective to have NYC Well also dispatch the mental health crisis response teams.

What would the average response time be for the mental health crisis response teams?

The average response time for the mental health crisis response teams will be the same as the current average response of police to non-mental health crises – or less time.

How long will the pilot last?

The pilot will last five years, thereby allowing sufficient time for start-up and evaluation.

If after 18 months the data reveal the pilot is having a positive impact based on established metrics, two additional pilots will be funded at that time.

How much will the pilot cost?

The pilot will cost roughly \$3.5 million to \$4.0 million annually for the two proposed precincts. Costs are estimated.

Notably, Eugene, Oregon, which is the size of one New York City police precinct, uses a similar mental health crisis response model which includes two workers and has an annual budget of \$1.9 million.

The pilot requires training and data collection/evaluation (see below), which is not part of the Eugene budget, but is pivotal to determine how the pilot is working and what changes need to be made to it. Additional costs above those in Eugene will also be incurred by the pilot in order to keep salaries commensurate with the cost of living in New York City.

A draft budget is attached.

Which entity will run the pilot?

DOHMH will contract out with a non-governmental agency which will run the pilot.

Who will monitor the pilot?

The pilot will be monitored by an oversight board whose membership will be decided upon after soliciting recommendations from peers from low-income Black, Latinx and other communities of color.

Such a board must include independent peers from low-income Black, Latinx and other communities of color who do not have a governmental conflict of interest. These peers will constitute 51% of the board. Additional board members might include staff of NYC Well, the support and connection centers, the crisis respite centers, DOHMH, the New York State Department of Health (DOH), the New York State Office of Mental Health (OMH), the New York City Department of Homeless Services (DHS), the New York City Human Resources Administration (HRA), the New York City Fire Department (FDNY) and other Emergency Medical Service (EMS) providers, the Office of the Comptroller, the Community Board for the relevant precinct, the Public Advocate, the relevant Borough President, and members of the City Council and the New York State Legislature from the relevant precincts.

The oversight board will be empowered to request and obtain data from law enforcement agencies necessary to carry out this pilot. Law enforcement agencies will not at any point have access to identifying data related to participants in the pilot.

How will the pilot be monitored?

The oversight board will:

- hire an independent evaluation entity which will evaluate the pilot
- review data from the pilot project
- suggest changes to the pilot
- meet at least quarterly
- issue meeting agendas
- publicly list all agendas
- issue minutes of meetings
- publicly list all minutes
- ensure all meetings are open to the public
- pay stipends to those members who are not receiving a salary for participating in oversight board activities

There will be one oversight board for all pilot precincts.

How will data be collected?

Data will be collected and analyzed by an independent evaluation entity every three months once the pilot is operational. The data will be provided to the oversight board which will also have the right to request additional data, as needed.

The data evaluation entity must protect the privacy and autonomy of those receiving services from the mental health crisis teams. Data from this project will not be admissible in criminal cases. Summaries of the data collected, as well as the management and privacy plans, will be made transparent and accessible to the public.

How will the pilot be funded?

Primary funding will come from New York City's budget. New York City should also reach out to New York State for funding, possibly from money allocated statewide for CIT but never used for New York City.

How will the pilot be publicized?

NYC Well and all other City and State agencies which comprise the oversight board will work closely with CCITNYC and other advocates to develop an extensive list of agencies, community organizations, and individuals who will receive direct notice of the pilot. In addition, NYC Well will utilize its best efforts to obtain extensive media coverage of the pilot, and will prominently promote the pilot via social media and other campaigns to raise awareness amongst the public in the identified precincts.



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February 22, 2021

Testimony of
Ruth Lowenkron, Disability Justice Director
on behalf of
New York Lawyers for the Public Interest
before the
Council of the City of New York
Committee on Mental Health, Disabilities, and Addiction
regarding
NYC COUNCIL BILL 2210 - 2021
NYC COUNCIL BILL 2222 - 2021

Good morning. My name is Ruth Lowenkron and I am the Director of the Disability Justice Program at New York Lawyers for the Public Interest (NYLPI). Thank you for the opportunity to present testimony today regarding Int. 2210-2021 and Int. 2222-2021.

The City must ensure that individuals who experience a mental health crisis receive appropriate services which will de-escalate the crisis and ensure their wellbeing and the wellbeing of all other New Yorkers. Only those who are trained in de-escalation practices should respond to a mental health crisis, and the most appropriate individuals to respond are peers (those with lived mental health experience) and health care

providers¹⁷. Police, who are trained to uphold law and order are not suited to deal with individuals experiencing mental health crises, and New York’s history of its police killing 16 individuals who were experiencing crises, and seriously injuring two others, in the last five years alone, is sad testament to that. Eliminating the police as mental health crisis responders has been shown to result in quicker recovery from crises, greater connections with long-term healthcare services and other community resources, and averting future crises¹⁸.

The scores of people experiencing mental health crises who have died at the hands of the police over the years is a microcosm of the police brutality that is being protested around the world today. Disability is disproportionately prevalent in the Black community and other communities of color¹⁹, and individuals who are shot and killed by the police when experiencing mental health crises are disproportionately Black and other people of color²⁰. The City Council simply cannot stand by while the killings continue. Now is the time for major transformations. Now is the time to remove the police as responders to mental health crises. Lives are literally at stake.

[Correct Crisis Intervention Today – NYC](#) (CCIT-NYC), which has over 80 organizational members including NYLPI, has developed the needed antidote. Modeled on the [CAHOOTS](#) (Crisis Assistance Helping Out On The Streets) program in Eugene, Oregon, which has successfully operated for over 30 years without any major injuries to respondents or responders, the CCIT-NYC proposal is positioned to make non-police responses available to those experiencing mental health crises. The proposal avoids the pitfalls of the City Council’ legislation which NYLPI discusses below, and similarly avoids the even greater pitfalls presented by the City’s Thrive pilot proposal. Hallmarks of the CCIT-NYC proposal are:

- teams of trained peers and emergency medical technicians;
- teams run by culturally competent community organizations;
- response times comparable to those of other emergencies;
- 24/7 operating hours;
- calls routed to a number other than 911; and

¹⁷ Martha Williams Deane, *et al.*, “Emerging Partnerships between Mental Health and Law Enforcement,” *Psychiatric Services* (1999), http://ps.psychiatryonline.org/doi/abs/10.1176/ps.50.1.99?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Aacrossref.org&rft_dat=cr_pub%3Dpubmed&#/doi/abs/10.1176/ps.50.1.99?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Aacrossref.org&rft_dat=cr_pub%3Dpubmed.

¹⁸ Henry J. Steadman, *et al.*, “A Specialized Crisis Response Site as a Core Element of Police-Based Diversion Programs,” *Psychiatric Services* (2001), http://ps.psychiatryonline.org/doi/10.1176/appi.ps.52.2.219?utm_source=TrendMD&utm_medium=cpc&utm_campaign=Psychiatric_Services_TrendMD_0.

¹⁹ Mayor’s Office for People with Disabilities, “Accessible NYC” (2016), https://www1.nyc.gov/assets/mopd/downloads/pdf/accessiblenyc_2016.pdf.

²⁰ CCIT-NYC, Testimony before the Committee on Public Safety (June 9, 2020).

- oversight by an advisory board of 51% or more peers.

The full text of the CCIT-NYC proposal can be found at <http://www.ccitnyc.org/who-we-are/our-proposal/>.

CONCERNS WITH INT. 2210 AND INT. 2222

Inappropriate Role of Police. Notwithstanding a goal aligned with NYLPI's and that of CCIT-NYC to eliminate police as responders to mental health crises, the proposed legislation will achieve the precise opposite. **The bill must be amended to prevent the extensive inclusion of police as responders.** The legislation permits police involvement in a mental health crisis when that crisis also constitutes a "public safety emergency." Thus, the narrower the definition of "public safety emergency," the fewer police will be involved. The currently proposed definition of "public safety emergency" is far too broad. The terms goes so far as to include any "crime in progress," irrespective of the severity or dangerousness of the crime. Similarly, the term includes any type of "violence," again without respect to the severity or dangerousness of the violence. In addition, an act which is likely to result in harm to some unspecified "the public" is likewise considered a "public safety emergency." **The term "public safety emergency must be greatly narrowed.**

Inappropriate Role of DOHMH. NYLPI also objects to the proposed role of the New York City Department of Health and Mental Health (DOHMH). **DOHMH should not be the entity to provide crisis response services.** Instead, **DOHMH should contract with a peer-driven, culturally competent community organization** to provide such services -- as CCIT-NYC recommends in its proposal, and as CAHOOTS has been doing for nearly three decades. The City should not merely substitute one bureaucracy for another, but rather should turn to the community which commands the respect of those who might experience a mental health crisis.

Need to Involve Peers. The bill must ensure that all aspects of crisis response reform – from its creation to its implementation to its oversight – include peers. NYLPI suggests following the CCIT-NYC proposal to **create a council consisting of 51% or more peers** and which would work together with DOHMH to contract with the community organizations, guide the organizations, and assess their work.

Need to Improve Public Health. Although the bill has the stated goal of reducing mental health emergencies via "preventative care," in fact, the crisis response program stands on its own, with no connection whatsoever to a much-needed comprehensive public health system. **The bill must fund mental health services to ensure that mental health crises do not occur in the first place.**

Unacceptable Crisis Response Times. Without explanation, the bill proposes a mental health crisis response time of 30 minutes. **This is entirely unacceptable.**

Such a delay could literally be the difference between life and death, and is surely why the City's current average response time for life-threatening emergencies is a mere 8:32 minutes²¹. **The City must adhere to federal and state constitutional provisions and federal, state, and local non-discrimination statutes, and respond to the crises experienced by people with mental disabilities in at least the same amount of time it responds to crises experienced by other individuals.**

Inappropriate Involvement of Mental Health Clinicians. Although NYLPI is pleased that the bill contemplates a peer as part of the “mental health emergency response unit,” **the choice of some undefined “mental health clinician” to complement the peer is inappropriate.** Mental health clinicians deliver services in a “medical model” that is typically limited to diagnosis and medication. Notably, the very successful CAHOOTS model does not include any variety of mental health clinician. Rather than mental health clinicians, **the legislation should mandate emergency medical technicians who could appropriately handle such physical problems as elevated insulin levels or urinary tract infections, which all too often are masked by mental health crises.**

PROVISIONS OF INT. 2210 AND INT. 2222 WHICH NYLPI SUPPORTS

While the above concerns must be fully addressed in order for New York City to have truly reformed its response to mental health crisis, NYLPI notes the following provisions of the bills of which it is supportive:

- Establishment of peers as part of the mental health crisis response team;
- Establishment of an emergency hotline number which is separate from 911, yet is capable of receiving calls from 911 (and 311);
- A start-up date as soon as December 31, 2021;
- Monthly and annual reporting, starting after the first month of operation;
- “Follow up” by the Mental Health Emergency Response Unit with any individual with whom the Unit interacts;
- A training mandate for the Mental Health Emergency Response Unit;
- “Monitoring” of the usage of the city’s emergency response infrastructure;
- The stated goal of reducing mental health emergencies “through preventative care;”
- Outreach targeted to neighborhoods “facing barriers to access of mental health care and in which there are a disproportionate number of mental health emergency calls;” and

²¹ NYC Analytic: [End-to-End Detail, NYC 911 Reporting \(nyc.gov\)](https://www1.nyc.gov/site/911reporting/reports/end-to-end-detail.page) - <https://www1.nyc.gov/site/911reporting/reports/end-to-end-detail.page>.

- Dispatch of police for a mental health emergency that can only occur if the Mental Health Emergency Response Unit summons the police after determining there is also a public safety emergency, and once dispatched, the police “shall follow the instructions of” the Unit and “refrain from engaging with an individual in mental health crisis unless instructed to do so by a member of the [Mental Health Emergency Response Unit].”

Thank you for your consideration. I can be reached at (212) 244-4664 or RLowenkron@NYLPI.org, and I look forward to the opportunity to discuss how best to eliminate the police as first responders to individuals experiencing mental health crises.

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Testimony of the McSilver Institute for Poverty Policy and Research at New York University
before

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

March 15, 2021

Good Morning Chairperson Louis and all Council Members present. Thank you for the opportunity to submit testimony regarding our Step-Up program, a youth development and mental health support program currently serving NYC Department of Education schools.

Step-Up: Fostering Resilience, Life Skills and Academic Success Through a Positive Youth Development Model

Central to the McSilver Institute's mission is working with community partners to rapidly translate our research findings into action through policy and practice. A prime example comes through Step-Up. Step-Up is a youth development and mental health support program funded by the Robin Hood Foundation that aims to promote social-emotional development, key life skills, academic achievement, high school graduation and a positive transition to young adulthood. The program is embedded within two New York City high schools located in East Harlem and the Bronx.

Developed by NYU McSilver in collaboration with the Center for Collaborative Inner-City Child Mental Health Services Research (CCCR) at the Mount Sinai School of Medicine, Step-Up was designed for youth experiencing significant environmental, academic, social and emotional challenges. It is a multi-component, youth-informed program that offers in-school life skills groups, one-on-one mentoring, mental health supports, structured opportunities for community service and leadership development.

Step-Up staff consists of 2 clinical social workers with a combined experience of 30 years, as well as 10-12 highly trained Master of Social Work interns from NYU's Silver School of Social Work. Interns receive ongoing trainings (anti-oppressive, motivational interviewing, social group work, etc.), as well as task and clinical supervision in order to ensure alignment with best practices. Through the trainings, supervision, and real-world experience it provides, Step-Up serves as a pipeline for students to become well-trained social workers. Students also provide much-needed support to our clinical social workers, who like other social workers throughout the City, handle sizable caseloads, each of which requires a significant time and emotional commitment.

Over the past **12 years**, Step-Up has worked in partnership with youth, parents and staff out of 8 high schools. The program has served over **800 students** (35% Black, 50% Latinx, 15% other) and achieved a **graduation rate of 97%**, among many other positive educational and mental health outcomes.

Step-Up Responds to the COVID-19 Impact on NYC Children

The Step-Up program has observed first-hand how the COVID-19 pandemic has exacerbated the environmental, academic, social and emotional challenges school-aged children across the City face. In November 2020, a survey administered to Step-Up participants found that these students struggled with stress derived from a myriad of sources, including from issues related to device access, fears for their

future, and anxiety about college and anticipated job/financial struggles. The continuity of the Step-Up program throughout the pandemic has played an important role in helping students navigate these complex challenges.

In March of 2020, Step-Up transitioned to fully remote programming due to the citywide shut-down and subsequent school closures. Since then, the program has provided individual and group virtual sessions using Doxy.me, a telemedicine portal, and Google Meet. In the Fall of 2020, 8 MSW interns were trained remotely to provide virtual mentoring to program participants. Program training included: “One-on-One and Crises in a Virtual Space,” “Group Work,” “Adolescent Development,” “Positive Youth Development,” “Informed Consent and Telehealth.” MSW interns continue to receive in-house virtual program training on various clinical approaches to care to continue to offer optimal services to youth and their families.

Additionally, Step-Up staff and MSW students have worked with both school sites to offer extensive virtual support to teachers, administrators and parent associations through intensive outreach efforts as well as providing training geared toward mental health and wellness prevention. Because of the shift to remote learning, participants in Step-Up required more technical assistance. The Step-Up program repurposed its budget to accommodate and purchase devices for 28 program participants with the overall goal of supporting them in their college and career endeavors.

Expanding Mental Health Support Services in NYC Schools Through Step-Up

City schools must be equipped with social workers and mental health services like Step-Up to address the emerging mental health and emotional support needs of our youth populations. The McSilver Institute’s expertise, not only in the study of these issues, but also in the successful deployment of innovative models that deliver such support services to NYC youth, will prove critical in the COVID-19 recovery effort.

We greatly appreciate the commitment of the City Council in emphasizing, for years, the important role that positive youth development models play in fostering resilience, life skills, and academic success among the City’s youth population. We applaud the City’s addition of social workers in schools in recent years—however, many more resources in this area are needed. COVID-19’s impact deepens our need for more school social workers, and as such, the McSilver Institute stands ready to offer technical assistance, training, research and program support toward the social, emotional and mental health support that our city’s youth need. With support from the City Council, as reflected in our FY’22 discretionary budget request, we hope to soon provide dedicated mental health support and multicomponent program services to high-need students at additional DOE schools throughout the City through the Step-Up program.

