CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH,
DISABILITIES, AND ADDICTIONS

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HELD AT: Remote Hearing (Virtual Room 2)

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CHAIRPERSON

COUNCIL MEMBERS:
Alicka Ampry-Samuel
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Joseph Borelli
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A P P E A R A N C E S (CONTINUED)

Dr. Myla Harrison, Acting Executive Deputy Commissioner
Department of Mental Health and Hygiene

Susan Herman, Director
Office of Thrive NYC

Dr. Charles Barron, Deputy Chief Medical Officer
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Zainab Tawil, Mental Healthcare Worker
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Jasmine Bowden
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Aaron Muller, Clinical Psychologist

Scott Kierney, New York City Resident

Peggy Herrera, Member
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Ruth Lowenkron, Director
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Felix Guzman
Correct Crisis Intervention Today

Joyce Kendrick, Attorney
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Brooklyn Defender Services

Yao Chang, Staff Member
Community Organizing and Public Advocacy Department
New York City Anti-Violence Project

SERGEANT-AT-ARMS: Recording to the computer all set.

SERGEANT-AT-ARMS: Thank you.

SERGEANT-AT-ARMS: Cloud recording rolling.

SERGEANT-AT-ARMS: Thank you.

SERGEANT-AT-ARMS: Back up is rolling.

SERGEANT-AT-ARMS: Thank you. Sergeant Sadowski?

SERGEANT-AT-ARMS: Good morning and welcome to today's remote New York City Council hearing for the Committee on Mental Health, Disabilities, and Addictions. At this time, would all Council members and Council staff please turn on their video? To minimize disruption, please place electronic devices on vibrate or silent mode. If you wish to submit testimony, you may do so at testimony@Council.NYC.gov. Once again, that is testimony@Council.NYC.gov. Thank you. We are ready to begin.

SERGEANT-AT-ARMS: Chair Louis, whenever you're ready.

CHAIRPERSON LOUIS: I hope you can hear that. Good morning, everyone. I'm Council member Farah Louis, Chair of the Committee on Mental Health,

Disabilities, and Addictions and I'd like to thank everyone who is joining us today for this remote hearing. I would also like to welcome members of the committee and Council members who are present. I see currently Council members Riley, Cabrera, and Borelli. This morning, we are holding an oversight hearing entitled access to mental health care in communities of color. In New York City today, in the year 2021, more than a year into a public health crisis that has worsened the mental health of nearly every person in this city, it is extremely difficult to find affordable, comprehensive, immediate and culturally competent and accessible mental healthcare if you are a person of color. So, I will reiterate. If you are a black, brown, Asian, or another New Yorker of color, you are more likely to find yourself living in a mental healthcare desert. A mental healthcare desert or a mental healthcare professional shortage area is a community where residents who need mental health services outnumber the providers who are available to serve them. For example, in the Bronx, 91 percent of residents insured by Medicaid, most of whom are black, brown, and low income, live in a mental health desert. Even for those that do

not live in a mental health desert, communities of color in New York City are also far more likely to be under and uninsured than white communities which automatically decreases access to affordable mental health care service. This is because mental health providers do not accept insurance at all and although 90 percent except private insurance, only 71 percent of providers except Medicaid and 85 percent except Medicare and even for New Yorkers with color with insurance that live in a community with mental health providers, it is difficult to find mental health providers with language skills, cultural sensitivity who represent the diverse populations of New York City. According to the American Psychological Association in 2018, about 86 percent of psychologists and the United States workforce who are white or fewer than 15 percent were from other racial next that groups. So, I'll repeat what I said before. If you are a person of color in New York City, it is extremely difficult to find affordable, comprehensive and immediate culturally competent and accessible mental health care. This issue is not new. It is extremely complex and not using to solve. This is a problem that has been created by

generations of federal, state, and city negligence of our communities. To start, Medicaid pays rates that dis-incentivize even the most well-meaning providers. According to a Medicaid to Medicare feet index which measures each states physicians fees relative to Medicare fees, in 2016, New Yorkers and a Medicaid program pay physician fees at 56 percent of Medicare rates. More specifically, New York's Medicaid program paid primary care physicians at 44 percent of Medicare rates. That is definitely unacceptable. Further, the shift from fee for service to a managed care has left too many community based organizations unable to cover their expenses, unable to receive reimbursements for their services and unable to negotiate livable wages for their practices. That, also, is very unacceptable. Additionally, insurance networks for mental health providers are far too small. The 2015 survey found that people were far less likely to find or use an in network mental health provider compared to the other types of medical specialists. And, finally, and perhaps more disturbingly, mental health parity, meaning that health insurers apply similar processes and restrictions for treatment and coverage of mental

health and substance use disorders as they wanted for medical and surgical benefits. It has never been fully realized here in New York. Leaving providers with low reimbursement rates and very difficult survey of state efforts to ensure parity when it comes to behavioral health insurance benefits. It New York City has received a failing grade on this. So, what are we going to do about it and what are we going to do to ensure livable wages for mental health providers? What are we going to do to advocate at the state and federal level to correct these problems? What are we doing to allow access to the next generation of New Yorkers of color to educational opportunities, mental health trainings, and graduate degrees? What are we doing to address stigma that may prevent New Yorkers in our most vulnerable communities from accessing care? And what are we doing to address the existing gap in care throughout New York City? So, I will go on to share some sobering statistics. In 2017, 76 percent of US-born Asian Americans Pacific Islander New Yorkers with depression reported that they were at a time in the last 12 months when they needed treatment for mental health problems, but did not get it.

Nationally, black adults are 10 percent more likely to report serious psychological distress than white adults. Latin X New Yorkers display higher rates of depression than white New Yorkers, but white New Yorkers suffering from depression are more likely to engage in treatment. We cannot wait to fix this problem. The time to address this is right now. At today's hearing, the committee looks forward to hearing from the administration, our community based organizations, and advocates about how New York City can address this issue head on and finally in short accessible, affordable, comprehensive, and culturally sensitive mental health care to communities of color. I want to thank the administration, DOHMH, Thrive, Health and Hospitals, who are here with us today. I know you are committed to working on this issue for all New Yorkers and to effectively address the mental health needs that arise in our communities. I look forward to hearing from you all today and to learn more about the role that the city Council can play in supporting your efforts. I also want to thank my colleagues, as well as the committee staff, senior counsel, Sara Liss, legislative policy analyst, Kristie Dwyer, finance analyst, Lauren Hunt, and

legislative intern Stephan Aspermante, for making this hearing possible. I now turn to Public Advocate Jumaane Williams, who is with us today to, to share remarks. Thank you.

PUBLIC ADVOCATE WILLIAMS: Thank you, Chair Louis. As was mentioned, my name is Jumaane Williams. I'm the Public Advocate for the city of New York. Again, I want to thank Chair Louis for holding this very important hearing today and for giving me the opportunity to speak. We know that mental health affects us all and I want to make sure I make that clear and I want to also lift up deputy inspector Dennis Mullaney who took his life yesterday showing that this mental health is very real across all lines. I pray for his family and his friends. Even with that being true, it is right to hold the hearing on the impacts of mental health in the black and brown people of color community. We have seen from infection to injection of how much more these communities are affected, and that includes mental health, that includes sometimes trying to self-medicate to deal with the pain. I have been very open about my own mental health in the services I have received in therapy for at least the past five

years and the impact that that has had on me and being able to finally have a long, strong, healthy relationship and I can't imagine trying to go through the times that we are going through now without having access to those services and I am saddened for those who do not. I am not okay. Those words resonated with a lot of folks last year when I first said them. They understood that what was happening then was just too much and in communities of color, many people still feel that way. It's too much when a family member or a friend passes away from a virus again and again of death. These feelings are real and there needs to be a space to talk about how we are feeling when overwhelmed. I have still not looked at the video of George Floyd. Like I can only take it a few minutes at a time on CNN when they speak of what is happening in the courtroom. When I said those four words last year, I meant them. The raw emotion that exists in communities more color. At the same time, there can be a stigma when discussing how to manage those emotions. Asking for help, too often, can be seen as weakness. We need to make sure that there is courage and strength to ask a person for help. People do not need to suffer. When

you're not okay, we need to make sure someone is there to help and, as the Chair mentioned, even, unfortunately, if you have gotten the courage and strength to reach out, you, sadly, may not have the resources to access the help that is needed. That is why, with upcoming budget negotiations are important and why I keep pointing out we have to send a better message of how we are trying to keep people safe and healthy. While the NYPD's budget will be slightly increasing, the Department of Health and Mental Health Hygiene budget is going in the wrong direction. Mental health cannot be just seen again as a simple policing issue. It's not a simple issue at all, but I know we can't fix it by decreasing the agencies that are trying to prevent it-- trying to provide the services that need it. We do not simply just need more money for NYPD. We need more money for all of these agencies. We ask for investment in communities of more color that is designed to address, not perpetrate, trauma. Frankly, communities of more color have struggled with mental health at disproportionate rates. For example, nationally, black individuals are 20 percent more likely than others to experience mental health

problems, according to the Department of Health and Human Services Office of Minority Health. The pandemic has only amplified mental health issues and New York State Health Foundation report found that 42 percent of Latin X and 39 percent of black New Yorkers reported anxiety or depressive symptoms in October 2020. Clearly, it is difficult for people of more color to deal with the constant threat of virus, lack of stable job opportunities, rising costs, and so many other concerns. We should also be mindful of the number of mental health facilities, as the Chair mentioned, in proximity to communities of more color. There are hundreds of mental health facilities across the city with the most found in Manhattan. Notably, there are some neighborhoods in the city such as in Southeast Queens or Northwest Bronx without a nearby mental health facility at all. That highlights the challenge of accessibility to mental health facilities for so many New York City. This is the right opportunity to propose solutions. Early last month, my office released a report titled, a renewed deal for New York City that highlights some solutions that the administration should explore. The upcoming budget should ensure $7 million for two new respite

centers and $20,000,000.04 four new support and connections centers. The latest federal stimulus should help fund this small ask. Finally, we cannot forget about the young people who are all struggling during the pandemic. The budget needs to account for more counselors and mental health staff in schools, not simply, again, additional funding for NYPD. Universal mental health screening is also needed, especially for students affected by the pandemic. We need to lift up our youth who have been historically marginalized and the budget must reflect that. I appreciate today's hearing as mental health can still act as a stigma of far too many in communities of more color. Communities who need their assistance the most. Genuine investment is needed to make sure we can reduce the stigma and offer help to people of more color who need it. I think the Chair for allowing me to speak. I look forward to today's testimony and as we redefine what public safety is and what public health is. I hope our dollars show where our priorities are. Thank you.

CHAIRPERSON LOUIS: Thank you so much, Public Advocate Williams, for joining us today and for your remarks. I also want to share that we have

been joined by Council member Ayala and Council member Ampry-Samuel. I will now turn to committee counsel, Sara Liss, to go over some procedural matters for this hearing. Thank you.

COMMITTEE COUNSEL: Thank you very much, Chair Louis, and good morning, everyone. I am Sara Liss, counsel to the Committee on Mental Health, Disabilities, and Addictions for the New York City Council. I will be moderating today's hearing. Before we begin, I wanted to go over a couple of procedural matters. I will be calling on panelists to testify. I want to remind everyone that you will be on mute until I call on you to testify. You will then be on muted by the host. Please listen for your name to be called. For everyone testifying today, please note that there may be a few seconds of delay before you are on muted and we thank you in advance for your patience. At today's hearing, the first panel will be the administration, followed by Council member questions and then the public will testify. During the hearing, if Council members would like to ask a question, please use the zoom raise hand function and I will call on you in order. I will now call on members of the administration to testify and

that will include both members who are testifying and those who will be answering questions. Dr. Myla Harrison, acting executive Deputy Commissioner, Division of Mental Hygiene, Department of Health and Mental Hygiene. Susan Herman, director, Office of Thrive NYC. Dr. Charles Barron, deputy chief medical officer, Office of Behavioral Health for New York City Health and Hospitals. I will first read the oath and, after, I will call on each panelist individually to respond. Do you affirm to tell the truth, the whole truth, and nothing but the truth before this committee and to respond honestly to Council member questions? Deputy Commissioner Dr. Harrison?

