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RUSH TRANSCRIPT: MAYOR DE BLASIO ANNOUNCES "NYC SAFE," AN EVIDENCE-DRIVEN PUBLIC SAFETY AND PUBLIC HEALTH PROGRAM THAT WILL HELP PREVENT VIOLENCE

Mayor Bill de Blasio: Okay, everybody ready?

Since day one, our work – our work in this administration has been an expression of our belief, a belief that it's our responsibility to leave no New Yorker behind, to make sure that every person can lead a life of dignity and that they have a chance at success. This has meant changing things profoundly, including changing the way our government works. This has meant fixing things that weren't working, changing systems that were broken. And in the case of mental health, literally rebuilding a system that has failed our people too many times, and has skewed the odds against them.

It's our responsibility to create new ways to lift people up where there literally have been none.

This impulse lead us to do things differently. It lead us to commit to the largest affordable housing plan in the history of this city. It lead us to commit hundreds of millions of dollars to turning around schools that had never been given a fair shot. And now it leads us to redefine the way this city contends with mental health challenges and supports the many, many New Yorkers who struggle with mental health issues.

My wife, the first lady, has been profoundly dedicated to this mission. She's been guiding our efforts. She's been criss-crossing this city, listening to experts and care providers, to folks who have mental health challenges themselves, who have talked about the struggles they face and how difficult it has been to get the care they need. She is turning their voices into action.

And it's clear that there's much work ahead to address an issue that has gone unaddressed not just for years, but for decades.

There's no question that many New Yorkers deserve help they're not getting now. Mental illness comes in many forms. It affects people across every part of the spectrum, every demographic, every borough, every neighborhood. Sadly, mental health challenges are equal opportunity.

And we know that there are some challenges that afflict a number of New Yorkers who are homeless. But let's be clear – the vast majority of people with mental health challenges in this city live in homes. In fact, many are well off or stable economically – that doesn't stop them from having a mental health challenge. You can be young, you can be old, you can be rich, you can be poor – if you have a mental health challenge and it goes unaddressed, it becomes a problem for yourself and your family, and sometimes a problem that's much deeper. Sometimes it can be a problem of life and death.

And our mission in public service is first and foremost to protect life. We have to address the broken mental health system to do that. And we have to change the very core of what we do and address this system in all its dimensions. We literally have to revolutionize the way we provide care for those who struggle with mental health challenges.

Now, today we're going to talk about one piece of this puzzle – the small percentage of those whose mental illness, left untreated, leaves them at risk of violence against themselves or others. Many of these New Yorkers shuttle through the criminal justice system or the shelter system or psychiatric emergency rooms or end up on the street. In each of these instances, they end up anywhere but where they need to be most, which is in treatment. So, so many of these New Yorkers are falling through the cracks. And that means that tragedy could be around the corner.

There are many well known cases. We know the harm that can happen. We know the lives that can be lost. We all were pained recently by the death of an extraordinary individual – director of a shelter for the mentally ill, who was killed by a former resident. We know about that case, we know about some other prominent cases. We don't talk about many, many other cases that never make it to the headlines – many, many more who live in the shadows, like a Brooklyn woman whose been battling severe mental illness, who, after losing custody of her daughter, tried to take her own life not once, but several times. I'll talk more about her case in a moment.

The tragedies that we do know about – that have been well reported, that have been painful to hear recounted – they've yielded fear, and alarm, and sorrow, but they have not yielded systemic change.

We believe in systemic change. And we are here today to start the process of systemic change when it comes to addressing mental illness in this city.

What we will not do is propagate stereotypes and deepen stigmas that are a fundamental part of the problem. As Chirlane has said many times, if people with a mental health challenge felt as comfortable talking about it as someone who had broken their leg, if they felt as comfortable going for treatment or finding out where they could get help, we would be having a different discussion today. But the stigma attending to mental illness is one of the biggest challenges we have to overcome. It's pervasive – it is throughout our society, our culture, our media. We will not further those stereotypes and we will not deepen that stigma.

So the vast majority of people with a mental health challenge, of course, are not a threat to themselves or others. There's a small subset who are. And we have to get to them. But we always have to reinforce the point that mental illness, sadly, is part of the human condition – and the more we talk about it openly, and address it openly, the more likelihood that people actually will get treatment when they need it.

Today, we are unveiling NYC SAFE, which will protect our city and save people from untold violence and suffering. It will make sure that New Yorkers who need care will receive it. It'll stick to the treatment plan and it'll help kept themselves save and others safe.

You can see from the colleagues joining me today how far-reaching NYC SAFE is as a public safety and a public health effort. It is both at once. And you'll hear from a number of my colleagues, but let me name some of the others who are here and thank them.

I want to thank our HHC President, Dr. Ram Raju; our NYPD Chief of Patrol, Chief Gomez; Deputy Commissioner for the NYPD Susan Herman; and DH Commissioner Gil Taylor.

The only way we address these challenges is by bringing all of these energies and all of these talents together, working with our colleagues in the City Council – and you'll hear from the council members in a moment.

So let's break down some of the things that will be clear and consistent in NYC SAFE – and again, this is a subset of a much bigger mental health reform plan that you'll hear about from the first lady in the fall. This is just the first of many pieces.

NYC SAFE specifically focuses on people with a mental health challenge and a history of violence – a proven mental health challenge and a proven history of violence. When those two elements come together, this plan is activated.

In the case of anybody that fits those criteria and commits a crime, it's quite simple – they will be arrested. If someone fits those criteria and are an imminent threat to themselves or others, they will be committed to receive mental health treatment. But the best outcome – the one we seek, the one we're focused on, is to reach and treat people before either of these outcomes occurs, before it gets to that point.

And NYC SAFE is the way to address the problem before it starts. We will devote $22 million dollars annually to weave together law enforcement and clinical treatment in an unprecedented and unified strategy. And you'll hear from some of my colleagues what it has meant over the years to not have those two strategies working together.

Now, this work has already begun. Our central hub – that will together the information and direct the actions of our agencies – is already up and running. It's collecting and analyzing and sharing information among agencies to identify who we need to be aware of and giving us a real-time picture of how and when to intervene before violence occurs; and a more rapid, effective, and muscular response to violence when it does happen. The hub has already identified individuals, deployed responses, and is following up right now on these cases. There's much more to come.

Within 30 days, we will increase the number of DHS peace officers to prevent violence in our shelters. Within 60 days, additional Department of Health monitors will be in place watching to make sure those connected to treatment are consistently receiving it. We'll also, within 60 days, begin hiring key staff to work with mentally ill homeless New Yorkers – clinicians for our shelters, mobile intensive care teams to fan out across city streets.

Within 90 days, the central hub will be fully staffed and new incident response teams will be deployed, compromised of specially trained NYPD officers and Department of Health clinicians. And I want to note, for the first time – for the first time, NYPD officers are being intensively trained to better recognize and handle behaviors and symptoms of mental illness. This alone will make a huge impact on our efforts. Within six months, all Department of Health case monitors will be in place and all mobile treatment teams will be dispatched any time there is a New Yorker who needs intensive care – again, whether homeless or houses. And I'm going to say that, I know my colleagues will as well.

Some in the media have tried to portray this as about homeless first and foremost. No, it is about people who have mental health challenges and are prone to violence. They are a concern to all of us, whether they live in an apartment building, a private home, a shelter, or on the street. And as I mentioned, there will be a number of additional measures announced in our overall plan to address mental health and you'll hear from the first lady in the fall, when the mental health roadmap is prepared.

The bottom line here is that treatment saves lives. It's as simple as that. Treatment saves lives. The absence of treatment puts lives in danger. Sometimes, it is the life of the individual themselves, sometimes it's the life of others. I mentioned the Brooklyn women earlier, who had attempted multiple times to kill herself. The entire staff at her shelter engaged in a plan to guarantee her safety. They connected her to medication, to an intensive care manager, and to a treatment program at Bellevue. And for a time, shelter security, residential aides, and clinical staff checked on her – checked in on her every 15 minutes around the clock. This is an indication of the extraordinary commitment that these professionals have to serving people in deep need – literally checking on this woman every 15 minutes to make sure that she was okay and there was time to continue the treatment that could change her life.