We welcome the opportunity to further discuss the Step-Up program and the efforts of the McSilver Institute at-large with members of the City Council. Thank you for the opportunity to testify. We would be happy to answer any additional questions you may have. (Please contact Konstantine Tettonis, NYU Government Affairs, kt1249@nyu.edu)



Jamaica Center for **Arts & Learning**



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Testimony for the Committee on Mental Health, Disabilities, and Addictions

To Whom It May Concern:

I serve Southeast Queens in my capacity as Associate Director of Development for the Jamaica Center for Arts & Learning (JCAL). Since its founding in 1972—through economic disinvestment, racism, war, terrorism, political polarization and now pandemic—JCAL has been a cultural lifeline for many of the most vulnerable residents and families in this neighborhood. In its nearly fifty-year history, JCAL has provided vital access to arts, culture and education to all ages.

Paramount to JCAL’s various service initiatives is its pioneer Prescribing the Arts program, which works to establish a working model for community-based arts access programs focusing on mental health support. Prescribing the Arts project responds to the weight of data indicating the linking arts engagement to positive mental health by providing structured arts access for those who need it here in Queens. This project provides weekly arts workshops and facilitates engagement in extracurricular community events like concerts, and exhibitions, and film festivals. It began with a cohort of 15 clients from Transitional Services in New York (TSINY) and has now expanded to provide specialized programming for cohorts from AABR, the AIDS Center of Queens County (ACQC), and a Salvation Army shelter through a partnership with the Showing Hearts Foundation. Every group will enjoy a culminating event to mark a year with the program and share their work with the larger community.

This program highlights JCAL’s commitment to the creative health of our community, and to cultivating new narratives of empathy and understanding, with our participants developing a sense of self-worth and capability. JCAL is equally committed to eliminating prohibitive barriers—to ensuring that everyone in our primarily low-income, community of color can contribute to its cultural life.

Throughout the COVID-19 pandemic, CIGs have remained committed to supporting New Yorkers and serving as civic allies to the city of New York. Collectively, the CIGs spent \$2,000,000 to ensure New Yorkers were able to continue to access quality virtual programming. In total, these free offerings reached nearly 10,000,000 individuals. Of the 34 members of New York City’s Cultural Institutions Group, JCAL is the sole member in South Queens.

Your continued support is imperative, and I ask that the cultural budget be held harmless and maintained at FY21 levels as we await further information on COVID federal relief that may be made available to the City and State. If you have any questions regarding my testimony, I can be reached at pscorese@jcal.org or at 718-658-7400 x144. I am grateful for your continued support of our work.

Patrick Scorese
Associate Director of Development
Jamaica Center for Arts and Learning

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**Testimony for the New York City Council
Committee on Health Jointly with Committee on Mental Health, Disabilities & Addiction Committee
Preliminary Budget Hearing – Health
March 15, 2021**

**Testimony of Paul Lee, Project Coordinator
Korean Community Services of Metropolitan New York, Inc (KCS)**

Good Afternoon,

First off, thank you to the members of the Committee on Health and the other committees gathered here today for allowing us to testify. I also wanted to thank and acknowledge you all for the hard work you have done on behalf of the entire city during this pandemic.

My name is Paul Lee, I am a Project Coordinator from Korean Community Services of Metropolitan New York (KCS). Founded in 1973, KCS has been providing culturally appropriate programs and services that center on the advancement of wellness and economic security in the Korean and larger immigrant community residing across the NYC metro area. We accomplish this mission through our six divisions including two senior centers, adult daycare center, education, immigration, workforce development, mental health, and public health research center. Many of your constituents utilize and rely on culturally competent services provided by KCS and other CBOs here today.

As you know, the importance of organizations like KCS and others represented at this meeting have increased due to the unprecedented challenge and impact of COVID-19; responding to the extreme needs of community members of all backgrounds across the city and in your districts. In addition to the shocking and increasing number of hate crimes against members of the AA community, many of those we serve have also been disproportionately impacted during this pandemic. Despite the model minority myth of Asian Americans as largely successful and not in need of support, almost 26% of our community lives in poverty, 78% are foreign-born, and are impacted by high rates of limited English proficiency. Asians Americans are also the fastest growing ethnic group in NYC.

One of the programs I work on at KCS is our Hepatitis B program, which is made possible through discretionary funding as part of the council’s Viral Hepatitis Initiative. Since 2017, KCS’ Hep B program has supported through this initiative, and I have come to talk to you about its the critical importance for our community members and to ask for your continued support in these difficult times.

I’d like to share one story involving a patient of ours who has chronic hepatitis B and was able to receive life-saving care. This story is representative of the many adversities our patients face and those of the other organizations funded by the Viral Hep Initiative.

This patient was uninsured, possessed only limited English proficiency, and while aware of his condition, did not know how or where to seek care due to his lack of insurance for almost three years. As you may or may not know,

KCS Main Office Adult Daycare Immigration ESOL	Corona Senior Center	Flushing Senior Center	Public Health and Research Center Workforce Development	Brooklyn Project	Mental Health Clinic
203-05 32 nd Avenue Bayside, NY 11361 Tel: (718) 939-6137 Fax: (718) 886-6126	37-06 111 th Street Corona, NY 11368 Tel: (718) 651-9220 Fax: (718) 478-6055	42-15 166th Street Flushing, NY 11358 Tel: (718) 886-8203 Fax: (718) 886-8205	[NY]325 W 38th St, Ste. 1210 New York, NY 10018 Tel: (212) 463-9685 Fax: (212) 463-8347 [NJ]2460 Lemoine Ave #400P Fort Lee, NJ 07024 Tel: (201) 988-2597	8710 5th Ave. 1FL Bay Ridge, NY 11209 Tel: (718) 630-0001 Fax: (718) 630-0002	42-16 162nd Street, 2FL Flushing, NY 11358 Tel: (718) 366-9540 Fax: (718) 534-4149



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chronic hepatitis B is a lifelong disease that attacks the liver. Without regular anti-viral medication and follow up, hep B can lead to cirrhosis or liver cancer. After learning about KCS and approaching us for assistance, we were able to promptly link this individual to critical care and also enrolled them into a health insurance plan. He was subsequently diagnosed with liver cancer, and most fortunately, was able to receive a liver transplant. This patient is now regularly taking medication and receiving regular follow up. This was only made possible through the City Council's Viral Hepatitis Initiative, which helped KCS to save this patient's life.

We are here today to advocate on behalf of patients like whose story I just shared, and for the over 330,000 individuals in NYC who are estimated to have hepatitis B and C; the vast majority of whom are unaware of their condition.

Accordingly, for FY22, we are asking for the Mayor to increase his commitment to eliminating hepatitis B and C in NYC, and we encourage the Administration and NYC Department of Health and Mental Hygiene to work with community providers to create and implement a plan to eliminate hepatitis B and C in NYC.

We are also asking the City Council to sustain level funding to the City Council Viral Hepatitis Initiative, which is one of the most innovative and effective hepatitis B and C treatment, prevention and education initiatives in the nation. We are grateful to the City Council for its inspiring national leadership with its Viral Hepatitis Initiative.

We also urge the City Council to contact your counterparts in the State Assembly and Senate to not allow Governor Cuomo to cut the Article 6 public health matching funds rate to NYC. The Governor's Executive budget proposes to single out NYC and cut our public health matching funds rate from 20% to 10%. For every other locality the public health fund's matching rate is 36%. The Governor's proposed cut will take more than \$38 million out of NYC public health programs. Please sound the alarm with your State counterparts and try to get this funding restored or help backfill this vital funding if these cuts are pushed through by the Governor.

Once again, thank you for your time and for allowing me to share this testimony with you all.

<p>KCS Main Office Adult Daycare Immigration ESOL</p> <p>203-05 32nd Avenue Bayside, NY 11361 Tel: (718) 939-6137 Fax: (718) 886-6126</p>	<p>Corona Senior Center</p> <p>37-06 111th Street Corona, NY 11368 Tel: (718) 651-9220 Fax: (718) 478-6055</p>	<p>Flushing Senior Center</p> <p>42-15 166th Street Flushing, NY 11358 Tel: (718) 886-8203 Fax: (718) 886-8205</p>	<p>Public Health and Research Center Workforce Development</p> <p>[NY]325 W 38th St, Ste. 1210 New York, NY 10018 Tel: (212) 463-9685 Fax: (212) 463-8347 [NJ]2460 Lemoine Ave #400P Fort Lee, NJ 07024 Tel: (201) 988-2597</p>	<p>Brooklyn Project</p> <p>8710 5th Ave. 1FL Bay Ridge, NY 11209 Tel: (718) 630-0001 Fax: (718) 630-0002</p>	<p>Mental Health Clinic</p> <p>42-16 162nd Street, 2FL Flushing, NY 11358 Tel: (718) 366-9540 Fax: (718) 534-4149</p>
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Polonians Organized to Minister to Our Community
A Not-for-Profit Organization

My name is Eva Kornacka and I am the Executive Director at Polonians Organized to Minister to Our Community, Inc. (POMOC), a 501 (C) (3) non-profit with a mission is to improve the quality of life for those in need, particularly immigrant families and seniors.

For forty years our organization has been a direct service provider in areas of public benefit entitlements, managed healthcare assistance, immigration assistance, senior services and employment assistance. POMOC serves approximately 3,500 clients annually, our target population are low-income immigrants predominately from Poland and other Eastern European countries. Many of them have very limited or no English language skills, making them severely disadvantaged due to lack of information and communication barriers. POMOC is the only ethnic non-profit organization in Queens that welcomes all, regardless of age, residence and immigration status.

Our MCCAP program assists clients seeking all types of health coverage: government programs, coverage through the New York State Marketplace and individual plans. Because of limited resources, lack of information on how to access the healthcare system and get the care they need, as well as a language barrier, our clients face difficulties in navigating the healthcare system. Our bilingual staff, including a Certified Application Counselor, helps them find options for medical care, including access to free or low-cost coverage.

POMOC provides enrollment, access to care, coverage navigation and social support. We conduct health literacy presentations and workshops in the community, prescreen our clients for eligibility, help them manage their care by arranging appointments and translating correspondence from their plans and assisting with bills and negotiating medical payments.

The one-on-one assistance they receive at our agency, in their own native language and culturally sensitive environment, enables them to understand and navigate the complexity of health insurance regulations.

66-58 FRESH POND ROAD , RIDGEWOOD, NY 11385
718- 366-5365
pomoc@verizon.net

During the ongoing pandemic POMOC has resumed in-person services as of June 2020. With keeping all necessary safety precautions, our staff is once again assisting clients one-on-one with urgent issues regarding new and renewal applications for health insurance programs, other crucial benefits like SNAP, unemployment insurance benefits, and other matters which cannot be handled remotely.

Assisting our clients with these problems is a task, there are hours spent on the phone with government agencies such as the Human Resources Administration. Once a representative is available our job is to present the issue, translate for the person requesting the assistance, and most of all advocate on their behalf. Many of the representatives are not customer friendly and frequently not very helpful. It takes our staff's knowledge of the current regulations to deliver the substance of the case.

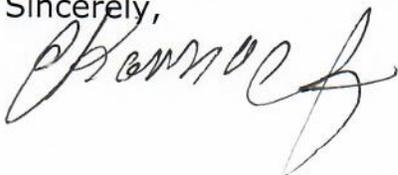
Without our navigation and guidance through the complexity of the application process for health insurance coverage, immigrant clients with limited language skills are helpless on their own. The comment argument often heard is that there is a language line with interpretation for those who need it. This is very helpful, but such assistance will never replace a case manager/client advocate since most people do not understand the regulations and are not equipped to apply them to their personal situation.

The New York City Council MCCAP Initiative is crucial in supporting such services and provides our communities with knowledge and tools to access healthcare and stay healthy. This funding provides critical resources which increase the capacity of trusted community based organizations in educating and assisting the diverse communities they serve about health access, coverage and available programs.

On behalf of our vulnerable populations, we urge the New York City Council to continue supporting our non-profits through this important initiative. It is extremely important that this program continues and hopefully expands in the difficult times ahead, which will require us all to assist a growing number of New York City residents in need of healthcare assistance.

Thank you for the opportunity to submit our testimony.

Sincerely,

A handwritten signature in black ink, appearing to read "P. K. ...", written over the word "Sincerely,".

Written Testimony
New York City Council
Committee on Health jointly with the Committee on Mental Health, Disabilities, and Addiction

Ronni Marks
Founder/ED- Hepatitis C Mentor and Support Group, Inc.
35 East 38th Street, Suite #4G
New York, N.Y. 10016
917-612-2731

Thank you for the opportunity to write to you today. I want to thank you for supporting the hepatitis community these past few years. I am a patient who was cured of Hepatitis C seven years ago. I facilitated support groups for 18 years at NYU Langone Health and am the founder and executive director of the Hepatitis C Mentor and Support Group, Inc. In addition to being a patient, I have experience working with both patients and providers

At HCMSG we provide education and supportive services for people living with Hepatitis C and co-infected with HIV throughout New York City. Educational groups and supportive patient mentoring services have been shown to be important elements of successful and cost effective medical care for patients with hepatitis C and other chronic health conditions. These services improve the quality of life, as well as medical outcomes for patients.

The training HCMSG provides for healthcare providers help them to have a better understanding of how to work with all patients with an emphasis on high risk populations, such as people with substance use disorder, those co infected with HIV, the LGBTQ community, Youth and Women of child bearing age dealing with Hepatitis C.

¹Approximately 2.4% of NYC residents 20 years and older have hepatitis C and 1.2% have Hepatitis B. Many are walking around unaware they have it. The rates of liver cancer remains high among NYC residents.

This is why it is critical for the City Council to fully support the Unified Viral Hepatitis Preliminary Budget FY2022 proposal. I serve on the New York State Hepatitis C Elimination task force, and hope to see us provide the model for the entire country, with NY as the first City and State to eliminate Hepatitis C. We need increased services for hepatitis, peer navigators, harm reduction and syringe exchange services. We must protect Medicaid and Article 6 matching funds to NYC, lives are on the line!

More education is needed in overdose prevention, Hepatitis and HIV. People need to understand the syndemic connection between substance use and infectious disease.

As a patient who has been cured from hepatitis C and one who works with patients, I can tell you firsthand what an impact this virus has on someone. It effects the whole body, not just the liver. Being cured has been the key to having people turn their lives around.

There is such power in having supportive services and patient navigators. It is essential for patients to work with people who understand what they are going through and can help them get through the process, making it easier for patients to adhere to treatment. In many cases it has helped to reduce the feeling of stigma associated with having hepatitis and co infection with HIV.

Please help us ensure that all New York City residents have access to Hepatitis C testing, treatment and care regardless of race, gender, or economic status.

Thank You!

Ronni Marks

Reference:

1. NYC Department of Health; 2016 Annual Report: Hepatitis B and C.
www1.nyc.gov/assets/doh/downloads/pdf/cd/hepatitis-b-and-c-annual-report-2016.pdf

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Testimony of
Jimmy Meagher, Policy Director
Safe Horizon

On the Fiscal Year 2022 Preliminary Budget

Committee on Health
Hon. Mark Levine, Chair

Committee on Mental Health, Disabilities & Addiction
Hon. Farah N. Louis, Chair

New York City Council

3.15.2021

Good evening, and thank you for the opportunity to testify before you today regarding the health and mental health portions of the Fiscal Year 2022 Preliminary Budget. My name is Jimmy Meagher, and I am Policy Director at Safe Horizon, the nation's largest non-profit victims services organization. Safe Horizon offers a client-centered, trauma-informed response to 250,000 New Yorkers each year who have experienced violence or abuse. And we are using an antiracist lens to guide our work with clients, with each other, and in developing the public positions we hold.

Whether we are called on to provide expert testimony at an oversight hearing or to assist a constituent in crisis and in need of emergency services, we are proud to partner with the City Council in a collective effort to make our city safer for all. We look forward to helping you and your staff understand how best to support survivors and connect them to the resources available in your borough and community.

Over many years, the City Council has been a key supporter of our programs helping adult, adolescent, and child victims of violence and abuse. City Council funding fills in gaps where no other financial support exists and allows us to draw down critical dollars from other sources. Moreover, this funding demonstrates the value that you and your colleagues place in helping survivors of all ages access desperately-needed shelter, support services, legal assistance, and counseling.