EXECUTIVE DEPUTY COMMISSIONER HARRISON: Yes. I do.

COMMITTEE COUNSEL: Thank you. Director Herman?

DIRECTOR HERMAN: I do.

COMMITTEE COUNSEL: Thank you. Dr. Barron?

DR. CHARLES BARRON: Yes. I do.

COMMITTEE COUNSEL: Dr. Harrison, you may begin when you are ready.

EXECUTIVE DEPUTY COMMISSIONER HARRISON:

Thank you so much. Good morning, Chair Louis and members of the committee. I am Dr. Mylan 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 Thrive NYC, and Dr. Charles Barron, deputy chief medical officer, Office of Behavioral Health at New York City Health and 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 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 and 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 individuals in community's mental health and well-being. For example, our 2017 social determinants of health surveys 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. These survey findings help illuminate how structural racism in our country's history of discriminatory policies profoundly influence the resources, opportunities, and experiences that people in communities of color in New York City. Our 2017 survey also found serious psychological distress was three times higher among the adult New Yorkers who reported experiencing racism or discrimination a lot for 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 would

like to touch for a moment on how the Covid 19 pandemic is affecting the mental health and well-being 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, hospitalization, and deaths from the Covid 19 pandemic compared to white New Yorkers. April and May 2020 New York City Health Opinion Polls also indicate that factors that place adults at risk for adverse health-- adverse mental health very across race and ethnicity. These surveys indicate that 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 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 4600 treatment slots through a single point of access. Single point of access, SPOA, receives referrals, determines eligibility, and assigns individuals with serious mental illness to the appropriate provider. Mobile crisis teams are ineffective an important tool to keep being 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 a 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 inequity 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. The health department addresses social determinants of mental health through one of our largest programs, supportive housing. We contract to provide more than 9000 units of permanent supportive housing for people with serious mental illness, substance use disorders, and young adult. Supportive housing helps engage workers with services specific to their health and mental health care 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 efforts to launch Covid 19 community conversations programs, 3C, which provides community training and discussions in English, Spanish, and manager read know 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 that 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 into 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 a virtual psychoeducation sessions, healing circles, and ongoing mental health training and support to local community based organizations, providers, and advocates. Lastly, the health departments 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-- or I should say centuries-- of disinvestment. The action centers bring together healthcare providers, government resources, and community based organ stations 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 and 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 the standard of translating all materials into 13 languages and our Covid 19 related messaging has been translated and up to 26 languages. We rely on the feedback all 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.

COMMITTEE COUNSEL: Thank you very much. We now turned back to Chair Louis to start off with questions.

CHAIRPERSON LOUIS: Thank you so much. So, as you all are aware, accessible and equitable mental health care. In services in communities of color have been historically problematic and even deplorable. So, I wanted to provide some context for all of those that are joining us today and do a deep dive regarding mental health deserts. So, my first question to the administration would be what are the mental health deserts in New York City? Share what neighborhoods have the least access to mental health resources.

DEPUTY COMMISSIONER HARRISON: Thank you so much for that question. I am going to started off and I may turn this over to my colleague from Thrive, as well. As you pointed to already, there are differences in mental health outcomes among racial and ethnic groups and, you know, some of those

outcomes are really due to structural racism, and other social determinants of health and are not individual traits or biological traits of people. And those social determinants of health, as we have been talking about, or conditions of the environment where people live, learn, work, and play and include, as I mentioned earlier, housing education income and wealth and really greatly contribute to some of the disparities that we are faced with at this point. I also want to point out that, in part, through this pandemic, we have learned to take advantage of virtual care in a way that we were not able to do before. And so, it is not just dependent on having care in your community any longer. You can get care from any setting in part if you have got the technology and resources. Telehealth and tele-mental health were turned on a dime in the spring last year in a way that we never thought were imaginable and that means that care is available to people even if it is not around the corner from them. They could be across the city where they are then able to access care. I also want to point out that a lot of that care for people in New York City with serious mental illness is available through mobile treatment

services and so those are mobile treatment teams such as assertive community treatment teams and IMT teams where the service can come to the individual where they live and it is not dependent on having a brick-and-mortar solution for them, necessarily, in their neighborhood because the services come to them. The care is coming to them in a mobile way.

CHAIRPERSON LOUIS: Dr. Harrison, thank you for sharing that. I understand what you mean, but for those who don't have access to digital devices, it further exacerbates the disparity and I think what we are looking for is for access to that information that folks in all communities can receive so that they are aware of mobile treatment sites and other ways to get their treatment. So, I do appreciate that information and maybe we can work on a way to share information about mobile treatment and opportunities for our communities because I think that may be another solution to this issue, but I wanted to know if anybody could share specifically which neighborhoods have the least access of mental health resources. If we could name those neighborhoods as we further the conversation.

DEPUTY COMMISSIONER HARRISON: I don't have that list in front of me, but I think I'm going to turn it over to my colleague in Thrive, Susan Herman, who can speak to some of the work that Thrive as been doing in this effort.

DIRECTOR HERMAN: Thank you, Myla. Thank you, Chair Louis. Thank you for having this hearing today. What I can say is we'd be happy to provide maps for you of both the 70 federally designated mental health shortage areas and the 33 communities that were hardest hit by Covid and they overlap in great part. We, as you and I have talked about, at Thrive we have tried to place any of our services that are not mobile, services that are in a brick and mortar clinic, in a school, in a shelter, within areas that need the resources the most. So, over 75 percent of Thrive resources are within these federally designated mental health shortage areas and if you look at the 33 communities that the health department has designated, first of all, about half of those New Yorkers live in those communities and let's just talk about some of the work that Thrive does there. 76 percent of our mental health service corps sites are in these 33 communities. We are

currently supporting about 430 plus schools in those communities, but that number is growing all the time as we do more and more work with schools in those communities and that includes on-site mental health services and high needs schools and it includes the work of the school response clinicians, the mental health specialists, and pathways to care which is a new program, new partnership with Health and Hospitals to provide expedited referrals to assessment and treatment from schools to H&H child and adolescent clinics. Our support and connection centers are both in and will serve neighborhoods that are within these communities. Our social and emotional supports for parents and teachers, over 80 percent of the sites are located in these 33 communities. So, I could go program by program, but we are intentionally placing our programs within communities that need the resources the most.

CHAIRPERSON LOUIS: So, thank you so much, Executive Director Herman. I just have to push back a little bit only because we have been having this conversation-- not you and I-- but just in general. In this pandemic for a very long time. The fact that we don't have these 33 neighborhoods for

this conversation today is definitely problematic. So we need that information. We need to share it. Go ahead.

DIRECTOR HERMAN: That we don't have the names of the neighborhoods? That what you're saying? The 33 communities?

CHAIRPERSON LOUIS: The 33 neighborhoods. The reason why I want to share it is--

DIRECTOR HERMAN: Sure. We can share that and I believe it's on the health department's website, what the 33 neighborhoods are.

CHAIRPERSON LOUIS: Right. We want it to be shared today at the hearing. Although it's on the website, it's important for us to share this conversation so that the public could hear and understand what's happening because they may not know it is on the website. We can say it's on the website, but they need to audibly hear this information today because that is definitely problematic that we don't have that. I want us to answer these questions as succinct as possible so that the information is shared today. So, although you say it is on the website, we will get that

information from your team or maybe my team could look for it, since it's on the website. It's important for us to have this information readily available for the community. So, I will just jump into the next question. I wanted to know how your agencies are continuously evaluating and analyzing access to mental health resources across the city by ZIP code. I heard Dr. Harrison mention earlier regarding data. So, I just wanted to know how you're taking that data, evaluating and analyzing that information?

COMMITTEE COUNSEL: Please just bear with us one minute while we work to unmute Dr. Harrison.

DEPUTY COMMISSIONER HARRISON: Thank you. Thank you very much. Sorry about that technology problem. So, I think you are asking about specifically ZIP Codes and where do we-- where and how do we collect that information. I think I got distracted by not being able to unmute, so apologies on that. So, yes. There are number of things that we do at the health department in terms of looking at where services are and where services should be. Some of that is through the kinds of data that we

collect from community health surveys which you referred to in your opening remarks. That is one way we collect information about where people of concern might be. We have to combine across the years to get at anything close to the community because of the number of people that you need to be able to say that with confidence. We also have targeted our most recent programs. I was talking about the community conversations around Covid, 3C. Those are targeted in the neighborhoods that most-- have been most impacted by Covid and most impacted by social determinants and long-standing disparities and racism and, as I mentioned, all 33 of the task forces, Mayors Task force on Racial Inclusion and Equity Neighborhoods, have been touched by those sessions and we track for those sessions where the people are coming from and what neighborhoods that they are in. So, again, depends on the program how much information we have about communities ZIP Codes or neighborhoods that people are from.

CHAIRPERSON LOUIS: Where's that information being stored or shared?

DEPUTY COMMISSIONER HARRISON: So, the information on 3C, specifically, is being used to

make sure that programmatically we are tapping into the right neighborhoods and I don't know that it is publicly, you know, available, but I would be happy to follow up with you specifically about that program, for instance. I have also spoken in another hearing about the communities summaries that we have done at the health department that to look at community health profiles and look at them community by community where there have been impacts. Actually, it's not just mental health. It's health and mental health. It's the whole spectrum of, you know, care that we are concerned about.

CHAIRPERSON LOUIS: All right. Thank you. Now, if you can share with us what is your agency or the city in general doing to increase cultural competency among mental health providers, including those in H&H facilities?

DEPUTY COMMISSIONER HARRISON: So, yeah. Thank you for that question. You know, as I mentioned-- and it's not the same as cultural competency, but I mentioned the linguistic translations, language translations of the materials that we put out. I think what I will do is turn this question, since you asked specifically about Health

and Hospitals, I'm going to turn it over to Dr. Baron to speak about the health and hospitals perspective on this.

DR. CHARLES BARRON: So, thank you for that question. [inaudible 00:38:10]

CHAIRPERSON LOUIS: Deputy Chief Barron, it's a bit difficult to hear you. I don't know if anybody else is hearing-- Okay.

DR. CHARLES BARRON: Now?

CHAIRPERSON LOUIS: This is our new normal, so I don't know if you want to adjust the computer or your phone or--

DR. CHARLES BARRON: [inaudible 00:39:15]

SERGEANT-AT-ARMS: Deputy Chief Barron, you're coming in very choppy. You might need to relocate your computer.

DR. CHARLES BARRON: What do you mean by relocate my computer?

SERGEANT-AT-ARMS: Move it around a little bit towards the internet. Towards the Wi-Fi.

COMMITTEE COUNSEL: Okay. While we work out these technical issues, why don't we turn

back to Dr. Harrison and then we can move on to the next question if we're ready?

DEPUTY COMMISSIONER HARRISON: So, thank you. I'm not going to be able to respond for Helping Hospitals, but I am sure that we will figure out a way to get their response back to you and I apologize on their behalf.

CHAIRPERSON LOUIS: Thank you, Dr. Harrison. Thank you. So, I was able to get the 33 neighborhoods. So, this is the neighborhoods, everyone: lower East side and Chinatown, Morningside Heights and Hamilton Heights, Central Harlem, East Harlem, Washington Heights and Inwood, Mott Haven and Melrose, Hunts Pointe and Longwood, the Highbridge and Concourse, Fordham and University Heights, Belmont and East Tremont, Kingsbridge, Parkchester, Williams bridge, Bedford Stuyvesant, Bushwick, East New York, start city, Sunset Park, Coney Island, Flatbush, Midwood, Brownsville, East Flatbush, Flatland, Canarsie, Jackson Heights, Elmhurst, Cue Gardens, Queens Village, Rock-- this is just to name a few. So, what criteria are used to determine what constitutes these particular communities as a mental health desert?

