Exhibit F

Secondary Navigation

Transcript: Mayor Eric Adams Delivers Address on Mental Health Crisis in New York City and Holds Q-and-A

November 29, 2022

Mayor Eric Adams: Good morning, New York City. I want to talk to you about a crisis we see all around us. People with severe and untreated mental illness who live out in the open, on the streets, in our subways, in danger and in need. We see them every day and our city workers are familiar with their stories. The man standing all day on the street across from the building he was evicted from 25 years ago, waiting to be let in. The shadow boxer on the street corner in Midtown, mumbling to himself as he jabs at an invisible adversary. The unresponsive man unable to get off the train at the end of the line without assistance from our Mobile Crisis Team. These New Yorkers and hundreds of others like them are in urgent need of treatment, yet often refused it when offered. The very nature of their illnesses keeps them from realizing they need intervention and support.

Without that intervention, they remain lost and isolated from society, tormented by delusions and disordered thinking. They cycle in and out of hospitals and jails, but New Yorkers rightly expect our city to help them and help them we will. For the past 11 months, my team and I have studied the challenge of severe mental illness in the streets of our city. We have spoken to those who suffer from it and the experts who treat it. We have analyzed data gathered by our outreach teams. We have worked across many agencies and we have consulted with our partners at the state level. I want to update you on the results of these efforts and lay out the next phase of our plans to address this urgent and complex challenge. My administration is determined to do more to assist people with mental illness, especially those with untreated psychotic disorders who pose a risk of harm to themselves even if they are not an imminent threat to the public.

It is not acceptable for us to see someone who clearly needs help and walk past. For too long there's been a gray area where policy, law, and accountability have not been clear, and this has allowed people in need to slip through the cracks. This culture of uncertainty has led to untold suffering and deep frustration. It cannot continue. We need to change that culture and clarify our expectations. No more

walking by or looking away. No more passing the buck. Going forward, we will focus on action, care, and compassion. If severe mental illness is causing someone to be unsheltered and a danger to themselves, we have a moral obligation to help them get the treatment and care they need. Today, we are embarking on a long term strategy to help more of those suffering from severe and untreated mental illness find their way to treatment and recovery.

It begins with an immediate shift in how we interpret our obligation to those in need and calls upon our outreach workers to take deeper actions and more intensive engagement. We can no longer deny the reality that untreated psychosis can be a cruel and all-consuming condition that often requires involuntary intervention, supervised medical treatment and long-term care. We will change the culture from the top down and take every action to get care to those who need it. To do this, we need significant help from our partners in Albany. I want to thank Governor Hochul for her support on this issue. Thanks to her leadership, we have greater resources and a stronger commitment to making progress on one of the most enduring challenges facing our city. She has been an excellent partner in every effort, and I look forward to working with her and the state lawmakers to address the longstanding gaps in our state Mental Hygiene Law.

To begin that process, our team has developed an 11 point legislative agenda to address those gaps and getting it enacted will be a major priority for us in 2023. This agenda is already available online and to the public. But even as we move forward on that agenda, there's much we can do now by properly interpreting and carrying out existing law. Job one is to make it universally understood by our outreach workers, hospital staff, and police officers that New York law already allows us to intervene when mental illness prevents a person from meeting their basic human needs, causing them to be a danger to themselves. This policy has been confirmed in written guidance from our state office of mental health. Yet, the common misunderstanding persists that we cannot provide involuntary assistance unless the person is violent, suicidal, or presenting a risk of imminent harm. This myth must be put to rest.

Going forward we will make every effort to assist those who are suffering from mental illness and whose illness is endangering them by preventing them from meeting their basic human needs. And let me be clear, we will continue to do all we can to persuade those in need of help to accept services voluntarily, but we will not abandon them if those efforts cannot overcome the person's unawareness of their own illness. In short, we are confirming that a persons' inability to meet basic needs to the extent that it poses a risk of harm as part of the standard for mental health interventions, and we will accomplish this in five specific ways.

First, we have issued a new directive to our Department of Health and Mental Hygiene Mobile Crisis Teams, FDNY EMS, and the NYPD. This directive lays out an expedited step by step process for involuntarily transporting a person experiencing a mental health crisis to a hospital for evaluation. It explicitly states that it is appropriate to use this process when a person refuses voluntary assistance and it appears that they are suffering from mental illness and are a danger to themselves due to an inability to meet their basic needs. We believe this is the first time that a mayoral administration has given this direction on the basic needs standard and official guidance.

Second, our Mobile Crisis Teams and police officers receive enhanced training on how to assist those in mental health crises. There will be a new focus on the need to intervene in situations where an individual appears to be suffering from mental illness and in danger due to inability to meet their basic needs. This would include an in depth discussion on what inability to meet basic needs means, and an array of options to consider before resorting to involuntary removal. The first training to this is going to be incorporated today. This new focus took place this morning and we will soon roll it out to all current members of the mobile crisis teams and the NYPD.

Third, we'll be launching a hotline staffed by clinicians from our H + H hospitals that will provide guidance to police officers who encounter individuals in psychiatric crisis. State law already authorizes a police officer to make a judgment call to have a person involuntarily removed to a hospital, but many officers feel uneasy using this authority when they have any doubt that the person in crisis meets the criteria. The hotline will allow an officer to describe what they are seeing to a clinical professional or even use video calling to get an expert opinion on what options may be available.

Fourth, we will develop a special cadre of clinicians paired with NYPD offices dedicated to the difficult work of getting New Yorkers and crises into care. These specialized intervention teams will have the training, expertise and sensitivity to ensure that those in need are safely transported to a hospital for evaluation.

Fifth, we will work to have the basic needs standard for involuntary intervention explicitly written into state law. This is point one in our 11 point legislative agenda that I mentioned earlier. State law already gives us the scope and authority to help those who are unable to meet their own needs. But to have it clearly spelled out, the legislation would help dispel the misconception that we must wait for a threatening, violent, or suicidal act to get those in crisis the help they need. We'll also seek a common sense expansion of the criteria that a hospital doctor considers and deciding whether or not to discharge a psychiatric patient. All too often, a person enters a hospital in crisis and gets discharged prematurely because their current behavior’s no longer as alarming as it was when they were admitted. The law should require hospitals' evaluators to consider not just how the person is acting at the moment of evaluation, but also their treatment history, recent behavior in the community, and whether they're ready to adhere to outpatient treatment.

