Testimony

of

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Acting Executive Deputy Commissioner, Division of Mental Hygiene

New York City Department of Health and Mental Hygiene

before the

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

on

Oversight: Access to Mental Health Care in Communities of Color

April 6, 2021

New York, NY

Good morning, Chair Louis and members of the committee. I am Dr. Myla Harrison, Acting Executive Deputy Commissioner of the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene (Health Department). I am joined today by Susan Herman, Director of the Mayor's Office of ThriveNYC and Dr. Charles Barron, Deputy Chief Medical Officer, Office of Behavioral Health at NYC Health + Hospitals. On behalf of Health Commissioner Dr. Dave Chokshi, thank you for the opportunity to testify today about the City's efforts to respond to the mental health needs of New York City's communities of color.

The Health Department is committed to supporting the mental health and well-being of all New Yorkers, and particularly New Yorkers that are experiencing disproportionate health, mental health, and social burdens. This includes people of color, who, in many cases, experience physical health and mental health inequities.

Differences in mental health outcomes among racial and ethnic groups are rooted in structural racism and other social determinants of mental health, not biological or individual traits. Social determinants of mental health -- the conditions of the environment where people live, learn, work, and play such as housing, education, income, and wealth, among others -- correlate greatly to individual's and communities' mental health and well-being. For example, our 2017 Social Determinants of Health Survey found that serious psychological stress is higher among New Yorkers who experience financial struggles, who feel unsafe in their neighborhood, or who experience challenges with their home and living environment.[1]

These survey findings help illuminate how structural racism and our country's history of discriminatory policies profoundly influence the resources, opportunities, and experiences of people and communities of color in New York. Our 2017 survey also found serious psychological distress was 3 times higher among adult New Yorkers who reported experiencing racism or discrimination "a lot" or "some of the time" compared to people who experienced racism "a little" or "not at all". These findings underscore the importance of applying an equity approach to our work and directing resources to communities experiencing mental health disparities and inequities.

I'd like to touch for a moment on how the COVID-19 pandemic is affecting the mental health and wellbeing of New Yorkers, an area where again people of color are experiencing disproportionate health and social burdens.

People of color, particularly Black and Latino New Yorkers, have experienced a higher burden of cases, hospitalizations, and deaths from the COVID-19 pandemic compared to White New Yorkers. April and May 2020 NYC Health Opinion Polls also indicate that factors that place adults at risk for adverse mental health vary across race and ethnicity: these surveys indicate Latino and Asian adults are more likely than White adults to report a job loss or reduced hours, and Latino adults are more likely than White adults to report feelings of financial distress as a result of the pandemic.

The Health Department addresses mental health needs and social determinants of mental health by collecting and monitoring mental health data; working with contracted providers to direct and

[1] Tuskeviciute R, Hoenig JM, Norman C. The social determinants of mental health among New York City adults. New York City Department of Health and Mental Hygiene: Epi Data Brief (115); August 2019.

deliver their services to individuals and communities with the greatest need and that experience mental health inequities; and by investing in services that close gaps in care or address mental health disparities. I will now share some highlights of our work that connects people of color to behavioral health services and increases their access to preventive care.

To meet New Yorkers where they live and choose to receive services, we manage mobile treatment programs that provide mental health and substance use treatment, and support people with serious mental health concerns, complex life situations, transient living situations, and/or involvement with the criminal legal system. We also control access to 75 mobile treatment teams serving New York City for more than 4,600 treatment slots through a Single Point of Access (SPOA). SPOA receives referrals, determines eligibility, and assigns individuals with serious mental illness to the appropriate provider. Mobile crisis teams are an effective and important tool to keeping New Yorkers connected to care over time.

We operate Health Engagement and Assessment Teams (HEAT), which support individuals in the community presenting with a behavioral health challenge or health concern impacting their daily functioning. HEAT aims to help individuals remain connected to communities, connect them to care and services at critical moments in time. HEAT focuses on reducing racial inequities and receiving referrals from the community and local police precincts to encourage a health response and prevent criminal legal involvement, as Black New Yorkers disproportionately bear the burden of criminal legal system involvement in New York City.[2]

The Health Department addresses social determinants of mental health through one of our largest programs, supportive housing. We contract to provide more than 9,000 units of permanent supportive housing for people with serious mental illness, substance use disorders, and young adults. Supportive housing helps engage New Yorkers with services specific to their health and mental healthcare needs and provides stable housing for people who have been homeless.

The Health Department also supports communities by helping individuals build resilience. As part of our COVID-19 response, the Health Department redirected our existing Mental Health First Aid (MHFA) efforts to launch the *COVID-19 Community Conversations* (3C) program, which provides community training and discussions in English, Spanish and Mandarin about the mental health impact of the pandemic, structural racism, coping and resiliency skills, and informs residents of available mental health resources. To date, more than 15,000 New Yorkers from the 33 priority neighborhoods identified by the Mayor's Task Force on Racial Inclusion and Equity have taken this workshop.

Our Brooklyn Rapid Assessment and Response provides trauma support to communities in Brownsville and Bedford-Stuyvesant, neighborhoods that are disproportionately affected by health inequities. The individuals living in those neighborhoods may have increased risk of mental health challenges and of premature mortality. This program seeks to increase the neighborhoods' capacity to plan, prepare, and respond to traumatic incidents to mitigate the negative effects of trauma on individuals and community and increase community resilience. Brooklyn Rapid Assessment and Response provides virtual psychoeducation sessions, healing

[2] Zweig KC, Baquero M, Meropol SB, Vasan A. Criminal Justice System Involvement and Measures of Health among New York City Residents, 2017. New York City Department of Health and Mental Hygiene: Epi Data Brief 109; June 2019.

circles, and ongoing mental health training and support to local community-based organizations, providers, and advocates.

Lastly, the Health Department's Neighborhood Health Action Centers in Brownsville, East Harlem, and Tremont provide a variety of resources and programs to serve residents' health needs. Action Centers are located in neighborhoods burdened with the health inequities driven by decades of disinvestment. The Action Centers bring together health care providers, government resources, and community-based organizations and programs under one roof. Community members can go to an Action Center for primary care and mental health care or referrals to health care services in their area.

These are just a few highlights of our many initiatives and strategies to address gaps in care and social determinants of mental health to improve mental health in well-being across New York City, particularly in communities of color and communities experiencing mental health inequities. In addition to this work, the Health Department provides all messaging and guidance in the languages spoken by the communities we serve: the Health Department keeps a standard of translating all materials into 13 languages and our COVID-19 related messaging has been translated in up to 26 languages.

We rely on the feedback of our partners in the City Council and members of the community like those here to testify today. I want to thank you for your continued partnership, feedback and support as we continue to care for the health of New Yorkers during this critical time in the city's history. I am happy to take your questions.

Asian American Federation

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

April 6, 2021

Written Testimony

Since the beginning of this pandemic, the Asian American community has withstood unprecedented trauma from small businesses grappling with continued collateral damage of the pandemic-related economic shutdown, to unprecedented challenges facing our seniors seeking to secure their basic needs, and continued language and process access issues for our limited-English-proficient and otherwise-isolated community members. The pandemic has left many Asian New Yorkers reeling.

And the rise in anti-Asian xenophobia and violence has continued unabated, reinforcing the existing challenges of simply surviving amidst a pandemic. From an 81-year-old Asian woman who was lit on fire by two assailants last year in Brooklyn to the violent assault of Filipino American Noel Quintana on his way to work earlier this month, the mental health implications of anti-Asian hate on our already-reeling community deserve urgent, substantive action beyond expressions of solidarity.