This story today has a happy ending. She is now stable and her possibilities for life have been changed profoundly. This is an example of the care that NYC SAFE can and will provide to all those in need. I mentioned the $22 million dollars that we plan to commit annually, and we'll obviously work closely with the City Council on this plan as it develops. But if you take into account what is already been approved through our normal budget process, plus this additional commitment, we've now committed nearly $350 million dollars over three years to aid New Yorkers struggling with mental illness – literally an unprecedented level of investment in one of our biggest challenges that goes unaddressed.

This reflects the scale and importance of the issue, the reality of the issue, how it actually plays out in neighborhoods of the city all over this – neighborhoods all over this city. Even though it goes under-discussed and under-recognized, this kind of investment begins to recognize the extent of the problem and indicates how committed we are to changing the status quo, and how committed we are, as well, to reaching and lifting up every New Yorker and making sure every New Yorker is safe.

It's a big ambition, but big has never frightened us. Big, in fact, is what it takes to truly strengthen this city.

A few words in Spanish before I introduce some of my colleagues –

[Mayor de Blasio speaks in Spanish]

With that, I'm going to turn to Chirlane and say our first lady has been profoundly committed to making these changes. She is harnessing the power of this city government to address this deep and pervasive issue. And she is committed to making sure every New Yorker struggling with mental health challenges gets the help they need and that the system will, one day, work for everyone. Our first lady, Chirlane McCray –

First Lady of New York City Chirlane McCray: Thank you, Bill.

You are exactly right. What we are talking about today is big – much bigger than any individual program.

What we are talking about is unprecedented – a culture shift in the way we think about and treat people who suffer from serious mental illness who are also violent. That shift recognizes a fundamental truth: most people who suffer from mental illness are not violent, but those who are have an outsized impact on the lives of their loved ones, families, and the communities in which they live.

The goal of NYC SAFE is to focus on that small percentage of people with serious mental health conditions who exhibit violent behavior.

Violence is not acceptable. And it is not acceptable to punish people who are sick, when we know their condition is treatable.

Yesterday, I spoke to a New Yorker whose life illustrates both the devastation that can result from an undiagnosed mental illness and also the promise offered by effective treatment.

His name was Byron. He's 54 years old, but his mental illness was not correctly diagnosed until he was in his 30s. He considers the many years he went undiagnosed to be the greatest obstacle in his recovery, because he now has so much to recover from.

Byron was born in the Bronx and raised in Brooklyn. His mother suffered from depression, and because she could not always care for him, he spent some time in foster care.

Byron was first incarcerated at age 16. He later committed a violent robbery that resulted in a seven-year stay in an upstate prison. During his entire time in prison, Byron never received any mental health treatment.

After getting out, he tried to self-medicate with drugs and alcohol. But that didn't work – it never does. And he ended up experiencing a series of nervous breakdowns. It was only then that he was finally diagnosed with depression, bipolar disorder, and PTSD.

Byron finally got the help he needed at a mental health advocacy center in Harlem, where he got to talk with people like him – people with similar stories who are on the path to recovery and productivity.

Through many conversations with people who truly understood what he was going through, Byron learned that recovery is not linear. There are ups and downs, and twists and turns. He has learned how to make the right decisions. He has learned to understand himself, his intellect, and his emotion.

Today, Byron is helping people who need someone to talk to, who will listen to them with respect and compassion. As a peer trainer at Rikers, where he was once incarcerated, he is guiding people who have had experiences like his toward recovery. He hopes to turn this work into a career.

The goal of NYC SAFE is to help many more of our citizens, our loved ones, family members, members of our community, achieve the mental wellness that is Byron's most prized possession.

This initiative has been constructed to increase public safety, and provide long-term solutions to folks who struggle with serious mental illness. As Bill explained, we are bringing more resources and better resources to those who need it most. And we're bringing the resources where they are needed, when they are needed.

But there is a lot more to be done. NYC SAFE is just one piece in a much larger puzzle – which brings me back to Byron.

Studies tell us that half of all lifetime cases of mental illness begin at the age of 14. Studies also tell us that, on average, all kinds of people with mental illness don't enter care until nine years after the symptoms – after the problems appear – nine years!

As Byron's story illustrates, when there is a dramatic lag between the onset of mental illness and an accurate diagnosis, the disease can become more severe. The lag can also make it more difficult for an individual to rebound.

Byron's story is just one of many. That is why efforts to address existing serious mental illness, like NYC SAFE, must be coupled with investments in prevention. We need to connect people to resources before a condition that is totally treatable becomes a family misery or a societal tragedy.

I have made a personal commitment to help create these resources and built an effective mental health system. No plan to tackle the inadequacy of mental health care in our city can be complete without both intervention and prevention.

Our Roadmap, our more detailed plan of action, will be released in the fall. But New York City Safe is an important component of that plan.

Now, we can help those at risk of hurting themselves or others. Now, we finally recognize that mental illness is not an individual failure. It is a shared challenge, and one that we are determined to meet.

Thank you.

Mayor: Thank you very much, Chirlane.

I want you to hear from two more of the officials of this administration, then from our colleagues in the Council. We'll obviously take questions on this topic, then we're going to talk about another topic, and then we'll go to off-topic after.

This plan requires an unprecedented level of coordination between a number of agencies, and you can see that represented here. Even with the realm of criminal justice, it will take new approaches – new levels of coordination and cooperation – that have not existed before.

That work is being led by my director for the Mayor's Office of Criminal Justice, Liz Glazer, who has an extraordinary history of working in many facets of the mental health – excuse me – of the criminal justice

system in this city and state, and brings tremendous insight to the task of how to get so many agencies to cooperate and achieve a better outcome together. Liz Glazer.

[…]

Mayor: Alright, we're going to take questions on this topic first – on this topic first. Juliet.

Question: Mr. Mayor or First Lady, so the first response will be what? An immediate response from 9-1-1 call or an arrest situation? How will you begin to identify [inaudible]?

Mayor: I'll preface and you jump in any time you want. I'll preface – but I think we should hear from PD, to give you an example of their side of the equation, and hear from other agencies as well. You can get a report of someone with this particular set of – combination of problems more than one way. It might come through a 9-1-1 call. It might come through an officer encountering someone on the street. It might come through a call from one of our DHS shelters or from a public hospital. The point is, the information previously would not have been gathered together in one place. One agency would know someone had a severe mental health problem. Another agency might know someone had a criminal justice history and a violent history. The two never met. And the notion of whether someone was actually getting the treatment they needed and whether it was being followed up on, that was literally unknowable to the different agencies. They did not have common information and a common language. So this process of identifying someone in need can begin many ways, but then it instantly goes to a single central place. Would you like – Susan and Chief, maybe you'd like to speak to the PD side of this.

Deputy Commissioner Susan Herman, NYPD: Someone who's identified in an emergency situation will get a very similar immediate response from our emergency services unit, and most people who come in that way are taken to the hospital, and they'll be assessed. That will continue to happen. What's new here is that we're creating five mobile teams where there'll be co-responses by a clinician from DOHMH and the NYPD, who will be able to proactively find people who have been identified not in a crisis situation, but with escalating violence, who have mental health problems. They will be able to go out into the field and assess the need for that person – access care, and I think Gary Belkin can talk about that more, but access care, take them to the hospital if appropriate – do what is needed. We've never had that kind of proactive involvement before. That's what's exciting about this initiative for us.

Mayor: Chief, do you want to add?

