CITY COUNCIL
CITY OF NEW YORK

---------- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FINANCE JOINTLY
WITH THE COMMITTEE ON HEALTH,
COMMITTEE ON MENTAL HEALTH AND
ADDICTION AND THE COMMITTEE ON
HOSPITALS

---------- X

May 13, 2024
Start: 9:39 a.m.
Recess: 6:08 p.m.

HELD AT: Council Chambers – City Hall

B E F O R E: Justin Brannan,
Chairperson for the Committee on
Finance

Lynn Schulman,
Chairperson for the Committee on
Health

Linda Lee,
Chairperson for the Committee
on Mental Health, Disabilities and
Addiction

Mercedes Narcisse,
Chair of the Committee on
Hospitals

COUNCIL MEMBERS:

Shaun Abreu
JoAnn Ariola
De La Rosa
Diana Ayala
Gale A. Brewer
Selvena Brooks-Powers
Tiffany Cabàn
David Carr
Amanda Farias
Oswald Feliz
Shahana Hanif
Kamillah Hanks
Crystal Hudson
Farah N. Louis
Kristy Marmorato
Julie Menin
Francisco P. Moya
Mercedes Narcisse
Chi A. Ossè
Vickie Paladino
Keith Powers
Lincoln Restler
Yusef Salaam
Pierina Ana Sanchez
Althea V. Stevens
Nantasha M. Williams
Julie Won

A P P E A R A N C E S (CONTINUED)

Dr. Mitchell Katz
NYC H+H

John Ulberg
NYC H+H

Dr. Patsy Yang
NYC H+H

Dr. Ashwin Vasan
NYC DOHME

Dr. Michelle Morse
NYC DOHMH

Dr. Celia Quinn
NYC DOHMH

Corinne Schiff
NYC DOHMH

Dr. Leslie Hayes
NYC DOHMH

Dr. Jean Wright
Executive Deputy Commissioner for Mental Hygiene

Aaron Anderson
Chief Financial Officer NYC DOHMH

C. Virginia Fields
Black Health

A P P E A R A N C E S (CONTINUED)

Annie Moran
Case Manager at the Center for Urban Community Services Prospect Place

Chantel Charles
SAPIS Counselor

Ben Mosse
OSA

Elise Benosa Benusa
Planned Parenthood of Greater New York

Kyran Banks
Callen-Lorde Community Health Center

Dalveer Kaur
New York Immigration Health Coalition

Daphne Thammasila
Asian American Federation

Szu-Chi Tai
Garden of Hope

Heather Choi
KAFSC

Ana Kril
Sharing and Caring

Yuna Youn
Korean Community Services

A P P E A R A N C E S (CONTINUED)

Barry Post
Hamilton Madison House

Lilya Berns
Hamilton Madison House

Pramma Elayapenal
Woodhall Hospital

Juan Vasquez
CIR

Fiodhna O'Grady
Samaritans Suicide Prevention

Kumarie Cruz
Samaritans Suicide Prevention

Casey Starr
Samaritans Suicide Prevention

Zach Hennessey
Public Health Solutions

Erin Verrier
Community Health Care Network

Jeannine Mendez
Astor Services

Dash Yeatts-Lonske
Urban Pathways

A P P E A R A N C E S (CONTINUED)

Greg Mihailovich
American Heart Association

Alice Bufkin
Citizens Committee for Children

Judy Wesler
Commission on the Public Health System

Jonathan Chung
National Alliance on Mental Illness of New York City or NAMI NYC

Sharron Rockett
Carnegie Hall

Daniel Leyva
Latino Religious Leadership Program

Guillermo Chalon
Latino Commission on AIDS

Karina Escamilla
Latino Commission on AIDS

Jane Min
Korean Community Services

Emily Li
KCS Career and Community Services

Jonathan Suh
KCS Career and Community Services

A P P E A R A N C E S (CONTINUED)

Christine Arif
Institute for Community Living

Brianna McKinney
Project Guardianship
Chief Advancement Officer at Project Guardianship

Victoria Graves-Cade
GMHC

Jordyn Rosenthal
Community Access

Anthony Feliciano
Housing Works

Joelle Ballam-Schwan
Supportive Housing Network of New York

Raul Rivera
Self

Scott Daly
NYJTL

Diane Tider
Mount Sinai's Institute for Advanced Medicine

Ayana Perkins
STARS-GWN

Erica Silberman
STARS-GWN

A P P E A R A N C E S (CONTINUED)

Alex Brass
Correct Crisis Intervention Today

Laura Jean Hawkins
Sharing and Caring, Inc.

Elizabeth Francesetti
Self

Stacey Keith
Self

Esther Lelievre
Cultivated Community Foundation

Chris Norwood
Health People

Jonee Billy
Power Play New York City

Michael Fagan
Ryan Health

Medha Gosh
Coalition for Asian American Children and Families

Miral Abbas
Coalition for Asian American Children and Families

Michael Zingman
Secretary Treasurer for CIR

A P P E A R A N C E S (CONTINUED)

Nicholas Rossetti
Resident at Bellevue Hospital

Nia Nottage
Act Up New York

Linda Polka
Self

Lisa P.
Make the Road New York

Nathalie Interiano
Care for the Homeless or CFH

Juan Pinzon
Community Service Society

Paul Hennessey
Self

Ash Howard
Self

Pallavi Subedi
Health Navigator at Adhikaar

Ashley Santiago Conrad
Freedom Agenda

Danny Lin
New York Edge

A P P E A R A N C E S (CONTINUED)

James Dill
Executive Director of Housing and Services Inc

Daniele Gerard
Children's Rights

Isaiah Santos
Make it Work program

Mary Sohen
Self

Myra Batchelder
COVID Advocacy Initiative and COVID Advocacy New York

Nora Taya
Second Chances with DCA

Opal Bailey
Sara Bolden

SERGEANT AT ARMS: This is a microphone check for the Committee on Finance joint with the Health, Mental Health and Mental Hygiene recorded by Layla Lynch in the Council Chambers on May 13, 2024.

SERGEANT AT ARMS: Good morning everyone and welcome to today's New York City Council Hearing for the Executive Budget Fiscal Year 2025 hearing for the Committees on Finance, Health, Mental Health, Disabilities and Addictions. At this time, we ask that you silence all cellphones and electronic devices to minimize disruptions throughout the hearing. If you have testimony you wish to submit for the record, you may do so via email at testimony@council.nyc.gov. Once again, that is testimony@council.nyc.gov.

At this time throughout the hearing, do not approach the dais. We thank you for your kind cooperation. Chairs, we are ready to begin.

CHAIRPERSON BRANNAN: Thank you Sergeant. [GAVEL] Okay, good morning and welcome to the 6th day of FY25 Executive Budget hearings. I'm Council Member Justin Brannan and I Chair the Committee on Finance. Today's hearings will begin with the Department of Health and Mental Health followed by

New York City Health and Hospitals and I'm pleased to be joined today by my colleagues, Council Member Lynn Schulman, Chair of the Committee on Health and Council Member Linda Lee, Chair of the Committee on Mental Health, Disabilities and Addiction. We've been joined this morning by Council Members Wiliams, Hanif, Narcisse and Moya on Zoom. I want to welcome Commissioner Dr. Vasan and your team. Thank you for joining us today to answer our questions.

Just to set the table on April 24, 2024, the Administration released the Executive Financial Plan for FY24 to 2028 for the Proposed FY25 Budget of $111.6 billion. DOHMH proposed FY25 budget of $2.15 billion, represents 1.8 percent of the Administrations Proposed FY25 Budget in the Executive Plan. The total budget increased by $88.2 million or 4.3 percent from the initial $2.10 Billion originally budgeted in the FY25 Preliminary Plan.

This increase results from several actions, mostly from the rollover of $22.2 million in federal funding from FY24 to reflect unspent COVID relief funds. As of March 2024, DOHMH has 412 vacancies relative to their budgeted headcount in FY24 and 216 in public health and 196 in mental hygiene. In the

Council's Preliminary Budget response, we called on the Mayor to add $10 million to DOHMH public health budget for maternal and child health services including the nurse family partnership, cancer screening and a pilot to help New Yorkers fighting diabetes to access glucometers for citywide — for free citywide and $43.1 million to the mental hygiene budget for supportive housing and mental health support programs.

DOHMH budget does not include a single dollar towards any of these proposals from the Council even though the Council's response identified $1.63 billion in unrecognized resources that accounts for risks and costs from under budgeting while still making investments in key programs such as these. Prioritizing these investments doesn't just relieve economic uncertainty of every day New Yorkers, generating a stronger city and accelerating our economic recovery but in this particular case, it can actually save lives.

My question today will largely focus on utilization of city funds, the Medical Debt Relief Program and funds from the opioid settlements. I now want to turn to my Co-Chairs for this hearing Council

Member Schulman followed by Council Member Lee for their opening statements and I'll just note that we've been joined by Council Members Carr and Farias. Council Member Schulman.

CHAIRPERSON SCHULMAN: Thank you Chair Brannan. Good morning and welcome to the City Councils hearing on the Fiscal 2025 Executive Budget, the New York City Department of Health and Mental Hygiene jointly with the Committee on Finance. I am Council Member Lynn Schulman, Chair of the Committee on Health. I would like to thank the Finance Chair Justin Brannan as well as my fellow Chair Council Member Lee for holding this joint hearing. I would also like to thank everyone who has joined us today.

The DOHMH Fiscal 2025 in the Executive Plan totals $2.5 billion and includes $1.3 billion for public health services which represents approximately 1.2 percent of the city's budget. The budget is $44.3 million less than the Fiscal 2024 Adopted Budget and includes $461.3 million for personal services and $830.6 million for Other than Personal services. Of this amount, for Other than Personal Services, $299.2 million is for the contract budget. While there were no PEGs in the Executive Plan, we

must recognize that the PEGs in the November and Preliminary Plans are still impacting DOHMHs budget. Multiple contracts related to HIV AIDS services and care have been decreased or eliminated due to the contract reduction savings.

We find it very concerning that these contracts have been reduced and eliminated because the services that these organizations provide are vital to the city. The Council would like to clarify the decision-making process that went into reducing these contracts and we would like to understand whether DOHMH plans to reinstate this funding in the future. In the beginning of April 2024, the Council released its budget response to the Mayor's Preliminary Financial Plan. In the response, we focused on several critical public health programs.

The Council urged the Administration to include additional baselined funding for the Maternal and Child Health Services Initiative and the Nurse Family Partnership. We also requested additional funding for healthy NYC learning collaborative and funds for a new pilot program to provide free glucometers and cancer screenings that would free at cost for New Yorkers. Unfortunately, despite the critical

importance to the health of New Yorkers, these programs were not funded in the Executive Plan.

The Committee would like to understand why these programs were not included in the Executive Plan and to discuss the option for these programs and inclusion in future plans. In addition, the Committee would like to gain a better understanding of budgetary actions taken in the Executive plan related to the citywide diabetes reduction plan. The Public Health Laboratory and the Medical Debt Relief Program to better understand their budgetary implications and any strategies DOHMH has to efficiently utilize city dollars while providing critical services that New Yorkers deserve.

Before we begin, I would like to thank the Committee Staff Danielle Heifetz, Florentine Kabore, Christoper Pepe, Sara Sucher, and Mahnoor Butt for their support. Lastly, I would like to thank my Chief of Staff Johnathan Boucher. My Legislative and Budget Director Kevin McAleer along with my Legislative Fellow Andrew Davis. I will now turn it over to Chair Lee for her opening remarks.

CHAIRPERSON LEE: Good morning everyone. Happy belated Mother's Day for all those celebrating and

all those amazing women. Uhm, so today, we're here, I'm Council Member Linda Lee to discuss the 2025 Executive Budget for mental health and our services and just wanted to thank our Finance Chair Justin Brannan and Health Chair Lynn Schulman for Co-Chairing this hearing with me and also, thank you to Commissioner Vasan and everyone from DOHMH who came here today to testify.

DOHMH's Executive Budget for mental health service is $756.8 million, which is $11.6 million less than at adoption. The budget includes $63.1 million for personnel services and $693.7 million for Other than Personnel Services. Of this amount for Other than Personnel Services, $301 million is for contract budgets. The Council's response to the Preliminary Budget requested a total of $43.1 million in increased funding in the Fiscal 2025 Budget for DOHMH including $19.6 million for 1515 supportive housing.

As we heard from many stakeholders at the Preliminary Budget Hearing, the 1515 supportive housing is falling short of its goal to create 15,000 new units of supportive housing by 2030. Additional funding would allow 1515 supportive housing to expand

ultimately helping more New Yorkers with mental health needs get connected with housing and we look forward to hearing from the agency on their efforts in this important program and as we know housing is one of the most important social determinants of health, so we hope to and look forward to hearing on your response to that.