My testimony today will provide an update to the Committee on Health and Committee on Mental Health, Disabilities, and Addictions on several key Initiatives that are funded by the City Council and contracted through the Department of Health and Mental Hygiene (DOHMH). These Initiatives - the **Court-Involved Youth Mental Health Initiative**, **Children Under Five Mental Health Initiative**, and **Viral Hepatitis Prevention Initiative** - provide critical funding to Safe Horizon that allows us to provide trauma-informed healing, healthcare, and mental healthcare to our clients and their families. We are requesting that funding for these Initiatives be restored to FY20 levels.

Safe Horizon's Counseling Center has provided mental health treatment to adult and child victims of violence and abuse since 1988. We provide ongoing support and counseling services during victims' recovery and healing journey. We offer supportive counseling without judgment. And we work with survivors to develop coping strategies. Our Counseling Center is one of the only New York State-licensed mental health clinics focused solely on treating trauma reactions that many victims of crime and abuse experience.

The City Council's **Court-Involved Youth Mental Health Initiative** allows our Counseling Center to share our unique vision, expertise, and network of services to focus on the unaddressed trauma that is so often at the root of behaviors that precipitate the involvement in family court of children and youth. Specifically, our project focuses on training providers who work with youth to recognize the signs of trauma and to intervene with traumatized youth who are engaging in attempts at coping that take an "extreme" form, such as actions or thoughts of harm to self or others. By intervening and providing understanding and healing, we can prevent violence before it escalates further. **We are seeking a restoration to our FY20 funding level - \$140,000 - so we can continue to do this work in a meaningful way.**

The City Council's **Children Under Five Mental Health Initiative** helps support our work with the youngest victims of crime. Without trauma-informed intervention, young survivors may experience lifelong developmental consequences. By training a greater number of individuals who come into contact with these children to recognize signs of trauma, we connect them with evidence-based treatment, which provides comfort and healing and supports healthy development for the youngest victims of crime. **We are seeking a restoration to our FY20 funding level - \$115,385 - as the City must continue to invest in trauma treatment, especially for young people.**

Safe Horizon's Streetwork Project provides shelter, showers, hot meals, therapy, service linkage, safer sex supports, case management, and so much more, in a therapeutic harm reduction community serving homeless youth ages 13 to 25. We work with homeless and street-involved young people to help them find safety and stability. Many homeless young people face a day-to-day struggle to survive, which can lead to physical and emotional harm. Homeless youth may have experienced family abuse, violence, rejection, and instability that led to their homelessness. We welcome these young people, help them navigate complex systems, and provide essential resources at our Drop-In Centers, at our overnight shelter, and through our street outreach teams. This work can be incredibly challenging but also rewarding. Our work at Streetwork did not pause during this pandemic. Rather, our dedicated team continued to respond to homeless and at-risk young people in need of shelter, services, and understanding. Streetwork has been doing this community-based work since 1984, and we will continue to do so for as long as our services are needed.

The City Council's **Viral Hepatitis Prevention Initiative** helps Safe Horizon's Streetwork Project increase our capacity to connect potentially Hepatitis C-affected clients to testing, medical care, treatment, and infection control services. This funding helps increase our capacity to identify youth at risk of Hepatitis C and connect them with appropriate resources as soon as possible. **We are seeking a restoration to our FY20 funding level - \$28,673 - so we can link runaway and homeless youth to the medical supports they need and deserve.**

Although these three Initiatives are health and mental health focused, they are connected to public safety as well. Health and mental health treatment means individual safety and public safety. Trauma healing means individual safety and public safety.

In keeping with that sentiment, Safe Horizon also testifies today that our City needs greater and equitable investments in robust, trauma-informed health and mental health programming, including for better, safer, more just antiviolence responses to health and mental health crises. We know that the NYPD's budget continued to grow even as crime rates dropped dramatically in New York over the last three decades, and that officers were asked to respond to an ever-increasing number of societal issues that are better addressed by mental health clinicians, social workers, and outreach workers. Safe Horizon joins the calls from across the City for an alternative response to New Yorkers experiencing homelessness and mental health crises. Transferring these responsibilities would allow the police department to focus on incidents of violence where their presence is needed, while reducing the likelihood of harm to vulnerable New Yorkers. We must invest in crisis-response systems that honor and prioritize power-sharing, de-escalation, and community. We must invest in systems that emphasize peer response and that

include folks with lived experience in their design and implementation. And we must invest in systems and responses that are trauma-informed and reduce harm.

Additionally, Safe Horizon believes that it is essential for New York City to have a strong network of mental health services, especially for victims and survivors of violence and abuse. Crime victims often have a variety of mental health needs in the aftermath of a crime or an incident of violence, and access to trauma-informed services can help a victim recover. We applaud the de Blasio Administration for recognizing the need to strengthen the City's network of mental health services and for creating ThriveNYC. Safe Horizon's Crime Victim Assistance Program (CVAP) is a program of Thrive and the cornerstone of the NYPD's efforts to improve interactions with victims of crime. CVAP was modeled after our Domestic Violence Police Program (DVPP); a 30-year partnership with the NYPD that placed advocates specializing in helping domestic violence victims alongside police officers. CVAP has expanded DVPP services by placing two victim advocates in each of the NYPD precincts; one specializes in working with victims of domestic violence and the other serves victims of all other crimes. CVAP rolled out over several years as ThriveNYC grew and scaled its work. In summer 2018, CVAP officially became a citywide program, with advocates placed in all 77 precincts and 9 Police Service Areas.

We know that violence, abuse, and crime can leave victims and survivors feeling confused, angry, isolated, and hurt. Survivors are often unaware of the services and resources available to them and to their families. CVAP advocates provide crisis intervention, immediate safety planning, referrals to community-based service programs, and advocacy to those victims and survivors who have turned to the criminal justice system for help. The sooner survivors' needs and concerns are addressed, the sooner survivors can feel safe, recover from trauma, regain a sense of control, and ultimately, if they choose to, participate in the criminal justice process if that is the process that feels right for them.

As the City Council and the Administration sets the budget for the next fiscal year, it's imperative that our City expands, perfects, creates, and invests in programming that provides healing and support to people who have experienced harm, violence, and trauma. When we invest in the safety, healing, and well-being of individual New Yorkers, we invest in the safety, healing, and well-being of New York City as a whole.

Thank you again for the opportunity to testify today. I'm happy to answer any questions you may have.

**Testimony before the City Council Committees on Health and
Mental Health, Disability and Addiction**

On the FY22 Preliminary Budget

March 15, 2021

Good afternoon, chairpersons Levine and Louis, and members of the Committees on Health and Mental Health, Disability and Addiction. My name is Sam Miller, and I am the Chief External Relations Officer at the Institute for Community Living, or ICL, a non-profit behavioral health organization that serves 10,000 New Yorkers a year across the five boroughs with a wide range of mental health disorders, developmental disabilities and substance misuse issues. Thank you for the opportunity to testify today on behalf of ICL's President and CEO, David Woodlock.

ICL is a leader in providing truly integrated, whole-person care that is designed to help people get better based on their individual needs, not just their diagnosis or what government programs they may be eligible for. We provide shelter and supported housing to more than 2,500 New Yorkers each night, and we offer a range of services from intense care coordination to clinical services to mobile treatment teams to family support. Our East New York Health Hub, which opened in 2018 with our primary care partner, Community Healthcare Network, has gained national recognition for offering comprehensive mental and physical health services under one roof, and we have applied this integrated care approach to all of the people we serve.

ICL focuses relentlessly on data, and our clients have made measurable improvement over the last few years, greatly reducing their need for emergency care and hospitalizations for both mental and physical reasons. The people we help, typically people of color with Medicaid insurance, consistently report that after working with us, they have a better quality of life, feel more in control of their lives and are better able to deal with their problems.

Like other health care providers, ICL has had to overcome enormous challenges posed by the COVID pandemic. Thanks to our heroic front-line staff and support from the Council and our non-profit partners, we have been able to keep all of our programs open. We were able to switch to telehealth services in a matter of days last March, and we were able to flatten our COVID curve about a week before the City's curve began to bend for the first time last spring.

Despite these successes, COVID has taken a deep toll. As of March 7, 424 of our clients and 265 of our staff have gotten COVID. Tragically, 30 clients and one staff member lost their lives to this terrible virus.

Those numbers are devastating. And we know that the impact of the pandemic on the mental and physical health of New Yorkers will be felt long after everyone is vaccinated and the City returns to "normal." This is especially true for our most vulnerable children and families, who were already burdened by lack of access to care and were hit hardest by COVID. For these reasons, it is absolutely crucial that the FY22 budget restore Council discretionary funding to FY20 levels and increase funding for other behavioral health services.

ICL's Council mental health discretionary funding has allowed us to provide supported housing to 39 residents in the Bronx. Last year, we were able to maintain housing for these residents despite a 15% reduction in funding, but it put a tremendous strain on our staff and caused us to take money from other programs. As you know, the need for supported housing

remains dire in the Bronx and throughout the City, and so I ask that this funding be restored to at least FY20 levels.

The Council must also insist that the City fully fund the Indirect Cost Rate Initiative for FY20, FY21 and FY22, something that was promised to non-profits years ago. The pandemic has put even more financial pressure on us and other non-profits in areas such as technology and workforce development, given the need to offer telehealth services and attract and retain qualified employees. At ICL, we estimate spending more than \$200,000 a year on these kinds of administrative costs that should have been reimbursed by the City. It is time the City held up its end of the bargain.

Before ending my testimony, I want to return to the impact of the pandemic on vulnerable children and families, and ask for the Council's help supporting our Family Resource Center in East New York, which is set to be de-funded by the Department of Health and Mental Hygiene on June 30.

The Family Resource Center, which provides individual and group-based services to parents and care-givers of kids who have or are at risk of developing emotional, behavioral and mental health challenges, has been a lifeline for families in East New York. In fact, the FRC provided 3,844 discrete services in 2020 -- more than three times the 1,155 we had in 2019 -- a testament to how much the community relies on this program, and how successful the model is.

FRC is unique in that we serve anyone who requests help, regardless of whether there is a diagnosis, or what insurance the person may have. In our Family Resource Center, peers offer help on parenting, skills development, wraparound services, and care coordination. But almost as important, the FRC offers easy access to clinical and other services offered under the same roof, allowing families with multiple needs to avoid having to waste time and energy navigating our fragmented health care system.

Offering this kind of access is critical to family wellness, especially given the strain in families caused by the pandemic.

Unfortunately, the families we serve stand to lose this access on June 30. While we know there are other capable providers in Brooklyn, DOHMH has suggested that we can continue to meet our clients' needs through a model that relies on a State program that bills Medicaid. The problem, however, is that this model, known as Children and Family Treatment and Support Services, or CFTSS, has not been successful to date, and it doesn't reimburse the kinds of services that the Family Resource Center provides. Medicaid simply doesn't cover much of what our clients so desperately need.

In the face of a pandemic, when we know the needs of vulnerable families are growing, now is not the time to transition to a new model that limits the kinds of services families need. In fact, no transition has begun, and at this point, there really isn't enough time before the new fiscal year to achieve a successful transition. Therefore, we have asked DOHMH to extend our contract on an emergency basis for a year so we can continue to serve our clients and work out a better path for the future. I hope the Council can support this effort.

Thank you very much for your consideration.



**NYC Council Preliminary Budget Hearing –
Mental Health, Disabilities and Addiction
Monday, March 16, 2021**

My name is Alan Ross and I am Director of Samaritans Suicide Prevention Center, part of the world's largest suicide prevention network with centers in 40 countries. I want to thank the committee chair, its members and staff for the opportunity to speak today.

Samaritans, the only community-based organization in NYC whose sole mission is preventing suicide and saving lives, wants to thank the City Council for its continued support of our 24-hour suicide hotline; the only completely confidential crisis response service in the city. We would, literally, not be here without you.

And that is the focus of my brief comments today.

We all know that suicide and self-harming behavior were significant public health problems before COVID, and that the number of New Yorkers at risk has significantly increased—in some cases, doubled and tripled—during the pandemic.

Being on the front lines of NYC's suicide prevention efforts since I joined Samaritans in 1984, I have seen first-hand the results of the city's development of new mental health programs. I have seen the state create new initiatives and research projects. I have seen more new training programs for our city schools and health agencies than I can count.

And while some of these have improved the city's response to those at-risk, many have not. And most have been duplicative or failed to build on what was already established.

And almost without exception, every time something new was created it came at the expense of existing programs with established track records that were already imbedded in NYC's diverse cultural communities.

Thrive is the best example. With its launch, dozens of highly respected community-based programs that served NYC's immigrants, people of color, the chronic mentally ill, people living in poverty, etc. saw our budgets slashed, if not eliminated.

Take Samaritans. Operating NYC's 24-hour suicide hotline for over 30 years, answering over 1.3 million calls, our DOHMH hotline contract was reduced by 85%, reducing instead of increasing our ability to help people resistant to seeking care and support.

Credited with bringing suicide prevention professional development training to NYC DOE, educating 10's of thousands of frontline staff with documented results, Samaritans was ignored when it came time to develop a "new" training for DOE student support staff.

Instead of utilizing the knowledge and experience of community-based groups--of which Samaritans is just one--that have proved effective in providing support to those who are underserved (who research shows frequently eschew government programs and clinical services), funds continually go to new programs that, be definition, are unproven and will take considerable time to get established.

It's the law of physics; to continue to expand and add-on without reinforcing the foundation undermines system integrity. Instead of strengthening the city's mental health safety net, it ends up compromised, which is the opposite of what we all want.

One size does not fit all. Bigger is not always better. New is not necessarily improved.

As you determine next year's funding priorities, please remember that NYC's diverse community-based organizations have been and will always be in the best position to help those New Yorkers in distress who are not getting the help, support and treatment they need.

Thank you.

Sunnyside Community Services
Testimony for Committee on Mental Health
Date: 3/15/21

Good afternoon, City Council Members. My Name is Javier Osorio, Geriatric Mental Health Coordinator for Sunnyside Community Services. I would like to take this opportunity to thank you for your continued support. We are very fortunate to have the support of the Queens Delegation and I want to specially thank Council Members Van Bramer, Dromm, Moya, and Koslowitz. Your funding is essential to continue providing support to the over 5000 people we serve in our senior services continuum.

The coronavirus disease 2019 (COVID-19) began to spread in the US in early 2020. It has been reported that older adults experienced disproportionately greater adverse effects from the pandemic including more severe complications, higher mortality, concerns about disruptions to their daily routines and access to care, difficulty in adapting to technologies like telemedicine, and concerns that isolation would exacerbate existing mental health conditions. As the Geriatric Mental Health Coordinator, I realized that older adults tend to have lower stress reactivity, and in general, better emotional regulation and well-being than younger adults, but given the scale and magnitude of the pandemic, there was concern about a mental health crisis among older adults. In fact, in the first couple of months in the pandemic, participants expressed feelings of loneliness, anxiety, uncertainty, but most of all so much fear as the future was becoming so uncertain. My main concern pertained to older adults both at home and in residential care facilities, where contact with friends, family, and caregivers became limited. But fortunately, the GMHI program could alleviate some of these unwanted feelings through zoom meetings, conference calls and individual supportive counseling sessions over the phone.

In my 7 and a half years as the Geriatric Mental Health Coordinator, for Sunnyside Community Services, I have not witnessed a crisis of this magnitude and consequently there being a greater need for GMHI services in Queens. Since March 2020, when Sunnyside Community Services transitioned to offsite work, due to the pandemic, I successfully coordinated the program remotely. It has been extremely challenging due to the older adults not having access and/or knowledge of technology, Wi-Fi and the equipment needed to collaborate and engage in programming. Recognizing that most of the clients served by GMHI faced these barriers, to accessing virtual services, our program had to become creative on how to connect with clients remotely. One example of this is with a supportive counseling group. Initially the group was conducted by phone, but then it was transitioned into a Zoom group, which made a tremendous difference to the clients. The virtual face-to-face afforded the clients to feel more connected and less isolated. Unfortunately, without the technology, only some of the clients could benefit from this way of connecting. A year later, we hold virtual support groups using both conference call and Zoom and hold some individual supportive counseling sessions via Zoom as well to help alleviate client isolation and further support older adults to feel connected during this difficult time. These are just a few examples of how we have been able to keep and maintain a program that is crucial for most of our vulnerable seniors. This response as you know, is not unique to Sunnyside Community Services. The need is staggering, and therefore we are asking the Council to restore our funding from \$73,100.00 to previous years \$86,000.00 prior to the Pandemic.