Anti-Asian Violence

The impact of anti-Asian xenophobia has citywide implications. Since 2000, the Asian population in New York City increased by 51%, growing from just under 873,000 in 2000 to over 1.3 million in 2019, making up 16% of our city's total population. Overwhelmingly, Asian New Yorkers are immigrants, with two out of three in the city being foreign-born. Of those Asian immigrants, 27.3% arrived in 2010 or after. Additionally, language barriers remain high among Asian New Yorkers. Overall, 44.2% of Asians have limited English proficiency in New York City, compared to a citywide rate of 22.2%.

The "Stop AAPI Hate" platform collected nearly 3,800 reports of anti-Asian incidents from March 2020 to February 2021 from all 50 states + DC. In NYC, there were more than 1,100 incidents collected by AAF, Stop AAPI Hate, NYPD, and CCHR, more than one incident every eight hours. Of those, it should be noted that only 30 incidents were reported to NYPD. These bias incidents are significantly underreported, as 70% of Asian New Yorkers are immigrants and systemic factors like high poverty, high limited English proficiency (LEP), and lack of immigration status deter reporting and reinforce continued systemic inadequacies.

Additionally, a recent survey conducted by AAF of Asian small business owners showed that over 60% of respondents said they were worried about anti-Asian bias and hate crimes for the safety of themselves, their staff, and their business establishment. And amidst higher

unemployment rates that have disproportionately impacted women and severe isolation amongst our seniors, both demographics which represent the majority of the victims, community violence is yet another layer to the mental health challenges facing our most vulnerable.

The City's Mental Health Response

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.

Nevertheless, our member and partner agencies are leading the way in innovating service delivery so that we can address our community's mental health challenges while respecting the necessity for cultural competency. Community-based organizations (CBOs) are working to reduce the stigma by incorporating mental health concepts into their other services so as to normalize mental health needs, which has led to more community members receiving support services during COVID-19.

And our CBOs are leading the fight against anti-Asian hate from within our communities by continuing to provide reporting alternatives to law enforcement, safety resources and referrals of patients to mental health providers/orgs that can provide culturally competent support beyond therapy. That's why, with our partners by our side, we launched the Hope Against Hate Initiative last week. This Initiative will:

1. Establish safety ambassador programs in Asian-majority neighborhoods in Manhattan, Brooklyn, and Queens;

2. Set up in-language victim support services, including an assistance fund to help with assault-related expenses and mental health support; and

3. Provide upstander, verbal de-escalation, and physical self-defense trainings in multiple languages.

Asian-led, Asian-serving organizations have always struggled 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.

With our Hope Against Hate Initiative, we need to make up for lost time and compensate for the lost capacity behind the lack of funding, because there's a crisis in our City, the anti-Asian violence is escalating and only our CBOs and community members have proven able to lead in the fight. Across Federal, State, City and philanthropic sources, we're asking for $30 million to

stem the tide of anti-Asian violence with community-centered strategies that have been proven and continue to work.

Hate doesn't have a schedule, and because we're in the thick of City Budget conversations, we're asking for City Council to step up with new initiative funding for this work. The violence is escalating, and with it, our community is growing more isolated everyday, especially our most vulnerable populations.

I want to thank you for giving us the opportunity to testify before you today. This is urgent work, but there are solutions. There are organizations already doing the work, we just need your support. On behalf of the Asian American Federation, thank you and we look forward to working with all of you to address this criss and the mental health toll it's taking on our community.

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Testimony
NYC Council on Mental Health, Disabilities and Addiction, April 6, 2021
Oversight – Access to Mental Health Care in Communities of Color

My name is Yvette Bairan, Chief Executive Officer (CEO) at Astor Services for Children & Families, serving both the Bronx and the Mid-Hudson Valley in New York.

In my role as CEO, I lead Astor in the administration and oversight of our children's mental health services, child welfare services, school-based and early childhood development programs. As many of you may know, Astor works closely with community and civic leaders, as well as elected officials to ensure that our resources are available for New York's constituents desperately in need of our services. Thank you Chair, Farah Louis and other members for the opportunity to submit my testimony on this very important and critical issue: Access to Mental Health Care in Communities of Color.

Since 1953, Astor has provided critical services for over 10,000 vulnerable children and their families annually, primarily from our black and Latino communities. These children, adolescents and teens struggle daily with emotional, behavioral, mental and psychological problems. We have seen these issues increased exponentially, since COVID-19. Coupled with their already mental health diagnosis, children are now experiencing debilitating isolation and anxiety as a result of the pandemic. Many of the children are at risk of placement in foster care; while others are families that need our assistance and expertise in helping them develop the skills and support needed to raise their children to be happy, independent, functioning young adults in an environment filled with increasing challenges.

As you know, across the country, and particularly in the Bronx, the COVID-19 crisis is exacerbating children's unmet mental health needs. As providers scramble to meet new behavioral health challenges resulting from isolation, economic and housing insecurity, family loss, and heightened child welfare risks, including a disturbing increase in suicide attempts, Astor has been on the front lines ensuring that our clients and the communities we serve are receiving the support and resources needed to help our children and their families during these unchartered times. Well before the pandemic, Astor was on the forefront providing tele-mental health services, as well as in-person care management and prevention services when needed, to ensure that the families we serve get the help they need and know that they are not alone.

Since shifting the majority of our services to tele-mental health in March of last year, which included establishing a hotline number for anyone needing assistance, we have had approximately 133,263 tele-mental health sessions and have admitted more than 3,500 new clients. As the numbers increase, our ability to keep up with providing quality tele-mental health and in-person services is being jeopardized as a result of insufficient access to reliable technology, as many of our clients lack even basic access to the internet and services like Zoom.

Unfortunately, our clients and families are not the only ones lacking reliable technology and connectivity; the majority of Astor's staff are using their own personal computer equipment or outdated agency equipment, which not only puts them at a disadvantage in helping those children in need of mental health services in a timely manner, our school-based clinicians are also finding this lack of updated technology extremely

problematic and resulting in unnecessary delays in servicing children and their families. Investing in a technology upgrade will enable us to provide our workforce with the necessary tools to adequately conduct tele-mental health visits and provide technical and emotional assistance when and where it is needed most. It is noteworthy to mention that Astor can deliver effective tele-health service at a much lower cost per visit compared to in person visits. The City investment in our tele-health delivery of service to clients is not only cost effective during this pandemic but promotes safety for staff and clients alike.

Astor is respectfully requesting the inclusion of funding in the 2021-22 City Budget to meet the technological and other social justice challenges our communities are experiencing at even greater levels as a result of COVID-19. Specifically, I am requesting support for **Tele-Mental Health and technology upgrades**; support for **Diversity Equity and Inclusion** Training (now more than ever, we need our over 800 staff members trained to be more culturally sensitive to the children and families for productive mental health services and outcomes for the population we serve); and for **Bi-lingual Family Support Advocates** (, the Family Support Advocate (a caregiver who is raising or has raised a child with behavioral health concerns, and is personally familiar with the associated challenges), will address the significant increase in referrals and high-risk cases (i.e., suicide attempts, etc.) we've seen since the start of COVID-19. Supporting these initiatives will provide much needed mental health, technology and culturally sensitive training, to meet the mental health needs of our children and families.

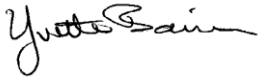
In addition, I am requesting **continued** support of our **Court-Involved Youth Initiative**. Behavioral health services to court-involved youth have been the focus of much attention in recent years due to both statistical evidence and the perception that many children and youth are laboring with undiagnosed and untreated behavioral and emotional problems that can best be addressed with appropriate treatment. The overall programmatic goal of the Astor Juvenile Justice program is to identify court involved youth within the Bronx who are at risk of developing unhealthy behaviors, and who would benefit from immediate interventions and linkage to referral sources for the appropriate treatment. The program is designed not only to work with youth, but also to work with members of the family, and to liaise with court entities such as Probation, Legal Aid, other service organizations (e.g. CASES, Bronx Connect), attorneys and judges, to identify youth at risk for behavioral health issues and provide screening, referral, and if necessary, treatment. The outcomes of the program will be to increase school attendance and performance, stabilize educational placement, and to decrease contacts with the justice system in the near future.