And finally, we would like to revisit the topics of club houses, trauma recovery centers, forensic assertive community treatment teams to ensure that the Administration is investing in these critical programs for New Yorkers that greatly rely on them. And at the Preliminary Plan hearing, we heard from DOHMH and I know that you testified that you support clubhouse RFPs, expansion of a lot of these programs and we know how important this is for community-based services. And many community-based organizations and stakeholders have reached out both in the public testimony and after the hearing to express concerns that they had with the clubhouse RFP. And as you may know, this is a major topic for mental health services in the city and it's important to make sure that we listen and consider the feedback of community-based organizations that are actually doing

the work on the ground and I'm looking forward to a conversation that will move New Yorkers closer to services to meet them where they are.

I'd like to thank my Committee Staff Danielle Heifetz, Florentine Kabore, Sara Sucher, Kristy Dwyer for all their work and I would also like to thank my staff Amanda Vazquez and John Wani and also the rest of my team for their support. And with that, I will now pass it back to Chair Brannan.

CHAIRPERSON BRANNAN: Thank you Chair Lee. Before we get started, I also want to just take a quick minute to thank the entire Finance Division who works very, very hard this time a year behind the scenes preparing for these hearings, especially of course Florentine and Danielle Heifetz for today's hearing, Committee Counsel Mike Twomey, my Senior Advisor Jon Yedin, all the Analysts who make these hearings work.

As a reminder for this year's Executive Budget joint hearings, we're taking public testimony on an agencies budget the same day, meaning after testimony is concluded today instead of holding one long day at the end. So, if you wish to speak on the DOHMH or the Health and Hospitals FY25 Executive Budgets

today, make sure you fill out a witness slip with the Sergeant at Arms. I will now turn it over to Committee Counsel Mike Twomey to swear in witnesses and we can begin. Quickly, we've also been joined by Council Members Marmorato, Ariola, Louis and Abreu.

COMMITTEE COUNSEL: Good morning. Could you raise your hands please? Do you affirm to tell the truth, the whole truth and nothing but the truth before this Committee and to respond honestly to Council Member questions? Dr. Ashwin Vasan?

DR. ASHWIN VASAN: I do.

COMMITTEE COUNSEL: Aaron Anderson?

AARON ANDERSON: Yes I do.

COMMITTEE COUNSEL: Thank you. You may begin.

DR. ASHWIN VASAN: Good morning. Speaker Adams, Chairs Brannan, Shulman, Lee and members of the Finance Health, Mental Health, Disabilities and Addiction Committees. I'm Dr. Ashwin Vasan, Commissioner of the New York City Department of Health and Mental Hygiene, otherwise known as the Health Department. I am joined today by our Chief Financial Officer, Aaron Anderson and members of my senior leadership team. Thank you for the

opportunity to testify on the Department's Executive Budget for Fiscal Year 2025.

I'm very excited to be here in May, which is Mental Health Awareness Month. The Health Department kicked off the month by amplifying mental health care services to New Yorkers struggling with mental health or substance use issues through our social media channels, including information on how to reach 988 via phone or text, or by visiting nyc.gov/988 for 24/7 support. We also promoted our services that support young people elevating messages about NYC Teenspace which provides free, confidential and ongoing support from a licensed therapist which can be found at talkspace.com/nyc.

I want to thank the City Council for being a critical partner in getting this information out to your communities. This week, we will be sharing more information and data on NYC Teenspace from the first six months. I am very proud to say that the program in its first six months is already a success. I can share with you today that Teenspace has connected with thousands of young people in exactly the communities we were hoping to reach.

Additionally, I am excited to share that the Health Department will be releasing our first State of Mental Health report later in the month. This report will provide a broad overview of the mental health of New Yorkers leading up to and following the COVID-19 pandemic. These data are essential to understanding access and use of mental health services and to informing our policy efforts to promote the mental health and wellbeing of all New Yorkers. Two additional areas that I want to highlight are the Department's work on social media use and our signature initiative HealthyNYC.

Earlier this year, I issued a Health Commissioner's Advisory identifying unfettered access to and use of social media as a public health hazard. This followed months of work including Social Media Action Plan and New York City's Social Media and Youth Mental Health Summit. Additionally, the city filed a lawsuit to hold TikTok, Instagram, Facebook, Snapchat, and You Tube accountable for their platforms damaging impact on the mental health of young people in our city.

We are committed to ensuring youth wellbeing in the digital age by bolstering our tools available to

protect our children. However, we need robust state and federal intervention to establish standardized regulations, provide adequate resources and enforcement power and foster collaboration across jurisdictions.

We have also been busy implementing Healthy NYC, our ambitious initiative to improve and extend the lifespan of New Yorkers by addressing the leading causes of death and premature death in New York City. To achieve this, we have set targets to reduce mortality from the leading issues killing New Yorkers. Things like chronic and diet related disease such as diabetes and heart disease, screenable cancers, mental health including overdoses and suicides, Black maternal health, COVID-19 and violence. HealthyNYC centers health equity in its approach, we must address the Black maternal mortality crisis, racial disparities and chronic disease and the disproportionate burden of violence in Black and Brown communities in order to improve the health and wellbeing of all New Yorkers.

We are hard at work preparing a citywide campaign and learning collaborative as well as an engaging and economic and population health modeling that will

help shift funding to prevention activities with higher returns on investment that will deliver on reducing mortality, extending life and reducing inequities.

This requires a whole of government approach as well as working with local and community partners, hospital systems and many other stakeholders throughout our city. We're only able to do this important work and strive for more thanks to continued support from the Administration and from City Council.

Lastly, I'm pleased to introduce two new members of the Department senior leadership team Dr. Jean Wright, who joins us as the new Executive Deputy Commissioner for Mental Hygiene. Dr. Wright is a behavioral health expert who specializes in severe mental health issues, substance use and dependence, co-occurring disorders and forensic psychology. He is joining us from the Department of Behavioral Health and Intellectual Disability Services in Philadelphia. I'm also pleased to welcome Simone Hawkins, who will be serving as the Departments Chief Equity Officer and the Deputy Commissioner for the Center for Health Equity and Community Wellness. She

will oversee and advance the Departments work increasing our understanding of health inequities and capacity for action to health and health disparities with a focus on ending racial inequities.

Before I discuss the Executive Budget, I would like to take a moment to discuss both state and federal fiscal considerations which have evolved since our preliminary budget hearing in March. State and federal dollars make up nearly half of the Health Departments Budget and we have been closely monitoring the actions of our state and federal partners with great interest.

Let's start with the state. The New York State Fiscal Year 2025 enacted budget includes investments in the mental health and wellbeing of children and families that align with the city's goals. We are pleased to see important initiatives to support child and family health in the final budget agreement including paid pre-medical leave for medical appointments, paid breaks for the purposes of expressing breast milk, continuous Medicaid enrollment for children from birth to age six and the establishment of a statewide doula standing order. We are very glad to see the state increased early

intervention in person provider reimbursement rates by five percent with an additional four percent increase for rural areas in underserved communities. We look forward to learning more about the states administrative actions to implement this provision. Children in underserved areas of New York City, primarily communities of color are experiencing delays in in-person services that are crucial for their development. This budget is a first step in reducing these inequities. We have pushed for this change to incentive equity early to incentive equitable early intervention service. So we are very pleased with this news.

We're also glad to see an additional $3 million in funding for school-based health centers and a one-year extension of the temporary carveout for school-based health centers from Medicaid Managed Care. I'm thankful a funding crisis for these critical resources has been averted for yet another year. However, we still need a permanent carveout and I hope the Council will join us in our continued advocacy.

Unfortunately, we are disappointed to see that language that would implement the Stop Addictive

Feeds Exploitation for Kids Act or SAFE Act, was not included in the final budget. As I mentioned earlier, it's vital that the federal and state government take action to regulate unfettered access to social media for our children. I want to thank the Governor, Attorney General, Senator Gounardes, Assembly Member Rosic for their support and dedication to this issue and I encourage the New York State Legislature to pass this legislation before the end of session.

While the budget demonstrates a strong commitment to public health and health equity, we are once again disappointed with the lack of reinstatement of the city's Article 6 funding. Five years ago, as you know New York state cut Article 6 public health funding to New York City from a 36 percent match on the dollar to 20 percent. This cut was to New York City only. If parity was restored for this funding, we project the city would receive an additional $90 million of support for critical public health services. These are funds that can be used to address rising rates of vaccine-preventable diseases, sexually transmitted infections and TB, as well as

the growing crisis of overdoses and Black maternal health inequities.

Moreover, New York City is home to the largest portion of Medicaid recipients, people of color and low-income individuals in the state. This exclusion exacerbates health inequities and ultimately adversely impacts the wellbeing of all New York City residents. New York State has an obligation to support the health of all New Yorkers, not just some. This means that New York City must be funded at the same rate as every other county in the state.

Turning to the federal government, I thank President Biden, Leaders Schumer and Jeffries, and the New York Congressional Delegation, and Health and Human Services Secretary Becerra, for their consistent support and dedication in fighting for public health.

We’re pleased to see that the final Omnibus spending bill passed by Congress and signed into law by the President did not include severe house proposed cuts to the Department of Health and Human Services. However, we are very concerned about the consistent attacks on public health funding.

As I hope we've learned from the pandemic, investments in our public health infrastructure strengthen our ability to respond effectively to emergencies, prevent future outbreaks, manage chronic disease and ensure equitable access to health care. We urge Congress to recognize that public health is a bipartisan critical area of work that saves lives. And although we were spared significant budget cuts, we have seen concerning policy shifts in areas that were once widely supported, including the global fight against HIV AIDS PEPFAR, and emergency preparedness PAHPA to name a few. We also see concerning shifts in access to reproductive care across the country as a result of the Supreme Court's decision to give states the authority to stripe peoples access to reproductive healthcare.

This is causing chaos and harm for people in need of essential medical care. The political battles resulting in short-term and delayed reauthorizations to enact de facto bans on medical procedures contributes to uncertainty among local governments, health care providers, and millions of people served by these programs. Politics should never interfere with access to health care.

We work best as a city and as a nation when we work together. This is proven by recent bipartisan bicameral discussions and proposals to prioritize the health and safety of our kids online. Congressional hearings in both houses have addressed the dire need to protect children and teens from the harms of big tech companies, including excessive data collection, targeted advertising, and addicting algorithms.

We are encouraged by the recent introduction of the Kids Online Safety Act, KOSA bipartisan companion bill in the House as well. It's critical for Congress to come together to prioritize the passage of KOSA sooner rather than later. Children are particularly vulnerable to online risks such as cyberbullying, exposure to age-inappropriate content, addictive feeds, and mental health issues such as anxiety, depression and low self-esteem that can result.

While social media and technology competency are for children socialization and skill development benefits, unfettered access has shown to be detrimental to children's health and wellbeing. We're proud of New York City's efforts to hold social media companies accountable but we cannot do it

alone. We need our state and federal partners to give us tools for action. KOSA would do just that. We urge our federal and state colleagues to continue their work to pass KOSA and the Safe for Kids Act as soon as possible.

Now, I'll take a few moments to speak to our Executive Budget. The Health Department has approximately 7,000 employees with an operating budget of about $2 billion for Fiscal Year 2025, of which, approximately $1 billion is city tax levy and the remaining $1 billion for federal state and private dollars. We're glad that due to early actions we took to identify savings to help balance the city's budget, we are able to forego a PEG in the FY25 Executive Plan. We're also grateful for several initiatives that I want to highlight as a result of this plan.

The Executive Budget added approximately $97 million over three years to the Departments budget. These include $18 million over three years for the Medical Debt Relief Initiative, the largest municipal medical debt relief program of its kind in the country. We announced this initiative earlier this year and are extremely excited to see it come to

fruition. Medical debt is a huge burden on individuals and families that contributes to financial strain, undo stress, avoidance of medical care. Additionally, Black and Latino communities face a disproportionate risk and burden of medical debt.

This compounds existing unjust financial burdens and barriers to economic mobility and health care access. By alleviating this debt, the city is taking an important step towards ensuring all residents have equal opportunities to access critical healthcare and achieve better health outcomes.

An important measure we are taking to retain frontline health workers, frontline workers in the health care system and combat financial stress on the system is adding $25.6 million over three years for cost-of-living adjustments for human service providers. These individuals provide essential health care services for our most vulnerable populations and play an important role in safeguarding the health of our city. However, they are not immune to rising cost and inflation. By providing these much-needed adjustments, we are demonstrating our unwavering commitment to human

service workers who are overwhelmingly comprised of women and particularly women of color. These adjustments will not only promote equity but ensure resilience in our health care workforce.

I know that the City Council was a key partner in ensuring that this funding was included in the Executive Budget and I'm grateful for your advocacy. The Executive Budget also includes an additional $5.6 million in FY25 and $9.1 million in FY26 to pay for overdose prevention program. This comes from the opioid settlement fund. The Department will be using this funding to expand substance use prevention, harm reduction, treatment and recovery services. More details will be released soon.