Our agenda also calls for allowing a broader range of licensed mental health professionals to staff our public crisis teams and perform these evaluations. This will help us get more outreach teams on the ground and enable hospital psychiatrists to spend more time providing medical care directly to patients. We will also seek changes in the law to improve communication between inpatient and outpatient treatment providers, allowing better continuity of care and discharge planning. And we will look to extend the reach of one of our most successful programs assisted outpatient treatment, also known as Kendra's Law. When used, Kendra's Law has been shown to help those with severe mental illness avoid repeat hospitalization and arrests, but we know that many who stand to benefit from this approach are not finding their way into the program.

To remedy that, hospitals must be required to screen all psychiatric patients for Kendra's Law eligibility. These relatively simple changes to the law will have an outsized impact. They will strengthen our mental health laws and incorporate what we've learned through experience, and they will do so without threatening anyone's civil or legal rights. This plan represents a major shift in how we care for our fellow New Yorkers in crisis even as we build on improvements we have already made over the past 11 months. It is the logical extension of what we have been doing from day one of this administration to repair our broken mental health system. That includes the subway safety plan that put more outreach workers and police officers on the trains and platforms, and increased investment into drop-in centers, safe havens, stabilization beds, and street health outreach and wellness beds. The result so far has been over 3,000 New Yorkers connected with care, support and shelter.

Our city also implemented the B-HEARD pilot program, which deploys social workers and EMTs to respond to nonviolent mental health 911 calls. And we have worked with the Sanitation Department to remove illegal encampments throughout the city, many of them extremely dangerous for those living there. We want all New Yorkers to have access to a safe place to live, and we are working to expand the supply of supportive and low-barrier housing. We're also piloting innovative models to connect people in

shelter with the services they need to succeed, including Medicaid, home and community based services, which includes mental health care, socialization, and connection to housing. We will be enrolling appropriate people living in shelter into specialized Medicaid managed, long-term care plans. This will offer them enhanced services with the goal of stabilizing their medical condition, increasing connection to healthcare services, reducing hospitalization, and increasing access to community housing. We are adding more support to connection centers and increasing investments in other community support options.

And we have launched our connect program, which offers continuous engagement between clinical and community partners. All of these efforts are based on our core conviction that people with severe mental illness deserve care, community and treatment and the least restrictive setting possible. Some may see the policy shift announced today as a departure from that goal. But let me be clear. When we hospitalize those in crisis, it will be worth a sense of mission to help them heal and prepare them for an appropriate community placement. We can't just stabilize people for a few days and send them back out into the city. We must build a continuum of care that helps patients transition into step down programs and eventually into supportive housing. But nobody should think decades of dysfunction can be changed overnight. The longest journey begins with a single step, and we can't wait another day to take this one.

You must lead with a sense of purpose and conviction, not get lost in the wilderness of bureaucracy and fear. You must train, teach, and empower our city workforce to get help to those who need it and know that our city supports them in this effort. We must build out a system that will bring people into care, alleviate their pain, keep them from harming themselves or others, and give them treatment and support they need in the long term. Those suffering from severe mental illness have more than a right to exist or survive. They have a right to healthcare, housing, and treatment. A right to dignity and respect, a right to safety and security. And above all, a right to hope. Hope for treatment, community, and healing. Hope that their future can be safe and that their illness can be managed. But that hope starts with a spark of engagement on our part, followed by a strong and supportive program of help and housing. We are all brothers and sisters that much. And in helping them, we will also be protecting the rights of every New Yorker to live, work, and thrive, and be safe.

(...)

Deputy Mayor Anne Williams Isom, Health and Human Services: Good morning everyone, and thank you so much for joining us for this very important announcement today about how we are going to be bringing compassionate care to our brothers and sisters who are suffering from severe mental illness and who are unsheltered.

Before we get started, I'd like to thank all of the partners who are here today. We have the New York City Police Department, the Department of Social Services, Deputy Mayor Phil Banks on Public Safety, the New York City Law Department, the Mayor's Office of Community Mental Health, Mayor's Office of Criminal Justice, New York City Health and Hospitals, the Department of Health and Mental Hygiene, the MTA, Scott Auwarter and Juan Rivera from BronxWorks, and our faith-based leaders who are joining us here today.

In addition, we have our elected officials. Assemblyman Jenifer Rajkumar, [State Senator] Simcha Felder, Assembly Member Eddie Gibbs, and Assembly Member Ron Kim. Now I'd like to hand it over to Mayor Adams.

Mayor Eric Adams: Thank you. Thank you. We're going to open the questions, but let me say this first. I think Assemblyman Kim said something to me just a little while ago that really personifies where we are

right now as an administration. We're not going to punt, we're not going to punt. We're not going to turn the ball over to someone else. We're not going to pretend as though what is happening on our streets and we are just not going to run away from this issue.

And we've dealt with many issues during this administration. Nothing has brought more passion than this topic right within the administration. The administration debated, looked at every line of the law. Everyone brought all of their feelings and emotion into this. I have not witnessed one topic from my 11 months of being a mayor of this city that did not bring out so much passion among the men and women who are in this field who have really dedicated their lives to this issue.

And those of us who really believe that we have abandoned people on the streets and all of us know it. You all know it. You're watching people standing there on the street talking to themselves, don't have shoes on, shadow boxing, unkept, and we are walking by them. We are pretending as though we don't see them.
And that first month as the mayor was just so telling to me. Sitting in those tents in those encampments, seeing human waste, stale food, dirty clothing, people who are dealing with mental health crises, and then we have the audacity to say that they should live that way? I'm just not going to do that. And I know some people may look at what we are doing saying that we are trying to do something to take away the right of people. No, we're not. The right is that people should be able to live in dignity.

There's nothing dignified about living a month without having a shower. There's nothing dignified about using a corner of a tent as a restroom or having month-old food sitting there or talking to yourself, being delusional, or waiting until you carry out a dangerous act before we respond. That is just so irresponsible that we know that this person is about to probably go off the edge and harm someone but we're going to wait until it happened.