We are all aware of what an unprecedented challenge is ahead for the budget, but in light of the exasperating mental health challenges facing these children and their families during COVID-19, we must remain optimistic that you will partner with us on this journey by recognizing how imperative support of these initiatives are to continue to provide the vital services desperately needed to help these vulnerable children.

We appreciate our partners in the City Council and look forward to working with you to give these children the opportunity to heal and become healthy functioning members of our community. I know, with your support, we can come out of this stronger and more united than ever before.

Thanks You!

Best regards,



Yvette Bairan
CEO

My testimony

"The hidden disability"

Imagine "not being okay" inside but your outward extern presents patterns that are consistent in correspondence to those around you. Imagine smiling with everyone on a morning that you attend and return from religious service just to secretly prepare to kill yourself because the abuse in your life outweighs the resource available. You pull the trigger on a fully loaded pistol because you believe you are unloved God has abandoned you. God stops the pistol from going off to show you that you are wrong but you are still stuck with these feelings of uncertainty. Now imagine bottling up a collection of different experiences from when people understood you were vulnerable but choose to take the advantage over you rather than to help you so you don't reach out for

help. Being a person of trans identity amplifies all of these things because before I can get help, I have to be validated as a human being first! Therefore, before we even get to the point of help, we spend the first few interactions with "help" answering their indirect curiosities and comforting them into understanding that they are still dealing with a human. That process alone is mentally draining, especially on a person who is suffering with immediate mental distress. I hear discussions about resource but when it comes time to manifest the resources it becomes a list of dead-end agencies that are getting unnecessary funding when there are people out here truly suffering and have no outlet or community support to turn to. Ultimately, I reflect on myself and my experiences and wonder, "where does a person like me fit into this preset system? Where do I go to get help and resource?"

-Bravo Corazón

CASES

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

Oversight: ACCESS TO MENTAL HEALTH CARE IN BLACK AND BROWN COMMUNITIES, April 6, 2021, 10 a.m.

Submission on behalf of the Center for Alternative Sentencing and Employment Services (CASES)

Good morning. I'd like to thank Chair Louis and the members of the Committee on Mental Health, Disabilities, and Addictions for holding this hearing today and providing the opportunity to testify.

My name is Tysen White, and I work as a Program Director at the Center for Alternative Sentencing & Employment Services, also known as CASES. CASES is a nonprofit that provides services for people impacted by the criminal legal system, including alternatives to incarceration; youth programs that emphasize education, employment, and family services; and mental health programs. Our mental health services include intensive mobile treatment teams working in Black and Brown communities citywide to serve individuals living with serious mental illness. CASES also operates an outpatient mental health clinic in Central Harlem. I lead two programs based out of CASES' Harlem office, a Health Home Care Management program and our Forensic Homeless Intensive Case Management program. Both use mobile services in the community to support people living with serious mental illness and past criminal legal system involvement, including some making the transition from State prison back to the community. My clients have needs including medical issues, behavioral health, substance use, lack of positive support from family and friends, access to healthy food, clothing, hygiene products, and adequate, safe, and stable housing, to name a few. The goal of my teams' work is to help these individuals to connect to appropriate services in the community, achieve recovery and healing, and create a mentally and physically healthy life.

CASES' 30 programs serve more than 7,000 people annually across the five boroughs. CASES focuses on breaking unjust cycles of arrest and incarceration, which as all of us here today know disproportionately impact the Black and Brown communities of our city. In addition to mobile and clinic treatment programs, CASES also works in courthouses throughout the city to provide alternatives to incarceration and detention. These programs allow youth and adults who would otherwise be headed to jail or prison to stay in the community and get connected with the services they need to address challenges while building skills and accessing meaningful opportunities for success. CASES' jail and prison alternatives have consistently shown to help our clients avoid recidivism.

Because of the kind of work we do, CASES' clients reflect the racial disparities endemic in New York City's criminal legal system. In a city in which about 45% of citizens identify as Black or Latinx, in the first half of the current fiscal year about 90% of CASES' clients identified as Black or Latinx, a rate comparable to the more than 87% of those detained in City jails who also identify as Black or Latinx. Similarly alarming, more than 43% of people in City jails have some sort of mental health need, including 15-20% experiencing serious mental illness. While CASES staff work hard to connect our clients to jobs and to housing, we also recognize that without access to appropriate mental health services, their ability to achieve their full potential may be limited. There are a few lessons CASES has learned to make sure we create this access.

First, employ psychiatrists, clinicians, peers, and program directors who identify as people of color. Having staff who have lived insight into some of the challenges routinely navigated by our Black and Brown clients—and who understand the stigma around seeking mental health services they may face at

home—is the first step to overcoming the taboo of accepting help. The people who understand the culture of the community will be the ones who know how to navigate effectively providing services.

Second, provide community-based mental health programs directly in Black and Brown communities. Every year, more than 40,000 people enter the NYC jail system from seven neighborhoods including Harlem, the South Bronx, and Jamaica, Queens—that's 81% of total New York City jail admissions in 2018. CASES' Nathaniel Clinic, a State-licensed outpatient mental clinic, is co-located with my programs in CASES' Central Harlem office. CASES' clinic serves all community members 13 and older and specializes in working with people who have been impacted by the criminal legal system. More than half of Nathaniel Clinic clients reside in or near Harlem; 80% identify as Black or multiracial and 35% as Latinx. We know there are several reasons—work and parenting schedules, lack of transportation, stigma around mental health, previous negative experiences in treatment, providers who have their own stigma about working with people with criminal legal histories—that the clients served by CASES can experience challenges in accessing services. We are committed to promoting access by being as flexible as possible in our service approaches. At our Nathaniel Clinic in Central Harlem, this means offering walk-in hours, evening and Saturday appointments, robust telehealth services, and delivering a full suite of treatment and support services at the clinic offices. We want to be ready when someone makes that often very difficult choice to come into our office, whether they are seeking mental health, primary care, addiction, family, peer support, crisis services, or all of the above.

The clinic, like my program offices, is located just off 125th Street on Adam Clayton Powell Jr. Boulevard. Having offices easily accessible in the community often helps clients take that first step, and CASES additionally operates program offices in Downtown Brooklyn, the South Bronx, and Jamaica. Many of our programs—like mine—also provide mobile services in the community, meeting clients in their homes, shelters, or wherever they reside to provide care. This is very important to engage our clients. By coming to them, it shows how important their needs are. We can bridge the gap of transportation, stigma, or location. Providers are accustomed to people coming to them to receive a service. That is not always an option for most people seeking services. There are medical and behavioral health deserts in many areas of NYC where there are no services located within walking distance. There are many individuals of all ages from these communities who are not able travel or utilize technology to receive services due to medical and financial barriers. Going to them provides our clients with safety and reduces the fear around the stigma of "going" to the mental health clinic. The option to have services provided in your home along with telehealth services gives some control back to our clients with privacy, comfort, and dignity. One thing we can take from this pandemic is how effective services that not only come to you community but are located in your community can have a great impact on the sustainability of that community.

Third, empower clients by helping them to build skills so that they can be their own best advocate as they navigate an often-complicated web of system involvement. We have to ask them, "What do you want your life to be?" We have to ask them what they want and help them get there. This means addressing basic needs like hunger, clothing, and housing. This means assessing their transferrable skills, figuring out what goals they want to work toward, and learning how to navigate the legal, entitlements, and medical systems. This means collaborative agreements with probation officers, medical professionals, and mental healthcare workers so everyone's on the same page and working toward the same goal. Too often, we see clients on different medications for physical and mental health that don't work well together, or we see probation officers scheduling mandatory check-ins during doctor's appointments. We need a more holistic approach, a more humane and ethical approach.