So, as I wrap up, I want to thank the staff at the Health Department for their steadfast commitment to the health of this city. I'm confident that we have the team to make this city healthier. I thank Mayor Adams for the resources dedicated to the Department in this executive budget for his continued commitment to public health. Thank you to the Speaker, Chairs and members of the Committees for your partnership and dedication to protecting and

promoting the health and wellbeing of all New Yorkers.

Thanks again for the opportunity to testify and I'm happy to take your questions.

CHAIRPERSON BRANNAN: Thank you Dr. We've also been joined by Council Members Ayala, De La Rosa and Salaam. You mentioned in your testimony that DOHMH budget is primarily funded through city fundings, so it's about $1 billion or 49 percent of DOHMH budget is city funding. The remaining $1 billion is from federal, state and private dollars. Which public health projects are funded with city funding exclusively?

DR. ASHWIN VASAN: It's a complicated question. So, yeah, it's about half and half and it's not symmetrically spread out across issue areas. We have some and we will get into this further with some of the more specific questions but some entire areas are almost entirely federally funded, federally and state funded and other areas almost get nothing.

So, we would be happy to get back to you with more of a breakdown but it's spread very asymmetrically across our —

CHAIRPERSON BRANNAN: Yeah, I think that's part of —

DR. ASHWIN VASAN: Which it makes it really challenging.

CHAIRPERSON BRANNAN: I think that's part of our concern is that there's little transparency as to which projects are funded with city funding versus other funding. So, could you commit to getting us a full breakdown?

DR. ASHWIN VASAN: Yeah, we're happy to do that. Thank you.

CHAIRPERSON BRANNAN: In the Executive Plan, city funding has decreased in 11 programs. Which projects or services which were reduced are expected to be replaced with other sources of funding?

DR. ASHWIN VASAN: So, as you know we went through this PEG exercise over the last several budget cycles. None of us wanted to do that but we think it was an important. It was requested of us as an important step to balance the city's budget and we're are very grateful that we don't have to do it again in this budget.

I want to say of the $75 million that we were asked to — that was requested of us to cut, 80

percent of that was found through efficiencies that do not impact direct services to New Yorkers. So, efficiencies might include as you said, finding other revenue sources like programming, previously funded city dollars towards state and federal sources, finding new sources of reimbursement, and other forms of administrative efficiencies that New Yorkers won't see and won't impact direct services.

So, 80 percent of our cuts were actually on that backend, only 20 percent.

CHAIRPERSON BRANNAN: So, what are those administrative service deficiencies look like? What is that in real life?

DR. ASHWIN VASAN: Yeah, so it could be as simple as saving money on overhead. Things like paper and supplies and office supplies and printing and things like this. It can also be you know we did take some vacancy reductions in areas of work that for instance were launched during COVID. Our budget was inflated to over $3 billion during COVID with a wash with federal funding and all of that's disappeared or disappearing. And so, programs were launched during that time that never truly got off the ground or programs were launched that got off the ground that

then you know funding has expired. So, some of that was headcount reduction, vacancy reduction I should say for programs that never really got off the ground or that we struggled to recruit for. For instance you know, staffing, clinical staffing that we really struggled to recruit for because the city's salaries don't keep pace with the labor market in the private health care systems and the for-profit health care system. So, these are just some examples.

CHAIRPERSON BRANNAN: So, as of March 2024, there were 216 vacancies in public health positions and 196 vacancies in mental health positions. Are you currently in the process of filling those vacancies?

DR. ASHWIN VASAN: Yeah, we're very pleased to say that you know when I became Commissioner two and a half years ago, we had something on the order of a 30 plus percent vacancy rate and we've managed to reduce that down to something on the order of ten percent and we're still active in trying to fill every vacancy that we have.

CHAIRPERSON BRANNAN: Could you tell us which vacancies you're prioritizing filling?

DR. ASHWIN VASAN: Well, they're all priorities but we do certainly try to fill our frontline

services, staffing first. We know that that's the work of the city that people experience so we want to make sure that those are staff lines that are filled. So, often those are the ones that we struggle to fill.

CHAIRPERSON BRANNAN: So, those are the ones you see the highest vacancy rates in too?

DR. ASHWIN VASAN: It's not really consistent across the board. It really depends on the program. It depends on the corresponding labor market that we're up against, for instance health care. Often our jobs are up against health care jobs and so, we have lost and do lose people to health care systems that can just pay considerably more, even our own public safety net system can pay just considerably more than a city agency can.

CHAIRPERSON BRANNAN: So, when you eliminated some of those vacant positions for the PEGs, which positions did you eliminate?

DR. ASHWIN VASAN: Well, ones that have been vacant for a long time, that we have really struggled to recruit for. Those are ones that we tend to focus on. We tend to focus on programs that are areas of work that never truly got off the ground. For

instance you know big commitments that were made during COVID to expand this or to launch this that never truly got staffed up for all of the reasons during COVID and turnover.

CHAIRPERSON BRANNAN: One of the things we're dealing with across the city is a large amount of programs that were propped up with temporary federal dollars. You know we have a lot of permanent programs that were funded with temporary money. Are there programs that were propped up during COVID and funded with COVID money that now your struggling to sustain?

DR. ASHWIN VASAN: COVID has been such an inflection point for our agency and our city that two things are true. There are programs that were launched during COVID that have proven to be really quite critical to the future of our department and our city that we're now actively looking at finding permanent funding for. Either through new revenue streams from state or feds or through new commitments of our own budget. Either internal redirections of agency budget or new requests from OMB to OMB. So, there are definitely programs that fall into that category. Some of our community health work that was

dramatically expended during COVID. Waste water surveillance, which is largely federally funded but at some point, we are going to have find our own budget for this. So, there's more and more contact tracing. I mean these are areas and disease investigators. We've seen federal cuts come down the line through CDC that we now have to pick up. We can't not have a workforce of contact tracers and disease investigators, so we're working on ways to pick that up over this fiscal year and the next one in particular.

CHAIRPERSON BRANNAN: I want to talk about the opioid settlement funding. It's increased in DOHMH and OCM Medical Examiners overall budgets. DOHMH FY25 Executive Budget includes $15.4 million in FY24. $24.2 million in '25 and $27.7 million baselined starting in FY26. Can you provide us with a breakdown of the usage of the opioid settlement funds and how much funding is allocated to each of these program areas?

DR. ASHWIN VASAN: Yeah, we'll have more details to release very soon but the second tranche of the opioid settlement dollars is reflected in the Executive Budget. There's an additional $5.6 million

in FY25 and $9.1 million in FY26. That's on top of the first tranche.

CHAIRPERSON BRANNAN: Is that being used for new programs or to enhance —

DR. ASHWIN VASAN: In some cases, it's expansion of existing programs to citywide current overdose prevention initiatives like our nonfatal overdose response programming, harm reduction services that are serving service providers and expansion of treatment and recovery services. We've taken a bit of a policy. We've brought into our aperture and our policy aperture to really emphasize that treatment is a part of a portfolio of interventions that we need to — that we need to invest in and treatment rates in our city through — not simply because of the city's actions, the state runs most of the treatment in the city. Uhm, but the treatment rates have gone down in New York City and we're working hard to make sure that those are increased.

CHAIRPERSON BRANNAN: How does DOHMH collaborate with OCME on that usage of the opioid settlement funding because I see that the agency budget showed a baseline transfer of $2.2 million to OCME in 2024 and $3.1 in FY25 and the outyears. Could you talk about

why that funding was moved from DOHMH to OCME's budget?

DR. ASHWIN VASAN: OCME has launched a program I believe it's called the DIG program. It's been written about which brings social workers and mental health support to the families and victims of who have lost a loved one to an overdose, partly based on data that shows that families often have multiple people in first- or second-degree relatives that face substance use issues and their risk of overdose subsequent to losing a loved one increases. So, OCME launched that program and from a fiscal perspective, I think we still administer their budget.

CHAIRPERSON BRANNAN: So, is it correct, DOHMH has 3 full time positions in the opioid settlement funds OCME has 11?

DR. ASHWIN VASAN: We can get back to you on the headcount. I'm not sure that that's accurate. Aaron, do you have those?

AARON ANDERSON: Yeah, Council Member, yes, the 3 is correct and I think we're still finalizing discussions around for OCME and DOHMH.

CHAIRPERSON BRANNAN: What do those three people do?

AARON ANDERSON: We'll have to get back to you on the specifics.

DR. ASHWIN VASAN: This is the OCME program you're referring to Council Member?

CHAIRPERSON BRANNAN: Yeah. Yes, I'm talking about there's three positions that are — DOHMH positions that are funded from the opioid money.

DR. ASHWIN VASAN: At DOHMH?

CHAIRPERSON BRANNAN: Yeah.

DR. ASHWIN VASAN: Okay, yeah, we'll get back to you on the details. Thanks.

CHAIRPERSON BRANNAN: Okay, I don't want to take up too much time because we have a busy day here but I do want to ask about asylum seekers. As it stands today, what specific services does DOHMH provide for asylum seekers?

DR. ASHWIN VASAN: Yeah, we're very grateful for the asylum seeker response and frankly our role in it is much more constrained and narrow than some of the other more expansive agencies that are taking on the bulk of the funding and the activities. Our role is fourfold. Number one, we focus on insurance coverage. So, most asylum seekers who have an active asylum case are actually eligible for Medicaid under

state and federal law and getting them enrolled into Medicaid is essential.

Number two, we're focused on communicable disease surveillance. In particular, around vaccination, vaccine preventable diseases and ensuring that we are getting people vaccinated in both their intake and as well as throughout the many, many DHS and H+H shelter systems throughout the city.

Number three, things like tuberculosis and other communicable disease management is really essential. And number four is mental health services, especially trauma work. We bring our staff on site on demand to address issues of mental health crisis and trauma in this population.

CHAIRPERSON BRANNAN: Is there overlap of between the services DOHMH and H+H provide?

DR. ASHWIN VASAN: There shouldn't be. You know so we have a very narrow purview and uhm, so we are brought in to address active disease prevention. We collect all the disease surveillance data and we respond when we do see an increase in cases just as one example. There should not be any redundancy in services.

CHAIRPERSON BRANNAN: Okay, the Medical Debt Relief program, the Executive plan includes $6 million for FY25 to FY27 for the Unview Medical Debt Program formerly known as RIP Medical Debt. When is this program scheduled to begin?

DR. ASHWIN VASAN: Thanks Council Member, we are very excited about this program as you are. I know and we're very grateful that it was fully funded in the Executive Budget over the next three years. We have $6 million appropriated over this year and the next two fiscal years after this one.

We are currently in the process of finalizing the contract with RIP Medical Debt and then the program will start. There is absolutely nothing that's being asked of New Yorkers. There's no enrollment. There's no signup. They will just start getting letters.

CHAIRPERSON BRANNAN: What's the guidelines for eligibility?

DR. ASHWIN VASAN: We'll get back to you on the specifics but it's a couple of things. It's the percentage of your — the percentage of your income that represents — the percentage of your income that your debt load represents and it's also where you are

against the federal poverty line. I can get you the exact cutoffs.

CHAIRPERSON BRANNAN: Are there any limits to the type of medical debt that can be relieved?

DR. ASHWIN VASAN: Can you say more? What kind of limits?

CHAIRPERSON BRANNAN: I guess I'm trying to — it's going to be proactive that DOHMH is going to sort of figure out this criteria and then proactively reach out to these folks?

DR. ASHWIN VASAN: Correct, RIP Medical Debt, DOHMH are working directly with our hospital systems across the city to identify their eligible fraction of people who carry debt at that institution and then to send them letters. I don't believe there are any exclusions on the type of debt but I can certainly get back to you with details.

CHAIRPERSON BRANNAN: And the plan is to spend $18 million to eliminate about $2 billion of medical debt right?

DR. ASHWIN VASAN: Correct.

CHAIRPERSON BRANNAN: Uh, okay, I want to ask one question that's personal to me. The Mobile Eyecare Pilot. It was originally funded in FY23. Every year

it gets rolled over and they tell me they're going to do it next year. Hoping this is the year that we actually do it and the funding has been rolled over again. This time into FY25. Could you tell me why the programs implementation has been so delayed?

DR. ASHWIN VASAN: Well, good news and I understand your question and I know how important this is to you. The good news is that we've identified a vendor and we've been working with the vendor to develop a scope and a budget. All of this was put on pause during the PEG and the OTPS freeze, which explains why it had to carry over. If it wasn't for that process, it would have been started this year.

CHAIRPERSON BRANNAN: When is the program anticipated to begin?

DR. ASHWIN VASAN: We're still awaiting approval from our oversight partners including OMB but we're working hard to get it done.

CHAIRPERSON BRANNAN: Okay, last question from me is about the impact of the contract reductions on some of the mental health programs. Included in these reductions was in funding for contracts for support in connection centers. As you know there's

currently only two locations. There's one in Harlem, there's one in the South Bronx, which will close as a result of this contract reduction. I think it's a $3.4 million reduction. What's the rationale for closing this center and how many individuals are served at each of those sites in East Harlem and the South Bronx?