Chief Carlos Gomez, Chief of Patrol, NYPD: Yes, I just want to reiterate – we follow the procedures when there's a 9-1-1 call. If we get to the scene, we find that the person is acting in a manner that is endangering himself or others, we call for the supervisor, we call for the emergency services unit, and we also call for an ambulance. And then once the individual is in custody, those officers go with the ambulance to the hospital, and they sit there until the officers are released by staff at the hospital. And again, what's new is we're training officers – over 5,000 officers – and in the near future, we'll be going out with other city agencies as a team and identifying people who – there is no current emergency going on but they – they have mental illness and they – they've had a – a violent history also. And hopefully in doing so, we get them help, we get them treatment, and we could prevent some – some incidents.

Mayor: Amen. Dr. Belkin or any of the other colleagues?

Deputy Commissioner Dr. Gary Belkin, Department of Health and Mental Hygiene: Sure. And I also think it's really important to point out that not only are we creating new ways to get information and to find out who to reach – we're creating whole new ways to act on after we – when we reach them. So the health department in particular will have an expanded capacity to try to reconnect these people to care if they've fallen out and then to follow through – that that care sticks – and if doesn't, to respond to it. And it's really that lost opportunity of not seeing people fall through the cracks and having a responsible, accountable response that we're now creating.

Mayor: I'm sorry – do you either one – Gil or Ram, do you want to add?

Dr. Ram Raju, President and CEO, Health and Hospitals Corporation: Well, I think it'll be very helpful to our doctors in the emergency psychotic departments to have more information that will guide them to better decision making and be able to take care of these patients much more effectively.

Question: Yeah, two things. So, you have these teams out that are both NYPD and clinicians – how do you make the determination of, kind of, is this someone who should be arrested or is this someone who should be put into care? And you're talking about non-emergency situations, so what power do you have to compel someone, you know, if they're not actively committing a crime? Can you force them to go to the hospital? Can you force them to go to the hospital? Can you force them to go to a shelter? Or how do you affect that if it's something they wanted to do?

Mayor: Okay, let me start, and I think Liz and Dr. Belkin might be able to start, but others obviously join in. The – first of all, remember – anyone committing a crime will be addressed by the NYPD, period. That's a simple part of this equation. The difference is identifying the fact that there's a combination of mental health history and violent history, and acting accordingly. The fact is we've had too much of a revolving door dynamic, where an individual, for example in the scenario we talked about a moment that Chief raised – gets taken to a hospital, seen by a doctor, and then there's not necessarily follow-up on their situation, and then we often see repeat, repeat, repeat – problems with the law, problems with violence, untreated mental health. We want to disrupt that cycle, but at the same time, recognize that any time there's a criminal justice matter, that is handled the same way any other criminal justice matter would be handled. So you want to jump on or – anyone to add? Unless you think I've completed these [inaudible] –

First Lady McCray: [inaudible]

Mayor: Doctor, you want to – ?

Dr. Belkin: I would – I would just say that the triggering scenario for that response is going to be when there's somebody who really seems to be – by reports of those who know him to be at really an imminent stage of concern. And so we want to get a clinical contact in there as much as possible. So the NYPD is a partner for everyone's safety to be able to do that effectively. If coming on scene it appears more of a police matter, then it will be handled that way. But the goal is to have that kind of capacity – to really, you know, safely engage people who – on scene, in the setting, quickly.

Mayor: Now, to that – just to follow-up – I'm sorry – we're going to get to as many as we can, but let me just finish this piece. On the question of when can a medical doctor determine that someone needs to be in a setting where they get treatment and that that has to be mandated, let's have the two doctors speak to how that works.

Unknown: Yeah, so there are actually a lot of opportunities to use commitment authority to bring someone to treatment, even if they don't want it. And this sort of scenario has a high likelihood where that might operate. And both the kinds of clinicians we're sending with these and in our monitoring teams in general can make that decision.

Dr. Raju: This will help us to require more patients to have treatments they need badly, so it will be helpful to them.

Mayor: Okay, did you have a follow-on?

Question: Yeah, how do you actually find them? In some cases, [inaudible] street [inaudible] just kind of out on the street looking or – [inaudible] ?

Mayor: Well, let me – let me – I think we have to – again, I want to really – I'm going to hammer this point today and probably many days thereafter. If you think about some of the most troubling cases that happened this year, where someone was of harm to themselves or someone else, a lot of those people lived in stable housing. So let's be very clear. There are people who – their address is stable, they have a known mental health challenge, they have a known history of violence, and absolutely no follow-through occurs. That's the sad reality. That's the world we have inherited. We don't accept that. So, first is identifying – and I'll let Liz and Susan speak to this – that we have information from the criminal justice system, and we have the hub structure to bring together information readily available now, and find out who's getting treatment and who isn't getting treatment – where the gaps are. Yes, on top of that, there'll be encounters with NYPD on the street with an individual or in a homeless shelter. But again, imagine the extent of this problem. There are people right now going about their lives who fit these criteria, need help, aren't getting it – and we know exactly where they are, but there hasn't been a protocol to actually get them the care they need. I want to talk about how the hub would address those situations.

Elizabeth Glazer, Director, Mayor's Office of Criminal Justice: So right now, frontline workers in the city encounter folks who fit this criteria every day. The Department of Health has teams and caseloads that they address every day. We want to make sure that those folks continue to adhere to the protocols – the medical protocols that they have – and if there is an incident, that we instantly are able to alert all the folks within the criminal justice system – the police department, the DAs, the courts – so that they understand the knowable information that they're allowed to know about what that person's history has been, and that they have all the information about the incident and anything else related to their criminal justice history, so that if that person then ends up in the criminal justice system, we are able to make the most informed decision about whether the person should be held in, whether in custody in a hospital or in a jail. And if they're released, that we have an immediate response by some of the teams that Dr. Belkin described that can immediate ensure that that person is reconnected to care if they were not in care initially.

Mayor: You want to add?

Deputy Commissioner Herman: I think she's covered it mostly, except to say that when someone is identified as in need, someone who should be assessed, patrol will likely go out to find this person who is likely known to the local precinct. Most of these people, as Liz Glazer said, are known to various symptoms, and then they will alert this co-response team. They – the co-response team will engage that person wherever they are.

Mayor: Okay. Yes.

Question: [inaudible] the five new co-response teams – is that going to be one per borough or are you guys deciding where they go?

Unknown: So – we want to cover the entire city, and we – we're still discussing whether that makes sense, to do it borough by borough or have two central locations that can fan out. I think we want to see what the need is. We want to cover as much of the 24/7 cycle as possible. So we're working that out, but my guess is we're going to cluster them in two – in two areas?

Mayor: But – but the point being that this is a citywide effort – literally anyone who meets the criteria – who has both a history of violence and a mental health issue going untreated – those folks are going to be reached, whatever neighborhood they're in.

Question: So just to follow that, like, I mean obviously Staten Island's a little further away from other parts of the city, so getting there faster – there's –

Mayor: It's – I assure you there will be sufficient resources.

Go ahead.

Question: I wanted – two-part question – first is your putting some additional clinical at the homeless shelters. I was wondering if you are going to also put additional staff in Rikers who will work on the mental health aspect of the population there? I mean, that's already part of what you're working on, but I'm wondering if you're boosting that. And the second part is –

Mayor: Let me just stay on the first – we'll give you a second one. I want Gil Taylor to talk in a moment about the impact of having the clinical staff. I just want to say this is – this is important because, first, these folks who have this combination of features in their life need treatment. And the more treatment we can provide, the better. Second, this would be part of how we make shelters safer. Shelters that are safer are shelters that more people who need shelter will come into. So let me have Gil start on that piece, and then we'll follow through the rest of your question.