CASES

In the wake of COVID-19, the need for accessible mental health services is greater than ever. In October 2020, nearly 40% of New Yorkers reported symptoms of anxiety and/or depression. And, as in so many other ways during this pandemic, Black and Brown New Yorkers are disproportionately affected by this mental health crisis—a CDC study found the highest rate of anxiety and depression in May 2020 were among people of color, people ages 13-24, and people who qualify as low income. CASES' Nathaniel Clinic has seen significant increases in need and demand for mental health services during the pandemic: from February 2020 to January 2021, the clinic saw a 77% increase in monthly active clients and 78% increase in average weekly services. Having services available in the communities most impacted is the only way we as a city will recover from the collective trauma we have experienced over the past year, trauma that will continue to play out in our streets, subways, and homes in the months and years to come.

Speaking on behalf of CASES, we appreciate the time, attention, and funds the City Council has directed toward improving access to mental healthcare in Black and Brown communities. As an organization, we've been working for decades to provide holistic care for people involved in a criminal legal system in which policing and sentencing practices have brutally harmed communities of color. Ensuring access to robust, effective mental health services in our communities is a critical step toward healing and equity. CASES is ready to support this effort, and I look forward to seeing how the Committee will invest in and lead this work. Thank you for this opportunity to testify.

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COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND ADDICTIONS, FARAH N. LOUIS (CHAIR)

OVERSIGHT - ACCESS TO MENTAL HEALTH CARE IN COMMUNITIES OF COLOR.
APRIL6, 2021

TESTIMONY BY FELIX GUZMAN

Greetings, my name is Felix Guzman I am testifying today on behalf of Correct Crisis Intervention Today (www.ccitnyc.org), a broad coalition of mental health peers, providers, rights advocates, and New Yorkers committed to racial and social justice. We launched CCIT-NYC in 2012 with the aim to end the trauma, abuse, injuries, and even violent death, that people with mental health needs experience during a moment of crisis.

I have lived in Crown Heights my whole life. My path into the mental health and criminal justice system started when I was viciously mugged into unconsciousness at age 14. The resulting trauma, which was never discussed, influenced many of the poor decisions that followed, including using drugs and trying to earn money through illegal means.

My full story would require over two hours to tell, not two minutes, so I will summarize my experience, which is very common to many Black and brown men: after two convictions for possession, I spent three years in jail, over a year in the shelter system, attempted suicide, I've been subject to numerous "wellness checks" by police with riot shields, was diagnosed for different types of mental illnesses and was put on numerous medications, sometimes as many as six at a time. Follow up care consisted of a referral to a Medicaid mill in downtown Brooklyn where staff and clients openly exchanged drugs.

At the same time, I managed to secure my associates degree, had a child, and held a full-time job for a human service agency before stress resulted in another breakdown.

My life began to change three years ago when I connected with support services following a stay at Community Access' peer-staffed respite center. I became active in the mental health advocacy movement, which has given my life a genuine purpose and helped me to understand more fully my own circumstances.

In 2019 I began working full time for NYC-WELL as a peer support specialist and entered Howie the Harp peer training program in 2020, from which I graduated this month after a year of remote learning. My future goals including expanding my advocacy activities, such as I am doing today, and finishing college to become a poetry therapist.

I believe my life would have been much different if I had been able to connect with counseling services following the vicious attack when I was a 14-year-old boy. Instead, the police filed a report and my family sent me to back to school the next day.

The city can take some basic steps to lessen the burden of trauma experienced daily by thousands of young people and adults in our Black and brown communities.

First, the NYPD should not be doing wellness checks that involve mental health issues or responding to any mental health-related 911 calls. If trained peer counselor had intervened years ago my journey would have been quite different. CCIT-NYC has a developed a peer-informed crisis response proposal that should be implemented as soon as possible. (http://www.ccitnyc.org/who-we-are/our-proposal/)

Second, police officers often are first responders and they have valuable information about the victims of many violent incidents, including mental health-related crisis calls. This information needs to be shared with trained crisis counselors for potential follow up, which could include a phone call from NYC-WELL to see how the family is doing and to offer referral information. Creating a database like this is consistent with recommendations made to the Mayor's Office four years ago by the Council of State Governments Justice Center.[1]

[1] Brief Assessment of New York City's Behavioral Health and Criminal Justice Systems, CSG Justice Center Report to MOCJ, November 16, 2016

Third, the city needs to engage and support community organizations and other key stakeholders. Based on the principle of asset-based community development, this approach focuses on community strengths and non-traditional support networks.

This idea was proposed to the city in 2018 as one of the recommendations of the Mayor's Task Force on Crisis Prevention and Response. Called Neighborhood Support Networks, it recognized that the knowledge and skills of local groups could be harnessed to support high-risk people that are well-known to residents. The city cannot form these networks on its own and needs to outsource the organizing effort to a group that has this special skill set and then provide supplemental contracts to the local groups.

Finally, building on the first two recommendations, the city should also expand the implementation of community-based health centers. Modeled after District Health Centers from the 1920s, the city's Department of Health, in 2017, established three Neighborhood Health Action Centers in high-need communities to provide place-based services that respond to the social determinants of health. [2]

The Action Centers provide low-cost office space to co-locate partner organizations, allowing residents to access a broader range of services than the Health Department could offer alone.[3]

Thank you for allowing me to share my story. It's important to stress that my experience is not unique. Childhood trauma and its aftermath is directly to a range of negative outcomes, including poor educational attainment, higher rates of incarceration, high risk behavior, depression and anxiety, and early death. The impact of trauma is especially pronounced in low-income Black and brown communities.[4]

For my family, a phone call to let us know that someone cared and to offer information on how and where to get some help, could have made all the difference in the world.

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[2] The Neighborhood as a Unit of Change for Health: Early Findings from the East Harlem Neighborhood Health Action Center, Journal of Community Health, doi.org/10.1007/s10900-019-00712-y

[3] https://www1.nyc.gov/site/doh/health/neighborhood-health/neighborhood-health-action-centers.page

[4] Adverse Childhood Experiences and Adult Well-Being in a Low-Income, Urban Cohort, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4991352/

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Courtney Bryan. Director

Center for Court Innovation
New York City Council
Committee on Mental Health, Disabilities, and Addiction
April 6, 2021

Good morning Chair Louis and esteemed Councilmembers. Since its inception, the Center for Court Innovation ("Center") 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 community driven solutions. Mental health and the justice system cannot be siloed; they are inextricably intertwined. Young people involved in the justice systems have often experienced a history of significant trauma. The burden of processing and acknowledging trauma should not fall on young people who are in no position to do this work alone. 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.

Innovative mental health and support services are rendered useless if they are not responsive to the needs of the individuals seeking their benefits. Our young people of color report a lack of comfortability in traditional therapeutic settings operated by individuals unfamiliar with their unique needs. Similarly, services are useless if they are offered without a culturally competent understanding of the systemic racism and underlying traumas that face Black and Brown communities every day. With the populations we serve facing ongoing police violence and a public health crisis that disproportionately impacts Black and Brown communities, realizing this vision of equitable access to mental health services is now more important than ever.[1]

Young men of color are underserved, oppressed, and victimized by current systems – and the Center for Court Innovation offers trauma responses across the City that adequately and appropriately address this victimization. The Center's longstanding partnership with Council, and experience bringing evidence-based and racially just programming to life, positions us to provide a model that Council can look to as it considers the support of initiatives that responsibly respond to the mental health needs of all New Yorkers.

Mental Health Support for Young Men of Color: The Model

The Center for Court Innovation launched a therapeutic model for young men of color in 2012 following a needs assessment in Crown Heights, Brooklyn designed to help inform the program. Our research found that many young men (nearly 84% of those interviewed) had

experiences with violence, were impacted by systems, were underserved, and lacked adequate supports. Because of this, we set out to provide support for these young men to help them navigate communities, change the narrative around victimization and masculinity, and support them in their healing. Cultural competence and humility are core tenants of this work. When providers have awareness and/or can relate to the experiences young men of color face, it reduces assumptions and biases and strengthens working relationship with participants.