DR. ASHWIN VASAN: We can get back to you on the number of people served but therein lies part of the problem is that the reduction that we put into place is for a site that really has really struggled to enroll people, and if you might recall the history of this, this started early in the last administration as first what was called NYPD Diversion Centers and then the model evolves. It evolved over time and then was launched late in the last Administration.

The good news is this, the state has now come through with a very similar model called, Crisis Stabilization Centers and they're actually actively putting new money into it and we're exploring now changing the designations of these programs to be eligible for those state fundings, the state funding.

The site that will close is certainly one that really struggled to get off the ground.

CHAIRPERSON BRANNAN: Why do you think that is?

DR. ASHWIN VASAN: You know I think there's been quite a bit of confusion around the model and where it fits into the complicated crisis management system and crisis stabilization system that we have as a city and frankly as a country. You know, no one's really figured this out in terms of our crisis stabilization system and so, I think this was a good faith effort to build up a new model that would offer alternatives to law enforcement officials to bring people elsewhere other than central booking or an emergency room when they see someone with mental health needs.

And so, I think that was a very good faith attempt to build something up. I think what we found is that through you know, through the buildup of other programs, changes in policies and also frankly, you know just issues with staffing and rollout of these programs themselves, that they haven't been used as consistently as we —

CHAIRPERSON BRANNAN: But in your estimation they were both set up to six feet?

DR. ASHWIN VASAN: I think with any model, this was a new model that was created by this city.

Again, as I said, it was conceived early in the last Administration and then through a lot of discussions between agencies, even with Council because I know there was testimony about diversion centers. This changed over time. There was real issues with siting that took forever I think in the last Administration. And so, I think it was a good faith attempt to build something new and to offer alternatives because no one wants to see and law enforcement is saying the same thing. They don't want to be in the position of being mental health workers and so, we're trying to offer as many solutions as we can.

CHAIRPERSON BRANNAN: And when is the Bronx site slated to close?

DR. ASHWIN VASAN: We're working with them on this transition right now.

CHAIRPERSON BRANNAN: Okay, that's going to be all for me. We've been joined by Council Members Menin, Ossè and Powers. I'm now going to hand it over to Chair Schulman. Thank you Doc.

DR. ASHWIN VASAN: Thank you.

CHAIRPERSON SCHULMAN: Thank you. So, the November and Preliminary Plans included funding reductions of $4.9 million in Fiscal 2024 and $9.3

million in Fiscal 2025 that significantly impacted programs including HIV AIDS related services. We've been informed by several community-based organizations that some of their contracts with DOHMH for critical services and treatment have been either reduced or totally eliminated. How did you — can you tell us what contracts were eliminated and what was reduced and why?

DR. ASHWIN VASAN: Yeah, I think you're referring specifically to HIV?

CHAIRPERSON SCHULMAN: Yeah, HIV, yes, yes.

DR. ASHWIN VASAN: Look, I think stepping back for just a moment. These are really hard. This is a really hard process to go through. Certainly nobody wants to be in the position, no Commissioner wants to be in the position of cutting contracts to key community partners. We're very grateful that we're in a position now where there are no more of these cuts and I think it's because of the steps we took, as all city agencies took to balance our budget and so we're grateful that we don't have to do that again. As I said, of the $75 million PEG target that we had, 80 percent of that target was fulfilled through kind of backend efficiencies, things that New

Yorkers don't see but that does leave some very hard choices that we had to make on programs. So, how did we go about this?

CHAIRPERSON SCHULMAN: Well first I asked which programs and how much money we're talking about.

DR. ASHWIN VASAN: Yeah, I'll get to that but I want to — you asked also about the approach.

CHAIRPERSON SCHULMAN: Hmm, hmm.

DR. ASHWIN VASAN: We have a very asymmetric budget. We have programs that get an extraordinary amount of city tax levy dollars and others that don't and HIV falls into this category of programs that are extraordinarily well funded through mostly federal dollars. We get almost $200 million in funding for HIV because of this city's commitment to ending the epidemic and our agencies commitment to ending the epidemic. It's a very well-funded program but there is a small amount of city tax levy dollars here. What we didn't want to do as we went through these cuts is to put the burden only on the programs that have city budget. We didn't think that would be right or fair to those programs either because make no mistake. Of that 20 percent that we had to cut that wasn't to back office or efficiencies, we tried

to spread that out across our agency. And so, that means no programs were left untouched and that includes HIV as regrettable as that is, that includes HIV.

Number two as I mentioned, HIV is really well-funded. So, there are plenty of programs that we also cut that get a lot less money overall but HIV is very well funded. And number three, we really did try to minimize direct service impact and so, let me be clear about direct service impact in the main, these grants are not for direct one on one client services around diagnosis, treatment, management, and follow up of HIV. But there are a lot of work on training and education and community outreach that are important but we did try to take the programs that were preserved all fell into the former category, direct HIV diagnosis, prevention, treatment, case management services and we tried to preserve all of those because those are New Yorkers who are actively getting city support today. But as I said, these are really challenging decisions and we know that they would be challenging and received with this with concern.

CHAIRPERSON SCHULMAN: Okay, so I'm going to ask again, how much money are we talking about?

DR. ASHWIN VASAN: I'll kick it to Aaron.

AARON ANDERSON: Thank you Council Member. The total envelope of reductions for HIV was $5.3 million.

CHAIRPERSON SCHULMAN: Okay and so my understanding is that some of these programs involved education as particularly of older adults, which is a huge issue because HIV is going up, increasing amongst older adults. It also is going to affect jobs at these agencies, one of which is Gay Men's Health Crisis. There are others. So, I just want to point that out for the record.

During the Preliminary Budget Hearing you testified that the program to eliminate the gap will not impact services and operations at DOHMH. Were these calculations part of the PEGs during either the November plan or the Preliminary plan?

DR. ASHWIN VASAN: Thanks for the question. Yeah, we, as I said, we made every effort to minimize the impact on direct services, which I think we've done in the main but we weren't able to spare all of our programs and there were some really tough choices

that we had to make and these were a part of the overall PEG process in the last two cycles to reach our $75 million PEG target as an agency.

CHAIRPERSON SCHULMAN: So, why did DOHMH choose to make these types of reductions instead of finding spending efficiencies that would not affect services?

DR. ASHWIN VASAN: Yeah, I think we did as much as we could. 80 percent of our $75 million was spending efficiencies that don't effect direct programs. We couldn't find 100 percent of the efficiencies that way and if we were to you know reverse these cuts, another program would have to — another direct service program would have to face the pain of this cut. And so, we had some very, very painful choices to make.

CHAIRPERSON SCHULMAN: When will the contract reductions go into effect?

DR. ASHWIN VASAN: We're working through that now but they are intended to start for FY25.

CHAIRPERSON SCHULMAN: When you say that, do you mean that some of it may be this year or you just think it's —

DR. ASHWIN VASAN: No, no, FY25.

CHAIRPERSON SCHULMAN: How much notice were the organizations provided for these contract reductions?

DR. ASHWIN VASAN: Uh, we notified them all last month and have been in discussions with them since.

CHAIRPERSON SCHULMAN: Do you believe that indirect services such as outreach and education are crucial in providing awareness on HIV and AIDS?

DR. ASHWIN VASAN: I do.

CHAIRPERSON SCHULMAN: Were contracts within any DOHMH programs or initiatives reduced or eliminated as part of the Executive Plan?

DR. ASHWIN VASAN: Could you repeat the question Council Member?

CHAIRPERSON SCHULMAN: Were contracts within any DOHMH run programs or initiatives reduced or eliminated as part of the Executive Plan?

DR. ASHWIN VASAN: We are very grateful that we didn't have to take an additional contract reduction PEG in this Executive Plan but these represent PEGs that were taken in the January and November Plans.

CHAIRPERSON SCHULMAN: Okay, so now I want to talk a little bit about diabetes. On April 10th, DOHMH published a citywide diabetes reduction plan as part of Local Law 52 of 2023. The plan outlines

different strategies that would work together to lower the rate of new Type II diabetes cases and the mortality rate due to diabetes related complications. What practical services will DOHMH provide as part of the plan?

DR. ASHWIN VASAN: Thanks for the question and diabetes is a big priority for us. It's a part of our Healthy NYC goals as you know to reduce cardiometabolic disease by 5 percent by 2030, and the complex thing about diabetes is that it sort of fits into all aspects of our society right? From the way that we move to the way that we eat, to the way that we educate ourselves, to of course, the way that we access health care and so, DOHMH has worked specifically is done in partnership with a whole host of other agencies, particularly health care. That takes on a lot of the work of managing people with diabetes. We focus at the agency mostly on prevention, both primary prevention of diabetes, meaning preventing people from getting diabetes in the first place and then secondary prevention of terrible outcomes from diabetes like kidney failure, eye disease and so forth, heart disease and so forth.

So, we do that in four principal ways and we're excited to report that out as a part of the update on the diabetes plan and the Local Law. Number one is expansion of community health workers, placed based community health workers in the neighborhoods and the zip codes that are disproportionally impacted by diabetes. So, those community health workers are out there doing coaching. They're doing lifestyle management. They're doing education on physical activity. They're helping people make smarter and easier, more accessible nutritional choices, so on and so forth.

Number two is really saturating the same neighborhoods that experience the burden of diabetes with evidenced based self-management and other interventions. Those include things like a yearlong diabetes, national diabetes prevention program run with CDC funding. We're the largest NDPP program in the country, six-week diabetes self-management program, practice facilitation with primary care providers and calls, telephonic diabetes self-management calls through our NYC Care partnership with H+H.

Number three, it includes supporting safety net providers with support to address health inequities and particularly the structural drivers of diabetes control, diet, exercise, economic security, housing and so forth and lastly and probably one of the biggest areas we focus on is really up stream nutrition security.

So, things like our work on education campaigns on healthy diets, plant-based diets, on nutrition security through our green market program, through our health bucks program and most recently through our groceries to go program, which delivers fresh foods to recipients of NYC Care, who would otherwise be uninsured without NYC Care in our city. So, that's where we focus on heavily is on the upstream prevention.

CHAIRPERSON SCHULMAN: Will DOHMH rely more on education and outreach or testing in physical services? I mean, I know you outlined but I'm just asking.

DR. ASHWIN VASAN: Sure, sure, no you know it's a partnership but we, I think we are best suited as an agency to really focus on what happens in the community before someone hits the health system but

then partnering very closely with health systems to make sure that the link is as seamless as possible. We have a lot of work to do on this issue. Diabetes is extraordinarily heart.

CHAIRPERSON SCHULMAN: I know that's why I'm —

DR. ASHWIN VASAN: And imbedded into American Society, New York City and that's why we've set out a goal of five percent reduction, which doesn't feel very big but when you look back at historical data over the last several decades, we haven't budged on diabetes and in fact it's increasing. So, we've got a lot of work to do.

CHAIRPERSON SCHULMAN: And you're working with a bunch of community-based organizations I would assume.

DR. ASHWIN VASAN: Correct.

CHAIRPERSON SCHULMAN: Can you — I know you don't have it now but can you provide us with a list of who you work with?

DR. ASHWIN VASAN: Yeah, absolutely and you know —

CHAIRPERSON SCHULMAN: And if we want to add to it we can? We can make a suggestion to you?

DR. ASHWIN VASAN: Absolutely, we're always open to that and but it just relates to the Council Member Brannan's other question around you know, emergency funding and how do we transition. We build an extraordinary community health worker program during COVID called Public Health Corp which is funded entirely federally and it was focused mainly on vaccine uptake and distributing PPE and testing and now we're working hard to transition that into more a chronic disease mode focused on things like diabetes mental health but that then provides a place-based workforce that can leap into action the next time we have a health emergency. So, these are the kinds of choices that we're making right now.

CHAIRPERSON SCHULMAN: Do you have a concrete timeline including dates for when DOHMH plans to provide training and onboard organizations around all of this?

DR. ASHWIN VASAN: We can happily get back to you with specifics.

CHAIRPERSON SCHULMAN: Please, because that was one of the premises of doing that, so what metrics do you have to ensure that the plan is effective?

DR. ASHWIN VASAN: So, a lot of the metrics we have currently are around the number of people we're touching. So, through our Community Health Worker programs, through our self-management and education programs, our peer-based programs, we're happy to follow up with specifics on the number of people we're touching in each of those programs.

CHAIRPERSON SCHULMAN: What would be success? How would you describe success, your definition?

DR. ASHWIN VASAN: That's a great question. I mean, ultimately I tend to look at what we're doing as a city and whether we're making a difference on the overall numbers of disease. Who is living and dying from diabetes? How are we doing on modifying risk and are we actually seeing changes in the numbers?

It's bigger than any one agency can certainly take ownership of but that's what we — that's why we laid out a goal in Healthy NYC because it's going to have to require that we all align behind this. For instance, you know the work that uhm, H+H is doing and others are doing to advance plant-based meals, well New York City is the largest purchaser, the second largest purchaser of food in the country

behind the US Military. So, when we put in nutrition changes in our system, it sends a huge signal to other parts of our city to start putting in plant-based meals and we've seen that time and again with some of the food standards that the Health Department has advanced in the past.