DEPUTY COMMISSIONER HARRISON: I will tell you what I know about how these communities were chosen. These communities were not chosen specifically from a mental health desert perspective. They were chosen because of high rates of Covid impact and lists, in addition to other long-standing social determinants that also, then, impact morbidity and mortality. In those other social determinants included poverty, unemployment, those sorts of factors. So, it was a combination of health factors and social determinants that went into naming those communities for New York City. And there are a lot of them, as you have started to name. 33 is a lot of communities.

CHAIRPERSON LOUIS: It's definitely a lot. And while Covid is a factor in this and part of the criteria, there's definitely some accessibility to mental health services needed here, as well. This is even before the pandemic. So, I will just jump to the next question before we open up for our colleagues and I just want to mention that Council member Van Bramer has joined us, as well. A quick question. In a national survey of state efforts to ensure parity when it comes to behavioral health

insurance benefits, New York received a failing grade. So, what are your agency's doing to better ensure true parity for mental health benefits?

DEPUTY COMMISSIONER HARRISON: Thank you so much for that question. We are very concerned about mental health parity and behavioral health parity, as you mentioned in your opening statements, as well. You know, we are strong advocates for individuals having the same access and reimbursement for mental health care as other physical health care. We've got groups that advise us and that include community service boards within the health department and our regional planning Consortium that are comprised of providers, individuals with lived experience, and others and they also advocate with us on these sorts of issues and this is a larger issue. It, you know, does point to, as you mentioned earlier, state and federal issues, as well. And we would be happy to team up with you or anyone from City Council on these sorts of issues going forward. Happy to have follow up on that.

CHAIRPERSON LOUIS: Thank you for sharing that. I just wanted to know really quickly, is this advocacy work that your agencies are

depending on from the community or is the city undertaking this on on the advocacy level?

DEPUTY COMMISSIONER HARRISON: I think I have to get back to you exactly on how you're framing that question. I'm not sure I have a clear response to that. I mean, we are advised by the community service board, for instance, and they are advising us, as the health department. And then, if we take up their advice, then it's the city taking up their advice. So, I think it's probably some of both, but I'm happy to talk more about exactly what you mean by that question.

CHAIRPERSON LOUIS: It's spearheaded efforts by the city. I'm trying to see if this is spearheaded by the city of New York or if this is dependent on agencies or organizations. But you can definitely get back to me. I just wanted to share we were joined by Council member Rosenthal. I am going to yield back to committee counsel, Sara Liss.

COMMITTEE COUNSEL: Thank you very much, Chair, and I would just like to remind all the Council members that if they have any questions, they could use the zoom raise hand function at this time.

I'm not seeing any questions at this time, so, Chair, we can turn back to you to continue if you'd like.

CHAIRPERSON LOUIS: How surprising. Okay. So, my next question for the panel. Depending upon the community, a need for mental health treatment can be very stigmatizing, as you all already know. So, what is the city doing to reduce stigma across different communities?

DEPUTY COMMISSIONER HARRISON: Thank you for that question and, you know, we did hear about this, as well, from our Public Advocate. I agree that stigma can be quite concerning as a way to impede people from getting care and, again, one of the things that we've been able to take advantage of in this unfortunate time of a pandemic is pointing to the need for mental health supports and resilience in the context of the trauma of a pandemic. And that is one way to bring messages to communities where there might otherwise be stigma around mental illness. It really does normalize the need for support and for self-care and for resiliency building. And I want to say you give me the opportunity to remind us that, although people are experiencing stress and anxiety and depression in the context of this horrific

pandemic, for the most people, even though there is trauma and loss and grief, most people will be resilient and we need to work towards helping folks know that and work towards coping and work towards the things that are within their control to maintain resilience within our society and communities. And so, again, working at level of the community is one way for us to do that. Some of our community conversations, 3C is one way to do that. We have Project Hope which is a federally funded program that comes to us in the city through the state that offers a crisis counseling and coping and support for individuals, as well, and we're working with 21 community organizations throughout the city to get those services and supports out to people virtually at this point in time.

CHAIRPERSON LOUIS: Thank you, Dr. Harrison. So, historically, there has been a real lack of financial support for Asian American Pacific Islander mental healthcare providers for the Asian community, especially during recent events and uptick in hate crimes. What is the city doing to ensure that the AAPI communities have what they need in the way of a demand on behavioral health services.

DEPUTY COMMISSIONER HARRISON: Again, thank you for the question, as well. We have taken on many initiatives to support the AAPI community and we continue to promote the mental health services that are available to New Yorkers, including information about NYC Well, the crisis call, text, and chat line that is available 24 hours a day, seven days a week for anybody who is either in crisis, emotional, or is looking for information and referral to other services and the NYC Well is available in Chinese language dialects, as well, for people and is also translated into more than 200 languages. I think I'm also going to ask Susan Herman to speak about some of the Thrive related initiatives that they are engaging in, as well.

SUSAN HERMAN: I think you know that we have a open solicitation out call communities thrive and in the procurement process, it's very difficult for me to talk about it when it's open and people are in the midst of applying, but what I can say is that we have an RFP out for something called Communities Thrive. It's a demonstration project that will involve anchor organizations from the AAPI community, the black community, and the Latin X community. They

will work with local community based organizations and primary care providers who they bring into the partnership and, through that, we hope to not only launch culturally responsive public awareness campaigns that are guided by and initiated by these anchor organizations, but also to serve many people through tele-mental health. Our partner is Health and Hospitals. During the pandemic, but they have provided about 200,000 tele-mental health sessions in addition to the 1 million-- I guess 1 million total telehealth and 200,000 of those are tele-mental health sessions that they have provided. So, they have become quite expert in doing this. They are our partner in this initiative and we believe, generally, it's not just communities thrive, but generally we believe that if people can get you their mental health treatment or mental health support, that will change the interaction between the social service provider, say, or a teacher or a guidance counselor and client or a student, that that interaction will go better and that people can refer them to services when appropriate that is helpful. So, for instance, and are Connection to Chair program which was a five year demonstration project, we worked with 14

community-based organizations, some of which serve the AAPI community. They helped 46,000 individuals over that period of time and what we know-- these are social service agencies where people are going for other reasons. They are going for housing. They are going for appointment counseling. They are going for a legal services. Range of social services, while there, if they have a mental health challenges that has been identified by a staff person who has been trained to do that, not only does that interaction go better, but a mental health partner that they are working with is easily accessible and people can be and were at all or referred to treatment. So, we believe that there are a number of ways of serving communities of color and one way of doing it is by working through trusted members of their community, both local community-based organizations, faith leaders, places of employment. We have launched dozens of webinars to train nonprofit employers and corporate employers how to create and promote a more positive work environment that promotes mental health. We have worked and are continuing to work with faith leaders across the city so that, as the people, many of us, turn to for

solace and comfort, when they know that someone is facing difficult times, hard times have fallen on the, they are better trained to recognize trauma and to know how to respond appropriately. So, we are, in many ways, we are working with the people, community members already trust to help get community members to the appropriate care at the right time. That is why we are in shelters. That is why we are in schools. That is why we are in social service agencies. That is why we partner with faith leaders.

CHAIRPERSON LOUIS: Thank you, Executive Director Herman. So, if you could just do a quick little deep dive and share some more information about Communities Thrive. I know that both Thrive NYC and Communities Thrive both attempt to bring mental health resources to vulnerable communities, particularly communities of color, so how do both initiatives differ?

DIRECTOR HERMAN: Thrive NYC is a citywide commitment to help people who need help get the help they need and to try and make sure that fewer needs turn into crises. We work with 13 city agencies and, right now, we have about 30 programs that are designed to fill gaps in care across the city,

definitely with a lens of equity to try and make sure that people who live in historically underserved communities get the help they need. Populations that are typically not well served get the help they need. So, that is Thrive. That is the umbrella of all the work that we do. Communities Thrive is a program or an initiative that we will launch within that umbrella and, typically, we partner with agencies. We also work with nearly 200 community-based organizations to do our work. Communities Thrive will be one of those programs within the Thrive NYC umbrella.

CHAIRPERSON LOUIS: And how many individuals will Communities Thrive intend to serve?

DIRECTOR HERMAN: Well, we are looking forward to reading the proposals to see what our applicants tell us about that.

CHAIRPERSON LOUIS: And what is the criteria for the RFP? How are these organizations being chosen?

DIRECTOR HERMAN: For that, I would like to refer you specifically to the RFP rather than have me paraphrase how they will be chosen. The criteria is posted both on the HRA website and Thrive and we--

the due date is April 23rd. I encourage organizations to apply, if they are interested. And we look forward to a very exiting program.

CHAIRPERSON LOUIS: All right. Thank you. I'll yield back to committee counsel, Sara Liss.

COMMITTEE COUNSEL: Thank you very much, Chair. And I see that Council member Rosenthal has a question.

SERGEANT-AT-ARMS: Time starts now.

COUNCIL MEMBER ROSENTHAL: Thank you so much. And I apologize. I'm in my office, so I'll flip my screen. But, anyway, thank you so much for this hearing, Chair Louis. It's a really important topic and, Director Herman, you know I'm a huge fan, so thank you for all of the effort and smarts you put into this work. The city is lucky to have you.

DIRECTOR HERMAN: Thank you.

COUNCIL MEMBER ROSENTHAL: I'm wondering about two things. One, for the RFP, how much money is going into this? How much money will the city spend?

DIRECTOR HERMAN: This was an investment that will be about $3.7 million over a two-year period. A two-year demonstration project.

COUNCIL MEMBER ROSENTHAL: Okay. 307. So, about one point--

DIRECTOR HERMAN: 3.7. Sorry.

COUNCIL MEMBER ROSENTHAL: Right. So, about 2 million-- shy of 2 million a year and that will start when? Fiscal year 22? What month?

DIRECTOR HERMAN: Well, we hope to actually begin-- that the work of that will begin in June, so there will be a little bit in FY 21, but it will go mid-June, say, 2021 through mid-June 2023.

COUNCIL MEMBER ROSENTHAL: Got it. And how many groups are you expecting to choose?

DIRECTOR HERMAN: So, we will have three what we are calling anchor organizations--

COUNCIL MEMBER ROSENTHAL: I see. That subcontract. Okay.

DIRECTOR HERMAN: yeah. Each anchor organization will bring as part of their team five CBO's. Five community-based organizations and five primary care providers.

COUNCIL MEMBER ROSENTHAL: How much money will each anchor provider get roughly?

DIRECTOR HERMAN: Well, that is part of the proposal how they will divide up the money.

COUNCIL MEMBER ROSENTHAL: Okay. So, each anchor group each year gets about $1 million.

DIRECTOR HERMAN: Well, I'm not sure I'd put it--

COUNCIL MEMBER ROSENTHAL: What?

DIRECTOR HERMAN: We also have tele-mental health providers which is H&H and it will get some of the funding.

COUNCIL MEMBER ROSENTHAL: And they will get some of the funding. So, each anchor provider might get like 600-- 700,000?

DIRECTOR HERMAN: They are asked to propose how much they will get and how they will distribute the funding to the primary care providers and the social service agencies.

COUNCIL MEMBER ROSENTHAL: Right. The reason I'm drilling down on this--

DIRECTOR HERMAN: Sure.

COUNCIL MEMBER ROSENTHAL: is simply because we have all seen the magnitude of the need,

but we have all seen also to your point, that it is the culturally competent groups that can really serve our communities. So, I'm just trying to wrap my head around about how much money each group would get and then what are we asking them to do? And, through really sloppy mental map, it sounds like we will give each nonprofit about enough money a pay for one staffer to do this work. Is that a fair--

DIRECTOR HERMAN: We are not asking the nonprofits to provide the tele-mental health. We are asking H&H to provide the tele-mental health. We are asking the anchor organizations to help with a public education campaign and to work with H&H to provide training to make sure that, with all of the bilingual capacity that they have, that they are even better at cultural responsiveness. And we are asking the social service agencies to provide places for people and to encourage appropriate people to access tele-mental health. We're not asking--

COUNCIL MEMBER ROSENTHAL: Got it. I'm sorry. I was like to the hearing. Thank you.