At the Center for Court Innovation's Neighbors in Action site, we provide comprehensive trauma-informed services to young men of color between the ages of 16 and 24. Core to our work is understanding that participants experience particular challenges within their community, compounded by economic, racial, and other forms of violence. To address the impacts of these pressures, we provide therapeutic services (individual and group therapy), which includes psychotherapy and psychoeducation with culturally responsive delivery, intensive case management, and mentorship to support them in recognizing their trauma and engage in healing. Program staff recognize that each participant is different and that their experiences with violence, trauma, and how they relate to these experiences are individualized. Within appropriate settings, we challenge participants to think about how their definition of manhood is intertwined in trauma and gender roles.

According to a 2019 progress report, the majority of our clients received mental health services (over 80% of the total 144 young men served). In addition to these services, a small percentage received additional case management and advocacy services, and referrals including high school equivalency, college applications, housing support, job readiness referrals, legal support (Legal Hand, Legal Aid, Federal Defenders, Brooklyn Defenders, Youth Represent), and clergy referrals. A deeper look at the needs of participants found high rates of emotional and physical neglect and familial incarceration. This population also experiences racism, witnesses domestic and/or community violence, and lives through adverse neighborhood experiences at a higher rate than most. Above all, despite these challenges, participants report high rates of resiliency, reporting as high as 80%.[2]

Queens Community Justice Center: UPLIFT

In Queens, the Center's Queens Community Justice Center (QCJC) provides comprehensive services for young people of color harmed by violence by similarly taking a trauma-informed, culturally competent, and holistic approach to working with each participant. QCJC has worked with justice-involved young people and their families since 2007. Throughout its existence, QCJC has consistently looked to the needs of the Queens community and has identified the most effective interventions and responses to meet those needs.

As it looks ahead, to address the high levels of exposure to community violence and trauma among young people of color, QCJC looks to expand trauma and healing services beyond their well-established Alternatives to Incarceration (ATI) programming, decoupling mental health access from the justice system by creating the UPLIFT program.

UPLIFT is a trauma informed, culturally competent, victim services program for young people in Queens who have experienced victimization and/or exposure to violence. By providing

client-driven individual therapeutic sessions and supportive workshops. Participants in the UPLIFT program will be aided in recognizing, processing, and healing their own trauma, resulting in better life outcomes. UPLIFT recognizes the mental health needs of young people expand far beyond the justice system and is committed to engaging young people in non-traditional settings. Many young people don't feel comfortable in typical therapeutic settings, and UPLIFT would offer programming that allows young people to speak freely about their feelings in a non-therapeutic non-mandated environment. QCJC is ready to implement UPLIFT with support from Council, and transition services from mandated involvement to voluntary meaningful engagement of young people of color in Queens.

Harlem Community Justice Center: Men's Empowerment Program

The Center's Harlem Community Justice Center (HCJC) builds on this evidence-based approach to mental health through the Men's Empowerment Program (MEP). MEP provides trauma-informed programming and mental health interventions to young Black and Brown men who have experienced the trauma of mass incarceration and/or community violence in East and Central Harlem. MEP works to shift the narrative around men of color as the perpetrators of violence, to the victims of violence. The program offers professional development and training opportunities to staff centered on Cognitive Behavioral Therapy (CBT) curricula and best practices around trauma and mental health. This allows the program to respond to the unique needs of young Black and Brown men.

MEP recognizes the long history of inequity facing the Harlem community, which has resulted in poverty -- and the criminalization of this poverty -- and therefore provides stipends and incentives to MEP participants as they learn valuable life skills. The program empowers young people to develop and participate in community service projects and engage in CBT groups, workshops focused on professional development/employment, and activities centered on preparing for success by identifying and achieving goals. MEP offers its participants the space to have conversations around toxic masculinity and engage in counseling and mental health services without stigma.

Harlem's MEP responded quickly to the changing needs of the population they serve during the COVID-19 crisis, shifting to a primarily virtual model of service delivery. Thanks to support from Council, MEP remains operational and fully engaged with its participants. In early 2021, MEP partnered with the Tenant Association at Lincoln Houses to sponsor two days of COVID-19 Testing for residents. Over the course of the two days, Department of Health staff members tested residents and MEP provided each resident with face coverings and palm cards. In total, more than 80 residents were tested.

Staten Island Justice Center: Youth Wellness Initiative

Compared to the rest of the City, Staten Island has limited options for mental health services for young people. In 2020, with support from Council, the Center's Staten Island Justice Center began providing more robust mental health services to youth participants who are justice-involved or have experienced a history of trauma through the Youth Wellness Initiative (YWI). SIJC plans to expand YWI programming to include a workshop series designed to address

trauma and promote healing. Youth will 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.

Additionally, this workshop series will be geared towards providing support to families by supporting the parents and caretakers of youth enrolled in the initiative. While there are services in our community that offer familial therapy, it is a great challenge to get youth and their families to commit to this programming, when there is an unwillingness, mistrust, or there is a familial crisis that has been exasperated by past and current trauma. Giving young people and their families the space to discuss these traumas through YWI is a step in the right direction.

Conclusion

We work to create communities where violence and trauma is neither needed nor wanted, neighbors have increased autonomy and decision-making capabilities, and the people who want to lead have the skills to do so. As an anti-racist organization, the Center for Court Innovation is committed to working with Council to ensure the needs of marginalized New Yorkers are addressed through access to mental health services and supports. We thank the Council for its continued partnership and will be available to answer any questions you may have.

Notes

[1]COVID 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.

[2]Ham, J. & Captari, L. Make It Happen (MIH) Program. (2018) Center for Child Trauma and Resilience at Mount Sinai Beth Israel.

Testimony before the City Council Committees on Mental Health, Disability and Addiction

On Access to Mental Health Care in Communities of Color

April 6, 2021

Good afternoon Chairpersons 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 submit testimony on behalf of ICL President and CEO David Woodlock on the important topic of access to mental health care in communities of color.

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 in communities of color, who were already burdened by lack of access to care and were hit hardest by COVID.

Family Resource Centers, 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, have been a lifeline for families in communities of color. In fact, ICL's Family Resource Center program in East New York 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.

The FRC program is unique in that it serves anyone who requests help, regardless of whether there is a diagnosis, or what insurance the person may have. In our 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.

Good Morning Chair Louis, and Members of the Committee on Mental Health, Disability and Addictions.

My name is Kimberly Blair, and I am here testifying today as the Manager of Public Policy and Advocacy for the National Alliance on Mental Illness of NYC, as well as a peer and family member. For nearly 40 years, NAMI-NYC has served as a leading service organization for the mental health community throughout the city, providing groundbreaking advocacy, education, and support services for individuals affected by mental illness, their families, and the greater public, all completely free of charge. Our renowned peer- and evidence-based services are unique in that they are led both for and by members of the mental health community, and are reflective of the diversity of New York City.

Specifically, one of the services NAMI-NYC provides is a peer-led, peer-run Helpline, which acts as a support service to provide emotional support, psychoeducation and community-based referrals to people living with mental health conditions, family members/caregivers, mental health professionals and the public, in general. The majority of our Helpline calls are from individuals with mental health diagnoses (36.9%) or family members (51.5%), nearly half of whom come from BIPOC communities across the city, asking for resources for themselves or for their loved ones when they feel stuck on what next steps to take on their recovery journey or post-crisis.