So, I wish I had a clear answer but my goal is to reduce diabetes deaths by five percent by 2030 and I hope we can get there through concerted action.

CHAIRPERSON SCHULMAN: Do you have data on this in the website and if you do, you know I'm sorry I'm asking but you do? You don't?

DR. ASHWIN VASAN: Data on?

CHAIRPERSON SCHULMAN: Do you have data on diabetes on the DOHMH website?

DR. ASHWIN VASAN: Yes, I believe we do, yeah.

CHAIRPERSON SCHULMAN: Is it broken down by borough?

DR. ASHWIN VASAN: I believe it is but we can get back to you to confirm that.

CHAIRPERSON SCHULMAN: Because I want to take a look at this. When we had the hearing for the bill, there were a lot of people from the Bronx that —an

inordinate amount of people from the Bronx who testified.

DR. ASHWIN VASAN: Yes.

CHAIRPERSON SCHULMAN: So, that's, you know I want to make sure that we're doing services in places that you know that are prioritized, so.

DR. ASHWIN VASAN: I mean, that's why our work is centered. There isn't like a siloed diabetes program at the agency. It's actually embedded in our Health Equity division because the people, folks getting diabetes and having worse outcomes from diabetes predominantly live in Black and Brown communities in our city and in the same zip codes that suffer the most from COVID. And so, it's this cumulative structural neglect and disinvestment and frankly racial inequity that is driving this and so, that's why we made the explicit choice to do it that way.

CHAIRPERSON SCHULMAN: So, many New Yorkers have issues accessing and affording vital diabetes management products, including glucomannans and as you know glucomannans can cost between $1,500 and $4,000 annually and include the cost of test strips as well as the meter. Does DOHMH provide free or low-cost glucometers to New Yorkers?

DR. ASHWIN VASAN: So, glucometers are and should be entirely reimbursable through health care and through health care systems, which is why currently, DOHMH doesn't purchase them on their own. In fact, there is absolutely no reason that anyone accessing health care should not get a glucometer that's paid for by Medicaid by Medicare or by employer-based insurance. And if they are, that's falling through the cracks in the system. That's not a policy position. So, we're working closely with our partners in managed care and Medicaid and Medicare and otherwise to ensure that no one's falling through the cracks rather than DOHMH purchasing a bunch of glucometers ourselves.

CHAIRPERSON SCHULMAN: Would you consider getting some free glucometers?

DR. ASHWIN VASAN: If they were given to us free, we definitely would consider it but we're actually very happy to discuss this further with you.

CHAIRPERSON SCHULMAN: Is the usage of glucometers part of Healthy NYC's goal to reduce the prevalence of diabetes in New York City?

DR. ASHWIN VASAN: It is in targeted settings. Not every diabetic needs a glucometer in order to

manage their diabetes. So, certainly, it's a part of targeted clinical care.

CHAIRPERSON SCHULMAN: Do you believe that — an additional question to that. Do you believe that low-income New Yorkers can benefit from access to free glucometers, especially since diabetes is prevalent among low-income neighborhoods?

DR. ASHWIN VASAN: Yeah, particularly those who are insulin diabetics. People who take insulin regularly need glucometers in order to manage. Often need glucometers to manage their diabetes and so, like I said, we would expect and in fact, per federal and state rules, they should be getting access to reimbursed — they should be getting zero cost glucometers through Medicaid, Medicare and their insurance.

CHAIRPERSON SCHULMAN: Okay, uhm, I want to talk about maternal health now. Paternal health is a pressing issue in the city and Black women are four times more likely to die from a pregnancy associated cause than White women. The Family and Child Health program area includes maternal and child health which Fiscal 2025 budget is $45.4 million representing $8.9 million less than at adoption.

City funds have decreased by $7.5 million specifically which specific programs funding has decreased?

DR. ASHWIN VASAN: I'll kick it to Aaron for more details.

AARON ANDERSON: Thank you Council Member. Some of the decrease there is attributable to programs being moved from one division to another. Other pieces of it is, it's really across the board, a number of different programs being used through PEG efficiencies. The largest piece of that was the power of two, which is a new family home visiting service that was reduced as part of the January, November PEG.

CHAIRPERSON SCHULMAN: How did you calculate the reduction and what was the reason for the reduction?

AARON ANDERSON: I mean, there were really a number of — with respect to that vendor specifically?

CHAIRPERSON SCHULMAN: Yeah.

AARON ANDERSON: Uh, that one was — you know there were some performance issues with that contract.

CHAIRPERSON SCHULMAN: Maternal mortality is one of the main drivers of mortality in Health NYC. Your

department aims to reduce maternal deaths by ten percent by 2030. That's a pretty big goal. Healthy NYC will focus on connecting families with health care and social support. What steps will you take to increase access to health care and support?

DR. ASHWIN VASAN: Thank you for the question. Yes, it is an important and ambitious goal. Maternal mortality has actually reduced significantly in our city since 2001 but the inequities are stark. Black women up to four times more likely to both die in childbirth or from in the post childbirth period or to have significant complications, severe maternal morbidity.

And so, we are focused on connecting with women or birthing people at every stage in the process from their initial notification of a pregnancy all the way to up to a year after birth and that includes a whole host of interventions. Our Citywide Doula Initiative is one that we're very proud of. We've expanded access to doula's citywide. We served over 1,600 families, well beyond our target in that process and ensuring that they're getting access to this evidence-based life improving service, lifesaving service. We are expanding access to things like

diabetes treatment and chronic disease treatment in the prenatal period because we know that those increased risk of poor outcome in the labor and delivery and post-partum period and increasingly, we are expanding access to mental health services, especially in the post-partum period, which we are finding is a rising cause of maternal morbidity and mortality, whether it be through overdoses sadly and through other forms of mental health crisis. And so, our new family home visiting program, our newborn home visiting program, our nurse family partnership. Each of those home visiting programs, all of which have different rules, different funding but the larger frame of this is that mental health services is becoming a huge piece of their remit including overdose prevention.

CHAIRPERSON SCHULMAN: As of the Preliminary Plan the budget for doula's was $6 million. Has that budget changed or it's the same?

DR. ASHWIN VASAN: I don't believe it's changed. Aaron, can you confirm?

AARON ANDERSON: I'll get back to you momentarily.

CHAIRPERSON SCHULMAN: Okay please. Do you see a higher demand for doula services?

DR. ASHWIN VASAN: We do. Especially in targeted neighborhoods. The challenge and we're very also proud of this is that doula's often work as independent contractors, and so imagine as a single person, a single person or a group of one or two providers that you have to interact with the city. It's really hard for contracting, for payment, and so, we have taken a lot of effort to make sure that we're paying people faster, getting them paid on time, improving our rates there. It's not something we're you know we're a huge bureaucracy, it's not something that we're always good at but we're getting a lot better on this front and in part because we know that it's important that we get resources into these individual providers.

CHAIRPERSON SCHULMAN: So, Maternal and Child Health Services Initiative provides support for expectant mothers during pregnancy and postnatal. The current budget for this initiative is $3.7 million and in the budget response the Council called on the Administration to allocate an additional

$500,000 to the initiative. Will we see increased funding for that?

DR. ASHWIN VASAN: We'll have to get back to on those specific numbers but like I said, there's no shortage of commitment in this space and we're committed to expanding our doula services and we've exceeded our targets on that front.

CHAIRPERSON SCHULMAN: So then I presume you believe that the maternal and child health services initiatives work is aligned with Healthy NYC.

DR. ASHWIN VASAN: 100 percent. 100 percent.

CHAIRPERSON SCHULMAN: Okay. Uhm, the Emergency Preparedness and Response Program area includes funding for the preparation of surveillance systems and response plans in case of a bioterrorist attack in the city. DOHMH operates a surveillance system to detect possible biological agents, you alluded to it earlier and works with health care providers to monitor clusters of diseases and responses to potential health concerns. What direct services are provided under this program area?

DR. ASHWIN VASAN: I believe you're referring to Bio watch?

CHAIRPERSON SCHULMAN: Emergency, it's listed as Emergency Preparedness.

DR. ASHWIN VASAN: Got it, okay, understood. Yeah, I mean it's a huge array of services that involve our work with you know over 100,000 providers through our Health Alert Networks. Through our messaging but also through every day disease surveillance, both for routine communicable diseases as well as for bio threats. And so, we administer a federally funded bio threat, bio watch program that surveils for bio terrorists threats throughout our city and have been since 911 in partnership with other city agencies.

CHAIRPERSON SCHULMAN: The Fiscal 2025 budget includes nearly $29 million which is $5 million for emergency preparedness, which is $5 million more and in Fiscal 2024 at adoption, why is the 2025 budget greater than the adopted Fiscal 2024? And by the way, it's one of the only one of the few areas that's gone up in terms of increase of funding just across the board.

DR. ASHWIN VASAN: Yeah, I'm not sure on the accounting piece of this but one thing is clear that coming out of COVID we've made a priority of

investing and we need to be prepared for anything that comes our way as a city and as a health department. One of the areas we've made some investments in is data, improving our data apparatus, making sure that New Yorkers are getting actionable real time data. So, that might explain some of it. I'll kick it to Aaron for more specifics.

AARON ANDERSON: Yeah, I'll have to get back you on the specifics on that one Council Member.

CHAIRPERSON SCHULMAN: Okay, there's a lot of specifics you guys have to get back to us on. You do realize that right?

DR. ASHWIN VASAN: Yup.

CHAIRPERSON SCHULMAN: Okay, what is the difference between emergency preparedness and response and emergency management? I want to see, is there an overlap there?

DR. ASHWIN VASAN: We work very closely with the Office of Emergency Management. We bring very specific health expertise to bear. So, we focus on health threats. We focus on health threats and we focus on the health impacts of other threats. So, if it's extreme weather. If it's you know a fire. If it's a flood. That's led by another agency under —

coordinated by OEM or the NYC Emergency Management but we bring our specific health expertise to bear. But if it is a health threat, if it is a very specific like COVID or another uhm, communicable disease or other health threat, we bring our very specific expertise, which is why we have an Office of Emergency Preparedness distinct from —

CHAIRPERSON SCHULMAN: So, what you do versus what they do doesn't really overlap? I'm trying to figure out —

DR. ASHWIN VASAN: Not really and a lot of it is federally funded. So, a lot of this is CDC money that comes through because it's the way that the federal government maintains our health emergency preparedness apparatus throughout the country.

CHAIRPERSON SCHULMAN: Okay, M-Pox cases are currently increasing and as of April 11th there have been 149 people that tested positive and it looks like it's as we approach the summer months it's starting to go up. What is the current budget for M-Pox specific services?

DR. ASHWIN VASAN: Let me get back to you on budget but we see the same increase that you're commenting on. Important to know that the majority

of those cases are people who are unvaccinated or under vaccinated, which is why we issued a health alert a few weeks ago about the rise in cases for providers and we are very much pushing the vaccine, especially as we enter into June and into pride month. Working very closely with our community partners as well, who were essential to combatting the 2022 outbreak. We are nowhere near where we were in 2022 but we're still watching this very carefully and vaccination is a key piece of this.

CHAIRPERSON SCHULMAN: Do you have the funding for the vaccines, to give the vaccines?

DR. ASHWIN VASAN: So, like most emergency responses, it's not run through us anymore. It's commercialized through our health care system, so a lot of it is working with providers to ensure that they have the vaccine. That they are purchasing it and that uhm, insurance is covering it.

CHAIRPERSON SCHULMAN: H+H provides vaccines, I assume? I mean in know you —

DR. ASHWIN VASAN: I believe they do yes but —

CHAIRPERSON SCHULMAN: But DOHMH does not?

DR. ASHWIN VASAN: We do in select sites under select programs at our sexual health clinics but that

isn't the bulk of the vaccines. When you're putting out the educational materials, I think it would be helpful to know exactly where people can get the M-pox?

DR. ASHWIN VASAN: They can go to vaccine finder on nyc.gov and find the site.

CHAIRPERSON SCHULMAN: Okay, alright but I want to make sure that that — especially as we're approaching pride month that that's out there.

DR. ASHWIN VASAN: 100 percent, we agree with you.

CHAIRPERSON SCHULMAN: And we'll help to amplify that as well. During the height of the COVID-19 pandemic, many people weren't able to get necessary screenings for cancer, including breast and prostate cancer. One part of Healthy NYC is reducing the prevalence of screenable cancers by 20 percent by 2030. In our budget response, we asked the administration to baseline $3 million starting in Fiscal 2025 to operate a cancer screening day and provide free cancer screenings. Does DOHMH provide a no cost cancer screenings?

DR. ASHWIN VASAN: Directly, no but we work very closely with our provider networks and employers as

well on organizing cancer screening. We're very much looking forward to discussing the Council's plan with you and with OMB to learn more about what you have in mind with this initiative.