Commissioner Gilbert Taylor, Department of Homeless Services: So untreated mental health, mental illness can certainly lead people to lose their housing. And untreated mental illness can people result in living on the street, and it makes it harder for us to actually engage clients around their housing needs and their housing resources that may be available to them if they have mental health issues that are not being treated. So the power of this program is one that will enable us to have our clinical staff at our shelters who are working with our clients better be able to reach them, better be able to have them overcome the barriers to housing that they face. And to the mayor's point, having safer shelters will also be helpful to us in terms of having clients who are on the street come into shelter. That's also the compliment of police officers that were funded to add to our – to our system, which will also be helpful to us in terms of augmenting safety. So the power of the clinical services will be hugely, hugely important for the population of clients that we're working with.

Mayor: Okay, on the Rikers question, Liz Glazer.

Director Glazer: So, I think as you know, the mayor has invested enormous resources in addressing just this problem at Rikers, to address the issue of the mentally ill – special kind of care, special units at Rikers. And in addition to that, there's also been an investment and an increase in what's called discharge planning, that is when somebody leaves Rikers, where are they going to go and how are they going to be connected to care? And so that's a second piece that's not – that's not formally in this plan, but is part of an ongoing strategy and series of investments to address people leaving Rikers and ensure that they are connected to care.

Question: My second question was, you have said that you wanted to veteran homelessness [inaudible]. I was wondering if you [inaudible]?

Mayor: Well, it's not on this topic. I'll be happy to talk about that after.

Question: So many veterans do [inaudible]?

Mayor: Again, I think – I think it's a sufficiently different topic. I'm happy to deal with it later on.

Question: How do you help the people that don't want to be helped? So many people who, whether they are homeless or in stable housing and they have mental illness, you know, maybe you bring them in initially – how do you track them? What if they don't have a cell phone? What if they are transient? How do you help people that may be a danger to themselves or others and they don't want your assistance?

Mayor: So – let me – yeah, I'm going to turn to Dr. Belkin, and our colleagues in criminal justice can speak to this too, but look, the fact is – again, I want to start at the beginning – many, many people known to city agencies right now are not getting the treatment they need to get. That's job one – connect those dots that we actually know. Some of the recent incidents we've all heard about epitomize this very reality. Yes, there are going to be some people that may be harder to find, but I think we have extraordinary outreach capacity. And I think it's a rare situation where we can't find someone. I'll say this, to the NYPD in particular, I think the NYPD is very, very good at finding people they need to find. And so I think it would be a rare situation where we couldn't find someone.

Dr. Belkin: Yes, so, you know, first of all, we have strong tools. We have – there's commitment authority, there's outpatient commitment authority through Kendra's Law. All of those still apply, and in fact, the context for making those decisions and using those tools is really enriched with this package. It's more information going to clinicians making decisions, more staffing to facilitate outpatient commitment orders and monitor them. So it really amps up the tools we have. But what it really amps up is the ability to outreach and work with people that just hasn't been there before. This department is getting a new team, a new capacity to monitor and plan care with people, and to also have an in-shelter clinical mobile capacity that's built on a model that we've used with great success that is dogged – in following people where they are, treating them where they are, whether it's in a subway station, whether it's in Rikers Island, whether it follows them back home. So we have really amped up the ability to engage in ways that the system just didn't do before.

Question: Question for Dr. [inaudible] or whoever else wants to answer it – with the Health and Hospitals Corporation, when you have individuals who've been hospitalized with psychosis, suicidal behaviors, is there any reevaluation or change to how your handling discharges for the people back into the community to make sure they have housing, which is required by law to just make sure they are no longer a threat to the community?

Dr. Raju: I think we – we continue to manage the patients. If they are suicidal or they are a danger to themselves or others, then we treat them for mental illness. And we have a very good discharge planning and [inaudible]. But this will definitely improve it and increase much, much better so we can continue to monitor our patients when they get out of our hospitals and are able to get the best care possible. So, this kind of unprecedented collaboration between the different agencies is going to help our patients to get much better post [inaudible] services.

Question: [Inaudible]

Dr. Raju: The treatment remains the same, but it is a much better coordinated and better – all agencies working together to get the better care to the patients.

Mayor: Melissa? Oh I'm sorry, hold on.

Unknown: And there are more treatment options. I mean, the commitments in this package markedly expands the capacity for [inaudible] teams, for these mobile teams in shelters. That is a substantial new treatment capacity that fits a lot of the needs of these people.

Question: [Inaudible]

Unknown: So, we're calling for four more [inaudible] teams that focus on a criminal justice-involved population. We're calling for three new mobile clinical teams that will divide out among the boroughs in which there are mental health shelters.

Question: [Inaudible] criteria. How many of them do you believe are [inaudible]. I'm trying to get a sense of what percentage of what the overall street homeless population is. [Inaudible].

Mayor: Yes. So – please.

First Lady: We can say several – several hundred meet the criteria of being mentally ill and violent. The other number – I can't give you. But this is – the population that we are concerned about is a relatively small population.

Mayor: – that's having a very big impact. And I say several hundred at any given point. The interesting thing, and Chief Gomez can speak to this, and it's an important parallel. When it comes to overall violent crime in this city, Chief will tell you what the NYPD estimates the number of highest problem people are – sort of the

hardened criminals and those who are creating most of the violence. And it's stunning how small that number is in a city of 8.5 million people. But they are having a very big impact. I think the parallel here is there's a relatively small number of people who are mentally ill and violent, but they are having a very big impact. I guess, if you can find the silver lining in that, it is that it is a finite number. It is a reachable number, which is part of why we think this will have such impact. Chief, can you give that comparison?

Chief Gomez: In relation to crimes, especially violent crime, shootings, and robberies – that number is about 2,000 in the city this size. It's really the same individuals we see are involved in the shootings. They've been victims in the past, or shooters in the past – individuals that are committing robberies. We see a high level of recidivism but it's a small group. And again, in a city this size of 8.5 million, I would estimate 2,000. No more than that.

Mayor: So just to follow – just let me – let me follow through and then continue. That's why these – look at the whole picture. We have a very substantial number of people with mental health challenges in this city – most, of course, are not violent. We have a lot of people who are homeless, but most of course, do not have a mental health problem. We have a certain number of hardened criminals, most of them do not have a mental health problem. It's very sad that they are hardened criminals when we have to address that every single day. But it's not, in most cases, because they have a mental health problem. So, what we're doing here is trying to pull the strands out and approach each one properly. Where we have a combination of a mental health problem and history, with a history of violence – that's where this plan comes into play. The much bigger plan – which is how to address the gaps in our mental health system overall, affecting many, many people of all walks of life – is coming in the fall. Melissa?

Question: Chief Gomez, is it possible that those hardened criminals perhaps never encountered the mental health system and been diagnosed. And then also, for Commissioner Taylor, just a sense of the percentage of the street homeless population and the number of people you think are street homeless that might fit into this category.

Chief Gomez: We're discussing two different things here. When I gave my number – 2,000 – I mentioned criminals with no mental history – just hardcore individuals.

Commissioner Taylor: So, we know that mental – untreated mental illness can lead people to live on the street. Not everyone who's on the street, first of all, is homeless. Right? And so, putting that out there, the best proxy that we have for homelessness on the street is the HOPE count results that we use every year. I will say, the power of this program is that we have now resources that meet people where they are. And so, the mobile teams that were described by Dr. Belkin will go out to where the clients are. And once we stabilize anyone who's on the street, we can then bring into shelter. We can get them housed.

Question: Can you just give us a sense of the percentage of people who might fit into this? Because I think – I mean [inaudible] properly characterizing [inaudible] I think some people were thinking this will also be an event that's designed to get a lot of people on the streets, you know, into a better situation.

Mayor: Again, I'm not sure what the lead-up was. But I would say this, this is about people who are housed and people who are homeless. This is about anyone who has those two criteria. Now, to your question – what was the last HOPE count? The HOPE count, I think a lot of you know, but just to clarify – every February.

Commissioner Taylor: Yes.

Mayor: And it's the only annual accurate count of homeless that we have. What was the last one?