DIRECTOR HERMAN: Okay.

COUNCIL MEMBER ROSENTHAL: Okay. To provide places. Okay.

DIRECTOR HERMAN: And to [inaudible 01:00:42] appropriate people and encourage them, clearly. But--

COUNCIL MEMBER ROSENTHAL: Oh, I see.

DIRECTOR HERMAN: [inaudible 01:00:47] the provider.

COUNCIL MEMBER ROSENTHAL: Got you. Got you. Got you. Got you. Okay. So, the majority of the funding, you would educate the nonprofits, basically, to educate their staff, right, to refer people to the tele-mental health?

SERGEANT-AT-ARMS: Time expired.

COUNCIL MEMBER ROSENTHAL: Okay. So, I have another set of questions, Chair Louis. May have a little bit more time?

CHAIRPERSON LOUIS: Please do.

COUNCIL MEMBER ROSENTHAL: Okay. Thank you. Director Herman, I am wondering what you think about the incident of the hate crime against the-- I'm going to say middle-aged Asian woman who was kicked and beaten on the street in the last week. What is the-- as soon is the police identify the man and apprehend him, what is the right response outside the criminal justice response? What is the right

response for how we prevent this from happening again in your mind's eye?

DIRECTOR HERMAN: I think Dr. Harrison is trying to--

DEPUTY COMMISSIONER HARRISON: Yeah. I'm just wondering if you'd like me to take this from the--

COUNCIL MEMBER ROSENTHAL: Absolutely. Again, I'm on my phone, so I can only see one person at a time, so yes. Of course. Thank you.

DEPUTY COMMISSIONER HARRISON: Okay. So, let me address your question. I think you are asking a fundamentally important question and that is-- and it is complicated by, you know, the horrific hate crime issue. You know, issues against violence against Asian Americans, Pacific Islanders. It is something that we are all horrified by a need to be very concerned about and I also want to say that if-- I think, I think we need to say a few things about these sorts of incidents. One is that patent is not a mental illness and, you know, we need to think about the societal city response to these issues outside of thinking about this solely as a mental health concern. But having said that, I also

want to make sure that we don't neglect issues around mental health and mental illness. And I want to remind folks here that people with mental illness are more likely to be victims of crimes the perpetrators of crimes. So, I want us to remember that. And, yet, if there is somebody with mental illness, that we make sure that we are aiming to connect them to Karen services in the best ways that we have and no. And so, if there's somebody coming to the attention of the community or communities with signs and symptoms of mental illness, we should know what to do about that and how to respond to that. And knowing that there are resources outside of legal-- you know, criminal justice and police response, we should be aware of that, as well. So, in New York City, we have mobile crisis teams that are available to respond to crises in communities, and homes. They are accessible through NYC Well-- 888 NYC Well. Anybody can call. We know that, you know, we have got to respond faster than we have with those sorts of programs, but I know that something that-- and it's something that we are working on. And I think one of the last hearings we were at together, Susan

Herman spoke about a pilot program which is a diversion for 911 for people who have--

COUNCIL MEMBER ROSENTHAL: Yeah.

DEPUTY COMMISSIONER HARRISON: crisis concerns. And so, you know, I think we have got to be thinking about all of those types of responses and connections for people who do have mental health needs when it isn't just a criminal justice safety issue when it does involve more complex issues.

COUNCIL MEMBER ROSENTHAL: And maybe I'm making some assumptions about the person who did this. Maybe I'm making some assumptions, but I guess, most importantly, what I was hoping you would-- I was sort of callout from what you are saying-- all of which is incredibly important-- is how could we have gotten to this guy, this guy sooner and gotten him the help he needs so that this wouldn't have happened? And I got-- Yeah. So?

DEPUTY COMMISSIONER HARRISON: Yeah. And that, again, is a really good question and the other resources that I didn't mention a few minutes ago for us to be aware of and to help make connections to his assisted outpatient treatment which is court mandated treatment for individuals who

qualify which is another way to help people stay connected to care, if they qualify for legally mandated outpatient--

COUNCIL MEMBER ROSENTHAL: Let me ask another question. In this situation, will there be-- if there's mental health issues involved-- if the police identify the person, apprehend him, will there be a connection to some sort of mental health service for this gentleman?

DEPUTY COMMISSIONER HARRISON: So, I--

COUNCIL MEMBER ROSENTHAL: And what help would there be? How does the system work? So, yeah.

DEPUTY COMMISSIONER HARRISON: Again, thank you. I don't think I can-- I can't comment on any one specific situation or individual, for various reasons, and I don't think that will help us here--

COUNCIL MEMBER ROSENTHAL: No. No. NO.

DEPUTY COMMISSIONER HARRISON: however, I--

COUNCIL MEMBER ROSENTHAL: So let me--

DEPUTY COMMISSIONER HARRISON: Can I actually add one more--

COUNCIL MEMBER ROSENTHAL: Let me say it more broadly-- Yeah. Sorry. More broadly, then.

DEPUTY COMMISSIONER HARRISON: So, we have been spending time trying to build up the city's resources for individuals who have histories of falling through the cracks of the system and we been doing that through lots of work with Thrive NYC which is, you know, one of their main goals in terms of preventing, again, people from falling through the cracks. So, there are numbers of services that we have put in place where that we have grown over the years that haven't been there before and, for instance, of programs such as our support and connections centers where police can bring individuals who have behavioral help concerns to a setting for an assessment and evaluation outside of an emergency room and, you know, I also-- so, in addition to support and connections centers-- and I heard Public Advocate Williams mentioned them in his opening comments, as well, we have increased our access to mobile treatment for individuals in New York City. Over these last five or six years, we've created a new program called intensive mobile treatment where you don't have to have a diagnosis. You may be homeless, you may have criminal or legal involvement, you may have substance use, and we have

11 of those programs operating now. We had zero of them six years ago, so we been working towards increasing access to care for people who really do have-- our system has failed them before. And I can mention additional forensic assertive community treatment programs. I mentioned mobile crisis teams available where we are working towards a more rapid response. So, there been a number-- I'm sure I'm leaving some of the [inaudible 01:10:45]--

COUNCIL MEMBER ROSENTHAL: No. And I--

DEPUTY COMMISSIONER HARRISON: those throughout.

COUNCIL MEMBER ROSENTHAL: No. I appreciate that and more details, I think, would be important for the Council. So, if you do have lists of those, I think the Council would be interested in seeing-- I see my colleague has his hand up. I just want to pursue this just for one minute and then maybe I'll come back, but like we had a briefing yesterday by our local police precincts about some crimes that have been happening in the district and all of them, fundamentally, the perpetrators need social services, right? So, the police like to say, oh, they're just revolving-- we call them the

revolving. We know these two guys. They've been in an out of the system 24 times. Gosh. Is anyone else interfacing with those people who have been in and out of the system 24 times besides the NYPD? Is there a system set up that you have, through any of these programs, with the PD, where they are encourage to refer these types of cases out? Both my precincts say it with the intended goal of getting more police officers, right? So what they are saying to me is we've got these roving criminals who go in and out of the justice system. We arrest them, they go out, we are-- I mean, an hour later we arrested this same guy and their answer that they say to me, so we need more police. Well, is that the administration's thinking and are precincts given other options or is that as far as it goes? Because we do have CBAPS. You know, we have a couple of, I guess, social service people in the NYPD. Do you understand where I'm going with that?

DEPUTY COMMISSIONER HARRISON: So, I'll start off and it looks like Susan might want to respond, as well. To say that we have resources that we've added over the years from the mental health perspective and I'm going to name two: one are our

co-response teams. These are police officers teamed up with mental health clinicians who are available to go out for individuals that, you know, may be similar to what you have described where there's concerns about repeated involvement with legal issues that, you know, really might be behavioral health focused and--

COUNCIL MEMBER ROSENTHAL: And is that in every district or just the ones that are-- have the highest crime levels? Because I don't think my district has those.

DEPUTY COMMISSIONER HARRISON: So, let me just say this. Co-response teams and then there are also HEAT teams. Health Engagement and Assessment Teams which are clinicians paired up with peers, people with lived experience-- lived mental health experience or justice experience-- who are available to go out to folks, again, in the community. These are accessible through a triage desk and police are able to make referrals to the triage desk for individuals that they are concerned about.

COUNCIL MEMBER ROSENTHAL: Able is very different from do, right?

DEPUTY COMMISSIONER HARRISON: Sure. And I hear you on that.

COUNCIL MEMBER ROSENTHAL: Yeah. Well--

DEPUTY COMMISSIONER HARRISON: So, you know, again, people have to know when you said, but those are services available and we've increased our HEAT teams recently and there are going to be more of them available. I don't know, Susan, would you like to add anything to what I've said?

DIRECTOR HERMAN: I think you've covered it. I would just say the police officers in your district, Council member Rosenthal, should be aware of the fact that co-response teams operate citywide and the HEAT teams operate citywide and they can-- there is now a behavioral health unit in the police department. They can call the unit. They can talk to the unit about particular issues that they have. They can call you in and talk about a particular person to the triage desk and decide whether it makes sense to send a HEAT team or co-response team, but the complain about the criminal justice system being a revolving door is, as I think you are indicating, it is a critique of the criminal justice system as much as it is a critique of everything else and, to

the extent that we can make the criminal justice system more effective in its rehabilitation mission, as well as its punitive mission--

COUNCIL MEMBER ROSENTHAL: Yeah. Thank you.

DIRECTOR HERMAN: we may be better off.

COUNCIL MEMBER ROSENTHAL: Look, I'm not going to keep-- I'm going to stop, but it is-- I do think it is interesting that on this call I didn't hear about either of those things. I mean, this was the call with the heads of two precincts and the elected's and saying, you know, what can we do to help here? And the answer was, from one precinct, nothing. You know, give us more cops. In the other precinct a little better. They said, we have now youth officers in the NYPD and those youth officers are visiting the homes of the knuckleheads once a week, but, similarly, they sort of, you know, tossup their hands and say, you know, no one is home, so of course these kids are on the street doing this. Again, at least they are going to the home, but I don't see any connection to social services. But perhaps we've gotten off track and I want to defer to my colleagues. You know, a lot of times in

government, I think we think the system is working. And maybe it is for a couple of precincts and it's not for a couple of others. So, maybe we can follow up. Thank you for your time.

COMMITTEE COUNSEL: Thank you very much, Council member Rosenthal. And we will next turn to Council member Riley. Just a reminder, again, the Council members, if you have questions, please use the zoom raise hand function and we will go to the public panel after that. Thank you very much. So, Council member Riley, you can go as soon as the sergeant cues you.

SERGEANT-AT-ARMS: Time starts now.

COUNCIL MEMBER RILEY: Thank you, counsel, and thank you, Chair Louis, for this opportunity. I won't take too long. Thank you for the testimony this morning, Dr. Harrison and Director Herman. I just wanted to see if we could further explain the resources out there for student who have been going through such a traumatic transition during this pandemic. We do have many high school students who aren't even able to play in their athletic sports, some that weren't able to go to prom, some that won't be able to graduate and do simple things that we all

may have done when we were in high school our collegiate year. So, I just want to emphasize and speak about those resources that we have for those students. And also for the parents. The parents who have younger students like myself who have students that, you know, aren't able to socialize with their peers. So, if there are any programs or resources out there, I just want to emphasize I'm sorry if you spoke about this earlier, but I just wanted to speak about them now, if possible. And I do appreciate all the work you have done.