CHAIRPERSON SCHULMAN: We're looking to do a cancer screening day as part of Healthy NYC in the future. So, we should talk about that.

DR. ASHWIN VASAN: Yup, glad to.

CHAIRPERSON SCHULMAN: During the Preliminary Plan hearing we discussed the Healthy NYC program and as you know the program aims to increase the life expectancy of New Yorkers to 83, actually adopted to 82.6 that's a separate issue by 2030 and we would like additional clarity on the budget. Do you have a budget for Healthy NYC? Can you give us some specifics?

DR. ASHWIN VASAN: Yeah, so Healthy NYC in many ways is not again its own kind of siloed program.

It lives, many parts of it live throughout our agency as a north star and as a strategic plan for our work. So for instance the maternal health work lives in our division of family and child health and our division of health equity. Our mental health work on suicides and overdoses lives in our mental

hygiene division and then our data apparatus lives in our center for population health data science. So, the funding that we've put into those divisions reflect Healthy NYC priorities but specifically and we're grateful for your advocacy on this front. We are looking to fund things like citywide learning collaboratives to bring together stakeholders not just from city government but from community, private, public, philanthropic sectors to start to design what's the city's roadmap and what can we do to play a part in reaching these Healthy NYC goals. So, we've issued an RFP for that just a few weeks ago and we should be kicking that off in the next fiscal year.

CHAIRPERSON SCHULMAN: Okay, no that sounds great. I mean, the Council wants to help as much as possible. We'd like the Administration to help pick up the cost obviously but we will help wherever we can and uhm, Chair, I'm done with my questions. Thank you very much for indulging. Thank you.

AARON VASAN: Council Member Schulman, sorry, I just wanted to get back to you on your question about emergency funding. So, the $5 million you mentioned, there's a couple things. Asylum seeker funding was

added for about $3.7 million but also, I mean this is good news right the PHEP baselines and this is the Public Hospital Emergency Preparedness Program.

The baseline actually increased by almost $2 million, so.

CHAIRPERSON SCHULMAN: Okay, alright thank you very much.

AARON ANDERSON: Sure.

CHAIRPERSON BRANNAN: It's important you know today is numbers day right. So, the more numbers and clarity we have from you the easier it is for us to fight on your behalf, so I don't know how much was shared to you beforehand but saying that we don't have numbers today, today's the day we need to have the numbers okay, thank you. Chair Lee.

CHAIRPERSON LEE: Thank you. Uhm, I don't know if it's my role to say this but just wanted to recognize that we've been joined by Tiffany Cabàn on Zoom. Council Member Cabàn. Okay, so uhm quick question on a couple things responding to your testimony. Actually, it's interesting you brought up 988 because I was just talking to a nonprofit organization last week who does have contracts with you all and does social services in Brooklyn and they

had no idea about 988, which I was very surprised at. And so, I was like how do you not know about 988 because they do mental health services and in different communities that speak various different languages. And so, my question is uhm and you kind of touched upon it but what efforts have been made? How many dollars have gone into specifically educating folks in the community about 988 as well as — because this is something I think that is a tool we're not using enough. That I think is great that's available out there because it really is supposed to be a place where people experiencing mental health crisis call versus 911 and then also, if you could speak with how the training has been going together along with the what is it? The folks at 911 that are answering the call centers.

DR. ASHWIN VASAN: Right, yeah, good questions. We launched a very big and ambitious 988 television print subway, name it campaign last year and have been running that throughout but you know subject to budget and especially at a time when we're talking about sort of budget contraction that we've had to make some choices about how wide and how far we can go. We continue to promote it through our channels

but importantly it's important that others take it up. It's not our hotline, right? It's the city's hotline and you're absolutely right, this is a massive culture shift. We need people to feel like 988 is there for them in the same way they feel like 911 is there for them and only through experience and culture shift will that happen. And that also links to your second question on training. That's a big part of our work is working directly with EMS, working with dispatchers to understand when to use 988. What resources are available on the other end of 988, when to use it. And so, we're in constant both dialogue and also training with folks at FDNY, EMS, 911 dispatchers and PD to ensure that we're doing that. We have a lot of work to do. This is a huge generational cultural shift.

CHAIRPERSON LEE: And can you just specifically outline more how many dollars from the DOHMH budget have been outlined for the training purposes and also, if you could go into which languages because as we know there have been instances recently with Win Rozario and other folks in the community that speak other languages or their families speak other languages. So, how are we making sure that you know

these services are being known to the Korean community, the Bangladesh community, you know the Sikh community?

DR. ASHWIN VASAN: Yeah, language access is a massive part of mental health services and also, you know it's also not always that you translate it like for like right because in other cultures, in my own home culture as well, you don't use these language of depression anxiety. Those words don't exist. So, a challenge for us but the basic 988 and other materials are all translated into multiple languages. We can get back to you. We, during COVID and with the additional COVID resources, we were translating everything we do into 30 languages and we're not able to maintain that level right now but we'd get at least 18 languages I believe and we're working to include more.

As far as the budget numbers I will ask Aaron to respond.

AARON ANDERSON: Yeah, thanks Chair member. So, we did, the media campaign was $2.5 million and that was for 988. Uhm, you know we do ongoing promotion through our partners, through social media and all of

those materials are available in 13 languages at least.

DR. ASHWIN VASAN: 13 languages.

CHAIRPERSON LEE: And do you know if that's going to be a year over year cost included because as you know with the culture shift, it's going to take a while. So, are we able to ensure that that money gets put back into the budget every single year?

DR. ASHWIN VASAN: Well, we're exploring that right now and uhm, you know all of our media campaigns were on hold during the PEG and the OTPS freeze and we're grateful now that that's over and we can restart this effort but absolutely, it's part of our thinking.

CHAIRPERSON LEE: Okay, uhm and then just really quickly because I know that in your testimony you also had commented on the uhm the Executive Budget for the opioid overdose prevention programming. And so, just out of curiosity because I know that after the last uhm hearing we had asking about the opioid settlement funds, I know that you all had a report that came out shortly after that and I think it's a great start but just wondering, I know that you said that there's more details to be released soon, so

just wondering because I know that there was a whole bunch of zip codes listed in there but was not in there is the percentage of funding that went to each of those zip codes because we want to make sure that it's going to the most needed places. And then also, which groups are in charge of delivering those services.

DR. ASHWIN VASAN: Right, so yeah, great questions. More details to come is only because we're planning to make a more detailed announcement in the coming weeks. So, you'll be hearing very specifically from us. The numbers in the Executive Budget reflect our what's been committed at the Health Department but of course there are commitments happening at H+H, at OCME as well, at DHS as well. So a lot of that work is programmed across city agencies. The four key areas of work as you know are substance use prevention, harm reduction, treatment and recovery services and a lot of the programs, we're not trying to reinvent the wheel here, we're trying to invest in things that we know work. Even against political and other headwinds. Things like overdose prevention, we're still committed to that but we're also committed to expanding access to

treatment. And so, a lot of our work is ensuring that we're doing all of the above. There's no single approach that's going to get us out of this crisis where a New Yorker is dying every 2.8 hours from an overdose. I mean it's really so concerning. So, we will have actually a lot more details for you in the coming weeks.

CHAIRPERSON LEE: Okay, great.

DR. ASHWIN VASAN: And we did announce also the Staten Island budget specifically some months ago through sort of concerted work with the Staten Island delegation and stakeholders on that borough. We were able to announce specifics and so, you look at that release and that's the level of specificity that you'll be able to get from this next —

CHAIRPERSON LEE: Okay and just to confirm from the last time, so it's been $90 million so far that has been allocated I believe?

DR. ASHWIN VASAN: I believe that numbers right but we can get back to you on that actual number.

CHAIRPERSON LEE: Okay.

DR. ASHWIN VASAN: Oh, you mean across the city?

CHAIRPERSON LEE: Yes, from the Opioid Settlement Fund.

DR. ASHWIN VASAN: We can get back to you yeah. I can only really speak to what's in our agencies budget but yes.

CHAIRPERSON LEE: Okay so then I'm curious to know where the rest of that money is going. Okay, yeah if you could get back to us on the total that's getting filtered through DOHMH that would be great.

DR. ASHWIN VASAN: Sure.

CHAIRPERSON LEE: Okay, so next, just going on to the trauma recovery center expansion. Trauma recovery centers as if you guys don't know not you but folks provide trauma informed support to help people that experience violent crimes including gun violence, domestic abuse and hate crimes. There are currently two TRCs in the Bronx and two in Brooklyn and all four are open and operational.

So, what benefits if you could explain have you seen so far from the TRCs and have you identified additional Council Districts with a great need for trauma recovery centers?

DR. ASHWIN VASAN: We're really interested in and excited about this model. It's a model that has been used in other jurisdictions. It's been written about recently and at its core, it's really about building

connection, breaking social isolation, insuring that people who are victims of or survivors of trauma are not alone. And doing so in a trauma informed environment where the staff and peers are trained to manage issues of trauma and the impacts at across the life course remember too.

It's young people all the way to older adults. And so, we are very interested and grateful for the Council's investment in this model and we're actively researching it and looking for future opportunities.

CHAIRPERSON LEE: What's the youngest age that you take for the trauma recovery centers?

DR. ASHWIN VASAN: Say that again.

CHAIRPERSON LEE: What's the youngest age that are allowed to —

DR. ASHWIN VASAN: That's a great question. I'd have to get back to you on the details, yup.

CHAIRPERSON LEE: Okay. Uhm, so in the budget response, we called the Administration to enhance the TRC funding for $7.2 million baselined in FY25 to sustain existing centers and open additional centers in Queens and Staten Island because we don't have any there. Have you had any conversations with the

Administration on expansion of the existing TRCs and opening new sites?

DR. ASHWIN VASAN: We're always discussing opportunities like this with OMB and so, we're in active discussion now. I'll ask Aaron to comment further if anything.

CHAIRPERSON LEE: Okay and just from your opinion based on how much it costs to run these trauma recovery centers, how much additional funding do you think we would need?

DR. ASHWIN VASAN: I don't have an answer for you but all I can say is I think there is some promise in this model but I mean it's a great analog to what Council Member Brannan was talking about with the in-connection centers. It's a new model. We're learning a lot about it. We need to see evidence that it's having an impact before we really start pumping it with the resources. Otherwise we could be back here in years from now saying, where did this money go and what's the impact? So, we're very interested in this model and there is promise.

CHAIRPERSON LEE: Uhm, so when do you think we would be able to — what do you think is a comfortable cycle then to look at how long they've been running

the programs? If the budget is sufficient or if we need more? What do you think that cycle looks like?

DR. ASHWIN VASAN: Yeah, we can get back to you with specifics on what evaluation might look like.

CHAIRPERSON LEE: Okay. Uhm, okay so going to the FACT teams, which I'm personally a huge fan of the Forensic Assertive Community Treatment Teams. So, FACT teams provide evidence-based solutions for people with serious mental illness. There are multiple teams that provide these services including the IMTs, which are the Intensive Mobile Treatment teams and the HEAT teams, which are the Health Engagement and Assessment Teams.

So, just wanting to know for Fiscal 2025, how much are allocated for these teams including ACT, FACT, IMT, HEAT, SPACT and CRT. I know there's a lot.

DR. ASHWIN VASAN: We have a lot of teams. They are all slightly different. The Forensic ACT teams, Assertive Community Treatment teams, we have five of those teams. They have the capacity to serve about 340 people at a time and they are eligible for Medicaid reimbursement, which is different to our IMT

teams which was specifically set up to catch folks who fall through the cracks of our Medicaid system.

With Medicaid reimbursement comes limits. Limits on the amount of time you can spend with a client. Limits on the duration of time you can spend with a client, which is why the department created the IMT program in 2016 to really get the hardest of the hardest but we're you know ACT is an evidence-based model. It's been around for some time. Both FACT and ACT are obviously related. And so, we're very committed to it. I defer to Aaron on any specifics on budget.

CHAIRPERSON LEE: Yeah, if you could actually talk about each of those funding areas and then how they've changed from the previous fiscal year, that would be great.

AARON ANDERSON: Yeah, I mean I could talk about Intensive Mobile Treatment for sure is about $42 million budgeted for FY25. It was $41.8 this current year. I think if you want to go through each of the items, I'll get back to you with the specifics on that. What were the other ones that you wanted to?

CHAIRPERSON LEE: ACT, FACT, IMT, HEAT, SPACT and CRT.

AARON ANDERSON: Okay, we'll get back to you. Thanks.

CHAIRPERSON LEE: Uhm okay, and the reason why I'm bringing this up is because I think these again, these outreach teams are super, super important and crucial and it's a resource we have available in the city and I agree, the insurance and the stream of money is a challenge. I think the oversight between state, city and then once you're in city there's different city agencies that oversee this. So, I understand that these are challenges but if you could speak to how the coordination piece is happening because you know I just can't emphasize enough how important this is, because what we don't want is for people to end up in shelters or in the criminal justice system when they should be actually receiving treatment. So, if you could speak to how those efforts are happening and the coordination and if the funding is enough, that would be great.