This past year when seniors needed mental health support more than ever, to combat further isolation from the pandemic, we were left with a smaller budget than the year before and more

clients to serve. The current budget essentially only covers one person's salary to coordinate the program. This pandemic has clearly illustrated that moving forward GMH services will be needed more than ever to support older adults to recover from the damage that the pandemic will leave behind. Please restore the funding in order to continue serving this unserved population.

Sincerely,

Javier Osorio- Geriatric Mental Health Coordinator



**Testimony for NYC Council Committee on Health,
jointly with the Committee on Mental Health, Disabilities and Addiction
March 15, 2021 Hearing**

Good afternoon, Chair Levine and distinguished members of the City Council. I am, Michelle DeMott and I am the Chief of Staff to Mitchell Netburn, President & CEO of Samaritan Daytop Village. I first want to thank you for your continued support during these challenging times. Samaritan Daytop Village (SDV) is a nationally-recognized human services organization that provides comprehensive services to more than 33,000 people each year through a network of over 60 facilities primarily located in the five boroughs of New York City and depends on funding from the City Council to continue to safely provide these services for many New Yorkers. We offer a rich array of programs including treatment for mental health issues and substance use disorder, transitional and supportive permanent housing, and innovative services for veterans, homeless individuals, women, children, youth, seniors and families.

The critical importance of mental health and substance use services has never been clearer than at this moment. It goes without saying that the pandemic is not only a physical health crisis, but a behavioral health crisis. New York City faces an unprecedented rise in the demand for behavioral health services. The clients that we serve are the most vulnerable New Yorkers, many of whom are low-to-no income with complex medical and behavioral health needs. The physical and emotional isolation as a result of the pandemic has manifested into new and increased feelings of anxiety, restlessness and stress which can be triggers for those with behavioral health and substance use disorders. As a result of the increased need our organization has submitted requests from City Council for continued funding in order for us to meet the demand for services.

Behavioral health funding at a minimum should be restored to FY20 allocations. Our programs were already operating on razor-thin margins before the pandemic. Given the substantial need at this time, the Council should consider increasing allocations in the areas where need is greatest: Overdose Prevention & Treatment, Geriatric Mental Health and Mental Health Services for Vulnerable Populations. The unprecedented rise in the demand for behavioral health services directly correlates with the increase in alcohol and substance use and, tragically, drastically increasing opioid overdoses. Continuing to fund SDV's Opioid Prevention and Treatment

Initiative will allow us to expand our NARCAN training program. This will enable our staff to continue to educate communities about the opioid epidemic, and teach ways to prevent, recognize and intervene when an overdose occurs. Expanding our current NARCAN training program to reach more communities can aid in preventing even more deaths from opioid overdoses. With the COVID-19 pandemic disproportionately impacting aging adults, many have been and continue to self-isolate which creates increased barriers to accessing necessities and resources. SDV's Support Our Seniors and Healthy Aging Initiatives will assist with programming to the many seniors that have experienced cognitive decline due to the pandemic. Our organization receives additional City Council funded initiatives and we use this funding to serve thousands of vulnerable New Yorkers annually. The well-being of everyone we serve is our most important priority at this time.

We quickly adapted our services to continue reaching our clients safely amid the pandemic. To mitigate the spread of COVID-19, SDV was committed to serving our clients, and in order to allow clients to remain in their homes to reduce exposure and transmission during this public health emergency, and in order to remain consistent with governmental mandates, we immediately adjusted our program operations to include telehealth platforms. In order to continue to deliver these critical services, we have had to purchase devices for both staff and clients incurring a huge expense. Additionally, we've provided both staff and clients with PPE, enhanced our cleaning and disinfecting protocols, including hiring outsourced vendors, adjusted policies and workflows, and took guidance from city, state and federal partners. We know that behavioral health is essential, and our programs have stayed open.

We stand ready to help our city and our communities recover from COVID-19. We know that the long-term success of New York requires behavioral health care to help individuals process the trauma, grief, anxiety and stress of this crisis. With the financial support of the City Council, we can ensure that New Yorkers regain their health and well-being, and that our city retains its commitment to take care of those in need.

I thank you, on behalf of Samaritan Daytop Village and we look forward to continuing to be on the front lines in partnership with you and your communities serving the most vulnerable New Yorkers.



Embracing Hope *and* Building Futures *for* Generations

**Testimony Prepared for the New York City Council
Committee on Mental Health, Disabilities, and Addiction
FY22 Preliminary Budget Hearing
March 15, 2021**

Thank you, Chair Louis and members of the Committee on Mental Health, Disabilities, and Addition, for the opportunity to submit testimony.

Sheltering Arms is one of the City's largest providers of education, youth development, and community and family well-being programs for the Bronx, Manhattan, Brooklyn, and Queens. We serve nearly 15,000 children, youth, and families each year, and employ more than 1,100 staff from across New York City. We serve more than 15,000 children, youth, and families each year, including more than 700 through our three article 31-licensed mental health clinics in Southeast Queens and the South Bronx. We have also served nearly 100 children and youth in the past year through Children and Family Treatment and Support Services (CFTSS), which allow us to expand our reach and deepen the therapeutic services available to the children, youth, and families we serve.

Restore Funding for the Indirect Cost Rate (ICR) Initiative

First, New York City's FY22 budget must honor the City's commitment to cover providers' true indirect costs by including \$171 million in ICR funding. Disinvestment in the ICR Initiative is the primary risk to organizations like Sheltering Arms. It is unconscionable that NYC would commit to this initiative, require providers to go through a lengthy process to demonstrate actual costs, and then refuse to pay providers the full rate approved by the Mayor's Office of Contract Services (MOCS). Full funding for the ICR initiative is critical to our ability to continue providing high quality services to children, youth, and families across NYC.

Restore Funding for Council Mental Health Initiatives: Children Under Five Seen and Heard Program – Serving Children Ages 0-5

All three of our clinics specialize in serving children ages 0-5 through our signature Seen & Heard (S&H) program which uses the evidence-based Child-Parent Psychotherapy (CPP) model to provide therapeutic support in both English and Spanish. This program helps young children process trauma they have experienced, and equips caregivers with the skills they need to rebuild and restore the child's overall sense of safety, attachment, and trust, while also processing their own experience with the trauma.

Our S&H program is almost entirely funded through the Children Under Five Council Discretionary Initiative, supplemented by some private funding. S&H has been a critical lifeline for our families with very young children (pre- and post-pandemic), and we urge the Council to ensure funding for the Children Under Five initiative is restored to FY20 funding levels, and even consider increasing the allocation for this incredibly vulnerable population.

The pandemic added an immense amount of stress, anxiety, and depression into the lives of the caregivers and children we serve. Our team spent the initial months of the pandemic prioritizing stabilizing caregivers and focusing sessions on crisis response and safety planning. Many caregivers lost their jobs or feared they would, were challenged to manage many new or intensified stressors, and feared what would happen to their children if they contracted COVID. Our uninsured clients also faced scams targeted at their communities related to COVID testing (e.g. being asked to pay for testing).

Through S&H, we worked with families to transition to telehealth services, provided families with needed materials to support their therapeutic sessions (e.g. play-doh, books, devices), and connected them to our Children's Health Home program and our privately-funded Family Emergency Fund to ensure their basic needs were met.

For one five-year-old boy in treatment with his grandmother, the support of S&H throughout the pandemic has been crucial and immensely beneficial. This young boy endured severe trauma early in his life, including witnessing the death of his baby brother. As a result, he suffers PTSD, has lots of nightmares, is hypervigilant, and fears the police. All of this made going to our clinic a very triggering experience for him as he encountered all of the activity and stimulation on the streets in Jamaica, Queens (e.g. shoppers, sirens, music). Additionally, he began to associate our office with remembering his past trauma and struggled to open up. Once we began virtual treatment, where he was able to be in his own home, he started talking freely about everything he endured and we were finally able to construct a trauma narrative (a therapeutic tool). Providing teletherapy in his home also allowed us to see some of the behaviors we wouldn't normally get the chance to see in our clinic, which helps to inform his therapy in a more holistic manner.

Services provided by S&H were critical before the pandemic, and have only become more necessary as we support children and families process, cope, and recover from the ongoing traumas it has caused. **We urge the Council to restore funding for Children Under Five to FY20 levels.**

Thank you for this opportunity to submit testimony, and for your commitment to the health and well-being of all New Yorkers.

For any questions, please reach out to Mikayla Terrell, Chief of Staff, at mterrell@shelteringarmsny.org or 929-359-3859.



**New York Lawyers
for the Public Interest, Inc.**
151 West 30th Street, 11th Floor
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**Testimony of Mia Soto, Health Justice Program,
On behalf of New York Lawyers for the Public Interest to the
New York City Council’s Committee on Health
March 15, 2021 FY22 Preliminary Budget Hearing**

Good afternoon, during this unprecedented public health crisis, I urge the Council today to support renewed funding for the Immigrant Health Initiative, which has saved lives and improved health across the City. My name is Mia Soto, and I am the Community Organizer in the Health Justice Program at New York Lawyers for the Public Interest, where we work to ensure that undocumented immigrants have access to healthcare.

I. NYLPI’s Work as Part of the Immigrant Health Initiative: UndocuCare

NYLPI is privileged to be part of the **City Council’s Immigrant Health Initiative**, and we thank you for that support. At a time when access to medical care and information is crucial and misinformation can endanger our communities, this support has allowed us to expand our work educating immigrant New Yorkers with serious health conditions, their healthcare providers, and legal service providers about how to access healthcare and how to stay safe. We have responded directly to community needs for medical/legal information and, partnering with the New York Immigration Coalition, created and staffed a facebook live educational panel with doctors and lawyers to answer questions on how to prevent the spread of the novel coronavirus and the implications of the public charge rule. In the wake of the COVID-19 case surge this past fall in Sunset Park, Brooklyn, NYLPI, in coalition with the Academy of Medical & Public Health Services (AMPHS) and others, hosted virtual Town Hall events to hear directly from the community. This offered individuals an opportunity to hear updates on local school reopening and testing efforts directly from representatives from the Department of Education and Test and Trace Corp, and gave the local community a public forum to engage directly with city officials on issues of great concern. Most recently, NYLPI co-hosted an important conversation hosted by the NYC Department of Health that provided information and answered questions regarding the COVID-19 vaccine. NYLPI actively participates in the City’s Emergency Partner Engagement Council addressing the COVID-19 crisis and its impact on our community partners.

Your support has also led to increased enrollment by eligible immigrants in state-funded Medicaid. The improved access to Medicaid has had life-changing and often life-saving effects on the lives of our clients. In October of 2020, we expanded our reach and launched UndocuCare TGNCI+, a project that aims to break down two major barriers to accessing health care: lack of immigration status and risk of detention. Following NYLPI’s holistic approach to

accessing health care through immigration advocacy, UndocuCare TGNCI+ provides direct legal services to transgender, gender-nonconforming, intersex (TGNCI) and undocumented individuals living with HIV by filing for viable immigration relief.

Through City Council funding, we are able to provide comprehensive screenings and legal representation to individuals, particularly those who are in health emergencies, including holistic support during these challenging times by providing our clients information on financial assistance, food banks, and housing relief to meet their intersecting needs. Our individual cases are complex, given that we deal with clients in health emergencies who are stuck between two complicated bureaucratic systems: immigration and health care. We have developed a nuanced practice taking the cases no one else can.

For example, our client *BA* was diagnosed with heart failure shortly after he entered the United States. He was sixteen years old at the time. He was denied a heart transplant in part because of his undocumented status. Our team met with him in the hospital after he was operated on and given a left ventricle assist device to ensure that his heart continued pumping. While advocating for his heart transplant, we ensured that he was represented in immigration court and before the asylum office and advocated fiercely for an expedited process. After we pressed his case, *BA* was granted asylum in March 2020 and was reunited with his mother after being separated from her for the past 12 years. We are proud to share that last month he received a heart transplant and is recovering well.

II. Improving Healthcare for NYC Residents in Detention Through the Immigrant Health Initiative

The Immigrant Health Initiative funding also supports NYLPI's work seeking to improve access to healthcare in immigration detention facilities. Despite the dire health risks posed by the spread of COVID-19, Immigration and Customs Enforcement officials continue to arrest and confine people in immigration detention facilities and jails. For NYC residents held in detention, NYLPI provides crucial and urgent advocacy to improve health care and advocate for release.

We have built and continue to expand our volunteer Medical Providers Network, now with over 200 medical professionals, available to perform reviews and consultations for people in detention in support of advocacy efforts. Through our work, we have connected the overwhelming majority of people who requested assistance in obtaining better care to a medical provider with experience relevant to their needs. In light of the COVID-19 health crisis, we have received increased numbers of requests for advocacy addressing people's vulnerabilities to exposure and illness while detained in already crowded facilities. The Council's support means we can move quickly to activate our network and to respond. During the pandemic, NYLPI's Medical Providers Network has worked on more than 40 COVID-19 specific referrals for medical advocacy letters, in addition to our ongoing range of work, and 22 people have been released from area detention facilities and jails.

We work with City Council-funded New York Immigrant Family Unity Project attorneys to help secure the release of their clients from immigration detention, in large part because our medical evaluations help an adjudicator understand that the denial of adequate care is unacceptable.

III. Conclusion

Thank you to Chairperson Levine and the Committee members for giving us the opportunity to present testimony today and for this tremendous assistance, and we **ask that the funding continue in FY 2022** for both NYLPI and our partners. We look forward to continuing our work to improve immigrant New Yorkers' access to health care.

**Mia Soto, Health Justice Program
New York Lawyers for the Public Interest
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msoto@nylpi.org**

NYLPI has fought for more than 40 years to protect civil rights and achieve lived equality for communities in need. Led by community priorities, we pursue health, immigrant, disability, and environmental justice. NYLPI combines the power of law, organizing, and the private bar to make lasting change where it's needed most.

NYLPI's Health Justice Program brings a racial equity and immigrant justice focus to health care advocacy, including ongoing work addressing the human rights crisis in immigration detention and advocating for healthcare for all New Yorkers.

Testimony before the
New York City Council Committee on Health
Mark Levine, Chair
and
New York City Council Committee on Mental Health, Disabilities and Addiction
Farah N. Louis, Chair

March 15, 2021

presented by

Nancy Harvey, LMSW
Chief Executive Officer
Service Program for Older People, Inc.
www.spop.org

I want to thank Committee Chairs Mark Levine and Farah Louis and members of the City Council Committees on Health and on Mental Health, Disabilities and Addiction for holding this hearing on the Fiscal 2022 Preliminary Budget and for your leadership and commitment to keeping New Yorkers healthy and safe.

I am Nancy Harvey, CEO of Service Program for Older People, or SPOP, which is the only agency in New York City exclusively and entirely dedicated to meeting the behavioral health needs of older adults. SPOP currently receives support through the Geriatric Mental Health Initiative, Mental Health for Vulnerable Populations, Support Our Seniors, and the Department for the Aging. We are also the Manhattan provider for the Thrive NYC program of Clinicians in Older Adult Centers, where we provide services on-site a nine high-need older adult centers.

I urge you to support the restoration of City funding for mental health initiatives to FY2020 levels and to increase allocations for Geriatric Mental Health, Mental Health Services for Vulnerable Populations, and other initiatives that serve those in need. We anticipate greater demand for mental health care in the months ahead as the psychological impact of a year of isolation, fear, illness and grief becomes apparent, and increased funding will allow our agency to provide services to older New Yorkers at a time of urgent need.

I have served as chief executive of SPOP since 1990 and have overseen its growth from a neighborhood agency to a city-wide resource. This year SPOP will provide comprehensive

behavioral health care and related services to more than 2,000 older New Yorkers, complete 25,000 professional sessions, and work with hospitals, senior centers, and other providers to reach out to traditionally underserved populations. Our diverse client population is overwhelmingly low-income, medically frail, and socially isolated.

This past year has shed new light on the need for mental healthcare for all New Yorkers. We have long known that unaddressed mental illness can take a terrible toll on our community, often in the form of poverty, homelessness, poor physical health, crime, or increased mortality. This year we observed all of that and more – but we also learned that professional intervention, even by remote connection, can have a tremendous impact on improving overall health and quality of life and on decreasing demand on the City 911 system.