DEPUTY COMMISSIONER HARRISON: Great. Thank you so much for that question. You know, I think you are spot on to ask about, you know, the needs of kids. Again, we are living through something we have not lived through before that clearly is going to impact all of us and everybody in our families: kids, adults, throughout the communities. You know, thinking through the needs of kids and families has been critically important to us. From the pandemic perspective, there is information on the health department website in terms of managing stress and coping both from the perspective of adults, as well as parents and four

kids and I can help point you to those materials. If you haven't seen them, they have been translated into many, many languages. And I understand that I cannot speak for the programs that Department of Education is working on now, but I understand that there are some resources through the DOE, as well. I don't know. Susan, do you want to add anything--

COUNCIL MEMBER RILEY: I'm sorry to cut you off, Doctor. Are there any programs with our CUNY schools for kids that are in college?

DEPUTY COMMISSIONER HARRISON: Susan, do you want to--

DIRECTOR HERMAN: If I can jump in, I can talk a little bit first about what our students that are in our-- throughout our public school system have available to them. In addition to the resources that are on the health department's website, there also particular resources geared for students and young people on the Thrive website. Services that can be accessed while staying at home. In addition to that, every school in the city has access to mental health care in one form or another. So, there is either an on-site clinic, there is access to aquatic working in partnership with the community

based organization. We have school response clinicians who respond to schools whose students are experiencing particular distress and they can counsel them. They might counsel a whole classroom if something upsetting happened to a classroom and they can stay with that student, if needed, until that student is connected to care. So there is onsite services as we open up. There are people who come to the school, the school response clinicians, in times of particular trauma or stress, and there is also school mental health specialist who work with schools to both increase the capacity of school staff and teachers to work with students effectively and appreciate their mental health needs and they also will be, if they haven't already, started running groups for students who are particularly troubled and would like to have a little bit more attention and they will run groups for them. So, we have a lot of resources. We have also created something called Pathways to Care which is a partnership between DOE and Helping Hospitals where we're starting in the 33 communities that have been hardest hit by Covid. We are currently working in about 44 schools, but soon hundreds more will be added by each child and

adolescent clinic that H&H runs and associating them with schools and--

SERGEANT-AT-ARMS: Time expired.

DIRECTOR HERMAN: onsite resources.

COUNCIL MEMBER RILEY: Okay. Thank you, Director.

DIRECTOR HERMAN: [inaudible 01:22:30] for jumping in.

COUNCIL MEMBER RILEY: Thank you, Director, and thank you, Dr. Harrison. Thank you, Chair, for this opportunity and I would like to yield my time. Thank you.

COMMITTEE COUNSEL: Thank you very much, Council member Riley. And, again, just one other reminder to the public that you will be testifying next after this and, right now, if any other Council members have any questions, please use the zoom raise hand function. And, Chair Louis, we can't turn back to you for some further questions.

CHAIRPERSON LOUIS: All right. Thank you. I will be quick, as I see hands up from the public. Earlier, I was trying to ask Dr. Barrett a question and I wanted to know if everything is working now. So, I will quickly as the question. Is

he still on? Perfect. I wanted to know what is the city doing to increase cultural competency among health providers, typically those in H&H facilities?

DEPUTY COMMISSIONER HARRISON: We can't hear you.

DIRECTOR HERMAN: He's not on mute, though.

COMMITTEE COUNSEL: So, Dr. Barron, we're still having difficulty hearing you, so we're for either Director Herman or Dr. Harrison.

CHAIRPERSON LOUIS: Sure. I want to thank Council member Rosenthal for kind of opening this Pandora's box a little bit. So, I just have a quick question. As I was listening to executive director Herman and Dr. Harrison speak, I was thinking about the referral process when folks are in contact with agencies, so my question is how are individuals who are deemed mentally ill by other agencies-- for example, if a homeless person that is deemed mentally ill by DSS wants to access the DOHMH system, how does that process work? How do you will coordinate?

DEPUTY COMMISSIONER HARRISON: That is a fantastic question. Thank you for asking it. So,

when there somebody within any other system and they would like to have access to one of the mobile treatment services, for instance, which is one of the ones that we have the single point of access for, they make a referral to the Department of Health and Mental Hygiene and share the information that we need to know so that we can then assign that person into a treatment provider. And we have spent the last about year and a few months working on improving coordination across various services and systems such as Department of Homeless Services, correctional health services for people coming from Rikers Island, Helping Hospitals. We have been sharing information across our various service systems so that we can help keep the connections and the flow going so that we can see, for somebody is making a referral, that the information is complete and accurate and getting to us in a timely way that we are making the referrals in a timely way and that folks are connecting to care. And we are measuring and monitoring how well we have been doing that, as well, cross these various agencies.

CHAIRPERSON LOUIS: Thank you for that. And I wanted to go back to the community anchor our

conversation we were all having earlier. I wanted to ask how are we requesting or asking the anchor organizations to assist with the public education campaign? Like what metrics are being used to ensure that they can effectively provide the information to the community?

DIRECTOR HERMAN: They will be, essentially, asked to design these public awareness campaigns and work with the community to do that.

CHAIRPERSON LOUIS: And what metrics are being used to measure if it is effective or not? I know that they have to put this information into an RFP.

DIRECTOR HERMAN: They do. They do, so I can't talk about that. They will propose how they will measure effectiveness and they will propose how they will create sustainability plans, as well.

CHAIRPERSON LOUIS: Okay. So will this information-- I guess after the RFP is closed-- will this information and data from the program be publicly available?

DIRECTOR HERMAN: There will be metrics about reach and about impact posted about Communities Thrive as there are metrics about reach and impact

about every single Thrive program posted on our website. Every single one is on our dashboard with data about how many people they have served and what the impact of the work has been.

CHAIRPERSON LOUIS: And last question on the anchor program. So, one of the goals of Communities Thrive is to provide tele-health and mental health services to underserved communities, so will the program include funding to support technical upgrades and purchases for New Yorkers without internet access? I know you mentioned earlier, Executive Director Herman, that H&H will play a role in this, but how will that look?

DIRECTOR HERMAN: Well, the will be provided as part of our program within the CBO's and the primary care providers, but something that H&H has done that I think hasn't gotten a lot of attention is that they have also provided cell phones and surveys for people to help keep them connected to tele-mental health. During the pandemic, they have done that for hundreds and hundreds of people and, if that is necessary in this program, will likely do that, as well.

CHAIRPERSON LOUIS: All right. Thank you. I will yield back to committee counsel, Sara Liss.

COMMITTEE COUNSEL: Thank you very much, Chair, and I'm just going to pause here to see if there any second round of questions for any Council members before we turn to the public. I know the public is very eager to go right now. Okay. So, we can turn back to you, Chair Louis, for any closing remarks that you may have before you-- and then we can turn to any members of the administration if they have any closing remarks.

CHAIRPERSON LOUIS: I just wanted to thank the administration and service providers for testifying today at this oversight hearing in relation to access to mental health care and communities of color. While mental health is not a sexy topic, it is even more relevant today as millions of New Yorkers are still struggling to recover from the devastating toll of the Covid 19 pandemic. Today we recognize the depth of work that we need to urgently, but thoughtfully, undertake to remove barriers to mental health care in communities of color in this city who have experienced

generations of racial disparities in our hospitals the neighborhood clinics. I definitely want to thank committee staff, Sara Liss-- Sorry. Senior counsel, Sara Liss, legislative policy analyst, Kristie Dwyer, and financial analyst, Lauren Hunt, and legislative intern, Stephen Aspromonte, for helping and making this hearing possible today. I look forward to working with all of you to continue to address this matter. And I will yield back to Sara Liss.

COMMITTEE COUNSEL: Thank you very much, Chair, and that concludes this panel of the administration. We thank you all for coming here today and we will now move on to public testimony. So, just a couple of procedural items. All public testimony will be limited to three minutes. After I call your name, please wait a brief moment for the sergeant-at-arms to announce that you may begin before starting your testimony. And, again, as before, there may be a few seconds of delay before you are on muted, so we thank you in advance for your patience. In the first panel that we will be going to hear from the public is going to be Zaynab Tawil, Joo Han, Joy Luangphaxay, and Yuna Youn. So, Zainab,

as soon as the sergeant cues you, you may begin your testimony.

SERGEANT-AT-ARMS: Time starts now.

COMMITTEE COUNSEL: Let's just pause the clock while we work to unmute Zainab.

ZAYNAB BASEM TAWIL: Apologies about that. Can everyone hear me? Okay. Chairperson Ayala, members of the Committee on Mental Health and Disabilities and Addiction, I want to thank you for the opportunity to testify before you here today. My name is Zaynab Tawil and I am a mental health caseworker with the Arab American Association of New York. To say that there is a profound mental health crisis in New York's Arab American community would be an understatement. Of particular worry during the Covid 19 pandemic is the rise in domestic violence in our community due to the exacerbated conditions created by the pandemic. It is an unfortunate truth that, in some Arab households, women find themselves victimized at the hands of abusive partners who wield absolute power over their lives. Organizations like mine provide women at risk of falling into these situations with resources and information that could protect them from abuse and we have thought to keep

doing so during the pandemic. However, at home, quarantines, loss of access to the culturally acceptable spaces outside the home, and increasing household tensions surrounding at home schooling and loss of income have put thousands of Arab women in situations where their lives are literally on the line. As this pandemic shuts down, it cuts off our community from mental health resources. We anticipate these negative impacts will increase and intensify the longer the pandemic carries on. The stigma surrounding mental health care in the Arab community destroys lives every day and having the resources to meet our community where they are and provide lifesaving care is essential. The Arab community is not alone in this struggle. We are just one of countless communities of color without ready access to mental health care in New York. Whether they just arrived in this country or they have spent entire lives here, every New Yorker deserves and needs mental health support and we need city Council to step up and provide the support is much as it can. Especially with the rise in hate crimes, it is imperative that the city's support initiatives coming from the voices of our most vulnerable community

members, including the Asian American community which has faced countless hate crimes in the past year alone. Initiatives like Hope Against Change created by the Asian American Federation, aimed at obtaining funding for Asian American organizations who are doing the on the groundwork fighting against anti-Asian hate by building resiliency within our communities. This initiative is critical to ensure the mental health needs of survivors of anti-Asian violence are met. The city Council could play a critical role in supporting survivors of violence across the board in guaranteeing that this work continues to stop violence by continuing to fund organizations like ours. Thank you so much for your time today. I appreciate your attention.

COMMITTEE COUNSEL: Thank you very much. We will next turn to Joo Han and you can begin as soon as the sergeant cues you.

SERGEANT-AT-ARMS: Time starts now.

JOO HAN: Thank you, Chair Louis, and all community members for holding this important hearing today. I'm Joo Han. I'm the deputy director of the Asian American Federation. Since the beginning of Covid, the Asian American community has

withstood an unending trauma from experiencing the highest increase in unemployment rates across all racial groups to our seniors suffering severe depression, the surge in anti-Asian violence that has compounded the mental health burden of the poorest communities in New York City. A community that already struggles with deep stigma, which is the biggest deterrent to accessing services, as well as multiple systemic barriers, Asians are the least likely of racial groups to utilize mental health services. When you consider the racial trauma of being attacked on a daily basis, Asian New Yorkers are facing the public health crisis within a public health crisis. In this unimaginable all year, mental health has become inextricable from public health. In the case of the Asian community, it has become synonymous with public safety. We must reimagine what mental health means in this moment for community that has not only lost jobs at the highest rate in New York City, but also regularly face shootings, stabbings, mental health during Covid means all the ways that our physical safety is addressed so that are mental health is protected from further trauma. As an organization that has led the response to the

surge in anti-Asian violence since January 2020, the Asian American Federation urges city Council to integrate and support all programming that aims to reduce the mental health impact of Asian hate crimes across all agencies. We cannot leave public safety strictly in the hands of the NYPD which is limited in its ability to provide meaningful safety for our community. The Federation has tracked over 1100 bias incidents across our reporting tool, as well as Stop API Hate, NYPD and Commission on Human Rights which equates to more than one incident every eight hours from March 2020 to February 2021. This number actually accounts for about 10 to 30 percent of the number of incidents due to the drastic underreporting in our community, yet, the majority of surveyed Asian Americans have also said that there mental health has been impacted by the rise in violence. So, to provide immediate safety solutions to Asian New Yorkers, the Asian American Federation recently launched our Hope Against Hate campaign. The campaign also seeks to support the work of our mental health panels here on this-- our partners who are on this panel and working tirelessly to support the uptick in demand for culturally competent mental

health services. So, across federal, state, and city, we are asking for a $30 million investment to stem the tide of anti-Asian violence with community center strategies that have proven to work. Because we are in the thick of city budget discussions, we are asking for city Council to step up with new initiative funding for this work because we will need widespread support to reduce these daily attacks on Asian New Yorkers. Our campaign will centralize the reporting of biased incidents through and in language reporting tool in order to connect victims to the support that they need, establish safety programs and Asian majority neighborhoods in Manhattan, Brooklyn, and Queens, outreach to local small businesses and faith centers to establish safe zones where individuals can go to seek help and support if there ever being targeted, provide up standard verbal de-escalation and physical self-defense trainings in multiple Asian languages and set up in language of victim support services, including assistance funds to help with assault related expenses and mental health support in the languages and the cultures that they need. On behalf of the Asian American Federation, I think you for your support and we look

forward to working with all of you to address this crisis and the mental health tall it is taking on the Asian American community.