Commissioner Taylor: It 3,000 street homeless in New York City.

Mayor: So, 3,000. Obviously in this instance, we're talking about those with – at any given point, at any given day, who we think have mental health – serious mental health problems and a serious history of violence – is in

the hundreds. And that includes people who clearly are not homeless. So you can clearly see, in just that breakdown, it is a small percentage among the homeless, and there is another percentage who in fact have homes, but have these problems. Marcia?

Question: Mr. Mayor, I'm wondering what you're going to be doing to deal with the people – the homeless people who use what the police commissioner called the other day, weaponized marijuana, K-2, [inaudible] street names. According to the police commissioner, the homeless in certain areas, really like to use it. And secondly, what do New Yorkers expect to see in terms of the number of homeless they will see on streets?

Mayor: Well, I think – let me speak to both and then turn to Chief Gomez on the K-2 point. I think this is a plan that will have a big impact over time. I really do. And I think, when the full mental health roadmap is announced, I think it's going to have a much bigger impact. So, I think with most major changes of strategy, they don't happen overnight. It will take months to start to see some of the full effect. But I think it's quite fair to say if we do this and reach people who previously were not getting treatment – and the case I gave was the woman in Brooklyn who probably would've taken her own life if it weren't for so much intervention. I think we'll see a number of situations where people would've committed violence and now will not because they were gotten at the right moment, and either put on a path to treatment that made their lives safe and secure, or in some cases, ended up in an appropriate facility where they could get ongoing care. That will inevitably have a positive impact on the levels of violence that we experience. I think it will have some impact on street homelessness, but as you heard, not an overwhelming impact because it is such a small percentage of those who are street homeless to begin with.

Question: [Inaudible] K-2 end up going to [inaudible] the criminal justice system or the mental health system. How will you [inaudible] especially since they're particularly violent. Sure, I will let my colleagues speak to some of the details but I'll first say we are very focused on the K-2 problem. Commissioner Bratton and I have spoken about it a number of times. And the NYPD is already doing some very focused enforcement efforts that I think are yielding real results. Go ahead, Chief.

Chief Gomez: Yes, we've seen an increase in incidents involving individuals using synthetic marijuana or K-2. Some are homeless but some are not. It's certainly become a public health concern. I say that because over 700 visits to emergency rooms in this city were occurring in the past several months. We saw a ten-fold increase in hospital room visits throughout the state and a ten-fold increase in calls to poison control centers. Here in the city, we saw that increase mostly in Upper Manhattan, the Bronx, and Central Brooklyn. I showed some videos the other day. Those videos demonstrated individuals that were, what I call, an excited delirium syndrome – state – formally known as cocaine psychosis. That is caused by illicit drug use such as cocaine, PCP, LSD. Synthetic marijuana can also cause that. So, I – that video was to demonstrate what our officers may encounter. Now, the use of K-2 does not always lead to the, you know, to that condition but it certainly may and it has. And I'll just give you an anecdotal story just from last month in the Bronx. There was an individual that was emotionally disturbed, locked in his apartment. His family called us. He was breaking the house apart. After several hours of dialogue with negotiators and the emergency services unit, [inaudible] decided to break the lock with a power saw. This individual was so deranged that he put both hands on this power saw. You know, it was a gruesome, gruesome injury. And he was under K-2. So, we've increase enforcement. We're doing joint operations with the sheriff's office, with the Department of Health. And over 10,000 packets of this substance has been confiscated. We also do enforcement on our own. If we develop information that a bodega or a smoke shop is selling this openly, we'll visit and we'll confiscate. But understand, it's only a violation in the New York State public health code sanitary law. It's a violation, no matter how many bags we seize. And these bags are so – it's becoming a nuisance because it's cheap. It's two to five dollars. Anybody could buy this, but it's not just – we're not doing enforcement just in Manhattan North. It's throughout the city in many other precincts and it's something that's on our radar and we're certainly going to step it up.

Mayor: And I think, just to emphasize – just let me jump in to emphasize that the enforcement has already had a profound impact. Liz, why don't you just give that statistic?

Director Glazer: Right, so, just two weeks ago, the police department did a raid – that was reported in the press – on 125th Street, and it got the 10,000 packs that Chief Gomez was talking about. And there's been a forty percent decrease in emergency room admissions in those zip codes where the raids took place. So, we think that, you know, one piece of this strategy is having a significant impact already.

Question: [Inaudible] a lot of these people who might be smoking K-2 clearly have mental health issues, and they may be violent because of the drug –

Mayor: Right.

Question: It's not necessarily true that they've committed a crime. So how do you deal with it? Do you send police officers to deal with them? Do you send mental health teams to deal with them, and bring them into some mental health facility? I mean, how does the city government [inaudible] –

Mayor: Well, I think that – just to demystify this a little, my colleagues will jump in. If someone is in the middle of acting – committing an act of violence, it's a police matter. I mean, let's just be really straight forward about this. If someone – and – and, obviously K-2, sadly, does encourage violent behavior in some people. Once they're in the midst of committing an act of violence, that is the NYPD. Now, there may be other issues that need to be addressed beyond that. Why don't you jump in –

Deputy Commissioner Herman: The police will be called and the police will respond, but likely that person will be taken to the hospital immediately for care. And they may continue to remain under police custody, but they will be helped at the hospital. And they'll determine whether it's a mental illness, or they need to come down from that high.

Mayor: Okay. Who else – yes?

Question: Is there going to be a component of [inaudible] housing now or in the plan that's going to be [inaudible]?

Mayor: Obviously, housing is a big part of the larger equation around addressing mental health issues, so – would you like to – would you like to preview that housing will be in your plan when the time comes?

First Lady: There's a tremendous need for – for people who have mental illnesses and those who don't, so it will be a part of our plan – but more to come.

Question: Mayor, I just want to make sure I understand. So, there's the mobile treatment centers [inaudible], and then there's this new monitoring team through the Department of Health and Mental Hygiene. Those are the people that are going to be relying on the hub. And the hub is going to be looking for the intersection of a history of violence and untreated mental health. So, what is the bar for history of violence, and how do you make sure you're not flagging the wrong people?

Mayor: Which one of you would like that?

Deputy Commissioner Herman: We are working out the fine details of this protocol, but somebody who has complaints from the Department of Homeless Services – where staff have observed somebody breaking furniture or assaulting other clients – that's been documented, and they have a history of violence. Or, the Department of Health talks to us about that history of violence. And it's the Mayor's Office of Criminal Justice which will be gathering this data and prioritizing who – who needs to be reached and who needs to be assessed.

Mayor: And obviously, elements of a criminal record involving violence [inaudible] –

Deputy Commissioner Herman: Sure, no question. But we – we are already aware of people –

Mayor: Right. Give examples of the kinds of charges or convictions that would obviously be pertinent here.

Deputy Commissioner Herman: Well, if someone has a history of assault, if someone has a history of, you know, harassing people, aggravated harassment, assault – that's a history of violence that we'd be looking at. But we're going to take our cues primarily from what other agencies have seen, because it's the nexus of mental health and violence that we're interested in.

Mayor: Just to play off that point – over to Dr. Belkin in a second – just to play off this point. So someone has one or more assault convictions, and are known to our mental health professionals as someone who is not getting mental health care and needs mental health care. That's going to, again, register in this hub – as we referred to it earlier, a kind of air traffic control. Literally, there's going to be people watching to see who is meeting those criteria and not getting the help they need. And then, they know how to deploy these agencies to get the person the help they need. In many cases, of course, what we want to see is people in regular treatment programs, and consistently sticking with the treatment. There will be other cases, again, where someone needs to be in an institutional setting, because that's the only way they can get the treatment they need. But what I want to, sort of, put in your mind, or be able to picture is, when someone meets those criteria, they're not ignored – which sadly has been the history for decades in this city. We all know what happened after deinstitutionalization – a lot of people left to fend for themselves. And people with untreated mental illness problems that went on not just years, but decades. Now, when those criteria are met, there's actually a city plan to address that person and there's constant follow up to make sure they get the treatment they need.