SPOP was one of the first agencies in the region to transition fully to telehealth one year ago and has provided uninterrupted service during the pandemic. We have completed nearly 25,000 professional sessions in the past 12 months, including psychotherapy, crisis intervention, psychiatry, assessments, medication management, and rehabilitation support. We also trained older adults in technology needed for telehealth, connected them to other services such as meals or housing assistance, and offered bereavement support to those who had lost a loved one. We have provided professional service in English, Spanish, Cantonese and other languages to 900 older adults from throughout New York City and processed 1,500 inquiries and referrals.

Client response to telehealth has been overwhelmingly positive. We serve an older, low-income population and about 50% of our clients participate in telehealth by telephone, either because they do not have access to a computer or because it is more comfortable for them. We have learned that it is easier for our most frail clients to engage in therapy when they can remain safe at home, without the challenges of inclement weather or transportation. For many isolated adults the weekly call from SPOP is the only opportunity to express complex emotions and work toward long-standing treatment goals. For those coping with the stress of a crowded apartment, the sessions are a private and confidential exchange with a trusted professional. For those who have lost a loved one, the therapist offers compassion and a safe place to grieve. Most important, the decrease or alleviation of mental health symptoms has meant reduced demand on the City 911 system and fewer unnecessary hospitalizations.

I thank each member of the Committees on Health and Mental Health, Disabilities and Addiction for your work and urge you to restore and increase funding in the FY2022 City Budget. Thank you.

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March 15, 2021
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Larry K. McReynolds, DHA, MHA
Executive Director

March 18, 2021

**Testimony of Sunset Park Health Council
to the
New York City Council
Committee on Health
March 15, 2021**

Good Afternoon Chair Levine and Members of the Health Committee.

As the Executive Director of the Family Health Centers at NYU Langone, I am happy to be submitting testimony on behalf of the Sunset Park Health Council, d/b/a the Family Health Centers at NYU Langone, requesting continued support for the City Council's Viral Hepatitis Initiative.

For Fiscal Year 2022, we are asking for the Mayor to increase his commitment to eliminating hepatitis B and C in NYC, and we encourage the Administration and NYC Department of Health and Mental Hygiene to work with community providers to create and implement a plan to eliminate hepatitis B and C in NYC.

The programming provided through the Viral Hepatitis Initiative, such as the Check Hep B Program at the Family Health Centers at NYU Langone, provides vital services to individuals in communities across New York City. As the only provider funded for Hepatitis B services in Brooklyn through the City Council's Viral Hepatitis Initiative, we are asking for an increase in our funding for these services, and for an expansion in funding so that we may begin to provide Hepatitis C services as well which are needed in Brooklyn.

The NYC Department of Health and Mental Hygiene (DOHMH) estimates that 230,000 people are living with hepatitis B (HBV) and 116,000 are living with hepatitis C (HCV) in NYC. Many of these patients are not in treatment. The programs funded through the Viral Hepatitis Initiative focus on building organizational capacity and systems needed to screen individuals at risk for HBV and HCV and provide patient navigators to help those individuals through testing, medical care, treatment, and community-based services.

Without treatment, people living with HCV are infectious and able to transmit the virus to others and are at greater risk for developing liver cancer, liver scarring, and liver disease. Newer HCV

treatments are shorter (8-12 weeks) with greater than 90% success rates and few side effects. Directing individuals to HCV treatment will improve treatment adherence rates, cure people of their infection, and improve overall health. It is valuable for the community if a location can offer both HBV and HCV services so appropriate care is received under one roof. Patients who have built a level of trust with the navigator through these programs will more easily agree to either receive or refer others for care.

We also urge the City Council to contact the State Assembly and Senate to stop Governor Cuomo from allowing additional cuts to the Article 6 public health matching funds rate to New York City. The Governor's Executive budget proposes to single out NYC and cut our public health matching funds rate from 20% to 10%. For every other locality the public health funds matching rate is 36%. The Governor's proposed cut will take more than \$38 million out of NYC public health programs. We thank the Council, particularly Chair Levine, for his continued advocacy on this issue and the Council for filling the cut gap the last few years. Please continue to sound the alarm with your State counterparts and try to get this funding restored or help backfill this vital funding if these cuts are pushed through by the Governor.

We are asking the City Council to continue to invest in the health of New Yorkers and fully fund the City Council Viral Hepatitis initiative and any cuts to the Public Health Backfill.

Thank you for your time and all you do.

Sincerely,

A handwritten signature in blue ink, appearing to read "Larry K. McReynolds", is written over a light blue rectangular background.

Larry K. McReynolds
Executive Director



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**Testimony for the New York City Council
Committee on Health Jointly with Committee on Mental Health, Disabilities & Addiction Committee
Preliminary Budget Hearing – Health
March 15, 2021**

**Testimony of Sunwoo Ji, Project Coordinator
The Korean Community Services of Metropolitan New York, Inc. (KCS)**

Greetings, my name is Sunwoo Ji, and I am a Project Coordinator at the Korean Community Services of Metropolitan New York, Inc. (KCS). I would like to first thank the Committee on Health for giving us the opportunity to share testimony.

KCS is a 48-year-old nonprofit, the first social services organization in New York serving the Korean-American population, as well as the wider immigrant community. KCS continues to operate under the mission of helping immigrants fully integrate into society and overcome any economic, health and social barriers so that they become independent and thriving members of the community. Today, KCS serves an average of 1,300 individuals every day through its six program sites, covering areas of immigration, aging, senior job training, mental health, English for Speakers of Other Languages (ESOL), and public health.

As the only Korean American CBO in NYC offering the cancer service program - Women Informed, Screened, and Empowered (WISE) - provides free breast cancer (BC) screening services, in-person education & counseling, and on-site enrollment for free, take-home, colorectal cancer (CRC) testing resources for eligible women. KCS launched WISE program to provide culturally and linguistically competent healthcare coordination and patient navigation services. Specifically, discretionary funding was utilized for two major components: service/unit costs, namely, outreach event and supporting a project coordinator and patient navigator.

NYC residents from minority, immigrant, or undocumented backgrounds are heavily impacted by low-income status (17.3% of households below FPL) and low-rates of health insurance coverage (22% of non-citizens are uninsured). Lack of access-to-care or health coverage has been linked to extremely low-rates of screening uptake, putting women from these communities at an even greater risk of BC and CRC. These disparities are exacerbated by high-rates of limited English proficiency, and lack of awareness surrounding both cancers, and proposed federal policies such as changes to Public Charge rules, which discourages utilization of public benefits such as healthcare.

In addition, the COVID-19 pandemic has not only disproportionately impacted vulnerable immigrant communities of NYC but has overwhelmed our healthcare system, further restricting minority women from seeking recommended regular screenings and receiving treatment. Notably, we have observed a significant increase in requests from uninsured community members for BC and CRC screenings as our services have adapted and resumed in the months following the initial outbreak. Given that we continue to see a growing number of clients who need assistance with their health care, it is clear that the support for these services will be even more important from now on, especially during and after the COVID-19 pandemics.

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Brooklyn Project

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To highlight the need for high quality, culturally-adapt services, I would like to share my client's story with you. This client had symptoms and despite having insurance had difficulty finding a doctor or hospital because all the experts were focused on responding to COVID-19. However, after seeking the assistance of KCS' cancer service program, she was able to receive free mammography and additional exams, and was able to detect early stages of cancer in her left breast. She is currently receiving the necessary treatment at the hospital where she is connected.

If support is suspended or budgets are cut, many vulnerable women in NYC will face serious health challenges due to lack of regular checkups and awareness. Most of them already face disproportionate socio-economic inequalities, so the challenges and difficulties will pose a greater threat to them. Given that early detection is a top priority for cancer treatment, continuing our cancer service program could serve as a sign of hope for the crisis we are all facing today, as well as reducing women's mortality from cancer.

We would like to thank the City Council's commitment to health equity for all New Yorkers, and ask for the continued support in reducing various health disparities in NYC's immigrant communities. Community-Based Organizations such as KCS have longstanding ties with the community, the trust of community members, and an acute knowledge of the needs of the community. Therefore, CBOs are well positioned to deliver much needed services to the community. We are all in this together and with your leadership, I am confident that we will emerge stronger, more empathetic, and more unified than ever before.

Thank you for your time and consideration.

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**Testimony before
New York City Council Committee on Health
Preliminary Budget Hearing
March 15, 2021**

I am Doxene Roberts, Vice President of Family Support and Housing Services of the Women's Housing and Economic Development Corporation (WHEDco), and **I am writing in support of the restoration of funding for the New York City's Managed Care Consumer Assistance Program (MCCAP) from \$425,000 to \$750,000 in the FY22 budget.**

MCCAP's Mission

New York City's Managed Care Consumer Assistance Program (MCCAP) provides culturally and linguistically competent assistance to New Yorkers about how to enroll in and use health care and coverage. The program relies on the Community Service Society (CSS) and a network of 12 community-based organizations (CBOs), which our organization is part of, that work directly with the most vulnerable populations who struggle to interact with the health care system, including enrolling in and understanding health insurance, and accessing low-cost health care.

MCCAP's History

MCCAP first started in 1998 as a model consumer assistance program funded by the City of New York. The program was dismantled in 2010 when the City Council eliminated funding for Fiscal Year 2011. Between 1998 and 2010, MCCAP served more than 140,000 residents in all five boroughs through a network of 26 CBOs led by CSS. In 2019, the New York City Council restored \$500,000 in funding for MCCAP to address the growing need among underserved residents for help with navigating the healthcare system and accessing affordable care. The program was officially launched in February 2020. In FY21, MCCAP's funding was cut by 15% due to the fiscal crisis.

MCCAP's Services

MCCAP uses a "hub-and-spokes" model to provide services. CSS acts as the hub with its live, toll-free helpline, while advocates at 12 CBOs serve as the spokes that provide in-person services in every borough. The advocates are trained and supported by CSS to help people:

- Navigate and make the most out of their health insurance coverage
- Resolve health insurance problems
- Get prior authorizations
- Access specialists, out-of-network services, and affordable healthcare
- Apply for hospital financial assistance programs

MCCAP services are advertised in multi-lingual fliers to ensure that immigrants and linguistic minorities are informed of these services. In addition, information about NYC MCCAP's Helpline at CSS is also available through insurance notices, NYC's 311, websites, and through social media.

Why MCCAP

The COVID-19 pandemic has brought to light the enduring inequities that permeate almost every part of our healthcare system and prevent New York City's communities of color, immigrants, people who are LGBTQ, and people with disabilities and mental health or substance use disorders from accessing the

care they need. Additionally, anti-immigrant coverage exclusions, rising health care prices and a complex healthcare system create additional barriers to care. All these barriers and the distrust in the healthcare system and institutions among these communities pose great challenges to the city's path to recovery. This is where a program like MCCAP can make a significant difference because of its community-based approach that can remove many of these barriers and provide reliable information about COVID-19 testing, treatment, and vaccines.

COVID-19 Response

- MCCAP's helpline and CBOs have provided much-needed advocacy assistance to 3,000 clients who have struggle to secure coverage and medically necessary care during this difficult time.
- MCCAP is helping clients request prior authorizations over the phone when their providers are unable to do so.
- MCCAP is providing insurance navigation to those who have lost their job-based coverage or are uninsured.
- MCCAP is providing information about new COVID-19 cost-sharing waiver policies for people who would like to access COVID-19 related testing and treatments under their current policies.
- MCCAP is helping undocumented clients access Emergency Medicaid services that now cover COVID-19 testing and treatment.
- MCCAP is addressing social determinants of health, such as food insecurity and unemployment, by helping clients apply for food stamps and unemployment insurance.

MCCAP's Impact

- MCCAP agencies provide services in more than 15 languages and at 15 different locations across all five boroughs.
- 74% of our clients speak a language other than English at home.
- 77% of our clients are people of color.
- Since its launch in February 2020, MCCA has handled nearly 3,000 cases.
- We obtain a favorable outcome for our clients in 90% of the cases.

About WHEDco

WHEDco is a community development organization founded on the radically simple idea that all people deserve to live in healthy, vibrant communities. We build award-winning, sustainable, affordable homes – but our work is not over when our buildings are complete. WHEDco believes that to be successful, affordable housing must be anchored in strong communities that residents can be proud of. Since its founding in 1992, WHEDco's mission has been to give residents of the South Bronx access to all the resources that create thriving neighborhoods – from high-quality early education and after-school programs, to fresh, healthy food, cultural programming, and economic opportunity. Our services impact the lives of over 40,000 people annually.

WHEDco is the only MCCAP partner organization in the Bronx, where COVID infection and death rates continue to be the highest in New York State. For over ten years, the Bronx has ranked lowest (#62) among New York State's 62 counties in terms of health outcomes —namely, rates of mortality (premature death) and morbidity (poor or fair health, poor physical health days, poor mental health days, and low birth-weight). We work in the poorest urban congressional district (CD-15) in the nation, where 48% of all children live in poverty, and there is a large population of immigrants, many of whom are isolated and uninsured. Through WHEDco's Family Support and Counseling Services, South Bronx residents gain access to critical public benefits and are linked to resources and care that support their

families. MCCAP funding has enabled us to partially support an additional full-time Case Manager to deepen our work around health benefits access. As a result, complex cases that were previously referred to organizations that focus on resolving difficult health benefits access issues, are now being addressed in-house, thereby preventing cases from falling through the cracks.

Ask of City Council

We urge the NYC Council to **restore funding for MCCAP from \$425,000 to \$750,000 in the FY22 budget. MCCAP's funding was cut by 15% in FY21 due to the fiscal crisis.** But the need for health advocacy services has only intensified during the pandemic. Without a restoration of the FY20 funding levels, we will be limited in the assistance we can provide during this difficult time and some partner organizations may be forced to shut down MCCAP services in FY22. Moreover, with the State's budget proposing even deeper cuts to Article 6 funding, the Council's intervention to preserve the MCCAP program is needed now more than ever.

I would like to thank the New York City Council for allowing me to share this testimony and hope that MCCAP remains a priority and receives a much-needed increase in Fiscal Year 2022.

Doxene Roberts

Vice President of Family Support and Housing Services

Women's Housing and Economic Development Corporation

March 15, 2021



HANAC was founded in 1972 in which we have Senior Program, Youth Program, Adult and Family Program & Substance Abuse Outpatient Program. HANAC Substance Abuse Outpatient Treatment Program has been providing services to individuals that have alcohol and substance abuse diagnosis for the last (28) years. It's funded by the Office of Alcohol and Substance Abuse Services (OASAS). HANAC Substance Abuse Outpatient Treatment Program, is a medically supervised treatment program which provides a comprehensive system of outpatient services to our community in a safe and supportive environment. We have highly experienced professional staff including a Medical Director, a Clinical Director who is a Licensed Clinical Social Worker (LCSW), a Program Director who is an Advanced CASAC (Advanced Credentialed Alcoholism and Substance Abuse Counselors) and skilled CASAC workers that provide a variety of services depending upon the individual's needs, including psychiatric oversight for clients who are either self-referred or mandated to seek services by the courts. Some of the services we provide is as follows:

- Individual counseling
- Group outpatient counseling
- Case management
- Medical management
- DWI/DUI Screening
- Anger Management Classes

When COVID 19 began, many people were impacted emotionally, financially & psychologically which is coinciding with substance use disorders. 44% of New Yorkers reported symptoms of anxiety due to COVID-19, and 36% reported symptoms of depression in the previous two weeks. 35% of adults with children in their household report the emotional and/or behavioral health of at least one child has been negatively affected by the pandemic. In the first quarter of 2020, overdose deaths spiked to (380) which does not include individuals using other substances to cope with their mental health. As a result, staff at the HANAC Outpatient Substance Abuse Program began establishing comprehensive telehealth services to ensure that our clients maintain continued, consistent, support. Such as, virtual/Zoom individual counseling sessions, group sessions, and Medication Assisted Treatment [MAT].



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**Testimony of Dr. Kathryn Messineo
Vice President of Clinical Services
The New York Foundling**

**To the New York City Council
Preliminary Budget Hearing- Health**

March 15, 2021

Good afternoon. My name is Dr. Kathryn Messineo, and I am here representing the Developmental Disabilities Division of The New York Foundling—one of New York City’s oldest and largest nonprofit providers of human services. I’d like to thank Chairman Levine and the committee members for allowing me to testify, and for your unwavering commitment to building wellbeing among our neighbors.