Not in this administration. We're going to be more responsive, we're going to be clear, we're going to be compassionate, but we're not punting this issue. We're going to face this issue head on the way we face so many other issues. We're open to any questions. We have our legal team here. We have those who help us put together this approach and we will respond to your inquiries. This is not a new law. We are going to properly define and carry out the existing law and then partner with our partners in Albany to see what we need to correct.

Question: Mayor, where do some of these (inaudible) transported? Have you talked to the state about opening up more psychiatric beds? I know the city still has about 400 plus that were closed?

Mayor Adams: We need to get them open. During COVID, a lot of our psychiatric beds had to deal with the COVID crises. The governor has allocated 50 new beds. We are going to find a bed for everyone that needs and come into what we are doing. We will meet that challenge head on. Same thing we said with asylum seekers that no one is going to sleep on the streets.

We're going to meet the challenge that we are facing head on and we need to get every one of those beds open and the governor has been a partner in doing this. She gets this. We see it every day and we are going to focus on that.

Question: Mayor, a clarifying directive. I know that outside of your remarks, you said some of this depends on legislative action. But in terms of the directive now, are you ordering city agencies or outreach teams to begin today removing people from the streets of New York? And if so, how many people are you anticipating?

Mayor Adams: Well first, we don't know the anticipation of how many people are at a place where they are endangering themselves by not being able to take care of their basic needs. We don't know the count. We know there are far too many and it was something that we discovered during this. When my chief counsel stated when he went out in the subway system to do an overnighter and we were comparing the notes, we were seeing the same thing.

Many of our teams were really unsure of how to engage. The other day, I spoke to a young man who didn't have any shoes on. I sat down next to him and started speaking with him. There was some issues and if we don't do that engagement and we don't have clarity that if a person's not taking care of their basic needs that it endangers them. If we don't feel comfortable enough because the law is unclear, we need to make it clear.
But we are sending a real message with the training today with our teams based on our observations from 11 months of doing this. Each month we did something different. Each period of coming back, we did something different. We looked at the end of the lines. We looked at how to put people in the subway system. We kept evolving until we got to this point here and there's going to be another evolution. There's going to be another evolution.

But what we are stating, we're not going to stay, we're going to go observation. And this team is in the subway system. We are in the streets. We are engaged. You can't solve the problem from an ivory tower. And so what we are saying to our responders that we want you to be engaged, make the right determination if a person is not taking care of their basic needs and if you can't answer the question, call the clinical experts and use your FaceTime. Use whatever devices you have to go video and show this is what I have in front of me. Does this meet the criteria to bring this person to get evaluated at a hospital?

Question: Who makes that call?

Mayor Adams: The clinicians will make it and the police officers have a basic right to do that also. Our first frontline workers also have that right to do so also. They've been reluctant because there has not been any real clarity and we are giving them clarity with the new training that we put in place.

Question: Hi mayor, I have two little questions. How many people do you have in the city who will be working on these efforts across the agencies and what sort of determinations are police, firefighters, EMS, and everyone else going to use to determine somebody can't meet their basic needs? You gave the example of somebody shadow boxing without any shoes on, but could you explain in more detail what the determination is going to be?

Deputy Mayor Williams Isom: I think one of the tricky things about this is that you are really going to have to look at the cases case by case because we are really looking at people who not only can't meet their basic needs, but are also that's causing them to be in danger.

So right now we have hundreds of outreach workers at the Department of Health, folks in H + H, also in the Police Department and EMS who get to a situation and feel like they need a little bit more clarity. So today we want to give them some more clarity so that they can make that good assessment to be able to transport that person to the hospital.

But do remember, that's only the first step. The next step is that you need to go to the hospital and it's going to be a doctor who's going to make that evaluation and to see whether or not the person needs to be kept or not.

Question: (Inaudible) a mental health professional teamed up with law enforcement?

Deputy Mayor Williams Isom: Yes, correct.

Question: Just a last question, how many people? Do you know how many city workers would be involved?

Deputy Mayor Williams Isom: I have to get you the exact number of city workers, but as the mayor said, we've all been doing a lot of this work for the past 11 months and we're just honing in on our strategy. Kind of like a good manager and continuing to do continuous improvement, what are we learning? What are the gaps? How do we do better to make sure that people are actually getting the care and treatment that they need.

Mayor Adams: And this is important what you just asked. Also, that police officer that's on patrol, that police officer, what we are doing to evolve from what we've learned? That police officer on patrol and the subway system on the street, they're going to be handing it off to the professionals. Officers who are trained to use the sensitivity, they care. Because taking the officer off patrol to spend an hour and a half, an hour, to engage this person with the necessary care and patience that's needed, that is not a good use of manpower.
So that officer comes into a condition that needs to be corrected, they're going to hand it off to the team of officers, police officers who have a deeper training than the surface training that an everyday police officer would work.

So it's about the coordination. This is what we learn from what's out there. (Inaudible) an officer, we have a person that's lying on the platform, unkept, clearly is not meeting their basic needs and is endangering themselves. That officer should not spend that entire day. There should be a professional team of officer that can coach this person to get the need that they deserve.

Question: Mr. Mayor, I'm wondering if this is a program that's limited just to the homeless that you see on the street or whatever? Because as you know, almost every day there's an incident where somebody is an EDP who does something that's astonishing. It could be anything from somebody pushing somebody on the subway tracks to a woman who stabs her two children with a knife.

So how do you get to those problems? The people who do things that you might not be able to anticipate that don't look like they're homeless but definitely need mental health care?

Mayor Adams: Well, this city must become a trauma identifier. And it is more than… We're not only talking about those outreach workers. Every one of our 320,000 employees, if they see something, say something, do something, hand it off to the proper authority. And every day New Yorkers, the 8.8 million of us. If you are watching or knowing of a condition on your block, we have to all get engaged in this.

And so you're right, there are things that are happening behind the doors but we are aware that this person is going through some severe challenges. We need to be a community and respond as a community to people who are in need. The previous plan was wait until they do something that endangers the life of themselves or others. We're saying no to that plan.

Question: (Inaudible) call 311. If you see somebody on your block that's exhibiting mental health issues and isn't obviously homeless, how do you get help for that person? Do you call EMS? Do you call 311? Do you call 911? What do you do?