DR. ASHWIN VASAN: Thank you uhm, I would never turn down more resources for more teams, so a good Commissioner would never do that but the coordination is strong. In part because it starts with a population approach, right? We look at uhm, starting

with the most severely impaired New Yorkers, people who have touched our criminal legal system multiple times. People have touched our hospitals multiple times. We do regular case conferencing and very granular patient facing, client facing work that is about coordinating and you can imagine you've got a mobile team that's following you in the community and then you might be hospitalized and then the world transfers over to the hospital team but those teams need to be in close communication.

You also have if that person is in supportive housing, you've got a site-based team potentially run by the supportive housing operator. It's an extraordinarily complex system. A lot of what we're trying to do is to reduce some of the complexity as we start to fund it more. You know the governor's budget has put in consistently more money. Our budget has put in consistently more money and as you've heard me say before, we didn't get here overnight, so we're going to build this up floor on floor and in the process of building it up, I think we'll find more opportunities to streamline and find coordinate, better coordination and alignment around these multiple teams. I too, even educating myself

on this over the years, many years you know it's word salad unless you're really in the weeds right? So, you need to really understand the differences between the teams and there's a lot of — I wouldn't call it overlap but there's a lot of points of coordination. So, we do that very actively with DHS, with DSS, with H+H, with the office of Community Mental Health, with other providers across our city every single day.

CHAIRPERSON LEE: Okay, yeah and no, that's something that we definitely want to try to see if we can get more money and I know that we wanted to basically call upon the Administration to baseline an additional $7 million, specifically for the FACT teams. And so, just wanting to see if there's any conversations about whether that could be baselined.

DR. ASHWIN VASAN: Well, we're in ongoing discussions with OMB and we'll be happy to get back to you.

CHAIRPERSON LEE: Okay and then I think I know the answers to the next set of questions because I remember them from the last time but just for the record, for OCMH, I know that for example with OCMH the programs that they oversee, just wanting to know because I know Be Heard for example, is one of those

programs but what are some of the ways in which you do coordinate with them with programming or where you all overlap? And if you can speak to some of the services that they provide under their department, that would be great too.

DR. ASHWIN VASAN: Uhm, I cannot speak to what they do under their department because I don't have any insight into their budget or their work. I think they play, as far as I understand it and our engagement with them is coordinating and collaborating across agencies and they play that coordinating role. Uhm, so that's the extent of our engagement with OCMH and they've been a great partner. We work with them on policy changes. We work with them on advocacy. We work with them to disseminate through their networks as well. So, yeah, we work very closely with OCMH.

CHAIRPERSON LEE: Okay, uhm, so questions about budget, headcount, how it compares to last year. These are all things that are not under your purview but separate and it's completely separated from DOHMH.

DR. ASHWIN VASAN: Yeah, I would direct questions to the Mayor's Office for that.

CHAIRPERSON LEE: Uhm, okay. So, let me go to my next set of question around housing, which I know were brought up a little earlier related to some of the support systems. So, specifically for the 1515 Supportive Housing Initiative, uhm you know it focuses on providing housing to people with mental illness as well as those transitioning out of incarceration or struggling with homelessness.

In the budget response, the Council calls on the Administration to allocate $19.6 million which I believe is included for 1515 as well as SHISH. And so, what are the current budgets for 1515 Supportive Housing.

DR. ASHWIN VASAN: So, the Department of Health's main role in Supportive Housing is to run the service contracts and to manage our community partners that run services within supportive housing sites, whether it be scattered site or congregate settings, we do not run the buildings. We do not manage the real estate, the contracts. We only work directly with the providers to ensure that they're providing evidence-based care and high-quality care for all of the residents under that. We spend about $282 million in combined city and state funding, in this

Fiscal Year alone on supportive housing services and under our purview, in the last fiscal year, uh we expanded that envelope to more than 700 new units in FY23 and another 700 in this year FY24, which is wonderful. We need much, much more supportive housing. About 75 percent of those are congregate units, meaning the entire building is supportive housing versus scattered site. And you know there are real challenges in building congregate supportive housing right? There's issues of siting and nimbyism and zoning laws and all of that stuff, so luckily that's a little bit out of my purview but we do focus in on the services and we've done quite a bit I think in this Administration to expand supportive housing in partnership with the state and their commitment as well.

CHAIRPERSON LEE: So, with this 700 new units that were added, which is great. How — what does that give us? What does that bring us to in terms of the total number of units?

DR. ASHWIN VASAN: I believe and again I would kind of refer more specific questions to the housing agencies because they manage the units but we have, under our contract, we have 7,900 units under

contract with us to nonprofit providers and an additional 13— that's at congregate settings then 1,300 scattered site units uhm throughout the city. So, the majority is congregate, some scattered site.

CHAIRPERSON LEE: Okay and are you the only contractors to provide those services within the 1515 Supportive Housing units? Meaning it's not like there's another entity or agency that is providing these specific services right?

DR. ASHWIN VASAN: Yeah, that's a great question. I don't believe so. I think we; all of the Supportive Housing service contracts are run through us but I can certainly, we'll get back to you and confirm that 100 percent too but I believe that's true.

CHAIRPERSON LEE: Okay, okay.

AARON ANDERSON: Yeah and just to flush out the financial picture just a little bit Council Member. Uhm, so for 1515 specifically, it has a baseline budget of $63 million and we know that there are going to be much greater needs in the outyears. That was the initial sort of envelope that was funded because of the five-year financial, city's financial plan. So, we're in active conversations with OMB and

the other agencies involved, DSS, HPD, about what that need is going to look like in the future, so.

CHAIRPERSON LEE: Okay, so the $63 million that's been baselined for Supportive Housing, for 1515 specifically, uhm, so 282 is including 1515 and then what else then? So, minus the $63 million, where is the rest of that?

AARON ANDERSON: I mean it's the other portfolio of housing programs, New York New York One, Two, Three.

DR. ASHWIN VASAN: You know 1515 is obviously just the latest in many decades of growth of supportive housing in our city, so that's what contained in that universe of 282.

CHAIRPERSON LEE: Okay and then is this also the same? If it follows state guidelines, what are the age ranges for the supportive housing, just out of curiosity?

DR. ASHWIN VASAN: We have different types. We have Family Supportive Housing, we have Supportive Housing for single adults, for couples. So, there's different uhm rules and regs around each of those different settings.

CHAIRPERSON LEE: Okay, alright. Uhm, and then so just really quickly following up on clubhouses from last time. So, I'm not sure how many of the staff remain to listen to the Preliminary Budget Hearing public testimonies but there were definitely a bulk of the folks who were testifying raised issues related to the new RFP requirements and so, just wanting to know how is DOHMH ensuring a smooth transition? I know that you've talked about this but how are you ensuring a smooth transition of the members belonging to those clubhouses that are facing contract termination?

DR. ASHWIN VASAN: And we're working in a number of ways. Number one, we've been in touch with every single provider that either didn't apply for the contract or applied and were not awarded the contract to work on transition plans at an institutional level. Those transition plans include transitioning their members to new sites but also, many of those sites exist inside larger institutions. So, many of the services might actually be contained within other programs in that site. So, if you're at a multiservice site where they might get similar services at that site.

We're also exploring other designations for these programs. We are developing a definition of clubhouses that adheres to international standards and trying to be consistent about that in order to broaden the envelope of revenue and support and partnership with healthcare, housing and other systems and that's a pretty tried and true standard that's adopted in many other places, State of Michigan for example. You have to be accredited in order to be a clubhouse in Michigan and in order to get Medicaid revenue for example and that's true in many other places. So, we're exploring other designations for these sites. That's at the institutional level.

At the individual level, we're making — we're placing phone calls to every single person on the rosters of these club houses as best we can to reach them. Remember active membership simply means you've been at the program for some time in the last 90 days. So, you know we're not able to contact every single person but we're making every effort to do so and then develop a tailored individualized plan for how they might transition to a new site. That includes metro cards and telecommunication support

and really accompanying people, doing whatever it takes to get them where they need to go.

Lastly, we're working with the awarded providers. So, we're convening them. In fact, the next couple of days to talk about their obligations to these sites. So, their obligations to reach out, to form partnerships, to have transition plans for their members. So, we are taking every step to do whatever it takes to make sure that no one loses their access to a community.

CHAIRPERSON LEE: Okay, uhm and then is there — so sorry let me just clarify. So, if I'm understanding correctly, would the new designations and the accreditation piece, does that mean that it could be potentially the case where some of the folks that did not get the RFP, if they go through that process and they qualify, they would be able to be eligible for one of these programs to be still continued at their site?

DR. ASHWIN VASAN: One of the conditions of the RFP is that they are accredited and that they also have meet the other conditions of the RFP. So, all of the different rules and regs and targets and plans yes, they in future iterations, potentially they

could of course apply for the future but right now, the RFP has been awarded to whom it's been awarded to and we're working directly with those, those authorities.

CHAIRPERSON LEE: Okay, and then the RFP that was just you know awarded, was there any consideration or anything in there to allow DOHMH to help those that were not certified or accredited to actually get their accreditation? Like is there some sort of path that the city is providing to educate them on how to do that process?

DR. ASHWIN VASAN: Yeah and we have been for years. Since we've been running clubhouses, we have said, we have made it city policy that we want all of them to be accredited, not as a condition but as a goal. And so, we have been working with every system, every single clubhouse has been reached out by this agency and said, what do you need to get accredited and some of them said, we don't want to be. Some of them said we don't know how and we've helped them and some of them have. Some of them have gone from nonaccredited to accredited.

CHAIRPERSON LEE: And do you know if these conversations were had before you came on as

Commissioner? Was this also true with the previous administration?

DR. ASHWIN VASAN: Many, yeah, many.

CHAIRPERSON LEE: Okay.

DR. ASHWIN VASAN: And I know this also from my previous work.

CHAIRPERSON LEE: Okay, so uhm out of the 16 clubhouses that were awarded under the new RFP, how many did not apply?

DR. ASHWIN VASAN: How many did not apply? Uhm, let me get back to you on that exact number.

CHAIRPERSON LEE: Okay.

DR. ASHWIN VASAN: Yup.

CHAIRPERSON LEE: Uhm, okay, so yeah, I mean I understand that we want to have certain standards but I just want to emphasize that I feel like there could have been a couple steps in between. Even aside from the accreditation, just even in terms of how much you know data and requirements that we're asking of them. So, can you also provide a breakdown of how much funding each existing clubhouse received under the previous budget and how much of the $30 million budgeted amount will you be allocating directly to

clubhouses? And how much is approximately each clubhouse getting funded at?

DR. ASHWIN VASAN: I think that's all publicly available data, so we're happy to follow up with that.

CHAIRPERSON LEE: Okay, do you have that or?

DR. ASHWIN VASAN: Oh, not on my — we'll have to follow up with you with that.

CHAIRPERSON LEE: Okay, yes, if you could get back to us on that asap because we haven't been able to find that data either.

DR. ASHWIN VASAN: We're also not at liberty to talk about specific awardees until the contract.

CHAIRPERSON LEE: But I thought the awards went out already?

DR. ASHWIN VASAN: They did go out and it is in the public record but my point is, we're still under contract — we're still finalizing contract negotiations with each of the awardees. The amounts, I don't know if the amounts have been published in the public record.

AARON ANDERSON: I'm not aware the amounts have been published.

CHAIRPERSON LEE: Okay but you guys know the amounts hopefully?

DR. ASHWIN VASAN: Certainly, happy to follow up.

CHAIRPERSON LEE: Okay, uhm yeah, if you could let us know because my understanding is that it should be accessible, so uhm does DOHMH provide funding to advertise the clubhouses and sort of not having people fall through the cracks. Is that something that you're doing is advertising the clubhouses as well?

DR. ASHWIN VASAN: Yes, but though I would say of that $30 million budget, the vast majority is going directly to providers. We are not holding on to a great deal of it internally. And so, yes, but clubhouse marketing is a part of that. Also, incorporating clubhouses into our common citywide single point of access. So, we've created a single point of access for all particularly serious mental illness services but mental health services so, now they're a part of that common referral pathway.

CHAIRPERSON LEE: Okay, uhm, okay so switching gears to maternal mental health because this is definitely a priority for the Council. And as you mentioned you know thank you for earlier bringing up

the types of services that you're providing under — and it's interesting to see that you're seeing more opioid and overdose situations happening within the maternal mental health space. And so, the Executive Plan includes a funding swap of $1.9 million starting in Fiscal 2024 between units of appropriation for maternal mental health and a portion of the funding went to mental hygiene management services for personnel services. So, why was the shifting of the funds between units of appropriation needed and what programs if you could reiterate what programs will this funding be allocated to?

DR. ASHWIN VASAN: Yeah, thanks and we're as disturbed as you. This has now become a leading cause of death for pregnant and post-partum people, so it's critical for us. The budget line you're talking about is actually just a technical adjustment to reflect the actual breakdown of costs for the program within the division of mental hygiene. I'm not sure if there's more to add on that but I'll kick it to Aaron for specifics.