COMMITTEE COUNSEL: Thank you so much. And we will next turn to Joy Luangphaxay. You can begin as soon as the sergeant cues you.

SERGEANT-AT-ARMS: Time starts now.

JOY LUANGPHAXAY: Good morning. My name is Joy Luangphaxay, assistant executive direction of behavior health services at Hamilton Madison House, or HMH. First, I would like to thank the city Council member and Chair Louis for this important hearing. HMH is a multifaceted community service organization operating in Chinatown on the lower East side and beyond. Our program focuses on early childhood education, serving seniors on the subject upon what we are focusing on: behavioral health. We specialize in providing behavioral health services to people of Asian descent and, in fact, they are the largest outpatient behavioral health providers with this population on the East Coast. Currently, we operate five mental health clinics, day treatment program, and a supportive housing program for adults coping with severe mental health issues. Our staff

are at least bilingual and languages spoken among them are Chinese, Japanese, Korean, Cambodian, and Vietnamese. The large majority of these we serve-- the people we serve our first generation immigrants of low income status and many are receiving therapy for the first time. Consistently, they share that their mental health systems relating to difficulties in employment, finances, housing, immigration status, and health. Compounding the situation is the stigma associated with therapy in the Asian American community, the effects of Covid and the anxiety provoked by the recent shares of racial incidents targeting Asian Americans. Released by the Stop AAPI Hate [inaudible 01:39:20] nearly 3800 incidents were reported over the course of roughly over a year and we believe that is a tiny fraction of the total. HM H has seen an increase in individuals seeking support and mental health services by 10 percent in the last three months and 25 percent since the pandemic. The fears of being attacked, increasing anxiety and depression, are common issues reported. For all these reasons, we believe it is imperative that the city Council makes it a priority to fund initiatives and work with community organizations and mental

health providers to tackle anti-Asian violence and further expand mental health services. Following are the recommendations. An anti-Asian against violence campaign such, as Hope Against Hate, should be undertaken and funded to encourage Asian Americans to make use of mental health services as well as to engage them in other social health and educational programs to prevent mental health from the rising. As earlier discussed, there is a shortage of mental health clinicians. It is even more so in the Asian community. We should pursue strategies that attract more Asian Americans into the health field to incentivize employing the Met community-based organizations where we have already earned the trust of the community. Additionally, funding should be available to organizations that are already providing the critical support to ensure mental health [inaudible 1:40:41] anti-Asian neighborhoods are met. Hamilton Madison House would like to thank the Committee on Immigration and the Committee on Mental Health, Disabilities, and Addictions and we would be glad to engage in ongoing discussion sponsored by--

SERGEANT-AT-ARMS: Time expired.

JOY LUANGPHAXAY: among Asian Americans and all New Yorkers.

COMMITTEE COUNSEL: Thank you so much and we will next to Yuna Youn and you can begin when the sergeant cues you.

SERGEANT-AT-ARMS: Time starts now.

YUNA YOUN: Thank you, Council and Chair Louis, for this opportunity and, as Chair Louis emphasize, we need more support for POC as a whole. Thank you for those who professionally and as individuals show solidarity and analyze ship during such a difficult time for Asian Americans. Calls coming into KCS, the only state licensed clinic targeting the community, at taking majority Medicaid and Medicare jumped dramatically our waitlist has grown. It shouldn't come as a surprise that people who appear on the news for anti-Asian hate crimes are reaching out to community-based mental health clinics such as KCS because we have trust in the community to do the difficult work of processing that are in their families pain. When that same issue is impacting multiple systems, from medical to law enforcement and security officers to the criminal legal system, clients finally come to us carrying all of that with

them. They take a leap of faith that they can heal and bravely work towards feeling safe to leave the house again and carry on with their lives even while still dealing with pending cases and the uncertainties and disappointments. Directing a clinic, I'm speaking as a social worker with a dual responsibility of maintaining patient confidentiality, but also upholding our code of ethics where, within and outside of our professional roles, we have a commitment to advocate for social justice. When people can't open up to others when investigations are pending, when they expressed concerns about systems not meeting or providing sufficient resources for their needs, the impact that mental health professionals have when they hold space for their trauma is absolutely priceless. And, yet, there is limited research with sufficient disaggregated data that can provide more intensive and tailored approaches and can help us make cases for the kind of funding that we may qualify for and deserve. As the demand for support rises due to the sheer number of attacks and the direct physical impact and sense of safety that the community has among their fellow New Yorkers, this is a shared

responsibility. My staff also must have all the support they need to provide this essential work without vicarious trauma and burnout. Even for myself, as I go about my day and have conversations with various incoming clients and my staff, it's just not okay. We can do better and, with your support, we can make a start. Thank you.

COMMITTEE COUNSEL: Thank you so much to this entire panel and I am going to pause briefly now to see if there are any Council member questions. Okay. Thanks again into this panel and we will next turn to our following panel which will include Erica McSwain, Nadia Chait, Fiodnna O'Grady, and Kimberly Blair. And we will begin with Erica McSwain and you can begin when you are on muted and the sergeant cues you.

SERGEANT-AT-ARMS: Time starts now.

ERICA MCSWAIN: Good morning, Council, Chair Louis, and esteemed Council member. My name is Erica McSwain. I'm the director at the Queens Community Justice Center which is a demonstration project for that Center for Court Innovation. Young people involved in the justice system have often experienced a history of significant trauma. The

burden of processing and acknowledging the trauma should not fall on young people who are in no position to do it alone. Our young people of color report a lack of comfort ability in traditional therapeutic settings operated by individuals unfamiliar with their unique needs. With the populations we serve facing ongoing police violence and a public health crisis that disproportionately impacts black and brown communities, realizing the vision and equitable access to mental health services is now more important than ever. 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 the victimization. At the Center for Court Innovation Neighbor in Action Site, we provide comprehensive trauma informed services to young men of color between the ages of 16 and 24 to address these impacts of various pressures. We provide therapeutic services which include psychotherapy, psychoeducation with culturally responsive delivery, intensive case management and mentor ship to support them and recognizing their trauma, and engage in healing. In Queens, the Queens

Community Justice Center provides comprehensive services to people harmed by violence by similarly taking a trauma informed, culturally competent, holistic approach to work with each participant. Uplift is a trauma informed, culturally competent victim service 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. Queens Community Justice Center is ready to implement Uplift with support from Council and transition services from mandated involvement to voluntary, meaningful engagement for young people of color in Queens. The centers Harlem Community Justice Center builds on this evidence-based approach to mental health through the men's empowerment program which provides trauma informed programming and mental health interventions to young and black and brown men who have experienced the trauma of mass incarceration and or community violence in East and Central Harlem. In 2020, with Council's support, the Staten Island Justice Center began providing more robust programming and mental health services to youth who are justice involved or have experienced a history of

trauma through the youth wellness initiative. They also plan to expand these programming to include workshops designed to address trauma and produce healing. 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 support. We thank the Council for its continued partnership and will be--

SERGEANT-AT-ARMS: Time expired.

ERICA MCSWAIN: available to answer any questions you may have. Thank you.

COMMITTEE COUNSEL: Thank you so much and we will next turn to Nadia Chait and you can begin as soon as the sergeant cues you.

SERGEANT-AT-ARMS: Time starts now.

NADIA CHAIT: Thank you, Chair Louis and member of the Council, for holding this hearing on such a critical topic. I am Nadia Chait, the director of policy and advocacy at the Coalition for Behavioral Health. Our members are our community-based mental health and substance use providers who are truly embedded in New York's communities and working in the communities they serve every day to

meet their needs. It is for this reason that the majority of individuals that our members serve our people of color and that the majority of people who are employed by our members are people of color. And so, we are working every day to address many of the issues that have been raised today and, yet, as you rightly noted, Chair Louis, this is a long-standing issue, one that, you know, started before Covid, certainly been worsened by the pandemic, and one that needs solutions that we, as providers, has not been able to accomplish on our own. We need assistance from government to truly be able to meet the needs in our communities. It's clear to us that one of the biggest challenges in providing care is that our workforce is simply insufficient due to low Medicaid rates and insufficient city contract funding. Our staff simply are not paid the wages that they deserve and, in addition, many of the structural barriers that lead to-- you know, that were discussed earlier that lead to individuals of color are often having higher mental health needs, similarly impacts the ability of individuals of color to enter our field, which often requires Masters degrees and significant levels of student debt that, unfortunately, are not,

you know, really mitigated at all by city or state programs. And so, to increase our workforce and really increase the capacity of our system to get rid of the boat wait lists and the appointment delays that folks reaching out for help and counter far too often, we would really encourage the city to look at creating more sustainable funding streams for our providers. So, that would include fully funding the indirect cost rate initiative so that provider costs are actually covered, increasing funding on city contracts to provide higher salaries for staff, and to support our staff. And then, really investing in the city councils mental health initiative. You know, I think that funding does a remarkable job at targeting services to communities where the need is very high and, obviously, you all, as Council members, know your communities an know where that need is. But the cuts last year did have a really detrimental impact. 40 percent of the funded providers that we surveyed reported serving fewer people, so bringing that funding back at minimum to the FY 20 baseline, but we would really encourage increases in that funding for FY 22. And then really funding programs in the community. Not expecting

folks, you know, to go outside of their community order go to hospitals. Funding programs where they are: in senior centers, and schools in--

SERGEANT-AT-ARMS: Time expired.

NADIA CHAIT: Thank you for your time.

COMMITTEE COUNSEL: Thank you very much and we will next turn to Fiodnna O'Grady and, as soon as the host unmutes you and sergeant cues you, you can begin.

SERGEANT-AT-ARMS: Time starts now.

COMMITTEE COUNSEL: Oh. You're still on mute. Let's just wait for the host to unmute you. You may have to accept an unmute prompt.

FIODNNA O'GRADY: That's better. Good morning. My name is Fiodnna O'Grady and on behalf of Samaritan's Suicide Prevention Center, the only community based organization in New York City whose sole mission is preventing suicide. I want to thank the New York City Council Committee on Mental Health, it's Chair Farah Louis, and members . With the intense social and cultural stigma and the very real fears people in distress people have about safely accessing mental health services in NYC, the need for today's hearing and, more importantly, significant

action cannot be more 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 helpless. And then add to that the way so many NYC clinical services operating in the role of police have been responding to mental health emergency use and a process that can be intimidating to anyone, even those with the greatest privilege and social standing can become absolutely frightening, if not particularly life-threatening. There are no clear magic answers and the Samaritans has advised this Council for years just adding new services and expanding other 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 Samaritan's perspective, alternatives to existing services must be supported and enhanced. Samaritan's 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. 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 Samaritan's 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 the PR. Samaritans also suggest, as we stated in Council committee staff, that you can consider changing the protocol tied to 911 mental health calls, as well as the city's mobile crisis units [inaudible 01:53:59]--

SERGEANT-AT-ARMS: Time expired.