Dr. Belkin: But I just – so, we're not – we're not scouring records and looking, you know, for everyone who may have had some charge, may have had some history. A real trigger is what is experienced with people that are on the ground and have never had a chance to get a – get a response. I mean, many of the cases that we've all read about, there was always somebody who worried about that person, but didn't have a way to act on it. And now, we're giving people, particularly our frontline city staff – who have contact, know them, and know when something is wrong – to be able to reliably trigger a response.

Mayor: Okay, anyone on this side? Okay, in the back – yes?

Question: Mayor, I'm just curious – how much a part of this is involuntary commitment? Or can most of this be done on an outpatient basis? And, I guess, does New York City then run into limitations for how much it can do in that capacity? And I know, in some cases, people can be involuntarily committed, but then they're released fairly quickly.

Mayor: Let's let the doctors speak to that.

Dr. Belkin: So, the strong investment here – a new mobile outpatient, very accessible, community-based treatment – shows that we think that a lot of this should and can happen with voluntary treatment made accessible. There's always a commitment option, when appropriate, and that should be used. But we think, you know, the bulk of this is about access, persistence, and commitment to – to reach people.

Mayor: Okay. Yeah?

Question: And you said this was unprecedented, but were there any other working models – other cities you looked to that implemented something similar?

Mayor: Liz?

Director Glazer: So, there really – there are very, very few. I think one very interesting model is Miami, that does something sort of similar to this. This is the first time in this city that we have done this, and we're doing it at an unprecedented scale and scope and reach.

Dr. Belkin: And the treatment models were chosen because we know that they likely work better with this kind of population – this unpredictable population – complex needs, substance use mixed into everything else. You have to meet them where you find them. And so that's why we've – we built up that kind of capacity.

Question: If a mentally ill homeless person refuses to come into treatment and leave the streets, will they be forcibly removed and [inaudible]?

Dr. Belkin: If there is a concern about likelihood of violence, then yes. Then that is what the law allows and, in fact, for treaters, really requires.

Question: [Inaudible] a person happened to be calm at that moment, would they be left [inaudible]?

Dr. Belkin: So, this is where judgement can play. But what we want this hub to do is – and what's often been lacking in those decisions is there isn't the context of recent events to inform that decision. And so we're going to bring that to bear as well.

Mayor: Okay, we're going to do last call.

Question: Mr. Mayor, how will you measure the success of this program?

Mayor: Well – let me start, and then the experts can jump in. Look – again, I expect that, as this fully progresses, it will reduce violent crime. It stands to reason. Again, if I went over with you the different incidents that you guys have had to report on this year, where there was a known history of mental health problems and a known history of violence – you know, some of those people would still be alive if the problem had been caught. And we generally don't see – and I don't mean this as criticism – that's just part of our – the way we think about stuff in the public discourse – we don't talk about the suicides, which are, you know, a horrible outcome of people not getting the mental health treatment they need, some of which could be prevented. So, there's no question, to my mind, that lives will be saved. We won't know how many until we get well into this. But one measure will be, can we identify lives that would have been lost but for this effort? I believe we'll be able to do that. Another measure will be, certainly, if there are folks whose other problems in life stem from not having mental health treatment – and some – again, I think it's a very small number in the scheme of things – but some of the folks who are homeless are an example of this – who ended up in that circumstance because they didn't get treatment, on top of the violence that may – might have done. If those folks get into treatment programs or, in some cases, end up in an institutionalized setting, obviously you're going to see fewer people with that reality on the street. It will take time to take its full effect – as we've talked about here – you know, the first six months of phasing it in. But already, what's powerful right this minute – and I – I heard this from so many people in this field – the frustration, the revolving door that they always saw. That someone – that they knew the person had a problem and they knew they had a history of violence, and nothing happened. And that person was right back on the street. Not just in the homeless – they might go right back to their home in their neighborhood, and then commit another act of violence. And nothing interrupted it. What I think we're going to see is, for the first time, that person will be caught, in the sense that they will have – they will be found, they will be supported, or addressed by the criminal justice system if needed. But rather than it being left to chance, for the very first time, the city will actually know who we need to address and how we need to address it. And that, over time, is going to make a very big impact.

First Lady: And we will have data. We will evaluate and assess the program, and be able to change as needed.

Mayor: Okay. We have covered this topic. We are going to do a second topic, and then we'll go to off-topic. So we're going to pull out – [inaudible] everyone here has a lot of work to do, so anyone who's not needed can move on. We're going to bring in the Deputy Mayor – First Deputy Mayor Shorris to join me.

[…]

So, let me – we're going to talk about Legionnaires', then again, we'll go on to other topics after. So let's go over this first. Welcome, Commissioner Bassett. Welcome, First Deputy Mayor Shorris. So, let me just start and then turn to the First Deputy Mayor. First of all, updates on the numbers since yesterday. I think you know these already, but just to make sure we're all speaking the same language. Based on information from yesterday, three additional cases identified. As the first deputy mayor is going to clarify in a moment, the when we find out about a case and when the case occurred can be two different things. So, you're going to help explain that reality. My friends in the media, please don't be on a cell phone during this portion. If you need to take your calls, please go outside.

So, three additional cases identified, two additional deaths reported. A total now of 100 cases and 10 deaths – again, all from the same area in the South Bronx. Now, we remain confident that the source of these current cases has been remediated. We remain confident that the source is among the five locations that were identified and remediated. But today, we're going to take additional steps to protect our fellow New Yorkers. We'll issuing a commissioner order from Dr. Bassett to anyone who owns or manages or otherwise controls a building with a cooling tower – and I want to emphasize at the outset, the vast majority of buildings in New York City did not have these cooling towers. They tend to be found in bigger, more modern buildings. But any building that does have one of these cooling towers will be subject to this order. This order instructs the owners or managers to test and disinfect their cooling tower within the next 14 days. Failure to comply with the commissioner's order is a misdemeanor. We are doing this out of an abundance of caution. Everyone understands that the outbreak has been limited to one community in our city. But we're doing this out of an abundance of caution, again, confident that we have already disinfected the source of this outbreak.

As we talked about the other day, we have been in close coordination with the state, and the state Department of Health, and Center for Disease Control. And we have been making all of our plans in regular consultation with them. I want to thank the state and the state Department of Health in particular. They are offering free testing for building owners. We appreciate that effort and we appreciate the work we're doing together on the test of the samples that were already taken. As we established the other day, those samples take a while to be tested. That is the only testing methodology that is reliable at this moment. The state has been doing those tests and we thank them for their coordination with us.

As I turn, first to the first deputy mayor, I think it's very important to note the trajectory we see now, in terms of the cases. And we're going to go over this chart. First deputy mayor is also going to talk about the rate of discharge of people who have become sick. We'll turn to the health commissioner, and then take your questions.

[…]

Mayor: Before turning to the commissioner, just to emphasize – so, this outbreak, and obviously I'm speaking as a layman but I want to put this in simple terms. This outbreak has been consistent. We obviously feel deeply for every family who has lost someone and all those going through the illness now. It is encouraging that so many people who did contract this illness have been treated and have been discharged. And I think it's important to note that fact. The number, again, discharged?

First Deputy Mayor Anthony Shorris: 53 discharged.

Mayor: 53. So, a majority of people who have encountered this illness, have now been cleared. It's also important to recognize that the consistency with which this has affected a particular area and a particular kind of person with underlying challenges. Over the last few days, everything we continue to receive in the way of information confirms what we saw a few days ago. We're not finding new contaminated sources. We're not finding contamination outside the area. We are seeing, obviously, as the first deputy mayor explained, a reduction in the number of cases, even though there's a lag in the reporting. If you look at this chart, it's important to recognize that the situation is changing and changing for the better.