Mayor Adams: It depends on the level of what they're doing. If a person is swinging around a machete, you're going to call 911. If a person is doing something that it appears as though they're not taking care of their basic needs, you call 311. And so the level of what you have observed we want to respond to.

And some of the communities that we moved around in, we are witnessing the same people in the same community doing things that's disruptive and many of us have normalized that until that person carries out an action that harms themself or harms someone else. We want to stop that.

Question: Can you go into detail a little bit about these specialized teams? How are they engaging with these individuals? How are they making this determination? If they approach somebody after the first (inaudible) talking to each other and making sure (inaudible) or can remain (inaudible.)

Mayor Adams: One of the team members want...

Deputy Mayor Williams Isom: Kelly, I know I keep on saying that this is a kind of a case by case basis. But I don't want to give you one example because I think as you go into whether it's on the subway or the sidewalk, what people see is they'll engage someone that looks like they are struggling. You go up, you have a conversation with them, just like all of these folks do in that engagement work. That takes time.

You ask them questions, you ask them where have they been? You ask them do they have a place to go? A determination could be made, we could see physically that there's something wrong with them. We could see that they're not based in reality. They can then call somebody to get an assessment if they're like I'm not really sure except for I've been coming to this place for the past five weeks and this person has been on this same corner. It's getting really cold, or there's something going on, or they're talking to themselves. They then call, and then they can say… And after a lot of times, we see that when you really engage people and say, "Come on, buddy. I need you to come to the hospital with me," that if you're patient with people and if you engage them, you can get them to go to the hospital. So we want the specialized teams to come to that site and then do that work and wait for the EMS to come so that we can transport them to the hospital. And then we want the information to be given to the doctor that's doing that work at the hospital so that they'll be able to do a good evaluation and get that person the care that they need.

Question: Mr. Mayor, in the case of Dimone Flemming, the mother that tragically killed her two children over the weekend, she was living in a family shelter and there had been a previous incident that had been investigated where she had allegedly abused one of her sons. Right now, the city's shelter system, there's a very small fraction of mental health services available. What is the city doing to increase either physicians, clinicians, et cetera, social workers in the shelter system? Also, if this had previously been investigated by ACS, did the system fail and what is the city doing to correct that now?

Mayor Adams: Well, we can't go into a case that's handled by ACS. By law, we're not allowed to do that. The goal is to bring the team together. We've had a disjointed team. We will have a outreach worker or a police officer that observes someone that fits the criteria, and they would bring them to the hospital. We'll give them medication for one day, put them back into the streets until we do this recycling, until something happens that they do something that's extremely harmful to themselves or others. We are moving from that. We want to hand off to continuous care. We want to do a real evaluation at the hospital. Not only what happens after you give them that medication, but how are they doing follow up services? We have to close that gap. In cases such as the unfortunate incident where we lost two children, ACS is doing a deep dive into that to find out what happened there.

I don't know of a job that's more challenging than what ACS goes through. Some reports come out that they're trying to take children away from families. Another report comes out that they're not doing enough. That's a tough call, and they're trying to have the right balance. I commend that entire team for

what they're doing. I think those are professionals that are dealing with the challenges of keeping families together but protecting children, and I think they do a good job every day carrying that out.

Question: Hi, Mayor Adams. I want to ask you… It's a two part question, and it's related to Morgan's original question. It's about the supportive housing beds for the severely mentally ill. What will and what can the city do to increase that amount of supportive housing in addition to the psychiatric beds? The second is, there are some issues that affect staffing and mental health providers, psychiatrists, and that also creates a bottleneck. So again, what can and what will the city do to recruit workers or to encourage people to eventually become this?

Mayor Adams: As we roll this out, we're going to see the additional needs, and we're going to staff up to those needs. We're going to continue to advocate, and that's why we're happy to have our partners here from Albany. We need beds. There's no getting around that. We need beds, but we're also going to use the technology that's available for us. I think it's a powerful tool to FaceTime a clinical professional and say "This is what I'm dealing with in front of me. Give me some assistance here," and we're going to utilize all of those tools to accomplish this task, this rethinking about engagement with people who are dealing with mental health. But we need beds. We're going to continue to staff up with psychiatric professionals. We're going to lean into telemedicine, which is often ignored, to give assistance. Every tool that's available, we are going to utilize.

Question: Hey, Mr. Mayor.

Mayor Adams: What's up?

Question: I just want to get some clarity on your answer to (inaudible) question. In these scenarios where you have a cop responding and then calling in this kind of more specialized team, when that more specialized team comes in, is there a clinician from the Department of Health with that team or is the clinical advice coming from that hotline? One more thing on the hotline is, does the hotline give the city some sort of legal spine in this as far as if there's a challenge to how the thing goes down?

Mayor Adams: Okay. The team's going to respond to that, but this stuff is so fluid. There is not just a step by step. Well trained people can make the right technical and common sense calls. If a police officer is on the train in an express stop, and he looks out the car as the train moves forward and he sees someone laying on the platform, he's going to call. There's no more days of "You know what? I'm going to act like I didn't see that." If he's doing routine patrol, when he starts his day, he's going to inspect his entire station. Or if he starts his post, his sector, he's going to drive around his sector. We're now going actively and not just sitting back. That's the most important aspect of this. That responding officer, if it's dealing with someone that's violently acting, they're not going to wait for someone to respond. They're going to take action.

Through all the time we have to talk and give people the compassion they deserve, we're going to give them with safety being at the top end of the spectrum. Each case is going to come with a different scenario, so we can't give you a one size fit all. We've got to train our officers, let them understand the law, understand what powers and authority they have, and utilize the tools we're giving them to execute the plan.

Brian Stettin, Senior Advisor for Severe Mental Illness, Office of the Mayor: Usually, in those scenarios, it's going to be police use funding, not a clinician physically there with the Department of Health…

Mayor Adams: No, no. Brian.

Stettin: Sure. Hi, I'm Brian Stettin. I'm a senior advisor on severe mental illness here at City Hall. Just to clarify, the supportive intervention teams will include a clinician from the Department of Health. The hotline is going to be set up more to provide assistance to an officer who doesn't have that team with them on the scene, so it's for an officer who's executing their own authority to make those judgment calls, to get some professional advice and assistance to get some help.