I come before you today to speak about the mental health impact of COVID-19 on people with developmental disabilities. The Foundling has been doing this work for decades, and the emotional toll that the pandemic has taken—the grief, anxiety, and depression—is like nothing my colleagues and I have seen before. It is for this reason that we have requested \$100,000 in City Council Discretionary funding to support Mental Health Services for Adults with Developmental Disabilities.

On a daily basis, our agency helps adults with intellectual and developmental disabilities live their best lives. This population is disproportionately impacted by co-occurring mental health diagnoses, and many have extensive histories of trauma resulting from abuse, abandonment, isolation, and institutionalization in restrictive and unsafe facilities like the Willowbrook State School. These traumas have been amplified by the isolation, restrictions, and grief caused by the COVID-19 pandemic. In one such case, a gentleman who is a former resident of the Brooklyn Developmental Center and diagnosed with bipolar disorder lost his best friend to COVID-19. He was having a difficult time coping with the loss, and was re-triggered by the feeling of isolation during the quarantine. Our team provided him with grief counseling tailored to meet his cognitive abilities, taught him effective coping strategies, and showed him how to use the internet to connect with his friends and treatment team.

I am proud to lead a team that provides vital behavioral and mental health services that help people cope through these extraordinary circumstances, including evidence-based approaches that are proven effective in helping people through trauma and crisis. Without our team of professionals, many of the people we work with would have nowhere to turn, as mental health clinics in the community are rarely equipped to manage their unique needs.

We hope you will join us as we work to ensure that New Yorkers of all abilities are equipped with the resources and supports that they need to thrive. Thank you for your time.

**Trusting in the Power and
Potential of People. Since 1869.**





TESTIMONY: UJA-FEDERATION OF NEW YORK

New York City Council Budget and Oversight Hearings on the Preliminary Budget for Fiscal Year 2022

**New York City Council Committee on Health
Honorable Mark Levine, Chair**

**New York City Council Committee on Mental Health, Disabilities and Addiction
Honorable Farah N. Louis, Chair**

**Submitted by:
Faith Behum, UJA-Federation of New York**

March 15th, 2021

Thank you Chairpersons Levine, Louis and members of the Committees on Health and Mental Health, Disabilities and Addiction for holding this hearing and for the opportunity to submit testimony. My name is Faith Behum and I am an Advocacy and Policy Advisor at UJA-Federation of New York.

Established more than 100 years ago, UJA is one of the nation's largest local philanthropies. UJA's mission is to fight poverty, connect people to their communities and respond to crises both locally and around the world. UJA supports nearly 100 nonprofit organizations serving those that are the most vulnerable and in need of programs and services.

Since the beginning of the COVID-19 pandemic, UJA's network of nonprofits have worked closely with the communities they serve, connecting children, youth, families and senior citizens with the supports and services they needed to live through an incredibly difficult time. While the COVID-19 pandemic disproportionately impacted those living in poverty and highlighted already present systemic inequalities, it also made clear the invaluable resource UJA's network of nonprofits provide to their communities. UJA's network of nonprofit partners will be instrumental in helping New York City recover from the COVID-19 pandemic. UJA urges the City Council and Administration to make the following investments in the FY22 budget in order to support the work of UJA's network of nonprofits, that will strengthen recovery efforts in New York City.

Restoring and Baselineing the Indirect Cost Rate (ICR)

In FY20, the Administration and Council made a commitment to increase funding for indirect costs (overhead and administrative costs) associated with providing contracted human services programs through the Indirect Cost Rate Initiative. As part of the Nonprofit Resiliency Committee, critical human services providers in New York City, met regularly with the Mayor's Office to establish a new "[City of New York Health and Human Services Cost Policies and Procedures Manual](#)" to guide the ICR Initiative, which launched in November 2019. The City's commitment and investment was a step in the right direction that would have greatly assisted UJA's provider network.

Human services providers were given a series of options to adjust their organization's ICRs. The majority of UJA's network decided to work with a CPA to apply the principals of the "Cost Policies and Procedures Manual" across each human service contract held by the agency. This process by which nonprofits determined new ICRs was costly (as much as \$5,000-\$25,000), time consuming, and had to be completed by June 30, 2020. Organizations that endured this process starting in November 2019 were promised retroactive contract enhancements for FY20 and an approved (and fully funded) new ICR applicable for the next three fiscal years.

Throughout the first half of 2020, as the City's finances were beginning to be impacted by COVID-19, providers continued the ICR exercise with no word from the Mayor's Office or City Council that cuts to the ICR were imminent.

During last days of FY21 budget negotiations, the Mayor's Office indicated that there might be "adjustments" to the ICR. Then weeks after the FY21 budget closed, the Mayor's Office retroactively rolled back its commitment to the FY20 ICR by 40% at the start of FY21. Providers, who had gone through the time and expense of determining their new Indirect Cost Rates across their organization's human services contracts now find themselves with a significant cut for services already rendered and costs that were assumed to be covered by the City. **Across the UJA provider network alone, there is a combined FY20 loss of \$2.3 million for the ICR.** This number does not account for additional funds lost due to changes in the definition of "indirect costs". Due to the ICR Initiative and Cost Manual guidance, some expenses that were previously covered as direct costs shifted to indirect. When the City cut the ICR, these expenses that had been previously paid for were no longer funded, leaving providers at a larger retroactive deficit.

Now, more than halfway through FY21, the ICR is further reduced for human services providers. We recently learned that the City is planning to only fund 30% of the FY21 value of human services amendment(s), but not less than a 10% ICR value. Meaning, **ICR funding for this fiscal year can see an up to 70% cut, with less than four months left in FY21.**

The ICR funds important aspects of human services provision, which are needed now more than ever to help New York City respond and recover from COVID-19. **It is imperative that New York City support its human services network at this time of great need and not create further obstacles to critical response efforts for the most vulnerable New Yorkers. The City must restore the FY20 ICR cuts, fully fund FY21 rates and baseline the full cost of ICR funds for FY22 and the outyears—a \$171 million investment across all three fiscal years.**

Increasing and Maintaining Investments in Mental Health Initiatives

UJA's nonprofit partners receive funding through a number of mental health initiatives including Autism Awareness, Geriatric Mental Health, Court Involved Youth Mental Health, Opioid Prevention and Treatment, and Developmental, Psychological and Behavioral Health. UJA submits the following recommendations that will allow UJA's nonprofit partners to continue to serve these populations through FY 22:

1) Maintain funding at \$3.2 million for the Autism Awareness Initiative

Seven of UJA's nonprofit partners receive funding through the Autism Awareness Initiative. The Autism Awareness Initiative funding allows our nonprofit partners to provide wraparound services to autistic children and youth in afterschool, weekend and summer programs. It also supports trainings for parents, guardians and caregivers of children diagnosed with autism. Most importantly, these supports and trainings are offered to individuals with autism and their families who are not eligible for services through the Office of People with Developmental Disabilities. In many cases, this is one of the few supports these individuals and their families can access in the community.

During the pandemic, providers transitioned services to virtual platforms. Those who provided trainings and support groups to parents, guardians and caregivers of children with autism saw an increased need for these groups. Due to the need to quarantine and social distance, many parents, guardians and caregivers of children with autism became totally responsible for the 24/7 care of the individuals with autism who live with them. This included providing one on one supports to their children with autism as they participated in virtual learning while they attempted to maintain their own demanding work schedules. Because of this, support groups for parents, guardians and caregivers of children with autism became very popular allowing for these individuals to virtually meet with others who were experiencing similar situations as well as learn new skills on how to support the individuals they were caring for.

The wraparound afterschool and summer programs provided by our nonprofit partners generally focus on assisting participants to develop intellectually and socially. During the past year, the afterschool programs funded by the Autism Awareness Initiative transitioned to a combination of virtual and in-person offerings while summer programs were in-person with reduced capacity. Providers worked with the communities they served to understand if individuals were more comfortable with in-person, virtual or a combination of both types of programming and families appreciated the flexibility.

One thing that remained clear during the pandemic is that families need full day supports. During the last year, programs funded through the Autism Awareness Initiative provided an outlet for individuals with autism while also supporting parents and caregivers of these individuals. As the pandemic continues, individuals with autism and their families will continue to need these opportunities for engagement with their communities. UJA urges the City Council to maintain funding for the Autism Awareness Initiative at \$3.2 million in FY 22 in order for these supports and services to remain available to the individuals who need them.

2) Increase funding for the Geriatric Mental Health Initiative (GMHI) to \$2,858,310 million in FY 22.

The GMHI supports organizations to provide individual and group counseling to older adults in non-clinical settings such as senior centers, Naturally Occurring Retirement Communities, and food pantries, while also supporting in-home services for homebound elderly. The GMHI also provides financial support for in-home services such as psychiatric evaluations and counseling, services that are often not covered by insurance companies or reimbursed poorly. By offering these services in a non-clinical setting, providers are able to adapt services to the needs of the communities without stigma. Older adults have also benefitted from case management services funded by the GMHI, helping them to get connected to additional social supports like SNAP.

Since the onset of the pandemic, providers have had to change the manner in which they were delivering services. In many instances, straying from meeting older adults in person to providing services telephonically or virtually. For example, one of UJA's nonprofit partners speaks to their older adult clients over the phone instead of performing home visits. Before the pandemic, this same provider hosted a bi-weekly in-person men's group. The men in this group now receive individual counseling sessions over the phone to replace the in-person group counseling sessions they once received before the pandemic.

Regardless of how hard providers have worked to continue to serve older adults virtually during the pandemic, isolation and loneliness has increased amongst this population. Providers recognize the continue and increased need for these services in their communities and the important role they will play in helping older adults recover from the pandemic. Additional funding for this program in FY 22 would allow our nonprofit partners to connect more homebound elder adults with the mental health services they require to live fulfilling lives in the community.

3) Increase funding for the Court Involved Youth Mental Health Initiative to \$3.4 million in FY 22.

The Court-Involved Youth and Mental Health Initiative is a citywide initiative that assesses risk for mental health concerns and connects court-involved youth with nonprofits. The initiative also provides family counseling and respite services to families of court-involved youth. These services are essential for preventing entry and re-entry into the juvenile justice system. At-risk youth often lack access to mental health services, family counseling, or other supports that will keep them from juvenile detention. This initiative addresses lack of access to these important interventions through best practices in support services and referrals.

JCCA, one of UJA's nonprofit partners, receives funding through the Court-Involved Youth and Mental Health Initiative. The JCCA's Second Chance program is for youth between the ages of 12 and 17 who have mental and/or behavioral health needs, are court-involved or have behavioral indicators for court involvement. The program provides free mental health/counseling services, educational support and substance abuse referrals, family support services, and advocacy. During the pandemic, JCCA launched virtual workshops and programming on career exploration and skill development. The program also offers work from home internships focusing on remote projects, job training and skills building. The individuals who benefit from this program do not have health insurance. FY 21 funding was used to staff the program as well as pay for expenses related to overseeing the program. Funds were also used to pay stipends to youth involved in the job training program. The stipends were especially beneficial to the many youth involved in the job training program who lived in homes dealing with unemployment. An increase investment in the Court Involved Youth Mental Health Initiative in FY 22 would support agencies like JCCA to expand services and supports to youth who are court involved and struggling to thrive during the pandemic.

4) Increase funding for Developmental, Psychological and Behavioral Health to \$2,255,493 in FY 22

This initiative supports a range of programs and services that address the needs of individuals with substance use disorder, developmental disabilities, and/or serious mental illnesses and their families and caregivers. One of UJA's nonprofit partners oversees two programs with the funding they receive through this initiative. One of the programs provides housing and services to ten people with serious mental illness who are transitioning from inpatient psychiatric hospitalization into a less restrictive setting. The second program is at a clinic where adults with mental illness and older adults receive mental health treatments in a group setting. The clinic provides services to approximately 900 individuals annually. Both individuals with serious mental illness and/or developmental disabilities have higher mortality rates when exposed to COVID. An increase investment in this initiative in FY 22 will allow additional supports to be offered to these individuals which are needed at this point in time.

5) Increase funding for Opioid Prevention and Treatment to \$4,375,000 in FY 22

Opioid Prevention and Treatment supports neighborhood-based prevention and treatment efforts related to opioid abuse. JCCA, one of UJA's nonprofit partners receives funding through the Opioid Prevention and Treatment Initiative. JCCA uses this funding for the Keshet Opioid Prevention and Treatment program to target Jewish Orthodox and Bukharian youth between the ages of 14 and 19 in Queens who are at-risk for or engaging in opioid abuse. All participants in the program complete substance use screenings; those who are determined to be exhibiting at-risk behaviors or dealing with substance use issues participate in a 10-week program focused on prevention and recovery tools and resources.

Since the beginning of the pandemic, youth living in the community the Keshet program serves have experienced high rates of depression turning to marijuana to self-medicate. The Keshet program provides a therapeutic outlet for youth who have been socially isolated from friends and family during the last year. The Keshet program has increased the number of cohorts of individuals who meet in person, limiting the number of participants while remaining socially distance and maintaining participation rates. Information on empowerment and well-being is sent virtually to youth as well. Community leaders such as Rabbis and

principals continue to refer youth to the Kesher program, recognizing many are at risk for engaging in drug use during this challenging time.

Programs like the Kesher Opioid Prevention and Treatment continue to be needed throughout New York City. Overdose deaths increased 55% from 2015 to 2019. Early data from the first quarter of 2020 has revealed an additional increase of 28% in overdose deaths compared to the first quarter of 2019. UJA is requesting the City Council to increase funding for this Initiative in FY 22 to \$4,375,000 to expand support to providers responding to the opioid epidemic in their communities.

Conclusion

UJA-Federation of New York respectfully urges your consideration and support of these vital programs that assist New York City's most vulnerable and the organizations that serve them. Thank you for your time and if you have any questions please contact me at behumf@ujafedny.org or 212-836-1338.



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**Testimony of United Neighborhood Houses
Before the New York City Council**

**FY 2022 Preliminary Budget Hearing: Committee on Mental Health, Disabilities, & Addiction
Council Member Farah Louis, Chair**

**Submitted by Tara Klein, Senior Policy Analyst
March 15, 2021**

Thank you for convening this important Preliminary Budget hearing. My name is Tara Klein, and I am a Senior Policy Analyst at United Neighborhood Houses (UNH). UNH is a policy and social change organization representing 44 neighborhood settlement houses, including 40 in New York City, that reach over 765,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers.

Settlement houses have been on the frontlines of serving their communities during the COVID-19 crisis, and will remain critical partners in our City's recovery. The pandemic has resulted in enormous new mental health needs, including across-the-board increases in anxiety, depression, isolation, and grief. It is more critical than ever that the City invest in mental health services. Since before the pandemic, UNH members have provided a wide variety of mental health and substance abuse services to their communities, such as Article 31 mental health clinics, Article 32 substance abuse treatment programs, PROS programs, Geriatric Mental Health, and many others. Thirteen UNH members provide services through City Council Mental Health initiatives.

In FY 2022, UNH recommends the City Council restore and enhance funding to all eight of its DOHMH Mental Health initiatives. We greatly appreciate the Council's long-standing support for these programs that bring mental health services to vulnerable populations in their own communities. Year after year, these initiatives provide crucial funding to nonprofit providers to offer mental health services in non-clinical community settings, including community centers, senior centers, and early childhood programs. While many mental health programs were baselined by the City several years ago, particularly ThriveNYC programs, these Council initiatives continue to be important because several of the new programs changed scopes of services and were structured in a way that prevented existing providers from applying.

Unfortunately, many of these initiatives were significantly reduced in FY 2021 due to the poor economic outlook related to COVID-19. It is crucial that the Council at a bare minimum restore these cuts to their FY 2020 levels (\$19.3 million total). Given the urgency of COVID-19 and the related mental health needs, we also urge targeted increases to several initiatives that settlement houses utilize (\$22 million total) as laid out below:

- **Geriatric Mental Health Initiative: Fund at \$2.86 million**
 - FY21: \$1.62 million
 - FY20: \$1.91 million
- **Children Under Five: Fund at \$1.2 million**

- FY21: \$852,000
- FY20: \$1 million
- **Mental Health Services for Vulnerable Populations: Fund at \$3.48 million**
 - FY21: \$1.99 million
 - FY20: \$2.32 million
- **Autism Awareness: Fund at \$3.25 million**
 - FY21: \$3.25 million
 - FY20: \$3.25 million
- **Developmental, Psychological, & Behavioral Health: Fund at \$2.26 million**
 - FY21: \$1.92 million
 - FY20: \$2.26 million
- **Court-Involved Youth Mental Health: Fund at \$3.4 million**
 - FY21: \$2.9 million
 - FY20: \$3.4 million

UNH also encourages increasing the **Opioid Prevention and Treatment initiative to \$4.38 million** and restoring the **LGBTQ Youth initiative at \$1.2 million**.