At the same time, we're acting very aggressively, out of an abundance of caution citywide – the commissioner

will talk about that in a moment – and in the area that's been affected in the South Bronx, we will continue to look for any cooling tower that may not have been reported and we will literally, immediately inspect it and disinfect it. Again, out of an abundance of caution, but so far, no report has led to the identification of a tower with a new problem.

We clearly will move, not only in the immediate vain through the commissioner's order, but we look forward next week working with our colleagues in the City Council. And we've had very constructive conversations with the council members, with Speaker Mark-Viverito, and her staff. We're confident that there will be a substantial action next week, legislatively, that will help to address this issue for the long term. I think I can safely say we have never seen a situation like this before in New York City or of course, these efforts would have been in place in advance. But they will now be in place very, very rapidly. Turn to Health Commissioner Mary Bassett.

[…]

Mayor: Okay, so we're going to do questions on this topic. Then, we're going to stop again for a moment and we're going to go to other topics. On this topic –

Question: Why is this the worst outbreak in history? What is it that's made this so much worse than every single other one?

Commissioner Bassett: Well, that – that's a very – it's not the largest outbreak in history in the world. There have been –

Question: I meant in New York [inaudible].

Mayor: No, New York. New York.

Commissioner Bassett: But in New York City, it certainly is. And that's a question, of course, that we are asking ourselves. And I'm not sure that we'll ever fully understand it, but we do know that we have identified cooling towers that completely explain the pattern of the outbreak that we've seen. So we are fully confident that these cooling towers that have been identified, tested, and remediated were the – were the source of this – of this outbreak. It's consistent with all the information that we have. And we look forward to seeing a decline in cases.

Mayor: Yeah.

Question: Mayor, how much coordination have you had or are you having with the state? Did the governor reach out to you personally? Did you guys talk on the phone?

Mayor: Yeah, no, there's been regular coordination both between me and the governor and the state health commissioner and the city health commissioner, our staffs in general – very consistent communication and I think great coordination and great agreement on the course of action. I again want to thank state for the work they're doing with the testing of the samples we have so far. And for their willingness to help building owners with financial support for the testing process.

On this topic. Yes.

Question: Is there any common denominator between these cooling towers? I mean, same manufacturer, same people –

Commissioner Bassett: No.

Question: cleaning or maintaining them –

Commissioner Bassett: No.

Mayor: Okay, on topic, yes.

Question: The family of James [inaudible], a Bronx teacher who died in April of Legionnaires' disease, they said they felt the city didn't really investigate his case properly. Is there anything the commissioner can tell me about that instance or what the –

Commissioner Bassett: We don't discuss individual patients personal medical information.

Question: But I asked about the case – I don't want to know about his personal history, but did you – did the city investigate after the [inaudible]?

Commissioner Bassett: Let me just go back to reminding all of us that we see between 200 and 300 cases of Legionnaires' disease. This is a common cause of pneumonia. We institute outbreak investigations when we see a cluster of cases. And that's what happened in the South Bronx areas. So, again, we don't talk about individual patients.

Question: So you only investigate if there's a cluster, not [inaudible]?

Commissioner Bassett: We – we – yes.

Question: [inaudible] in the Bronx, so he [inaudible] caught it in that area.

Commissioner Bassett: I understand.

Mayor: I'm going to just attempt a layman's explanation – and doctor, you'll correct me if you disagree. We take every death seriously in this city, whether it's, as we were talking about a moment ago, people who die as a result of crime or for other reasons. But that doesn't mean that there's necessarily a pattern to follow. As the commissioner said, if several hundred people get this form of pneumonia each year – there are other forms of pneumonia, there are many other diseases – for us to swing in with our health apparatus, we need something to follow. So I don't know the individual case at all and, you know, again, the commissioner's right to not speak about the specific details, but what we know in this case is we have a pattern that we can follow and we can act on, and that's why we're doing it.

Emily first.

Question: I heard you say that failure to comply with the commissioner's order will result in a misdemeanor, but without a [inaudible] list of buildings that have the cooling towers, how would you enforce [inaudible]?

Commissioner Bassett: In this case, we are asking the – these are cooling towers that are scattered throughout our city, mostly, as the mayor said, in commercial and industrial settings, not in – they're not located generally in individual small apartment buildings. The owners are being asked to clean their cooling towers if they haven't been cleaned in the last 30 days, and to retain the records of this maintenance so that it will be available on inspection at our request.

Question: Just – I don't know – sorry if you already said this, but how many – do we know many towers – ?

Commissioner Bassett: We don't. And – and that's, as you know, been something that we've been talking about as an issue. But we do know that there are at least 2,500 cooling towers that we have a list of now, and we're actively adding to that list through a number of ways.

Question: So my question was, though, do you think there are – are there enough consultants who can do all this work within [inaudible]?

Commissioner Bassett: We have over 50 people out in the neighborhoods of the Bronx where we want to be sure that we've identified every single cooling tower, seeking to identify them. And we are going to use the – the – sort of, the broad net of commercial buildings to reach out to owners.

Question: [inaudible]

Commissioner Bassett: This is a citywide effort. It's a preventive effort to ensure that we know that every cooling tower in this city is in good maintenance.

Mayor: So just – let me do another frame, and then back to the commissioner – just – I'll pass the ball back to you. This is a small minority of the buildings in the city. As the first deputy mayor and the commissioner said, this is generally speaking not single-family houses, not, you know, small houses, multiple, not smaller apartment buildings. This tends to be larger buildings – commercial buildings. So we do know it is a clear minority of the building in this city. We wish we had a perfect list. And had there been any precipitating event previously that would've required such a list, we would certainly have it today, and sadly, this is that event. And that is why we look forward to working with the City Council on legislation next week that – although the details are being worked through – will require some kind of registration process around these cooling towers. In terms of your question, are there enough consultants to achieve this mission in the timeframe, the commissioner talked about our own city employees, what they're doing now, but in terms of – I'll ask both my colleagues – in terms of those in the private sector, well the one thing to say is the test itself is a – and the first deputy mayor's talked to me about this – relatively simple, cheap thing to do. The remediation is more complicated, but in terms of the available professional services to do this, could you both speak to that?

Commissioner Bassett: Yes, I misunderstood your question. I think you were asking, are there enough companies out there who can conduct maintenance and cleaning? And we are at – we are – expect – we fully expect that there are, and of course, as you all know, the market often responds to demand.

First Deputy Mayor Shorris: I would actually just that many of these buildings are conducting versions of these tests all the time on a routine basis anyway. Responsible building owners of large complexes are certainly doing this. Many institutions are already required to do it for other reasons. So it's not as if this is a brand new issue for most building owners. It's the responsible thing to do.

Mayor: And the commissioner's order makes clear – if a building has done such testing in the last, I think, 30 days, they don't have to retest. They do have to make sure any issues are addressed, but as long as they have documentation of that, they will not have to test again.

On this topic. Yes.

Question: Does City Hall have a cooling tower?

Mayor: Does City Hall have a cooling tower? Very smart question. I know the first deputy mayor will know the answer.

Commissioner Bassett: [inaudible], if you do, you'll get a letter [laughs].

First Deputy Mayor Shorris: The city DCAS is going through the inventory of all the city buildings, so – this building included – to make sure that if there is a tower, it's checked. So if it is, it's already been checked.

Mayor: But why don't we agree that you'll get an answer quite shortly to that very good question?

Commissioner Bassett: I can tell you that we have tested several city buildings in the area of the outbreak in the Bronx.

Mayor: Correct. We will – we will get DCAS on the phone immediately so you'll know what's going on at your workplace.

Okay. Yes.

Question: Is there a test or does it exist or is it being done to determine if there's a certain level of this bacteria that then causes the disease? I mean can this just infiltrate a lot of these cooling towers if it's just at a low level?