Question: Mr. Mayor, you said, basically, I paraphrase, no more looking the other way when you see somebody on the platform, on the express, what have you. I mean, how do you enforce that? I mean, so much of what police do is up to discretion. How do you have somebody looking over their shoulder to say, "Oh, you're dotting all the Is and crossing all the Ts for this scenario"?

Mayor Adams: A combination. Number one, it's amazing when I go out on these stations and I talk to the officers, I'm blown away at their lack of clarity. We are clearing up the uncertainty that is attached to what we're asking our workers to do and that lack of clarity on what they could do and what they can't do and giving them those additional tools that Brian just stated. Being able to get on the phone and call a clinician, being able to use FaceTime to say, "This is the condition I am dealing with." It gives one the comfortability they need to carry out their function, and that's the goal that we want to carry out.

Historically, as I move throughout the station. I would go to a station, I was, the other day, on 14th Street, and there was an outstretch on the platform. There were four officers at that large station. I said, "Did you guys see this outstretch?" The lack of going in and seeing. We need to recalibrate our thinking. It is not acceptable for people to sleep on the platforms. You have to take some action to correct that condition. That's what we're saying. Correct the conditions because when you allow that normality of… I think it was 48th Street, we were there the other day, there was this huge encampment as soon as you walked out of the subway station and that is not what we're accepting in this city.

Question: I wanted to ask, are you legally able to have someone treated or hospitalized without their consent? Once they're brought to the hospital, don't they need to sign something?

Mayor Adams: That's why I brought my lawyer with me. (Laughter.)

Brendan McGuire, Chief Counsel to the Mayor and City Hall: The short answer here is this is governed by the State Mental Hygiene Law, and there are provisions under that law that allow for the involuntary commitment of individuals to the extent that they're a threat to themselves or to others. If they're a threat to themselves and causing danger to themselves, as the mayor said repeatedly in the speech, that provides a basis, after a diagnosis by a clinician, by a doctor, to determine whether they meet the criteria that is set forth in the law that allows for them to be involuntarily committed. They do not need to… By definition, they do not need to consent to that involuntary commitment. But again, certain conditions have to be met. That's been laid out in New York State Office of Mental Health guidance, and that's what we're talking about here today.

Question: Is a threat to themselves broad enough to encompass someone not wearing shoes, talking to themselves?

McGuire: As the deputy mayor said, it's a case by case determination. There are many factors, many indicia that go into each evaluation. It's not just about one fact in a given case. You have to assess the entire set of facts and circumstances, but one of the bases is if they are a threat to themselves by virtue

of their inability to care for their basic needs, food, shelter, healthcare, those types of things that can be become a basis for an involuntary commitment.

Question: Mr. Mayor…

(Crosstalk.)

Question: …do you see a scenario in which a person is allowed…

(Crosstalk.)

Mayor Adams: Okay. Hold on, hold on. Hold on because this is important and we want to be clear. We don't want us to walk away from this conference because someone is standing on the train talking to themselves, they're going to be committed because then we're going to commit us all. That's not what we're saying. We're saying we're going to an accumulation of factors that's going to make a trained professional determine that this person is in danger to themselves because they can't take care of their basic needs. And it's a case by case. It's a case by case. This is not going out and just because someone don't have shoes on, it is not enough to say that all of a sudden they have to be brought inside. That is not what we're saying. We're saying the accumulation of factors are based on the training that people are receiving to make that determination.

Now, we make it to a hospital and that person may be released, but this is not what we're doing. We're not going to say we are simply going to release you. We're going to be connecting you. Who is your care provider? We are going to start connecting the dots instead of just turning you loose from the hospital. We want to make sure this person needs to get follow up care so we can start building that community that we're looking for.

Question: Thanks. Hi. I know this has touched on a little bit before, but this initiative, its success seems heavily dependent on having adequate psychiatric beds. Do you believe right now that we have adequate psychiatric beds to make this initiative a success?

Mayor Adams: Well, we have beds that are empty. So as long as we have beds that are empty, we need to fill those beds that are empty. We need to always be calling for more. That's how we have our state partners here. But we have empty beds, so let's first deal with the empty beds we have so that we can continue to call for the ones that we need.

Question: Do you know how many empty beds we have today?

Mayor Adams: Well, the governor gave us 50 more. Do we have the exact count on what's available?

Deputy Mayor Williams Isom: It's 50 now.

Mayor Adams: We have 50 now.

Deputy Mayor Williams Isom: (Inaudible) 50 starting in the new year.

Mayor Adams: How are you?

Question: Good. Two questions.

Mayor Adams: Yes.

Question: When I'm hearing all of these points, and your lawyer touched on the fact that a lot of this is already in place in state law in terms of the criteria to get someone to come, to bring someone involuntarily in. It sounds like we're hearing a lot of stuff that is already there and in place. Again, touching on the point going forward, what's changing? I understand you're saying we're going to hold people accountable. We're telling the patrol officers. We have specialized officers that are going to come in. How do we make this work? Why would it be different now? Also, circling back to, again, the issue from all accounts, the mom in the Bronx with the two kids. There were signs from both people living there saying she was in crisis. This was not the first time, but they're saying there's zero support for these moms. This dad in Queens who had his little boy, he's now charged, and his dad. Where is the support for those folks who are also struggling with some type of mental illness?

Mayor Adams: Well, let's peel this back in pieces. First, as we indicated, based on our field observation… And that's unique about this administration. We don't just put policies in place, we go into the field and see, "How is that policy actually enacted?" We started out in February of dealing with the encampments and what have you. We evolved to going to the end of the line subway stations and bringing in the teams to help us. So this is a continuous evolution. The biggest problem we saw at this version is the lack of clarity. Officers and others are unsure of the taking care of your basic needs. They were unsure of that. That's what the training is doing. Now we're going out with a better version on what we put in place already.

Now when we go to the incident that happened with both the two babies, the incident also in Brooklyn, and the incidents we find is that when we say, "Where is the support?" The support is there. But if you live in apartment 4D and you see a mother in 4C that's having a problem, share that support. Everyone is saying, "What is government doing?" And I'm saying to New York, "What are we doing?" We are well aware of what's happening in our community. We have all these supportive services. We have psychiatrists, we have support if you can't take care of your child. You can drop them off to locations where we will take care of them until you get steady.