Since the COVID-19 pandemic began, we have seen a two-fold increase in the number of Helpline calls, including a dramatic increase from parents concerned about police response to mental health crisis situations with their children. One of our most heartbreaking calls during the pandemic came from a concerned mother calling on how best to support her son, a 23-year-old young Black man, after she called 911 for mental health support while her son was having a crisis and instead was met by police who arrived to the scene with their guns drawn. As a result, her son fled the scene for fear of his life. He was later detained and transported to a facility to obtain mental health care. Although this event occurred towards the beginning of the pandemic, the mother still frequently calls our Helpline to this day for different resources and community-based referrals to help her son who has since experienced homelessness for fears of returning home to where the police responded.

As we know too well from recent history in our city, the trauma associated with police response to mental health crises is not unique to this story and often has resulted in more catastrophic consequences, such as the murder of eighteen Black and brown individuals with mental illness

during police encounters since 2015.[1] NAMI-NYC commends Council Members, the Public Advocate's Office and their staff for taking a step in the right direction with the introduction of Intro. 2210. However, it is our organizational position and our position as part of the Correct Crisis Intervention Today in NYC (CCIT-NYC) Steering Committee that the legislation introduced does not go far enough to remove the police entirely as mental health first responders, and therefore, will not remove the trauma imposed upon Black and brown community members experiencing mental illness. This is the result of the definition of the term "public safety emergency" being too broad. As written, almost anything could be defined as a "public safety emergency" which would lead to the New York Police Department (NYPD) being dispatched to a mental health crisis situation, which goes against the goal of the proposed reform bill. For this reason, NAMI-NYC would like to point the Committee to the CCIT-NYC coalition's proposal for how to proceed in narrowly defining the term "public safety emergency," as our organization believes it to be the best model in eliminating the police as first responders since the proposal was community-informed.

In the proposal, CCIT-NYC gives the mental health crisis response team consisting of 1 peer and 1 EMT the authority to request police involvement only during the following **exception**:

> "the person is taking action which is causing serious bodily harm to self or another person or the person wields a weapon to credibly threaten imminent and serious bodily harm to self or another specific person **and no other non-police de-escalation measures can safely be taken**. Items such as a pocket knife or scissors do not constitute such a weapon."

In the story I just told, the son was not harming anyone – he was simply in crisis, and as such, the first response should have been de-escalation and working with the individual and his family to see what options were available to them as preferable next steps to his care. However, only an equipped mental health response team, consisting of peers and representatives from the community being served, would have been able to determine that – not the police.

Thus, in order for Intro. 2210 to truly create a positive impact for the community members our organization serves, it is NAMI-NYC's position that the Committee revise the bill's language to strictly define the term "public safety emergency," which will remove police involvement from **true** mental health crisis response and ensure more access to appropriate care for BIPOC community members across NYC.

Thank you,

Kimberly Blair, MPH
Manager of Public Policy & Advocacy

[1] 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.

NORTHSIDE CENTER Where children rise up and thrive

City Council Hearing Testimony
Committee of Mental Health, Disabilities, and Addiction
Access to Mental Health Care in Black and Brown Communities
Hearing Date – April 6, 2021
Testimony Submitted by: Dr. Hazel Guzman, Director of Behavioral Health

Founded in 1946 by the legendary Drs. Kenneth and Mamie Clark, today Northside provides behavioral health, early childhood education, and enrichment services to approximately 3,000 low-income, African American, and Latinx children and their families through our five NYC sites. All of our work is guided by a commitment to helping our children and families overcome the trauma of racism and poverty – a need that is more urgent today, than ever before.

The children who rely on Northside face socioeconomic and racial disparities; disproportionate physical, emotional, and financial stressors of the COVID-19 pandemic; and are born at risk of entering the preschool to prison pipeline. Our Founders changed the course of American history with their Black/White Doll study, which was used as evidence in Brown vs. Board of Education. Seventy-five years later, we are still guided by their founding commitment to fighting structural racism, its impact on children's mental health, and the barriers to access and success it imposes. At Northside, we work every day to fight the effects of poverty and racism, which manifest as elevated rates of academic failure and dropout and increased behavioral and mental health issues. Poverty and living in historically under-represented communities further imposes extreme limitations in access to resources; increased hospitalization rates for behavioral and mental health issues; and high levels of substance abuse, all without adequate support.

This is compounded by the reality that the Black and Latinx communities are disproportionately impacted by COVID. Not only are higher rates of infection and lower rates of vaccination a pervasive issue, individuals who experience depression and anxiety are also at increased risk during the COVID-19 pandemic. Since the beginning of the pandemic, 45% of Americans have reported their mental health has been impacted. Thus, the pandemic has intensified the immediate need for mental health services among children and families who are suffering new trauma from the loss of loved ones, isolation, hospitalization, and economic devastation.

Indeed, the impact of these factors can change the course of a child's entire life trajectory, from a very young age - the preschool-to-prison pipeline process harms African American and Latinx students through out-of-school suspensions, expulsions, and into the prison system. African American preschool students are 3.6 times more likely to receive one or more out-of-school suspensions than white students. However, these children need help, not punishment - as 70.4% of youth involved in the juvenile justice system meet criteria for a psychiatric diagnosis. In response, Northside's Court Involved Youth program implements holistic services for youth involved in the criminal justice system to ensure they have adequate resources to overcome systemic barriers and obtain stability. The goal of CIY is to equip disadvantaged teenagers with a wide range of support in order to recover from trauma and focus on alternative pathways outside of the criminal justice system, thus interrupting the preschool to prison pipeline. While CIY provides a direct response to the needs of our teens, Northside's services aim to intervene as early as possible by providing social-emotionally responsive learning environments in our preschool programs, as well as mental health services through our Early Childhood Mental Health Program.

Every day, Northside provides a critical intervention to some of NYC's most at-risk children and families. Thank you for your continued support for our work.

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April 6, 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

Access to Mental Health Care in Communities of Color

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 the rampant failures of New York City to appropriately serve people of color who have mental disabilities.

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

providers[1]. 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 18 individuals who were experiencing crises 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 crises[2].

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 color[3], and individuals who are shot and killed by the police when experiencing mental health crises are disproportionately Black and other people of color. Of the 18 individuals killed by police in the last five years, 15 – or greater than 80% -- were people of color. 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 enormous pitfalls of the City's ThriveNYC pilot proposal, as well as those of the City Council' proposed legislation. Hallmarks of the CCIT-NYC proposal are:

- teams of trained peers and emergency medical technicians;
- teams run by culturally competent community organizations;

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[1] 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&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&#/doi/abs/10.1176/ps.50.1.99?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed.

[2] 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.

[3] Mayor's Office for People with Disabilities, "Accessible NYC" (2016), https://www1.nyc.gov/assets/mopd/downloads/pdf/accessiblenyc_2016.pdf.

- response times comparable to those of other emergencies;
- 24/7 operating hours;
- calls routed to a number other than 911; and
- 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/whowe-are/our-proposal/.

THE THRIVENYC PILOT AUTHORIZES EXTENSIVE POLICE INVOLVEMENT AND IS LIKELY TO CONTINUE OR EVEN INCREASE THE RATE OF VIOLENT RESPONSES BY NYPD

The City, via ThriveNYC, introduced a pilot program that it contends is responsive to the need to cease the killings at the hands of the police of individuals experiencing mental health crises. Unfortunately, that is highly unlikely to be the case. Among Thrive's grim statistics are the following:

- An astronomical **30% of all calls will still be directed to the NYPD**.

- Moreover, **all calls will continue to go through 911,** which is under the NYPD's jurisdiction.

- The entire **program will be run by the Fire Department and other City agencies** and there is not even any delineation of the lines of authority and communication among the agencies. There is ***NO* role whatsoever for community organizations**.

- **The crisis response teams will be composed of EMTs who are City employees** (from the Fire Department) **who are deeply enmeshed in the current police-led response system**. Peers do not trust these EMTs. The other team member will be a *licensed clinical* social worker. Requiring both the licensure and the clinical orientation is unnecessary and will preclude a vast array of potential candidates who have excellent skills and a long history of working with people experiencing crises. There is ***NO* requirement to hire peers**.