Mayor: Well, I'm just going to start with the obvious and then pass to the commissioner. Again, let's – let's imagine the number of cooling towers in New York City is – you know, it might be in the single-digit-thousands, it might be in the tens-of-thousands. We don't know until we do this whole process, but it's a finite number. It's – and obviously buildings all over the five boroughs. We've never seen an outbreak like this. It stands to reason that there is no such trigger, if you will – that nothing like this has happened on this kind of level, and we've had these cooling towers for a long time in a lot of places. So I think what's happening here very well may be quite isolated – again, as we all suspect, a single source – that for whatever reason wasn't handled properly – and we – that's going to be part of the ongoing investigation. But, you know, if cooling towers in general were a problem, you would having this problem all over the country, all over the city, for a long – for many, many years. This is something much more narrow. Commissioner, you want to add?

Commissioner Bassett: I think you were asking about testing, and I think I should make clear for everyone that maintenance doesn't – cleaning maintenance doesn't require testing. People can – will simply be cleaning and decontaminating. The state has made available testing for all owners who would like to do it at their labs. This would not be the routine maintenance that we are looking forward to providing oversight for on behalf of the city – that with the cooling towers bill that will be put through, I hope, by our colleagues in the City Council. And you were asking, do we know what level of contamination poses a public health threat? And I – that's a very good question, and the answer is the obvious one – that is seems plausible that the higher the level of contamination, the more likely the public health threat, and that of course has gone into our thinking about looking at our data in the Bronx, but there is no level that – that we can say to you is the threshold, the cut point.

Mayor: Okay, last call on this topic. Seeing none, okay – whoa – man, that was the latest I've ever gotten one. Go ahead.

Question: [inaudible] clarification – if a building owner refuses to comply or doesn't [inaudible], what kind penalties [inaudible]?

Commissioner Bassett: The commissioner's orders can invoke either fines or in – going as far as asking that you shut down the operation of the unit.

Question: [inaudible]

Commissioner Bassett: That – that [inaudible] can tell you right now.

Mayor: And just to clarify –

Commissioner Bassett: There's a – yeah – go ahead.

Mayor: You start.

Commissioner Bassett: No, please.

Mayor: Okay, as – you know, there is a powerful parallel here. When we have – it's winter and a building owner doesn't provide heat to their tenants, there are penalties for that. We are all aware of the fact that some building owners still don't provide heat, even knowing that there will be penalties. In that instance, the city goes in itself, fixes the boiler, and charges the building owner. So a similar dynamic here – we expect, obviously, the vast majority of building owners to cooperate. There would be no need for fines, there would no need to shut down a building. If we have to, we'll do that, but we also stand ready to step in and do our own testing and cleaning if need be.

Okay, last, last call on this topic. We are done with this topic. Thank you both. You'll – see you in a little bit for another thing. Okay. Thank you both. You can stay or you can go, whatever you'd like. Okay, we are going to do a few – it's been a long time and we're going to have another availability coming up in less than an hour, correct? Correct?

Question: [inaudible]

Mayor: Okay. In less than an hour, I'm telling you, so – but I'll take a few. Go ahead.

Question: Mr. Mayor, state test scores are expected to be [inaudible]. Any insight into how the city will do and how much are you going to see the results as a measure of your performance, and especially with some of the, you know, high-profile programs, such as the renewal schools [inaudible]?

Mayor: Look, we – we need to see those scores before we can conjecture about them. We need to hear a formal report from the state, and I can't comment on that. I will simply say, it's one of the things we judge ourselves by. It's not the only thing. I've always said, you know – I want to be consistent – I believe in multiple measures, right down the individual student in the individual school. I think that's true for us as well, but it will certainly be one of the things we judge our work by.

Question: Mr. Mayor, in Kips Bay there are several mens' shelters. A lot of people in that community say the city is ignoring the problem of homeless men doing inappropriate things [inaudible]. They've started an app, called Map the Homeless. People are taking pictures of some of these men doing inappropriate things and then pinpointing it on the map so other people in the community know about it. Are you aware of this? And do you think it's appropriate? I'm not aware of the mapping. I am very aware of the fact that we have some facilities there that we're very conscientious about beefing up security for and support for the community. So NYPD is working much more closely with those facilities. And as I've experienced myself, and I urge any New Yorker who sees someone who is homeless and is causing any kind of problem, to call into 3-1-1. There's a very effective response system that leads to very quick results. So I – I haven't seen this, so I can't comment on it, but I can say the right thing to do is if you see someone violating a law, if you see someone in any way doing something inappropriate, call 3-1-1 and report it, and there will be a follow-up. As Commissioner Bratton has said, in a free society, there is no law against sitting on a park bench, minding your own business. There is no law against standing outside a grocery store and asking for spare change. It may not be something we love, but it's not, per se, illegal. There are laws – there are laws against in any way menacing people, blocking the ability of the public to move around, any kind of violent or aggressive behavior, and those will be dealt with as criminal justice matters. We do not allow any kind of encampments to occur. So that's where people need to call 3-1-1 if it's something that's non-violent, but inappropriate. Obviously, if an act of violence is underway, people need to call 9-1-1, but those will be responded to promptly.

Question: [inaudible] College of Staten Island is going to conduct a study on whether or not Staten Island is receiving a fair share of city services. I was wondering, first, whether or not you think a study like this is necessary? And whether or not you're concerned at all about what the results might be?

Mayor: I think this is a question that we face in a democracy as well, always. I think any borough, any neighborhood has every right to ask what kind of support they're getting. I think what we should be careful to do is look objectively at the reality, because no two boroughs, no two neighborhoods are the same. But if people want to do that analysis, I welcome it. And we'll certainly look at it.

Question: Mayor, [inaudible]

Mayor: You know, I think – well, look at what we're talking about here today. We just talked about an unprecedented effort to address mental health and violence problems. We're obviously doing an overwhelming response to the Legionnaires' situation. This is what we are here to do. And all the things I said at the outset of the previous remarks – the 200,000 units of affordable housing, efforts to bring down crime across the city, which are working – that's what we're here to do. Public opinion polls are not what I'm focused on. I'm focused on that work. Go ahead – anyone else over here? Yeah.

Question: I was hoping you could answer that question [inaudible], since it seems that homelessness, mental illness, and the veteran community all intersect. Were you saying that they're not related?

Mayor: No, no – I'm – sorry, when you were asking before about the specific initiative to reduce veteran homelessness, I simply believed that is a separate question from what we were treating before. Yes, we are on track to keep our commitment for the end of the year on ending veteran homelessness.

Question: So is there any – any part of NYC SAFE that addresses them specifically or –

Mayor: There's not a separate approach, because, again, we may have a little bit of a detente moment here. I think the effort to end veteran homelessness is for all veterans, whether they have a mental health problem or not, whether they've had trouble with the law or not. You know, it's – we are committed to making sure that none of our homeless – excuse me, none of our veterans are homeless. If someone served this country, they should not end up homeless. We have made that pledge, as have a number of cities around the country. That's one thing. Separately, there's a new initiative to address when mental health and violence intersect.

Question: [inaudible] the city and the firefighters' union have reached a deal [inaudible]?

Mayor: I'm not going to comment on that, but I'll see you shortly.

Okay, anything else?

Question: Is there off-topic at the next [inaudible]?

Mayor: No, this is the end of off-topic. It's been a long day. So, okay, I'll give you one more and I'll give you one more. Go ahead.

Go ahead, Gloria, that was you.

Question: [inaudible] union was upset that they were going to [inaudible] –

Mayor: I read your article.

Question: So the Queens borough president and DA Brown said that there [inaudible]. Can you talk a little bit about –

Mayor: I don't know the details. I mean, look, I believe them. It must not have been handled right, but obviously it's been resolved.

Question: All – the three new cases, also all in the South Bronx, just [inaudible] –

Mayor: Everything is still in the same area.

Thanks, everyone.

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