Geriatric Mental Health Initiative

UNH is a long-time supporter of the Geriatric Mental Health Initiative (GMHI). GMHI funds mental health services in community spaces where older adults gather, such as senior centers, NORCs, and food pantries. GMHI increases the capacity of community-based organizations serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients for further psychiatric treatment when necessary. By placing mental health services in nonclinical settings, GMHI providers are able improve access to mental health services in the community, and providers can adapt their programs to meet the needs of the community they serve without stigma. GMHI currently supports 22 organizations, 7 of which are UNH members.

During COVID-19, GMHI providers have indicated tremendous increase in demand for telephone-based counseling due to increased depression, anxiety, and isolation. One provider has reported reaching 381% more individuals than predicted; another has indicated a two-to-threefold increase over previous years. Group counseling and screenings continue to operate remotely. Before the pandemic hit, the aging network expressed an overwhelming demand to expand mental health services for older adults, especially at senior centers and NORCs and in multiple languages. Given patterns of increased demand over the last year, it is prudent to consider expansion of this program in order to reach older adults in need of mental health supports.

Unfortunately, in FY 2021 GMHI was cut by about 15% per program, leaving providers struggling to do more work with less. Many expressed a direct impact on staffing and capacity due to these cuts. At a bare minimum, the Council must restore this initiative back to FY 2020 levels of \$1.9 million. It should also **expand GMHI by 50% above that level – investing an additional \$950,000 for a \$2.86 million total program cost**. This would allow GMHI to expand to at least 10 new sites, plus allow modest increases for existing programs to allow them to meet increased demand and provide much-needed cost of living increases for staff. Such increases would support program staff who face low salaries and high turnover, allow some programs to hire multi-lingual program staff, and expand to meet new demand.

Children Under Five

The Children Under Five (CU5) initiative provides early childhood mental health services to infants, toddlers and pre-school aged children and their families in community-based settings. The program allows organizations to work with children to develop psychosocial and educational skills, as well as to cope with trauma resulting from witnessing or experiencing domestic violence, sexual abuse, or physical or mental abuse. Using a trauma-informed lens, providers are able to provide screening and clinical evaluation, individual, small group, and child-parent psychotherapy, and consultation to

pediatricians, teachers, and child welfare workers. For years, CU5 providers have been testing new interventions and models of providing care, greatly contributing to the City's understanding of the most appropriate ways to treat this population. Their expertise is essential in both working on complex cases and in putting forth new treatment options. CU5 currently supports four organizations, including one UNH member. These programs have continued to operate with regular participation levels throughout COVID-19.

In FY 2022, we ask the Council to **restore and enhance CU5 above its FY20 level of \$1.002 million to a total of \$1.2 million.** This increased funding would support additional program staff (especially to address service needs in multiple languages), allow raises for staff that are in need of a cost of living adjustment, and allow programs to enhance their innovative approaches to early childhood mental health interventions.

Mental Health Services for Vulnerable Populations

The Mental Health for Vulnerable Populations initiative supports community-based behavioral health programs that provide a range of programs, services, trainings, and referrals to support vulnerable and marginalized populations, including people who may be HIV-positive, suicidal, schizophrenic, or have developmental disabilities, as well as broader population groups such as children and youth, immigrants, homeless individuals, and at-risk seniors. This program currently supports 21 organizations including one UNH member. As a somewhat broadly defined initiative, we recommend expanding Mental Health Services for Vulnerable Populations by **50% above FY20 levels to \$3.48 million total.** This will help more community-based providers offer mental health services and respond to the increased needs observed in communities during COVID-19.

Autism Awareness

The Autism Awareness Initiative supports wraparound services for children with Autism Spectrum Disorder (ASD) at 35 organizations across New York City, including 3 UNH member organizations. Services offered include after-school programs, summer camps, social skill development, and weekend programming, as well as supportive services for families and caregivers of children with ASD. These programs often fill crucial gaps in services, such as extended support beyond State services under the Office of People with Developmental Disabilities Services (OPWDD), weekend and summer programming, and supports for young adults who have aged out of the OPWDD system but still need support around vocational and life-skills coaching. Autism Awareness providers also offer family support and coaching, so that parents of children with ASD have resources to care for their children, and supports for themselves to prevent against caregiver burnout. In FY 2022, we ask the Council to **restore Autism Awareness at \$3.25 million.**

Developmental, Psychological, & Behavioral Health

Developmental, Psychological, & Behavioral Health supports a range of programs and services that address the needs of individuals with substance use disorder, developmental disabilities, and/or serious mental illnesses, as well as the needs of their families and caregivers. The funding may support medically supervised outpatient programs, transition management programs, Article 16 clinics, psychological clubs, recreation programs, or other behavioral health services. This initiative reaches 18 organizations including 2 UNH members. In FY 2022, the Council should **restore the Developmental, Psychological, & Behavioral Health initiative to \$2.26 million.**

Court-Involved Youth Mental Health

The Court-Involved Youth initiative supports programs that help identify teenagers with criminal justice involvement who require mental health services. The initiative provides assessments, family services, counseling, and respite services, and connects participating youth and families with additional services. This initiative supports 21 organizations including one UNH member. In FY 2022, the Council should **restore the Court-Involved Youth Mental Health initiative at \$3.4 million.**

Thank you for your time. For questions, I can be contacted at tklein@unhny.org.



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**NYC Council Budget Hearing for the Committee on Health &
Committee on Mental Health, Disabilities and Addiction
Visiting Nurse Service of New York (VNSNY)
Support for GAP - First of a Kind Program in the US**

Monday, March 15, 2021

Good Afternoon Chair Dromm, Chair Levine, Chair Louis, Members of the New York City (NYC) Committee on Health, and Members of the Committee on Mental Health, Disabilities, and Addiction. My name is Shannon Whittington and I am Director of the Gender Affirmation Program (GAP) for VNSNY. I appreciate the opportunity to testify in support of our **request for \$350,000 in funding for VNSNY's GAP.**

VNSNY, as the largest free-standing not-for-profit home and community-based health care organization in the United States, touches the lives of more than 44,000 patients and health plan members each day. Over 125 years ago, VNSNY began serving immigrants on the Lower East Side who were shunned by traditional medical institutions. Since then, VNSNY has continuously provided critical home and community-based healthcare services to marginalized populations. VNSNY has also achieved Platinum-level certification by SAGE (Services and Advocacy for GLBT Elders), which indicates that 80 percent or more of our employees have completed the SAGECare LGBT cultural sensitivity training program.

VNSNY has been there for New York throughout many of its biggest public health and natural emergencies – COVID-19 hasn't been any different – *since March 2020, VNSNY has cared for more than 5,000 COVID-positive New Yorkers.*

First of a Kind Program in the United States

Transitioning is not only a physical change, but touches many other aspects of a person's life—gender identity, body image, personality, finances, and frequently the attitudes of others. This population faces unique social, economic, medical, and psychological challenges, as well as social isolation, and difficulty finding providers sensitive to their specific concerns. Many trans people exhibit high rates of suicide, homelessness, unemployment, and on average make less than \$10,000 a year.

In 2016, VNSNY began a collaboration with Mount Sinai to create a groundbreaking program solely dedicated to gender affirmation. *The only program of its kind in the U.S., VNSNY's GAP team has provided post-surgical care to over 700 patients and expects to provide care to over 300 patients in 2021. Since its inception, the collaboration has also trained more than 350 healthcare providers on the culture and nuances of caring for gender affirmation surgery patients.*

VNSNY's role begins upon the patient's discharge from the hospital following gender affirmation surgery. We provide home care for approximately two to eight weeks after discharge. Each patient receives several home nursing visits per week at the start of care, and visits become less frequent as their recovery progresses.

While health plans (specifically, Medicaid managed care plans for low-income individuals) reimburse for gender affirmation surgery and limited post-operative care, there are significant gaps in unreimbursed care, but which are critically important during the recovery process.

New York City Council Request

VNSNY requests \$350,000 in City Council funding to expand critical financial, social and emotional support to more than 300 individuals under our care. Funding will enable VNSNY to have a more comprehensive approach to assisting transgender and nonconforming patients in their transition, including:

- 1. Patient Assistance Fund:** Will purchase necessary medical supplies and services not covered by Medicaid and insurance benefits, including:
 - Transportation to and from the pharmacy and follow-up medical appointments;
 - Common medical supplies - lube, gauze, incidentals, soap, and gloves; and
 - Supplemental Home Health Aides to assist with activities of daily living and household chores during initial recovery.
- 2. Longer-term psychosocial supports:** Many patients lack ongoing counseling and social supports and links to culturally-competent community resources. We will provide longitudinal care management and social and emotional support for patients up to one year after surgery. A full-time dedicated social worker will train home care social workers on best practices, and provide ongoing care management. In addition, they will manage referrals to a peer support program.
- 3. Research and evaluation:** VNSNY's Center for Home Care Policy & Research will support GAP programmatic needs and identify potential areas for program development.

Challenges faced by Patients During COVID-19

Many of GAP's patients lack financial means - *close to 60% are Medicaid eligible or receive charitable care*. Imagine going through a four-hour surgery and instead of being able to focus on healing, you are worried about when you will eat next or how you will pay your bills. These are the type of panic calls that I regularly receive from patients. Many patients are scared, alone, and are worried about being evicted. I've had patients placed into shelters and even prisons, following their evictions from their apartments. No place to go. No money for basic needs.

COVID-19 has unfortunately only exasperated these issues. Gender affirmation surgery was temporarily paused - resulting in 60 cases of backlog surgeries. These surgeries can take up to a year to get scheduled. Healthcare providers are now trying to catch-up with the demand. As COVID-19 is still a threat to New York, the visits from our staff are even more important to make sure the patient isn't isolated and is healing correctly – to avoid readmission to the hospital.

Conclusion

125 years ago, our founder Lillian Wald, brought compassionate care to low-income, needy families living in the tenements of lower Manhattan. In VNSNY, her vision and mission to serve those in need, in the comfort of their home and community, is as relevant and critical today as it was then. VNSNY is prepared to help transgender and non-conforming individuals transition into the next stages of life.

We look forward to partnering with the City Council on this critical program.



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**NYC Council Budget Hearing for the Committee on Mental Health,
Disabilities and Addiction & Committee on Health
Visiting Nurse Service of New York (VNSNY)
Support for Geriatric Mental Health Initiative**

Monday, March 15, 2021

Good Afternoon Chair Dromm, Chair Louis, Chair Levine, and Members of the New York City (NYC) Committee on Mental Health, Disabilities, and Addiction, and Committee on Health. My name is Deirdré DeLeo, Associate Director of Community Mental Health Services for VNSNY and I appreciate the opportunity to testify today about our Geriatric Mental Health Initiative (GMHI) program – which focuses on providing behavioral health services to Bronx seniors in their homes.

VNSNY, as the largest free-standing not-for-profit home and community-based health care organization in the United States, touches the lives of more than 44,000 patients and health plan members each day. For over 125 years, VNSNY has been there for New York during many of its biggest public health and natural emergencies – COVID-19 hasn't been any different – since *March 2020, VNSNY has cared for more than 5,000 COVID-positive New Yorkers.*

Through our behavioral health programs – including GMHI – about 67% of the adults and 90% of the children we serve are racial or ethnic minorities. Almost all are uninsured or qualify for Medicaid. We offer a variety of programs that serve those suffering from behavioral health and/or substance misuse - including mobile crisis teams for children and adults, Assertive Community Treatment, and Intensive Mobile Treatment. These programs serve populations who are severely mentally ill, homeless and/or involved in the criminal justice system, and who are disconnected from behavioral health and medical services and are frequent users of emergency departments. We also offer home and school-based crisis intervention services for children.

Unfortunately, in Fiscal Year (FY) 2021, the City's budget made cuts to several important programs – *including almost universally cutting behavioral health programs by 15%.* As the COVID-19 public health emergency exposed, the need for behavioral health services is at an all-time high. ***Therefore we are asking City Council to prioritize restoring GMHI's funding to its FY 2020 level - \$162,000.***

Impact of GMHI in the Bronx

Current Council funding supports the work of two psychiatric social workers. The social worker screens adults 55 or older in the Bronx, with an emphasis on home-bound individuals for depression and alcohol/substance use, and provides direct in-home supportive counseling. The social worker also refers those who test positive for depression and alcohol/substance use, and aren't homebound to a qualified mental health professional within one business day. *In FY2020, as the pandemic was raging, the program provided screenings and/or counseling sessions to 381 Bronx residents.*

In the Bronx, well before COVID-19, rates of depression and substance use among older adults were higher than citywide averages. This is compounded by the fact that the elderly population continues to grow, placing a significant strain on a fragmented system

not well equipped to serve this population in their homes. VNSNY meets this challenge by providing a higher level of behavioral health assessment and care in the home.

Impact of GMHI During COVID-19

COVID has had an enormous impact on our programs and the individuals we serve. Never has the need for mental health interventions been so important to prevent isolation, escalation, and hospitalization. The individuals and families we serve have a higher incidence of trauma, anxiety, and depression as well as the need for assistance accessing benefits and necessities such as housing, food, and medication.

In addition to the regular counseling sessions, our staff have provided more concrete case management services, such as linkages to food, finding medical care, and assisting with medication refill deliveries. VNSNY also added additional calls per week for each senior to assess their well-being. An additional counseling session was also added on a weekly basis for those clients who required and requested additional support.

The impact of access to GMHI can be exemplified in the story of D**, and the program's positive outcome, which led to quality interventions, client satisfaction – and ultimately helped to manage the needs of this individual. GMHI was working with an older married male prior to COVID, who was medically frail and homebound. In addition to multiple medical conditions, in March 2020, he was diagnosed with COVID and hospitalized. COVID caused additional damage to his heart, lung, and kidney functions, and he was hospitalized for several months. Several times he was stable enough to be discharged, only to be readmitted again. Eventually, he and his family were advised he would likely die and may need hospice services. During this time the VNSNY GMHI kept in regular contact with him, providing telephonic counseling services - and later shorter weekly “check-ins” with him and his wife. In addition to supporting him, staff also provided emotional support to his spouse - connecting her with meal delivery resources and COVID testing. The client oftentimes expressed his gratitude for GMHI – stating the calls gave him something to look forward to and the strength to keep going. His wife has also expressed gratitude for the program – as it was there for her husband when he needed it the most and supported her as she processed her own feelings of her husband possibly dying. *I'm happy to report he is now at home and is no longer a candidate for Hospice.*

Conclusion

In summary, we urge the City Council **to protect and make whole the \$162,000 in funding for GMHI** so that New Yorkers suffering from behavioral health issues can receive the care they need – especially during a time where New Yorkers find themselves increasingly isolated and needing these services. Through the provision of depression and substance use screening, as well as counseling services and referrals, GMHI strives to empower older adults who are homebound to successfully age in place and recover from depression and substance misuse.

We thank you for your continued investment and look forward to working with the Council to ensure that our seniors have the appropriate nursing and social services they deserve.

**Patient's name changed for their privacy



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**NYC Council Budget Hearing for the Committee on Health &
Committee on Mental Health, Disabilities, and Addiction**

Visiting Nurse Service of New York (VNSNY)

Support Bronx NFP – Service for First Time Families

Monday, March 15, 2021

Good Afternoon Chair Dromm, Chair Levine, Chair Louis and Members of the New York City (NYC) Committee on Health, and Committee on Mental Health, Disabilities, and Addiction. My name is Carol Odnaha, Director of VNSNY's Nurse-Family Partnership (NFP) and I appreciate the opportunity to testify about our Bronx NFP Program which has served more than 6,000 low-income first-time mothers and their children in the Bronx since 2006, and serves more than 800 families each year.