- **The training of the teams will *NOT* use a trauma-informed framework, be experiential, or use skilled instructors who are peers or even care providers.**

- The anticipated **response time for crisis calls could be as long as half an hour**, which is not even remotely comparable to City response times for other emergencies.

- **The pilot will only operate sixteen hours a day.**

- **No outcome/effectiveness metrics have been developed.**

- There has been ***NO*** **role for the community in establishing this program or overseeing it.**

INT. 2210 SIMILARLY AUTHORIZES EXTENSIVE POLICE INVOLVEMENT AND IS LIKELY TO CONTINUE OR EVEN INCREASE THE RATE OF VIOLENT RESPONSES BY NYPD

The City Council's proposed legislation purports to reform the way the City responds to mental health crises by limiting police as responders. In fact, Int. 2210 authorizes an enormous increase in police responses.

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 minutes[4]. **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**.

[4] NYC Analytic: End-to-End Detail, NYC 911 Reporting (nyc.gov) - https://www1.nyc.gov/site/911reporting/reports/end-to-end-detail.page.

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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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.

Samaritans
SUICIDE PREVENTION CENTER

NYC Council Hearing Committee on Mental Health, Disabilities and Addiction

"Oversight - Access to Mental Health Care in Black and Brown Communities," Tuesday, April 6, 2021, 10 am

My name is Fiodhna O'Grady and on behalf of Samaritans Suicide Prevention Center, the only community-based organization in NYC whose sole mission is preventing suicide, I want to thank the New York City Council Committee on Mental Health, Disabilities and Addiction, Chair Farah N. Louis and all the members for the opportunity to speak today

With the intense social and cultural stigma--and the very real fears people in distress have about safely accessing mental health services in NYC--the need for today's hearing and, more importantly, significant action cannot be overstated.

This is especially true for people of color and those living in poverty, which research shows face greater difficulty in accessing and receiving needed health care services than other city residents. These challenges can be overwhelming to someone who is already feeling anxious, overwhelmed and hopeless.

And then add to that the way so many NYC clinical services operate and the role police have in responding to mental health emergencies and a process that can be intimidating to anyone—even those with the greatest privilege and social standing—can become absolutely frightening, if not potentially life-threatening.

There are clearly no magic answers and, as Samaritans has advised this Council for years, just adding new services and expanding others does not change the underlying issues—the structural flaws--that are at the heart of NYC's helping institutions.

The fact is: You cannot control how people get help. The history of suicide prevention has taught us that the more choices people have, the more options people can explore, the more likely they are to seek the help they need.

But people do not seek help if they do not feel safe. They do not seek help from those they do not trust. They do not seek help when the people providing that help treat them as problems to be solved instead of the complex and dimensional individuals they are.

From Samaritans perspective, alternatives to existing services must be supported and enhanced. Samaritans is but one example! We offer the only completely confidential crisis hotline in the city—which means no action is taken against a caller's desire, no police sent in response to their calls.

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This is in complete contrast to the “active rescues” that are initiated by most city clinical services that can result in so many unintended consequences.

But instead of supporting Samaritans--and other valuable community-based services with a proven record of effectiveness in reaching New York’s diverse populations —the Mayor and DOHMH continue to invest in new, often unproven, programs; never realizing that you can’t be an alternative to yourself, no matter what the packaging and PR.

Samaritans also suggests, as we stated to Council Committee staff, that you consider changing the protocol tied to 911 mental health calls as well as the city’s mobile crisis units, so that the staff that respond to mental health emergencies are accompanied by EMS—which has tremendous experience in handling crisis situations—and do not carry firearms. Immediately, you would change the landscape and many people’s concerns.

Samaritans remains ready and available to assist the Council in addressing this pressing public health problem facing so many NYC residents and believes some of the needs can be addressed by our city’s diverse community-based organizations.

Thank you.

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City Council Committee on Mental Health, Addictions and Developmental Disabilities
Oversight – Access to Mental Health Care in Communities of Color
April 6, 2021

Chair Louis and distinguished members of the Council, thank you for the opportunity to testify today. I'm Nadia Chait, 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 are deeply invested in providing care to communities of color. The majority of clients are members serve are people of color, and the majority of their employees are also people of color. Our members provide services in many languages, including Spanish, Mandarin, Cantonese, Farsi, Japanese, Korean, Cambodian, American Sign Language, French, Urdu, Hindu, Punjabi, Creole, Dutch, Gujarati, Italian, German, Polish, Russian, and Hebrew.

Unfortunately, there simply is not adequate access to mental health care. Chronic underfunding of behavioral health, combined with substantial regulatory requirements and increasing costs, has left New York without the capacity to provide mental health and substance use care to all who need it.

The Public Mental Health System & Who It Serves
Our providers primarily serve individuals with Medicaid, individuals who are uninsured and/or individuals who are undocumented, so our testimony will focus on this population. Our providers are part of the public mental health system, and operate programs through contracts from the City & State, and through state licensed and designated programs. According to data from NYS Office of Mental Health, 33% of the individuals served by the public mental health system are Black, 34.4% are Hispanic 4.5% were Asian, and 2.4% were multi-racial.[i] Compared to the census, Black and Hispanic individuals are over-represented, while white and Asian individuals are underrepresented.[ii]

Black and Hispanic New Yorkers, therefore, have access to the public mental health system. However, we simply do not have a big enough public mental health system, and so many New Yorkers of color are left without the care they need and met with waitlists and long delays before a first appointment. Our mental health system was stretched beyond capacity before COVID: in 2019, less than half of adults with mental health conditions received services, and nearly 90% of those with a substance use disorder did not receive treatment.[iii]

Impact of COVID on New Yorkers & Behavioral Health Providers
This has only worsened due to the COVID-19 pandemic. Over one-third of New Yorkers reported symptoms or anxiety in October 2020, a number that is more than triple pre-pandemic levels.[iv] These numbers are higher among Black and Hispanic New Yorkers. This has taken a system that was already unable to meet the need and brought it to the brink. Based on a recent survey of our providers, over 75% had seen an increase in demand; for over one quarter, they did not have the capacity to meet this increase.

What happens when providers lack capacity? New Yorkers go without service. They are placed on waitlists for essential care, they are referred to providers farther from their homes, or they are put in a level of care that does not meet their needs. This is a problem that has been significantly worsened by the

pandemic, but it is not new. Prior to COVID, twenty percent of positions were vacant at behavioral health agencies.[v] Staff turnover was an astronomical forty-two percent annually. This is not a way to provide care.

Agencies had weak finances before the pandemic, and many are now on the brink. One quarter of behavioral health agencies have one month or less of cash on hand, and two-thirds have three months or less of cash on hand.[vi] Agencies are strategizing week to week to determine how to cover payroll, to pay insurance costs, to settle rent bills. Over the course of the pandemic, agencies reported losing about a half million dollars in revenue, and reported increased expenses of nearly $300,000 for COVID-related purchases such as PPE and air filtration.

Behavioral Health Care for Asian New Yorkers

For Asian New Yorkers, the issue is more complex. Asian New Yorkers are unable to access care for many of the same capacity reasons that affect Black and Hispanic New Yorkers, but also face a lack of language and cultural competence. While many of our members are working to serve these communities, it can be incredibly difficult to recruit staff who speak many of the languages of the Asian continent. Additionally, Asian Americans are less likely than other groups to seek out mental health care, in part due to stigma and in part due to a language barriers with service providers.[vii]

Investing in Care is Essential

It is critically important that the City invest in community-based behavioral health organizations to increase access to mental health and substance use care. These are the organizations that know their communities and that are able to recruit from these communities to ensure cultural and language competency among staff.

