

Dear Hillary, Gail, and Jacob

Please excuse the delayed follow up. We appreciate your meeting with the Greater Harlem Coalition on November 7. We recognize how the nation-wide drug crisis you discussed puts your agency in a relative state of emergency. At the same time, we hope to be able to continue to engage with you on the issue of fair-share distribution of programs, facilities, and clinics throughout the city.

Some questions:

- Does the DOHMH monitor the community impact of OASAS licensed programs?
- Is the DOHMH concerned with the Fair Share distribution of OASAS licensed programs, and, if so, what procedures/policies does DOHMH have in place to address Fair Share distribution?
- How does the DOHMH plan to address the oversaturation of OASAS licensed programs in communities like Harlem and East Harlem?

In a separate conversation with Teri Friedman, Mt. Sinai Sr. Director, Addiction Services, said that Mt. Sinai did not have security patrolling the area around their Mt. Sinai/Beth Israel facility at 149 West 124th Street because they were "short-staffed." We have since repeatedly asked Brad Beckstrom, Director of Government Affairs, Director of Community Affairs for Mount Sinai Hospital Center if they have hired additional security, but his response is always the same over the last ten months, "I'll have to check and get back to you." Does the DOHMH have a role in working with OASAS programs in our community and ensuring they have adequate staff?

The Greater Harlem Coalition is very interested in supporting the DOHMH's advocacy for federal changes to decentralize the current model, and encourage smaller, community-based clinics and G.P. based solutions. Please let us know if you see any role for our coalition in supporting this move to a more distributed model of care.

Lastly, we would like to know if you would be able to convene a meeting between your agency, OASAS, and our coalition to discuss the community impact of oversaturation?

Thank you.

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