VNSNY is the largest free-standing not-for-profit home and community-based health care organization in the United States, providing care to more than 44,000 patients and health plan members every day. More than 125 years ago, VNSNY began serving immigrants on the Lower East Side who were shunned by traditional medical institutions. Since then, VNSNY has continuously provided critical home and community-based healthcare services to marginalized populations. VNSNY has been there for New York throughout many of its biggest public health and natural emergencies – COVID-19 has not been any different – since *March 2020, VNSNY has cared for more than 5,000 COVID-positive New Yorkers.*

I am asking the NYC Council to help fill the budget gap caused by COVID-19. Last year, the NYC Department for Health and Mental Hygiene (DOHMH) provided baseline funding of \$4 million for VNSNY and other NFP providers – however, after the budget was passed, the funding was cut, resulting in VNSNY and other providers facing the immediate issue of serving less families in Fiscal Year (FY) 2021, and worrying about additional cuts to future funding.

NFP's Value in the Bronx

NFP is an evidence-based program that pairs specially trained VNSNY nurses with pregnant Bronx mothers to be. To qualify, the mother must be less than twenty-eight weeks pregnant and low-income. Most of the mothers receive other government assistance, such as food stamps; Medicaid; and Women, Infants, and Children (WIC).

Through the development of a trusting relationship and regular, ongoing home visits, NFP nurses help first-time mothers achieve healthier pregnancies and births, improve their child's health, development and readiness for learning, and help NFP moms develop life goals and plans leading to a stable and secure future for the family. This is accomplished through the provision of health screenings, health education and guidance, care coordination, and preventive services provided by each NFP nurse. NFP Nurses use a client-centered approach - adapting and responding to the needs of each family and teaching the mom to become the best advocate for her family. The partnership results in long-term improvements in maternal and child health, child development and learning, and family economic self-sufficiency.

It has been shown that NFP can reduce child abuse and neglect by 48% and emergency room visits from accidents and poisonings by 56%. It has led to a 59% reduction in child arrests at age

15 and significant improvements in cognitive and academic performance among 18-year olds.¹ Another study found NFP net saved the government \$4,732 per enrolled family in public benefit costs.²

Part of our success in the Bronx is we are a part of the community we serve and have developed relationships with a broad range of community providers. The program has close relationships with over 25 health, mental health, and human services providers who refer women to the program, including 15 hospitals and community-based clinics, 7 WIC sites, and 3 schools. NFP looks for providers, programs, and individuals who work with low-income women who are pregnant or may become pregnant; this includes prenatal providers, nurses, social workers, and community organizations. They and others, make over 600 referrals annually. Just as important are the connections we have forged with educational, and early childhood providers that support new moms in completing high school or pursuing a college degree, and help their child get off to the best start.

Supporting First-Time Mothers During COVID-19

Many of our mothers are young, living in poverty, and navigating multiple challenges, including social isolation, abuse, and mental illness. They also may lack stable housing, family support and have food insecurity. *COVID-19 has exacerbated these situations for many of our families.*

In March 2020, our nurses quickly shifted exclusively to telehealth visits and enrollments - screening clients for symptoms of COVID-19 and providing factual information and anticipatory guidance while dispelling myths. Our nurses kept families apprised of changing procedures for clinic visits so they knew what to expect and could plan accordingly, and reminded moms of the importance of continuing pediatric appointments and childhood immunizations – while also helping with access to basic necessities.

Our NFP nurses directly provided over 450 Bronx families with basic necessities, such as diapers, formula, wipes, cribs, clothing, food, rent assistance, and other critical items such as strollers, and car seats. More than 60 clients received free cell phones and service, allowing them to maintain contact with their nurse and with other health and social service providers. The phones provided a critical connection for some women who were isolated and increasingly at risk of intimate partner violence. One client's personal cell phone had been taken away and she was being threatened with physical abuse by her partner. With the NFP cell phone she was able to call the police and crisis hotline. She and the baby were moved to a safe place.

As scientific information evolved and obstetrical, pediatric, and other providers adapted their practices and office procedures, our social workers and nurses provided continuous updated information and resources to share with families. For example, as WIC sites adapted their services, some in-person and some electronic – we shared this information with clients.

The impact of a consistent nursing relationship can be exemplified in the story of JJ, a current enrollee. JJ reported to her NFP nurse that she hadn't been able to reach her obstetrician. She had scheduled a telehealth appointment, but never received a call from her prenatal provider. She also left several messages, but got no response. The NFP nurse attempted to reach the provider, and the call to the clinic was transferred several times – before abruptly ending. The

¹ Harriet Kitzman et al. *Pediatrics*. December 2019, 144 (6) e20183876; DOI: <https://doi.org/10.1542/peds.2018-3876>

² David L. Olds et al. *Pediatrics*. December 2019, 144 (6) e20183889; DOI: <https://doi.org/10.1542/peds.2018-3889>

VNSNY NFP program Director was notified the same day, and she notified the State Department of Health. In less than 24 hours the nurse and mom were able to connect with the provider and get questions answered – while also scheduling an appointment that day. JJ was admitted to the hospital that day - and delivered a healthy baby girl. JJ is not currently working, as she got injured on the job, and she is only eligible for limited government services. With limited family support and no income, the NFP nurse ordered a stroller, a car seat, and pampers through one of our funders that were delivered to the client's home in just a few days.

Conclusion

In summary, we urge the City Council ***to provide \$300,000 to support VNSNY NFP services in the Bronx, so that low-income, first-time mothers and their families can continue to rely on this program. This funding would allow us to serve approximately 50-55 families.*** Without this funding, VNSNY may have to reduce services – leaving many mothers without a vital resource that has proven results. We thank you for your continued investment and look forward to working with the Council to ensure that Bronx families have the appropriate support and resources they need as they begin a new chapter of their lives while battling the physical, emotional and financial tolls brought on by COVID-19.

**Patient's name changed for their privacy

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Testimony to the Committee on Health and the Committee on
Mental Health, Disabilities and Addiction
Dr. Christian Walzer, Executive Director of Health, Wildlife Conservation Society
March 15, 2021

Good afternoon from the Bronx, I hope you are all well and staying safe. Thank you Chairs Levine and Louis, and committee members. I am Dr. Christian Walzer, Executive Director of Health at the Wildlife Conservation Society.

The Wildlife Conservation Society (WCS), which includes the Bronx Zoo, New York Aquarium, Central Park Zoo, Prospect Park Zoo, and Queens Zoo, saves wildlife and wild places worldwide through science, conservation action, education, and inspiring people to value nature. To achieve our mission, WCS, headquartered at the Bronx Zoo, harnesses the power of its Global Conservation Program in nearly 60 nations and in all the world's oceans and its five wildlife parks in New York City, visited by 4 million people annually. WCS combines its expertise in the field and at our zoos and aquarium to achieve its conservation mission with the aim of conserving the world's largest wild places in 14 priority regions, home to more than 50 percent of the world's biodiversity. WCS envisions a world where wildlife thrives in healthy lands and seas, valued by societies that embrace and benefit from the diversity and integrity of life on earth. We hold ourselves to the highest standards, adhering to our core values of respect, diversity and inclusion, accountability and transparency, innovation, collaboration, and integrity.

Like many other cultural organizations, WCS made the difficult, but necessary decision in mid-March to close all of our parks for several months because of the COVID-19 pandemic. Yet, despite the shutdown, WCS and the greater cultural community never stopped serving the public. Arts and culture have also led the city out of every crisis, from reinventing empty spaces in the 70s, to bringing back downtown after 9/11, to getting tourists back after the financial crisis. WCS has provided free access to quality virtual programming to thousands of New Yorkers, many of them seniors, schoolchildren, and members of communities particularly hard hit by the pandemic and ensuing isolation. Online programs provide a lifeline for kids stuck at home, for seniors struggling with isolation. For their and all of our mental health, we need the connection, catharsis, and healing that arts and culture provides. Data shows neighborhoods with robust cultural centers have better outcomes in education, aging, youth caught in the criminal justice system, community strength and safety, and more.

During the crisis, WCS has also partnered to support New Yorkers by staging 250 ambulances from around the country in our Bronx Zoo parking lot at the beginning of the crisis as well as serving as a COVID-19 testing site for Montefiore staff and donating PPE to the City. WCS has also been working to address the COVID crisis globally by extending our science and expertise to policymakers to adopt policies to help prevent future pandemics, such as through our *Protect Wildlife. Protect Us.* campaign. In fact, through this effort, I hope the City Council will consider a resolution in support of current federal legislation to help prevent the next pandemic.

For more than two decades, WCS has been advancing science and public policy to help prevent future pandemics of zoonotic origin like COVID-19 through a One Health approach. One of our first well-known contributions was the discovery by one of our veterinary pathologists in 1999 that the West Nile Virus had made its way to New York City, and the U.S. This discovery was made with equipment granted by the City of New York.

The majority of emerging infectious diseases are of zoonotic-origin, shared between human, wildlife and livestock. And two-thirds spill over from wildlife to humans. Importantly, that spillover rate is increasing. It all comes down to a numbers game. The more often we force conditions that increase direct contact between wildlife and humans across damaged ecosystems, at live animal markets or through wildlife farming the higher the likelihood of another spillover event. Along with climate change, biodiversity loss and raging inequities and injustice, COVID-19 is just another symptom of an ailing planet and has starkly reminded us of the basic fact: Human, animal, plant, and environmental health and wellbeing are all intrinsically connected.

As COVID-19 vaccines roll out, we mustn't fool ourselves into complacency. A vaccine, while critically important, from a public health perspective, is but a stop-gap measure in the larger context of emerging zoonotic-origin pathogens. It has been estimated that there are some 700,000 viruses with zoonotic-potential as yet undiscovered. Vaccines alone are simply not going to cut it.

To move beyond the present pandemic while also tackling the climate and biodiversity crises, urgent action must be taken to retain the essential health links between humans, wildlife, domesticated animals and plants, and all nature. We can no longer view nature protection and conservation as competing interests to economic and social development. The human and economic toll this pandemic has taken has made that clear. As we build back we need to

recognize and value the foundational health benefits of intact and functioning nature while mainstreaming One Health across all sectors and into all policies.

Therefore, as the Council determines its budget priorities for FY 2022, we ask that the Cultural Affairs budget be held harmless and maintained at FY2021 levels. Funding for culture will not only help New Yorker's endure and climb out of this crisis, it will continue to support cultural institutions like WCS. While the City does not directly support WCS's work on One Health, it would not be possible without your partnership in support our five parks.

And in conclusion let us remember that the quality of current and future human and animal health and wellbeing will depend on our respectful, humble and responsible environmental stewardship.

Thank you.

My name is Christopher Baez. I thank you for allowing me to speak with you today. I am a member of The New York City Anti-Violence Project. I identify as Queer, Latino and Disabled. I thoroughly understand the obstacles people such as myself face. The truth is most public spaces do not cater to access my needs as I have a chronic condition.

Community members in my position have had to deal with hate violence and discriminatory systems that target them for their gender identity and ethnicity. I am here today because I believe in putting a stop to violence. In order to do so we need your support. Please vote to repeal laws that make it hard for me to access safe spaces. Thank you



**New York City Council Fiscal Year 2022
Preliminary Budget Hearings
Committee on Health and Committee on Mental Health, Disabilities, and Addiction
March 15, 2020**

**Testimony of Hallie Yee, MPH, Policy Coordinator
Coalition for Asian American Children and Families (CACF)**

My name is Hallie Yee, Policy Coordinator of CACF: the Coalition for Asian American Children and Families. We would like to thank the New York City Council Committees on Health and on Mental Health for allowing us to testify this afternoon.

CACF is the nation's only pan-Asian children and families' advocacy organization, leading the fight for improved and equitable policies, systems, funding, and services to support marginalized Asian Pacific American (APA) children and families. The APA population comprises over 15% of New York City. Yet, the needs of the APA community are often overlooked, misunderstood, and uncounted. We are constantly fighting the harmful impacts of the model minority myth and the perpetual foreigner - stereotypes that prevent our needs from being acknowledged, understood, and addressed. This means our communities, as well as the organizations that serve the community, often lack resources to provide critical services for those in need. We work with 40+ member and partner organizations to identify and speak out on common challenges and needs across the APA community. We are a one of four leads for Access Health NYC, an initiative that funds community-based organizations (CBOs) and federally qualified health centers (FQHCs) to provide education, outreach, and assistance to all New Yorkers about how to access health care and coverage.

Asian Pacific Americans hail from South, Southeast, East, and Central Asian countries, as well as from the Pacific Islands. In NYC, we represent over 40 ethnicities, tens of languages and religions, and a multitude of cultures and immigration experiences. On behalf of the almost 50 Asian-led and Asian-serving community and social service organizations that comprise our membership, and as one of the five lead organizations of the Access Health NYC initiative, I urge the Council to ensure Asian Pacific American (APA) and immigrant children and families have access to much-needed culturally competent and linguistically accessible services, including and especially public health programs.

Right now, as the City continues to face the COVID-19 pandemic, we are unfortunately witnessing the shortcomings in our healthcare and other safety net systems. Already marginalized communities are disproportionately hard-hit by the impacts. On top of facing job loss and poverty, many families remain under-insured or uninsured, undocumented, and ineligible for unemployment or the federal stimululs for individuals. This pandemic comes on the back of federal changes to the "public charge" rule that has caused fears and threatened healthcare access for many immigrant families. Additionally, NY State seems

on the verge of cutting Medicaid and once again cutting Article 6 matching funds for critical public health programs in New York City.

COVID-19 has devastatingly impacted APA New Yorkers by exacerbating the systemic inequities that were already facing our communities prior to the pandemic. These rising challenges vary across communities and rely heavily on our APA-led and serving organizations to fill in the gaps of services through culturally inclusive and language accessible services that have the most impact on addressing the needs of our community. Now more than ever, providing equitable funding to APA New Yorkers is necessary in the recourse and revitalization of our communities.

- In FY 2021, Asian-led and serving organizations received only 4.65% of City Council discretionary dollars and less than 1.5% of social service contract dollars. Our community based organizations never received funding that adequately supported their vital services in neighborhoods, and during a time when APA New Yorkers are especially vulnerable, they have had to fill tremendous gaps in services. **We ask that NYC Council support discretionary asks of APA community-based organizations in order to sustain the critical services they provide in addressing the growing needs of New Yorkers amid the pandemic.**
- The City needs to invest in programs and supports that serve our most vulnerable APA community members who have been severely impacted by the pandemic. **NYC Council must expand funding for the following Citywide Initiatives to ensure that more APA-led and serving groups are adequately funded to support those with the highest need:**
 - **Restore the Access Health NYC Initiative to \$2.5 Million** that equips organizations to conduct education and outreach among hard-to-reach populations, many of whom remain uninsured in NYC.
 - **Restore \$2.55 Million to Viral Hepatitis Prevention** that stops the spread of Hepatitis B and C through services like care coordination, testing, sterile syringe access, addiction treatment.
 - **Restore \$2 Million to Immigrant Health Initiative** that decreases health disparities among foreign and native New Yorkers by improving access to healthcare, addressing cultural and language barriers, and targeting resources and interventions (with the information provided by a person knowledgeable in both healthcare and the language the prospective patient and or family speaks).
 - **Enhance Medicaid Redesign Transition to \$1 Million** to assist community-based organizations as they move from a fee-for-service system to a managed-care model under New York State's Medicaid Redesign.
 - **Enhance Maternal and Child Health Services to \$2.2 Million** for maternal and child health services.
 - **Enhance Developmental, Psychological & Behavioral Health Services to \$2.25 Million** for developmental, psychological and behavioral health initiatives.
 - **Restore Mental Health Services for Vulnerable Populations to \$3.2 Million** for mental health services for vulnerable populations.

It is now more critical than ever that New York City Council restore Access Health NYC to \$2.5 Million, and continue to support community-based nonprofit organizations that fill the gap and provide critical culturally competent and language accessible health outreach and education services. Last year the City was able to fill-in the losses from Article 6 cuts at the State level. The Governor's FY22 Executive Budget cuts Article VI

from 20% to 10%. We are pleased that our advocacy efforts have led to Article VI rejection of the current cut to be included in the One-House Bills. However, Save NY Public Health Campaign is advocating for the full restoration to 36% for New York City. We request that the City again provide any and all backfill necessary to make public health programs like Access Health NYC whole. New Yorkers must be able to continue to receive the health services and information they need during this difficult time.

Thank you for your dedication and service to New York City - especially at this challenging time. We hope you are staying as safe and well as possible.