Recommendations

To increase capacity and access to care in communities of color, we recommend the following:

- **Fully Fund the Indirect Cost Rate Initiative (ICR):** the City must meet its commitment to nonprofits and fully fund indirect cost rates. When contracts are underfunded, providers are unable to invest in services and support their workforce. By fully funding ICR, the City will help community-based providers handle the significant costs that come with complex regulatory and compliance needs and the challenges of working with ten different managed care plans, along with fee-for-service Medicaid and commercial insurance. This directly addresses the chronic underfunding of the sector.
- **Pair Social Service Providers with Behavioral Health Agencies to Increase Cultural Competency & Capacity:** the Connections to Care program pairs community-based organizations with mental health providers. The mental health organization provides significant training to the CBO's staff in how to conduct behavioral health screenings, mental health first aid, motivational interviewing, and psychoeducation. CBO staff use these skills to identify clients at need of behavioral health services, to work with the clients to reduce discomfort around seeking mental health services, and to engage in a warm handoff to the mental health provider. This increases behavioral health capacity by having CBOs provide screenings and other non-clinical services. It also decreases the stigma that hampers access to mental health care in many communities, by having a trusted, culturally and linguistically competent organization provide the referral and discuss the importance of this care. A preliminary evaluation of the program had encouraging results; we encourage the City to continue funding this service and expand to include more CBOs.[viii]
- **Increase Contract Funding to Support Higher Salaries for Staff:** City contracts typically provide insufficient funding to pay staff adequate wages. Low pay is the key reason why our sector has such high vacancy and turnover rates. It also hampers the ability to recruit from diverse communities, because most individuals are not able to take on the cost and debt of undergraduate

and masters degree programs, only to be met with salaries of $45,000 annually. Behavioral health workers will leave for positions at hospitals and with managed care companies that pay thousands of dollars more per year. Many transition into private practice, where they make significantly more money. We simply will not be able to have a sufficient workforce without paying them appropriately.

- **Invest Funding to City Council Mental Health Initiatives:** the Council's Mental Health Initiatives funding goes to organizations that are embedded in communities. This funding is flexible and often provides for essentials that cannot be funded in other ways. The fifteen percent cut to initiative funding in FY21 resulted in 40% of providers serving fewer people. 20% of providers laid off staff, 30% cut staff hours, and 13% cut staff salaries. At a minimum, the Council must restore the initiatives to FY20 funding. Funding should also be increased on initiatives that serve some of our most vulnerable: Opioid Prevention and Treatment ($$,375,000), Geriatric Mental Health ($2,858,310), Mental Health Services for Vulnerable Populations ($3,477,000), and Children Under Five ($1,200,000).
- **Fund Programs in the Community:** many individuals are not comfortable going to a mental health clinic, due to stigma, lack of transportation, and other access barriers. City programs that provide mental health services in community settings can increase access in communities of color by eliminating this barrier. These programs include: Mental Health Services in High Needs Schools (which should be expanded to serve all schools); Mental Health Services in Shelters, Runaway and Homeless Youth Residences and Drop-In Centers; and Clinicians in Senior Centers. These programs provide mental health care where people are, in settings that they already trust. This can increase access to care. By adequately funding these programs and expanding them to more settings, we will increase capacity in the system.

By following these recommendations, the City can significantly increase access to care in communities of color. As we begin to confront the massive mental health and substance use impacts of COVID, the city must take these steps now so that individuals do not fall through the large gaps in our current mental health system.

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i New York State Office of Mental Health, *Patient Characteristics Survey*. Accessed 4/2/21. https://omh.ny.gov/omhweb/tableau/pcs.html

ii US Census Bureau. *Quick Facts – New York city, New York*. Accessed 4/2/21. https://www.census.gov/quickfacts/newyorkcitynewyork

iii Bipartisan Policy Center, *Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration*. 3/30/21. https://bipartisanpolicy.org/report/behavioral-health-2021/

[iv] NYS Health Foundation, *Mental Health Impact of Coronavirus Pandemic in New York State.* February 2021. https://nyshealthfoundation.org/wp-content/uploads/2021/02/mental-health-impact-coronavirus-pandemic-new-york-state.pdf

[v] MHANYS, *Survey Results from Behavioral Health Agencies Highlight High Turnover Rates and Vacancy Rates Across New York State*. January 2019. https://mhanys.org/mh-update-1-9-19-survey-results-from-behavioral-health-agencies-highlight-high-turnover-rates-and-vacancy-rates-across-new-york-state/

[vi] The Coalition for Behavioral Health, *Behavioral Health Advocates Raise Grave Concerns on Proposed Mental Health & Substance Use Cuts in SFY 2021-22 Budget Citing Sustainability Challenges & Increased Costs Related to Pandemic*. February 2021. https://static1.squarespace.com/static/5d2cdbdce5099e000151d3d5/t/6026a8ae7388d25c69065c56/1613146286479/Behavioral+Health+Hearing+Press+Release.pdf

[vii] Asian American Federation, *Overcoming Barriers to Mental Health Services for Asian New Yorkers.* October, 2017. http://aaf.gsoulbeta.com/wp-content/uploads/2019/08/AAF_MH_report.pdf

[viii] Ayer, L et al, *Evaluation of the Connections to Care (C2C) Initiative: Interim Report*. Rand Corporation. June 2020. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7371352/

I was an employee at NYC Parks over 30 years. After I was diagnosed with ADD, Bipolar and ADHD some accommodations were provided but the obviously most important was refused. Later I experienced harassment and the refusal of a quieter work place. This was a reasonable accommodation recommended by my neurologist and psychiatrist because of mental health disability to help me work. The discrimination and harassment began by being given less important work because of my mental health disability. Everyone wants important projects. One reason is that it's the only path to promotion. I explained to my supervisor that she knows I have a document mental health disability and I thought this was discrimination. She said she would discuss my concerns with the administration. There may be a legitimate reason that it's not discriminatory. However, without an explanation it was dismissed and continued. My Neurologist and psychiatrist (all correspondence is available) both clearly wrote the office would improve my interpersonal skills, focus, agitation and anxiety issues all caused by my disabilities. The administration didn't see any further value in me. *By refusing the reasonable accommodations* recommended and continued harassment caused me to not be able to perform the essential functions of the job, made me unfit to perform my job. They forced me to choose between either risking my disabilities steadily getting worse or unwillingly leaving. They were forcing me to leave. Whenever an employer refuses an accommodation properly requested it is medically and legally considered conservative discharge or dismissal. The term next used is Wrongful Termination and that in the eyes of every employment court judge is fired. PARKS fired a disabled 33-year employee so that he did get the rank accompanied by an office door. So small minded and extremely callus. All of this made me extremely distressed, worsening my disabilities. Without my work I became very depressed, anxious and agitated. I could see my disabilities steadily getting worse. Although with my diagnosed mental impairment refusing office accommodations substantially limits my activities but, I was otherwise, qualified to perform the job duties; meeting the skill, experience, education, and all other job-related requirements of my position. My project was to accommodate metal Disabilities in play equipment. PARKS refuses to complete the task. Letting this quietly disappear and not hold NYC PARKS accountable for the intimidation and cruelties condones it and even encourages it. Its up to you. If only one of you know someone else who might be bullied when with the same amount of assistance a wheelchair ramp give you're going to do the right thing.

Christopher Baez Testimony

Dear City Council,

My name is Christopher Baez. I identify as Queer, Latino, and I'm 34 years old. I live in New York City. I am a member of the New York City Anti- Violence Project.

I am writing you today in order to express my concern for lack of access to proper resources and representation in my own city. As a Queer person of color I often am faced with obstacles because I am disabled . For example, there is a lack of medical resources, food, and programs/ aid to uplift my community. In hospitals, subways and law enforcement I am mid-gendered.

I urge that with this testimony you develop resources to create a solution for people like me who identify as LGBTGNC and of color. Thank You.