All of these are in place. But if we don't share this information to the people we come in contact with, then it's never going to be successful. We're going to do our part, but we need every day New Yorkers, if you see someone in crisis, be a trauma identifier and assist that person with the resources that this city has available. It's one thing if we didn't have those systems in place, but we do. We have systems in place to help people in need. When we see them, we help them. But we need New Yorkers to help us with this also.

Question: Mr. Mayor, I was wondering if you could go in a little more detail as to what this assessment is going to look like? From the officers or FDNY or EMS. When we talk about that assessment, obviously we can also get, like you mentioned, the shadow boxer on the street. But besides those basic assessments, at what point do they deem, for example, if somebody's not that obvious of a detriment, I think as you might've pointed out a little bit, what are the clinicians going to be looking for? When we say, "That assessment," what is that assessment going to be? And a couple weeks ago you mentioned about new facilities that were going to be going up in the city. I think you mentioned two in Manhattan. Can you give us an update as to what is the status of those facilities where I presume these people are going to be taken?

Mayor Adams: Brian?

Deputy Mayor Williams Isom: You know what? How about Mitch. Mitch, you've done a 9.58 before.

Dr. Mitchell Katz, President and CEO, NYC Health + Hospitals: Sure.

Deputy Mayor Williams Isom: You're probably the one person here.

Dr. Katz: Hey, hello everyone. I'm Dr. Mitch Katz. I'm the president and CEO of Health + Hospitals, and I have done 9.58 Removals from the subway. The key issues and…

Mayor Adams: Tell them what that is.

Dr. Katz: Yes, sir. A 9.58 is when you are removing somebody because you believe that they could be, can be of harm to themselves or to others. And the can be is very important to understand as part of the law. Because you cannot do a thorough mental health assessment when you're in the subway system. You cannot be asking all kinds of personal questions about people's experience of violence or what their thoughts are. The trains are going by when I've done them, these removals before. It's hard to hear. The whole point of the law was to say that, in this case, trained clinicians or in the case of 9.41, which is what the police officers can use, that good city workers who see things as the mayor says, that are troubling, have the ability to say, "You need to come for a full evaluation."

Now when that full evaluation happens, the psychiatrist may conclude, "This is not someone with mental illness, this is somebody who is on drugs." Different issue. Isn't part of the mental health law. You can't know that on a subway station. Somebody looks and acts psychotically, you can't know whether or not that's because they just took a hit of fentanyl or whether they have an existing mental illness. Once they go to the emergency room, psychiatric clinicians will observe that person and then make a determination. And if I can, sorry, I just want to add something else that you had said, because I think it's so important.

I can't understate how much the myth of the person has to be an eminent suicidal or homicidal, has permeated the system, including our own clinicians. And I think that that's why what the mayor has done today is so important, because he's clarifying for everyone, everyone from a police officer, a mental health clinician, a psychiatrist working in the hospital, that our best lawyers have looked at the existing guidance and clarified there, as the deputy mayor says, they're individual determinations but they do not have to mean that someone is about to kill themselves, kill somebody else. That the terms of the law are much broader. Thank you, sir.

Question: Just one follow up.

Mayor Adams: If I could just…

Question: If I was on the subway and an officer said to me, "I'm deeming you as somebody who is incapable. You need an assessment. And get off." If I said, "No, I don't," is there a legal compulsion by that officer to put me under arrest regardless of whether or not I want to go? Regardless of whether or not I'm exhibiting any other symptoms like, let's say, the shadow boxing for instance. Similar to when an officer puts somebody under arrest, once that process begins, there is no ability to get out of it.

Mayor Adams: Okay. And I got you. At first, I thought you were talking about specifically you, you know? And we want to be clear. Not wearing shoes, shadow boxing, talking to oneself. That is not the criteria. We need behavior and you cannot take care of your basic needs. We want to be very clear on that because we don't want that we're bringing people to the hospital because they're shadow boxing. That is not what we're saying. And each case, as the deputy mayor stated over and over again, is an individual case. We have found that if you spend the necessary time to speak with people and engage them in a real way, we have found they're more likely to take the services. That's what we've found.

If we believe that a person is going to carry out some severe damage to themselves, to others, we are going to use minimum amount of engagement to give them the care that they need. We're not leaving people without the services that they deserve. And if it's determined that they don't, as the doctor stated, then that's the determination. You want to add to that?

McGuire: I just want to add just two points related to this, which I meant to add earlier. This mental hygiene law provides for due process for those who are involuntarily committed. It provides for prescribed periods of time for the commitment, there has to be a renewed showing during these prescribed periods of time. It also provides for the opportunity for individuals who are involuntarily committed to petition a court to undo that commitment. So again, this is existing law, there are rights that attach to those who are involuntarily committed. So it's not… Mark, I know this wasn't the suggestion of your question, but it's not just, "Okay, there's a decision made by a police officer, a clinician on a subway platform and then that's it." There are multiple levels of review here, I think that's just important to keep in mind.

Mayor Adams: Yep.

Question: For Dr. Katz.

Mayor Adams: I'm sorry?

Question: For Dr. Katz. As someone who's done this kind of work, and as far as your interpretation of this more broad understanding of this law goes, what are some situations in the past where you might now take action under this more broad interpretation?

Dr. Katz: When I've done removals before from the subway, it was because they fit the criteria that the deputy mayor has said. That is that I could tell as a clinician that they had an existing mental illness and that their behavior was preventing them from meeting their needs. And when they went to the hospital, they were then fully evaluated and cared for. What the mayor has done, which is so important, is that I think what many people have thought is, "Well this person's not hurting themselves at the moment." When I think back to some of the people where I've done removals, they were not attacking anyone, they were not stabbing themselves. They were people deep in psychosis who were not seeking needed medical care, who were not dressed appropriately for the weather, who were in all ways not caring for themselves.