FIODNNA O'GRADY: Let's stop responding to mental health emergencies are accompanied by EMS which have tremendous experiencing in handling crisis situations and do not carry firearms. Time is up. I'll send it in. I thank you. Samaritan's is here to help and believes some of the needs can be addressed by our city's diverse community based organizations.

COMMITTEE COUNSEL: Thank you very much. We will next turn to Kimberly Blair and, as soon as you're unmute by the host and the sergeant cues you, you can begin.

SERGEANT-AT-ARMS: Time starts now.

KIMBERLY BLAIR: Good morning, Chair Louis, and members of the committee. My name is Kimberly Blair and I'm here testifying today on behalf of NAMI NYC, and organization that has provided support services for the mental health community for almost 40 years, including our peer-led, peer-run helpline which provides emotional support, psychoeducation, and community based referrals to callers, nearly half of whom are individuals with mental illness who are family members from BIPOC communities across the city.

Since the 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 crises with their children. One of the most heartbreaking calls during the pandemic came from a mother, a concerned mother calling on how best to support her son, a 23 year young black man after she called 911 for mental care support while her son was in distress. And, instead, was met by police who arrived 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 for care. Although this event occurred towards the beginning of the pandemic, the mother still frequently calls our helpline to this day for different resources for her son who has since become homeless for fears of returning to the home where the police once responded. As we know too well, 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 18 black and brown individuals with mental illness since 2018. NAMI NYC commends Council members and the PA's office for taking a step in the

right direction with Into 2210, however it is our position that the legislation 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. As written, almost anything could constitute as a public safety emergency which would lead the NYPD to be dispatched, going against the goal of the proposed reform bill. For this reason, NAMI NYC would like to point to committee to the CCIT NYC Coalition's proposal for narrowly defining the term public safety emergency as when a person is causing serious bodily harm or is wielding a weapon to harm themselves or others and no other non-police de-escalation measures can be safely taken. Items such as a pocketknife or scissors do not constitute as a weapon. Our organization believes that this could be the best model for eliminating police response to mental health crisis in BIPOC majority communities since the proposal was community informed. In this story I just told, the son was not harming anyone. He was simply in crisis and, as such, deserved an appropriate mental health

response consisting of peers and representatives of his community, not the police. Thank you.

COMMITTEE COUNSEL: Thank you so much and thank you to this entire panel. I'm going to pause briefly to see if there any Council member questions. Okay. Seeing none, we can turn to the next panel which will include Malachi Carrasquilla, Jasmine Bowden, Erin Muller, and Scott Kierney. And, Malachi, you can begin as soon as the sergeant cues you and you are unmuted by the host.

SERGEANT-AT-ARMS: Time starts now.

MALACHI CARRASQUILLA: Hello, Committee on Mental Health, Disabilities, and Addictions. My name is Malachi Carrasquilla and I am a member of the New York City Anti-Violence Project, AVP. AVP aims to end all forms of violence through advocacy, counseling, legal support, and community organizing. AVP is an organization that serves the LGBTQ and HIV affected communities and a membership that is predominantly black and brown, trans, and gender nonconforming people. We are here today to uplift that we deserve to have healthy communities and for our community to thrive, we need systems that meet our immediate needs like housing, education, and

mental health services. There is a severe lack of mental health services for black and brown communities, especially the TGNC community. The few resources that do exist are not inclusive and are not culturally competent. We are in the middle of a global pandemic with the rise of hate violence which increases the need for more mental services. My own experiences have shown the urgency of this issue for me and for others. I live alone in a subsidized apartment and, last fall, due to my deteriorating mental state compounded with the fear and anxiety of being harassed and attacked by someone I thought was a friend, I am reluctant to admit that I attempt to flee my third story apartment through an open window. By some miracle of God, I only suffered a sprained ankle. But can you imagine that, after making it to the hospital and telling them that I jumped out of my third story window, no one even suggested that I speak to a mental health professional? It leaves me question. Why is it that I have asked my PCP, my case manager, and my social worker about mental healthcare and received no answers. It shouldn't be so difficult for me to receive the mental healthcare I know I deserve and would benefit me. I am still,

to this day, struggling to access care. It begs the question does anyone out there really care? The city must do better by prioritizing our health and safety and invest in culturally competent services that can robustly respond to the range of circumstances causing and the individuals experiencing mental health distress community-based organizations and not law enforcement. At AVP, we have a 24-hour bilingual hotline where we respond to violence and offer advocacy and counseling. There organizations like ours that can do this work that the city can invest in, such as the Hate Violence Prevention Initiative. We urge the city to prioritize our communities health and safety and it can start with meeting the basic needs of our community and offer mental health care that is easily accessible and inclusive of our communities. Thank you for listening in the opportunity to testify.

COMMITTEE COUNSEL: Thank you very much for your testimony. We will next turn to Jasmine Bowden and you can begin as soon as the sergeant cues you.

SERGEANT-AT-ARMS: Time starts now.

JASMINE BOWDEN: Hi, committee. Hello, Committee on Mental Health, Disabilities, and Addictions. My name is Jasmine and I use she and he pronouns. I am also member of the New York City Anti-Violence Project, AVP. I would like to emphasize again that AVP aims to that end all forms of violence through legal services, counseling, advocacy, and community organizing. AVP is an organization that serves that LGBTQ and HIV affected communities and a membership that is predominately black and brown and TGNC, which stands for transgender nonconforming individuals who live their lives in their truth, but not accepted by society. It is clear there is a lack of mental health services for black and brown communities, especially the TGNC community that is historically underserved. Even the resources that exist are not inclusive and culturally competent. We're here today to uplift what we deserve to have health communities and for our communities to thrive. We need systems that meet our immediate needs: housing, educations, and mental health services. A lot of walk-ins in AVPs are to seek our help and receive services. Transgender youth deal with a lot of psychological abuse and

sometimes feel suicidal. Through our 27 bilingual hotline, we are able to address some of these issues and offer counseling and advocacy. There are organizations like ours that can do this work which the city can invest in such as the Hate Violence Prevention Initiative. And prioritize our health and safety and invest in culturally competent services and community-based organizations and not law enforcement. We see the radical disparities when it comes to receiving care and see people who are struggling with mental health that feel isolated and alone. We urge the city to prioritize our community's health needs and offer mental healthcare that is easily accessible and inclusive to our communities. Thank you for listening to my testimony and for the opportunity to testify.

COMMITTEE COUNSEL: Thank you so much. And we'll next turn to Aaron Muller. And, Aaron, you can begin as soon as the sergeant cues you.

AARON MULLER: Thank you, Chair Louis, for this opportunity and good morning to everyone in their respective places. I'm here today to testify as amental health provider, advocate, and speaker. My name is Aaron Muller. I'm a license clinical

social worker and owner of a private practice alongside my wife, Dr. Trudy Ann Gil. Our hopes in opening our practice, we wanted to shift the narrative of mental health in black and brown communities. We have serviced over 4000 clients since our opening in 2016 and the majority being persons of color. There are clients that were not able to service due to systemic barriers. As a resident of southeast Queens, there's an absence of mental health agencies in our area. This is a grave absence for our community. I use my social medial platform to provide educational resources about mental health and stigma. With this, I received a notable about of messages and thank you's for providing resources and support. I also referred them to other clinicians, however, there is a need for bigger, more robust mental health system for persons of color in New York City. I'm wondering how the city can continue to push the conversation and narrative around stigma and how beneficial this can be. I would love to see a relaunch and push from Brothers Thrive and Sisters Thrive, which I have facilitated two conversation, on Jamaica Avenue and [inaudible 02:04:25] College and it was received very

well. My suggestion is to have more clinicians of color involved in outreach and engaging persons of color and mental health. Thank you.

COMMITTEE COUNSEL: Thank you so much and we will next turn to Scott Kierney and you can begin as soon as the sergeant cues you.

SERGEANT-AT-ARMS: Time starts now. Mr. Kierney, if you could accept the unmute and also if you would like to turn your camera vertically. You're showing up sideways.

SCOTT KIERNEY: [inaudible 02:05:20]

SERGEANT-AT-ARMS: You are on muted now.

SCOTT KIERNEY: Okay. I'm sorry about the camera. Can I go?

SERGEANT-AT-ARMS: Yes.

SCOTT KIERNEY: Okay. Thank you very much. Okay. Theories 300,000 workers, civil servants. If the statistic of one in five have mental illness, you have 60,000 potential mentally ill civil servants. I was a civil servant and I was dismissed. I was an employee at New York City Parks for over 30 years. I was diagnosed with ADD bipolar ADHD. Some accommodations recommended by my neurologist and psychiatrist were made. The most

important one, to reduce my distraction, my agitation, my irritability because of my conditions was an office. Not giving me an office I feel was discriminatory and provided harassment and it really stopped me from doing the important work that I was doing without any accommodations that should have been made. What happens is very often your supervisors and management have more authority over your accommodations and your neurologist and psychiatrist. This shouldn't be. By law, you are required to provide the accommodations in an office and they are not always done. So, I believe that-- Well, by the way, it is equal employment opportunity commission, state and city human rights departments, and, of course, the ADA require accommodations for mental health disabilities. The management and the administration side of our agencies, I think, have far too much latitude when they can override the accommodations of eight psychiatrist and neurologist. When you take away or don't provide an accommodation, legally, it becomes constructive, dismissive and that turns into wrongful termination which, essentially, is firing a civil servant. You can't do that. If an accommodation is recommended by a reasonable

recommendation that doesn't do untold harm to the office or the management, you must give it to the employee. That may not be that case. There needs to be closer cooperation between all of your agencies, all 300,000 civil servants and Helping Hospitals or whatever kind of organization is required to have the oversight that is needed. Constructive discharge or dismissal is a very serious charge. If you don't give somebody the accommodation, you are essentially doing constructive discharge, which is firing a civil servant.

SERGEANT-AT-ARMS: Time expired.

SCOTT KIERNEY: Thanks.

COMMITTEE COUNSEL: Thank you very much and thank you to this entire panel. I'm going to pause briefly now to see if there are any Council member questions.

CHAIRPERSON LOUIS: I don't have a question, but I just wanted to thank Malachi for his courage and for sharing his personal story today and for advocating and testifying today. I just wanted to thank everyone who testified today. This information is definitely helpful and I just wanted to say thank you.

COMMITTEE COUNSEL: Thank you, Chair. We will turn to our next panel now which includes Peggy Herrera, Ruth Lowenkron, Felix Guzman, Joyce Kendrick, and Yao Chang. Peggy, you can begin as soon as the sergeant cues you.

SERGEANT-AT-ARMS: Time starts now.

PEGGY HERRERA: Hi. Can you hear me?

COMMITTEE COUNSEL: Yes. We can hear you.

