



CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 10
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Health & Human Services Committee Report

215 West 125th street, 4th floor
Monday, February 23, 2015 – 6:30 pm
Chair – Dr. Hazel Dukes
Vice-Chair Michelle Booker

Attendees: Hazel Dukes, Chair; Michelle Booker, Donna Gill, Christina Curry, Cicely Harris

Opening Statement by Dr. Dukes:

We are pleased to have you here tonight. We are charged by the constitution & bylaws by the City of New York to bring guests to discuss their programs if they are already in our catchment area, they are looking to come into this community with services, we like to know the history of this catchment has been inundated with so many health services that have not reached the population that we think it should reach and we see the resources of some of our institutions being taken away. Such as, Harlem Hospital, institution in this community we believe has an amount of services that can be afforded to our community and yet we continue to see that we are losing some services from Harlem Hospital to other privatized institutions. By the charter we are required to make a declaration to what services we need to our Borough President, to be negotiated in the City budget. So when we hear Harlem Hospital, an institution that has served this community for years losing vital services like the dialysis treatment center, as we have been told, that they want to farm that out to independent contractor/privatization. We have a myriad of problems in this community and a myriad of services needed in this community. But we feel that we get saturated with services, however, we do not see real outcomes to the community and so with that said, we are glad that you are here.

Representatives from External Community Affairs

- Luke Bergman, Bureau of Alcohol and Drug Use, Division of Mental Hygiene of the NY Dept. of Health and Mental Hygiene
- Ricky Wong, External Community Affairs

- Samuel Friedman, External Community Affairs (on vacation)

Mr. Bergmann, presented on one of the initiatives that is growing out of the Mayor's Task Force on Criminal Justice and Behavioral Health. This was a relatively early and very publicity generating initiative on Mayor de Blasio, so over the summer groups were formed:

Stakeholders and Experts were charged to think about how to develop reforms to the criminal justice system to better deal with "Mental Health Substance Use Issues" what we call "Behavioral Health Issues" which is a term that encompasses mental health and substance abuse issues. Those initiatives span all points of contact between the criminal justice system (CJS) and the population at large. So, on the street before people get engaged by CJS, as they are moving into the CJS in jail, and then as they are moving back out. One of the really important initiatives to be developed out of this process to be the first interception, "pre-arrest" – A Public Health Diversion Center Model. So this grows out of the idea, for folks with behavioral mental health issues, we are not being well served by the CJS as it currently. We have seen articles in the NY Times regarding the bad outcomes are for folks with behavioral mental health issues that wind up in the CJS, especially if they are sent to jail or prison. So this Public Health Division Center, was developed to try to curtail the arrests or jailing of people who would be better served by the Health Care System or by Behavioral Health Services than currently being served by the CJS and by Rikers Island in particular. So this is a collaborative that is growing out of Health Department (DHMH) and NYPD, and the idea is while undergoing the pilot phase, in the areas defined by the 23rd, 28th, and 25th Precincts, what we call a Diversion Center; which is a location that would be run by an existing provider, so we are not talking about building a new facility. But possibility of the occupancy of a space that is up and running; or the reconfiguration of a facility currently running, by a provider to address a population of folks with behavioral mental health issues, who would have been arrested but the existence of the center would be run by the police to divert it from arrest to be taken to this center where they would be engaged by behavioral health care workers, stabilized if they are in any kind of crisis, if they are needing withdrawal assistance or any mental health crisis they would receive mental health stabilization services as well. Then they would be quickly as possible referred to some longer termed, ongoing and existing service.

Discussion with the Board:

- We have a widely known existing service here Harlem United, is a provider of these services for long term care
- Three years ago there was a resolution to halt additional services coming into this area because there was a concern of proliferation of these services in Harlem
- Support long term care and for the coordination of the Health Department to use existing facilities in this catchment area.
- Critical piece to this is the connection to ongoing care

- The Diversion Center will have quite robust navigation and linkage system for formal clinical services and peer support survivors to engage current patient population.
- The Center will only be here to serve the needs the population in this area.
- Peer Support Survivors will be paid by the Agency and Medicaid.
- Target is to open the Center by the fall.
- The NYPD gave this presentation to the public safety committee, concerns were raised about the disabled community and the high deaf population:
 - People who have MS appear to be drunk
 - People who have Spastic Cerebral Palsy appear to be high
 - This is why community stakeholders are necessary because this population gets arrested frequently because of their appearance and not because they are using a substance.
- Task Force met for a 3 month period for to generate ideas for the collaboration between the DOH and the NYPD.
- We can provide a roster of those on the Task Force.

Michelle Booker