But again, I think the myth has been, "Well this person," and I would say that… And one of the ones I remember, I remember someone calling out, "Well this person, they're not hurting anyone. Why are you taking them in?" They're not arrested. Because we used the word arrested. These are people being brought to a hospital. But I think the myth has been, "Well, they're not hurting anyone. They're just sitting, they're rocking on the subway platform, they're just lying out. Why are you bothering this person?" And that's what the mayor has, I think, really clarified for all of us.

Question: Would you specifically say that this generally apply to street homeless? Because by definition, they cannot meet basic needs.

Mayor Adams: People who are living on our streets, our subway systems, in the lobbies of ATM destinations, on your stoop, it doesn't matter. This is about caring for people who are in need. That we are going to say, "We see you and we're going to give you the services you need and deserve." And even if it's determined after going into the hospital that they don't need that level, we're going to make sure they're handed off to the care. We don't want people slipping through the cracks.

Question: Two questions.

Mayor Adams: Yes.

Question: How long is the assessment durations going to be and how are we going to face the issues that occur during the assessment period? And the second is, do we have further adjustment on daily mental health issues that our police officers have been suffering every day because they are in the front line to dealing with the rising crimes related to the mental health issues?

Mayor Adams: Well, and the doctor could talk about the assessment period, but police officers have many internal counseling services that are available to them. We saw that during 2021 and 2020 when we were dealing with a slew of suicides and there were already counseling services internally, and they have extended some of them. The police commissioner has been really focused on that, because you're right. Many officers are dealing with vicarious trauma because they deal with many of these experiences and we want to continue to give them the support they need. Doctor?

Dr. Katz: Yes. On the assessment, it's a multi-stage process as the mayor's council has explained. So on a subway platform, either a mental health clinician or a police officer, depending upon what we're talking about, are going to need a sufficient assessment to feel that, "This person has a serious mental illness, but that's why they're acting the way that they are and that they are unable to take care of themselves." And sometimes that involves talking to them, asking them what their plans are, where are they planning on going, where do they receive their medical care, where do they live, when did they last eat? It is not a long assessment.

But once they are removed and brought to a hospital, that's where they need to get the full assessment. And those assessments can often be, the initial assessment can be an hour or two as a first assessment. And then often people are allowed a period of time to stay in the emergency room and reassessed, especially in cases where there may be drugs on board that are affecting the person's behavior. And then, as the mayor said, what we want is really, mental illness is a lifelong illness, and so you want to keep in touch with the person. You want to make sure that even once they're leaving the hospital, as the mayor has said, they're connected with the services they need.

Question: What are they doing in the hospital during this time and would that cause the shortage for the beds to the hospital's accommodation?

Dr. Katz: Well, he's my boss and he's told me that we are going to take care of everybody who needs to be taken care of in the Health + Hospitals system, and we are absolutely committed to that. We have, as the mayor has said, had challenges around workforce as many employers, private and public, know in New York City as an outgrowth of the COVID pandemic. But we are able to open additional beds and we will seek from the state whatever flexibility we need around staffing in order to meet the need of the city.

Question: Hi mayor, just to put a finer point on Paul's question. Is the state of being homeless on the streets of New York enough to qualify someone for an evaluation under this new criteria?

Stettin: The answer to that is no. It is, as has been stated, the apparent presence of a mental illness and that the person is unable to meet their basic needs as evidenced by, as was said, a range of factors. So this is certainly not going to be the reason for a sweep of all homeless folks.

Question: And if I could just follow-up, given we hear it's a case by case thing. It's going to be a subjective evaluation. What kind of protections are there to avoid biases coming into play, whether it's against the homeless or against people of color in this situation?

Stettin: Yeah. Well, I would certainly say that the training that is going to be provided is going to be an enormous factor in making sure that doesn't happen. And also the due process the person receives. At the end of the day, if the person chooses to challenge their admission to the hospital, it's got to be proven by clear and convincing evidence that the person meets the criteria. And we rely on the courts to make sure people's rights are protected.

Question: Thanks a lot.

Mayor Adams: Thank you. Thank you. Thanks to all. Thank you, Sylvia.

Question: What World Cup games are you going to see while you're in Qatar?

Mayor Adams: I'm not sure. Whichever one is playing. I don't keep up with all the games. I just want to make sure we could do it right when they come here.

Question: Is that trip to Greece and Qatar taxpayer funded?

Mayor Adams: Oh, which one?

Question: Your trip this week.

Mayor Adams: No, no, no. The host of the antisemitism mayoral conference, they're picking that up. And for the Qatar trip, it's on my dime. When I do my dime, I can do my time, and I don't want to hear anyone whine.

Question: Just back to the topic, about that hotline, a couple of things. First, how would a mental health professional accurately make an assessment over the phone or over a video chat? And is that based on anything that's been used in the city before or in other cities?

Mayor Adams: No. Well, we are finding now that telemedicine is being used with dealing with mental health illnesses. And remember, it is not to make the final determination if that person is going to be admitted or not. It is to give the basic enhancement on the training that officers and those clinicians in the street will already have. Nolan's been trying to get a question in.

Question: Thank you, mayor. If you could walk back to the on-topic just for a second. You're talking about the importance of ensuring folks get care and stay on their care when it comes to mental health. Fewer than half of the city's safe haven shelters have mental health services on-site. So folks have to take a train, go to a doctor, it's not readily available at many shelter locations. So how do you get people connected to those services? And then what does this plan do to expand onsite mental health services as safety within the shelters and at the family shelters, where I think it was fewer than 10 out of 250 family shelters have on-site mental health services. What does this do do for that?

Mayor Adams: Nothing specifically to deal with that question because I noticed also. And part of what we are looking at was at HELP USA on Randalls Island a little while ago. And I believe we should start looking at how do we put a lot of this help right on-site? Not only the mental health but even the healthcare. And we are really looking at the feasibility of placing it right on-site so people could get the assistance they need and that's what we're factoring in now.

Question: So, if I could just follow-up on that question. So are you saying that you could look at some shelters like the one on Rikers Island that it might be able to open up more beds? Because you said before we need more beds. The state only gave you 50. Obviously, that seems like a drop in the bucket.

So are you looking at the possibility that some shelters could open up psych beds and have the services provided there?

Mayor Adams: No, that's not in our plan right now. And we want to encourage private hospitals because not only did H + H, do they have beds, but many of our private hospitals. We're going to be meeting with our private hospitals and state that we are going to need help from the private hospitals as well to open psychiatric beds.