PEGGY HERRERA: Okay. I'm sorry. I'm at work. But I'm ready. Okay. First, I want to say thank you. Thank you for the opportunity to testify today. Thank you to Chair Lewis and the committee members. Good morning to everyone. My name is Peggy Herrera. I am a member and leader of Freedom Agenda and a mental health advocate. I am a mother of a son who struggles with mental health issues. On August 25, 2019, I was arrested when I called for help for my son during a crisis and the police showed up first instead of a mental health medical professional. Instead of being helped, I was arrested and my son never received the help he needed. It is ridiculous that a mother be criminalized for calling for help. That day I stood in my doorway and prevented the

police from coming into my house to interact with my son because I know how that has gone before for other members. People with mental health illnesses are 16 times more likely to be killed during a police encounter. Police cannot help us in a crisis because they are too busy criminalizing us, especially the black and brown community. Police don't take time to find out what happened before the crisis now, in times when my son is facing a crisis and he needs to stay in his room where he feels safe, I need a safe place to stay instead of sleeping in my car. We know that there are other ways to do this. The Stop program in Denver and that cahoots program in Oregon seemed to be working and here in New York City, we still have people dying. Mental health is a medical issue, not a police issue, but it's not just the crisis response system that has failed my son. It is the entire mental health system or, really, the lack of a mental health system. As an advocate for my son, my biggest challenges lack of resources and when I reflect on it, I realize that it has always been a barrier to my son getting what he needs. Years ago, my son deserved a school system that offered him counselors and services to respond to behaviors that

stem from trauma. As a young man whose trauma has been compounded by being criminalized so often, he needs access to unlimited mental health resources. My son should never worry about the amount of visits because no one can determine the amount of times he will have a crisis. We need a mental health system that will address and treat individuals before their actions and behaviors provoke a police response. We need a supportive and safe response. We need long-term mental health services that can offer coping skills, behavior management, social services, supportive housing, educational trades and employment. When you give people what they need, you are telling them that they matter. We cannot continue to rely on emergency rooms or jails as mental health centers. We are facing a mental health crisis. Mental health is real. I demand that we get what we need for our families and I just want to say thank you to Jumaane for addressing our youth because crime is a cry for help. When someone commits a crime, they are crying for help and every person who stands before a judge needs to be evaluated. Every person, especially more now than ever. And for telehealth, they--

SERGEANT-AT-ARMS: Time expired.

PEGGY HERRERA: Okay. Thank you. I will send the rest in.

COMMITTEE COUNSEL: Thank you very much and we will next turn to Ruth Lowenkron and you can begin as soon as the sergeant cues you.

SERGEANT-AT-ARMS: Time starts now.

RUTH LOWENKRON: Good afternoon, Council members. I appreciate the opportunity to talk before you. My name is Ruth Lowenkron. I am the director of the Disability Justice Program at New York Lawyers for the Public Interest. We advocate broadly in the area of disabilities, including in all realms of mental health issues, but I, too, am going to concentrate on what Peggy Herrera so aptly called the crisis of mental health crises and I enjoyed my colleagues from the CCIT NYC, that correct crisis intervention today New York City coalition which consists of over 80 organizational members. We are all about transforming what is happening in this city to respond to mental health crises. As Chair Lewis mentioned, there is a disproportionate number of black and brown individuals with mental disabilities, so you can only assume that they are

disproportionately affected by the response to mental health crisis and the numbers are, not surprisingly, reflecting that. But, perhaps very surprising is and how greatly so. As Kim Blair, my colleague said, 18 individuals shot and killed at the hands of the police in the last five years alone, 15 of whom, more than 80 percent, our people who are black or brown or other people of color. Unacceptable. It is a crisis. We have to do something immediately. And what we see around the country is that people are responding, but New York City is not there yet. Even President Obama just tweeted yesterday-- you may have seen that-- this is what we need to do. We need to make more places to nonpolice response and get to the help of people who experience mental health crisis. What is the answer? The answer is the proposal that CCIT NYC has of removing police entirely, having a community run into two utilizing peers and those with lived mental health experience and EMTs and responding in equal kind of mental health emergency use. What is not the answer? The current iteration of inter-directory bill 2210. Police have an outsized role and undefined sense of the public safety emergency. Allowing DOHMH to do

the work when we are trading off in that regard for another bureaucracy. A 30 minute response time, where does that come from when we have an 8 to 10 minute response time for any other emergency? And what else it is not the answer? And I'm very disappointed that Susan Herman is not here to hear this, though she has heard it from me many times. The Thrive pilot is also very much not the answer. It allows for an astronomical 30 percent of calls to go to the NYPD. All the calls go through 911, which is the NYPD. They insist on utilizing--

SERGEANT-AT-ARMS: Time expired.

RUTH LOWENKRON: I am just about done. Emergency medical technicians who are deeply involved in the problems of the current response and, again, a 30 minute response time and they will only operate 16 hours a day as if mental health crises can be timed. So, I conclude by saying especially during this time of Covid, I implore you. Do not tarry. It is a crisis and I can stand at the ready personally, along with my organization, New York Lawyers for the Public Interest and CCIT NYC to work with you day and night to make this problem disappear. Please, utilize us and let's make this happen together. Thank you.

COMMITTEE COUNSEL: Thank you very much and we will next turn to Felix Guzman. You can begin as soon as the sergeant cues you.

SERGEANT-AT-ARMS: Time starts now.

FELIX GUZMAN: Greetings. My name is Felix Guzman. I'm testifying today on behalf of Correct Crisis Intervention Today, broad coalition of mental health peers, providers, rights activists, 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 need and experience during a moment of crisis. I have lived in Crown Heights my whole life. My hat 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 addressed, 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 minutes-- two hours to tell, not three minutes, so I will summarize my experience which is some of it is quite 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, and I have been subject to numerous wellness checks by police with riot shields. I was diagnosed with different types of mental illness and put on numerous medications. Follow-up care consisted of a referral to a Medicaid in downtown Brooklyn which staff and clients openly exchange drugs. At the same time, I managed to secure my associates degree, had a child, and held a full-time job for human service agency before stress resulted in a nervous breakdown. My life began to change three years ago when I connected with support services following a stay of community access. Staff respite center. I became active in the mental health advocacy movement which has given my life for genuine purpose and helped me to understand more fully my own circumstances. In 2019, I entered [inaudible 02:18:17] peer training program which I graduated this month after a year of remote learning and, in 2020, began working full time for NYC Well as a peer support specialist. My future goals include expanding my advocacy activities 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 you sent me back to school the very 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 respond to any mental health related 911 calls. If trained peer counselors had intervened years ago, my journey would not have been-- would have been much different. CCIT NYC has developed a peer informed crisis response proposal and it should be implemented as soon as possible. Second, police officers often our 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 and

state governments Justice Center. Third, the city needs to engage its supports, community organizations, and other key stakeholders based on the principle of asset-based community development. This approach focuses on community strengths and nontraditional support networks. This idea was proposed to the city in 2018 as the recommendations of the Mayors Task force on crisis prevention response. [inaudible 02:19:50] neighborhoods, support networks and recognize that the knowledge and skills of local groups could be harnessed to support high risk people that are well-known to residents.

SERGEANT-AT-ARMS: Time expired.

FELIX GUZMAN: I'm going to go ahead and it will just be a few seconds. The city cannot perform these networks on its own and needs to outsource the organizing effort to a group that has this special skill set and that provides [inaudible 02:20:07] contracts to local groups. Finally, building on the first two recommendations, the city should also expand the implementation of the community based health organization sensors model that 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 service centers-- services that are responding to the social determinants of health. The action centers provide low-cost office space to co-locate partner organizations allowing residents to that access a broader range of services than the health department could ever offer alone. 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, and high risk behavior, depression and anxiety, and early death. In fact, the trauma is especially pronounced in low income black and brown communities. For my family, 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. I thank you for allowing me to share. Thank you.

COMMITTEE COUNSEL: Thank you so much for your testimony. Our next panelist will be Joyce Kendrick. Joyce, you can begin as soon as the sergeant cues you.

SERGEANT-AT-ARMS: Time starts now.

JOYCE KENDRICK: My name is Joyce Kendrick and I am the attorney in charge of the mental health representation team of the criminal defense practice at Brooklyn Defender Services. Thank you, Chair Louis, for holding this important hearing on access to mental healthcare in communities of color. The mental health representation team at Brooklyn Defender Services works to support people living with serious mental illness who have been accused of a crime in Brooklyn. In response to the question from Council member Rosenthal, there are mental health courts in every borough. Every mentally ill client can be referred to mental health court in lieu of having their case proceed on the traditional track. In mental health court, the client is assessed and an individual treatment plan is devised. The goal is that, after successful completion of the mandate, the client would have been connect to services in the community and will be able to continue to access treatment and support. I have witnessed amazing outcomes for these clients. That said, the court often mandates mental healthcare for people who could have avoided the criminal legal

system involvement all together. The city cannot rely on the NYPD and criminal legal system to address mental illness. It is a fact that individuals experiencing a mental health crisis are more likely to be engaged by police than medical providers. This involvement of police too often leads to disastrous consequences for the person that help was summoned for, particularly for New Yorkers of color. Having a mental illness is not a crime and New York City must invest in mental health response teams that deescalate prices and prevent people with serious mental illness from entering the criminal legal system. We urge the city to invest in free and low cost mental health services that are designed for people who have experience hardship, trauma, and incarceration. These programs must be equipped to meet the needs of people who are newly being introduced to mental healthcare to create a familiar, nonthreatening, therapeutic environment for those who may be hesitant to engage in treatment. Such programs must employ trained clinicians who are fluent in multiple languages. We must not place the burden on the patient to educate the clinician about

the realities of incarceration, gun violence, or racism. Thank you, again, for your time.

COMMITTEE COUNSEL: Thank you so much. And our next panelist will be Yao Chang. Yao, you can begin as soon as the sergeant cues you.

SERGEANT-AT-ARMS: Time starts now.

YAO CHANG: Sorry about that. Hello. Good afternoon, committee Chairs on Mental Health, Disabilities, and Addictions. My name is Yao Chang and I am a staff member in the community organizing and public advocacy department at the New York City Anti-Violence Project. Our mission is to empower lesbian, gay, bisexual, transgender, queer, and HIV affected communities and allies to end all forms of violence through community organizing, education counseling, legal services, and advocacy. Our active membership is predominantly black and brown, trans and gender nonconforming people. I'm here today to assert that the communities that we serve, collaborate, and build relationships with deserve to not just have their immediate needs met, including housing, education, food, shelter, and mental health services, but to thrive. Mental health is crucial for sustainable and overall wellbeing for black and

brown communities which have been historically underserved, even prior to the pandemic. As folks have mentioned, the Covid 19 pandemic is causing a mental health crisis. The majority of the services currently available are not culturally competent and unequipped to adequately support black and brown chance and nonconforming people who, in addition to experiencing the pandemics consequences including eviction, unemployment, food insecurity, mental distress, and more, are also facing increased heat violence. Throughout the pandemic, the New York City anti-violence project has continued to provide programming for peer support. Our services mentioned before, including our 24 English and Spanish hotline, 24 hour hotline, to the black and brown TGNC people. As staff that is fortunate to co-create a space of leadership development and camaraderie you with our community members, I have really seen the importance of relationships and services that affirm black and brown TGNC people identities, experiences, and traumas, however, we are limited in our resources. We know that there is much greater need than supply. Additionally, from my personal experience in psychiatric units due to my own mental health and

survivorship from queer intimate partner violence, I have witnessed how the current mental health system and forces anti-black racism and ropes patients into caustic care that is often more pathology rising than helpful. Therefore, the city needs to prioritize funding adequate mental health resources, services, and infrastructure over policing for our communities. If the needs and experiences of our city's most impacted residents are centered, the city will be stronger and better for all of us. The city can do this by investing in community-based organizations like ours which has a variety of programs and initiatives that address the root causes of violence against black and brown trends in gender nonconforming people. This includes our Hate Violence Prevention Initiative. I believe the city has the power and opportunity to invest in our communities health and safety and emerge from the pandemic with a worthwhile legacy. We call on the city to do so and to ensure that the services provided to our communities are accessible and inclusive. Thank you for giving me the opportunity to testify.

COMMITTEE COUNSEL: Thank you so much. At this time, I would like to mention that if we inadvertently missed anyone who wanted to testify, please use the zoom raise hand function. And I also wanted to remind everyone that you can submit written testimony to testimony@Council.NYC.gov. I am just going to pause here to see if we have missed anyone. Okay. Seeing none, I am going to turn back to Chair Louis for any closing remarks and to close out the hearing.

CHAIRPERSON LOUIS: I just want to thank everyone for testifying and for sharing their personal testimonies and, for the advocates and CBO leaders here today, I definitely took some notes and got some information and recommendations and we will definitely include you all and anything that we do moving forward. And, with that, I want to close out this hearing. Thank you so much.

[gavel]

C E R T I F I C A T E

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

Date June 12, 2021