Question: Good afternoon, mayor.

Mayor Adams: How are you?

Question: I am well. How are you?

Mayor Adams: Good. Good.

Question: Hakeem Jeffries appears poised to take over for Nancy Pelosi as head of Democrats in the House. Can you talk a bit about your working relationship with Hakeem Jeffries? With this new power does that come with an opportunity to get more resources for New York City? Talk to me about what that position for him would be for getting stuff from Washington.

Mayor Adams: Yeah. Well, I think that it really helps to express probably the quote from one of our greatest philosophers of our time, Biggie Smalls, "Spread love the Brooklyn way." We got Schumer in the Senate, my good friend Hakeem Jeffries in Congress. We spoke the other day and I'm just really excited about these two Brooklyn kids. One is running the largest city in America and the other is going to be leading his delegation in Washington. We both talked about this is a great moment for our city, and we look forward to this.

We have a real federal legislative agenda that we put together. We're going to be traveling to Washington and we will be sitting down speaking with him and the other delegation as well. We still have an asylum and migrant issue. New York sends billions of dollars to Washington, D.C. that oftentimes we don't get in return. And so we are in a good place as a city I believe having Hakeem there, and I just look forward to his run when he becomes the leader of his conference.

Question: Hi, mayor. I just have a question, I was curious because the NYPD is so involved in mental health issues. Where's the Police Commissioner Sewell?

Mayor Adams: Well, right now, she's a little under the weather. I spoke to her this morning and she's a little under the weather.

Question: Hi.

Mayor Adams: How are you?

Question: So I know that there are hundreds of people on wait lists for programs for people with serious mental illness. (Inaudible) to make sure there's that capacity into those?

Mayor Adams: And you said they're on waiting list, I'm sorry, you said waiting list for?

Question: (Inaudible) people with serious mental illness.

Mayor Adams: And help me understand, when you say waiting list, I'm not understanding that.

Question: (Inaudible.)

Mayor Adams: Yeah, I'm not aware that there are long waiting lists and I think we need to think differently about our evaluations. As I stated, I was always an advocate since 2017 on using telemedicine. We are so far behind in not using telemedicine. You could do it for not only physical, but you could do it for mental health reasons as well. It allows you to expedite appointments. It allows people to do it right from their homes or their offices. We have not used telemedicine enough and we want to expand that. You don't have to only sit inside a doctor's office or a psychiatrist's office to be properly diagnosed and get the support you deserve. The evidence is all the reading that I am seeing is stating that we can utilize telemedicine better, and that's what we want to do in this administration. But I want to look at the backlog that we're having because people need to get in to get the assessments they deserve.

Question: Thanks. Hi.

Mayor Adams: Did you have two questions, (inaudible)?

Question: Can you talk a little bit about what precisely you hope to learn from being on the ground at the World Cup that you can't glean from getting on the phone or sending an aide in your place?

Mayor Adams: Same thing I learned by being on the ground on our subway system to deal with mental health issues. I'm an on the ground person. I mean, I don't know why is that surprising? I go on the ground to observe. I've done that throughout this entire 30 years. You have to be on the ground to see what's going on. I do it in the subway system. I do it in my schools. I do it in my homeless shelters. I do it on NYCHA. This is nothing new. Why is it surprising that I go on the ground to inspect what is happening?

I want to see. We're getting ready to have the World Cup here. It's a huge undertaking and since I'm in the region already to deal with the antisemitism, I'm taking a quick flight on my dime to go inspect what is happening there so that we can be prepared. I'm an on ground guy.

Question: The commissioner was doing an interview yesterday or the day before on NY1 discussing concerns she continues to have with bail laws. I was wondering and I know you recently there's a lot more to what's going on than just bail. We shouldn't just focus on that. But she brought it up and the session at the beginning soon in Albany. I was wondering if you're still going to pushing for the same changes in the upcoming session in Albany, this year and if there any other changes related to criminal (inaudible.)

Mayor Adams: I'm reluctant to say yay/nay because it seems like that's all people want to talk about is bail reform. Yes, yes, yes. When we had our summit at Gracie Mansion of discovery of how both prosecutors and DAs are understaffed, the amount of paperwork that's needed from discovery is just unbelievable, getting cases through the court system. Justice is meaning that a person that's a victim of a crime is coming to a conclusion if this person committed the crime. And it also means that someone should not be sitting on Rikers Island for three years waiting to go through a court system. Justice is not leaving Rikers Island in the morning, waiting three hours to see a judge, see the judge for 30 seconds, and then going back.

The criminal justice system is broken. And so I know bail reform is a buzz term, but I've been saying this over and over again. The process is broken and we need to look at the entire process that includes giving judges the discretion with those with imminent threat. So it's a combination. What the

commissioner has been pointing out, when you do an analysis of the crimes that we are facing, gun crimes, robberies, burglaries, grand larceny, so many repeated offenders. Some of these guys got open cases, they're repeated offenders and we have to start keeping dangerous people in jail.

Question: So what are you going to ask Albany to do related to this come next session?

Mayor Adams: A couple of things we want to look at. I'm going to continue to talk about the imminent threat, give judge the discretion. And Albany doesn't have to agree with me. But I have to raise the issues, and understanding Albany, sometimes it takes years to get what you have advocated for. Many of the bills that I've passed took more than one session. I'm going to continue to advocate for that. I'm going to advocate for funding for prosecutors and the defense attorneys so they could do their job. We need to use technology for information sharing. There's no reason we are still using paper, when we could have a centralized system, which private firms are doing, to share information. We need to look at those repeated offenders. They're just some dangerous people who have made up their minds that they're not going to stop committing crimes.

Question: Mayor, what's going on with your application to FEMA, and also the state for money for the migrant crisis? Have you submitted the necessary documents to request money from the federal government?

Mayor Adams: Yes, we have and we're waiting for the money to come in. And going back to the question that was asked, we believe having someone like Hakeem Jeffries and Senator Schumer is going to really help us get the resources we need on this city and on the federal and state level.

Question: How much did you ask them for?

Mayor Adams: A lot. (Laughter.)

Question: A million dollars?

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