AARON ANDERSON: Yeah, that was just getting the money out of the total it was put into the right place for spending.

CHAIRPERSON LEE: Sorry, say that again.

AARON ANDERSON: Sorry, that was just a technical. Just literally moving the money out of where it was allocated into where it will be spent from.

CHAIRPERSON LEE: Okay. Uhm, so is this also related to the Mayor's Mental Health Plan as well?

DR. ASHWIN VASAN: Well, reducing overdose deaths and suicides is a part of our Healthy NYC goals. Reducing maternal death is a part of our Healthy NYC goals and all of that is contained within our mental health plan.

So, that's the whole point of launching a Healthy NYC is so that we see how it all ladders up to what effects the whole city.

CHAIRPERSON LEE: I'm sorry, I meant more for the funding swap.

DR. ASHWIN VASAN: Oh, the funding, I'm sorry. Aaron, do you want to —

AARON ANDERSON: Yeah, I mean about $250,000 of it will go to Mental Hygiene Management Services.

CHAIRPERSON LEE: Oh, mic sorry.

AARON ANDERSON: Oh, sorry. Sorry about that. About $250,000 of it goes to the Mental Hygiene Management Services on the PS side.

CHAIRPERSON LEE: The PS side, okay.

AARON ANDERSON: The bulk of it will go to the Early Childhood Mental Health Network Program.

CHAIRPERSON LEE: Okay and was there any sort of headcount attached to the funding swap, like headcount shifts or changes?

AARON ANDERSON: I don’t believe there’s any headcount.

CHAIRPERSON LEE: Okay and then my last topic before I hand it over because people are probably sick of hearing my voice at this point. But uhm mental health continuum, which is personally for me a huge, huge important service that we’re providing especially because it’s such a small dollar amount. It's $5 million if you think about it in the vast majority of our city’s budget, this is pennies so to speak. So, we call for the FY25 budget response, we called on the Administration to baseline $5 million, which we have asked for this past several however many years. For the mental health continuum, it does not appear that the Executive Plan included any

additional funding for the continuum. So, is the continuum traditionally baselined or is it funded on a year-by-year basis?

DR. ASHWIN VASAN: Thanks for the question. So, just to be clear, the Mental Health Continuum is really about mental health care in schools. These are clinics that are operated by H+H within DOE schools. Our only role is in the joint Office of School Health. Which is a joint DOE and Health Department Office which plays an oversight and technical assistance role in all school and mental health clinics and as you know, we announced last month, the Administration announced last month that 16 new mental health continuum clinics would be opening over the next six months, which will serve an additional 6,000 students in Bronx. In particular in the Bronx and Central Brooklyn, which are neighborhoods that of course have lower access to care. So, our role is simply, we don't have any budget for the Mental Health Continuum. We are simply in a partnership role and so I would defer specific questions about it to DOE and H+H.

CHAIRPERSON LEE: Yeah and I don't know if you could speak to this because I know you have part of

this and it's in schools but this is my question from last time, which I wanted to just clarify because I know that there were 16 new mental health continuum sites that were announced but if the $5 million previously in previous years was getting fully spent, my question is if we're adding 16 new sites, then what is not getting funded and that's what I want to know, right? Because if the $5 million was fully spent down and we have 16 new sites, where is that money coming from?

DR. ASHWIN VASAN: Yeah, because it's not in my budget, I can't really speak to that. I would have to defer you to OMB, Mayor's Office and the two agencies I mentioned.

CHAIRPERSON LEE: Okay. Uhm, okay and then for — correct me if I'm wrong but DOHMH's portion in the mental continuum is less than $500,000. Is that correct?

DR. ASHWIN VASAN: That might be right, yeah and it's simply for partnership and technical assistance.

CHAIRPERSON LEE: Okay, so it's technical assistance and then what else? For staffing or what is that money getting used for?

DR. ASHWIN VASAN: I don't know if it's PS or OTPS.

AARON ANDERSON: Yeah, it's a small one. It's $472,000. We can get back to you on the specific breakdown.

CHAIRPERSON LEE: Okay, if you can get back to us, that would be great. Uhm, okay, I will hand it back to the Chair and we will go through — hopefully I'll have a second round of questions. Thank you.

CHAIRPERSON BRANNAN: Thank you Chair. We've also been joined by Council Members Brewer, Stevens, Hudson and Sanchez and we're going to start with questions from Council Member Farias.

COUNCIL MEMBER FARIAS: Thank you Chair. Good morning Commissioner. Concussion care is a public health concern but many concussion patients are also survivors of domestic violence and require trauma care as well. Typically concussion services focus solely on the physical injury and not the patients mental health.

In the budget response, the Council calls on the Administration to allocate $300,000 for a pilot, Women's Concussion Clinic, which would provide this

trauma informed care. What trauma informed care does DOHMH currently provide for concussion patients?

DR. ASHWIN VASAN: Thank you for the question and we agree that this is an interesting and important area of work. A lot of that work happens through our routine clinical systems, which DOHMH does not operate. So, we look forward to learning more about your specific proposal and to discussing with our colleagues at OMB about whether there is a role for the Health Department in this work. Right now, most of that care happens through our routine clinical systems, primary care, emergency rooms and post follow up.

COUNCIL MEMBER FARIAS: Okay and do you folks have any clinicians that have training in providing mental health support for survivors of domestic violence or do they just defer to the social workers?

DR. ASHWIN VASAN: It's a great question. Again, we don't have a massive roster of clinicians. We run a very narrow clinical footprint at our sexual health clinics, at TB clinics, at our immunization clinics and they do not specialize in domestic violence support. A lot of that happens within our routine clinical care system, so I'd have to defer to them as

well as to the Mayor's Office to end gender-based violence.

COUNCIL MEMBER FARIAS: Okay and by any chance does DOHMH collaborate with H+H on concussion care?

DR. ASHWIN VASAN: Currently I don't believe we have active collaboration on this specific issue but we're always open to learning more and exploring. '

COUNCIL MEMBER FARIAS: Okay, great. Thank you so much. I'm super interested in looking at further conversations around this, specifically as the main agency that's taking care of our health care systems along with mental health and I'd encourage you and I can also send over a bill I have in the Council on traumatic brain injury and its outreach and training around providers.

DR. ASHWIN VASAN: Please do.

COUNCIL MEMBER FARIAS: Thank you.

DR. ASHWIN VASAN: Thank you.

COUNCIL MEMBER FARIAS: Thank you Chair.

CHAIRPERSON BRANNAN: Okay, now we have questions from Council Member Abreu followed by Salaam.

COUNCIL MEMBER ABREU: Thank you Chair. I want to hammer down on the issue of clubhouses. The upper Manhattan Mental Health Center, also known as Emma

Bowen in my district lost their $500,000 contract and learned that the awardees are going to larger providers that also provide addiction services. We find this confusing because the stated goal of the contract cuts are to restructure and centralize services but Emma Bowen already provides addiction services and has been doing so for decades. They've been providing walk in services for the most at risk mental health individuals in the city and yet their program will be shuttered if they do not receive these $500,000 in funds. Can you please speak to how this decision was made and what alternatives can be provided in terms of funding so that these extremely vulnerable populations in Harlem are not being turned away at the door and potentially being forced back onto the street without proper care or treatment?

DR. ASHWIN VASAN: Thanks for the question. You know I'm not really at liberty to speak about individual providers and awardees but what I can say is this, providing addiction or substance use disorder services was not a condition of the RFP though providers that do are certainly at an advantage because we know that 40 percent of people with serious mental illness also have a co-occurring

substance use disorder. So, it's a very real intersection and frankly having been in this work prior, we've reinforced as a society and a city as well, a silo between these programs and we need many more people experience dealing with serious mental illness, schizophrenia, schizoaffective disorder, bipolar disorder, major depression, who also have experience in substance use disorder.

So, you know we, what we tried to do with this RFP is to invest in people who had interest. Who had the ability to provide the services in the priority neighborhoods. One of the biggest foci of the RFP was getting into the neighborhoods with the highest needs and ensuring that no neighborhood with their highest needs lost a program. So, even if a particular program closed in an area, reopening a new one or shifting, some providers shifted sites from nonpriority neighborhoods to priority neighborhoods and so we're committed to working with everyone and we're talking with the provider you mentioned about a transition plan as we speak.

DR. ASHWIN VASAN: Well, thank you for that. Look, H+H is in the process of trying to dispose property in West Harlem on 145th Street and Emma

Bowen has been part of that conversation. For them to be part of a contractual arrangement for new housing in the neighborhood and for them to not get this funding, it just doesn't make any sense. So, it is my hope that they get support one way or another.

CHAIRPERSON BRANNAN: Okay, we now have questions from Council Member Salaam followed by Menin.

COUNCIL MEMBER SALAAM: Good morning.

DR. ASWIN VASAN: Morning.

COUNCIL MEMBER SALAAM: During the joint hearing on Finance and Public Safety, it was stated that the NYPD and the Department of Health and Mental Hygiene Co-response team act before and after a mental health crisis but do not respond during the event itself. If there was a mechanism for the Co-response team to intervene during mental health crisis reported in 911 calls, Win Rosario(SP?) might still have been alive today.

My question is, what resources would the Department of Health and Mental Hygiene need to respond to mental health emergencies reported in 911 calls alongside the NYPD and do you have an estimate of the associated costs?

DR. ASHWIN VASAN: Thank you for the question and we share your — we certainly share your concern about events like the one you mentioned. Mental health crisis deserve a mental health response, a health response and everyone is saying the same thing. Our Law Enforcement partners, our Health partners, our public health partners, our communities are saying, we want a health response first. And so, we're committed to that as an agency and as a city. Uhm, you know there are multiple options and a lot of it gets back to the question that Council Member Lee asked earlier around how to use the available options and how to educate dispatchers, how to educate the people who are making the choices at the moment. Not necessarily the people on the ground once they're there but the people who are dispatching are deploying a team to select the right team.

And so, that's ongoing work of training, of culture shift and it's, I can it's some of the hardest work that we do to shift that culture.

COUNCIL MEMBER SALAAM: Just as a follow up, has the DOHMH considered the possibility of taking the lead both fiscally and operationally on responding to 911 mental health crisis?

DR. ASHWIN VASAN: You know, I think all of what we do is in partnership. You know the choice was made in the previous administration to kind of build up one form of non-law enforcement mental health response that didn't really explicitly involve the Health Department. We have our mobile crisis teams, our NYPD co-response teams. So, we do some crisis response. I think what you're referring to with the Co-Response team, is whether they're available to a 911 dispatcher and I think that's part of the culture change and operational change that we're seeking. I don't know what the right answer is in this vein, whether it should just be one agency taking the lead because frankly it requires all of our city coming together to make this shift. And so, and we do work in very close collaboration with one another.

COUNCIL MEMBER SALAAM: Just one follow up.

CHAIRPERSON BRANNAN: Yeah, go ahead.

COUNCIL MEMBER SALAAM: Thanks. It was mentioned during the same hearing that only, that about only 50 percent of patrol officers receive crisis intervention team training. Has the DOHMH explored partnering with the NYPD to train the remaining half?

And what resources would you need to do this and to provide a refresher course to these officers?

DR. ASHWIN VASAN: We are actively engaged in training everyone. So, EMS, uhm NYPD, we are always out training our front facing public safety apparatus and the frontline workers on crisis intervention. Particularly those who have the ability to use mental hygiene law like 941, 958 to intervene. So, we take responsibility for that training as the local mental hygiene unit. I think that's a good question and one that we'd be eager to follow up with you on in terms of ongoing work.

CHAIRPERSON BRANNAN: Council Member Salaam, you alright? Good. Okay, now we have questions from Council Member Menin followed by Brewer.

COUNCIL MEMBER MENIN: Thank you so much Chair Brannan and thank you Chair Schulman. Commissioner, I have a couple questions regarding the Office of Health Care accountability. As you know, the Council last year passed the bill to create the Office of Health Care accountability. That law went into effect in mid-February. You and I have had many conversations about that, so I really want to drill down into the specifics in terms of that office.

How many staffers are currently working in the office?

DR. ASHWIN VASAN: Thanks for the question. I will get back to you on what the exact staffing numbers — do you have those on hand?

AARON ANDERSON: We're actually working on what this model is going to look like and —

COUNCIL MEMBER MENIN: I'm sorry, I can't hear you.

AARON ANDERSON: I'm sorry, so we're actually working on what the model is going to look like in terms of exact staffing, so I don't have the exact numbers.

COUNCIL MEMBER MENIN: Okay, under the Law it went into effect in mid-February, so I don't understand the comment that you're working on it. It's supposed to be up and running.

AARON ANDERSON: So, we are in active discussions with OMB about what our next year's budget will be for this office and we're eager to finalize that.

COUNCIL MEMBER MENIN: I mean again, it's late now, the office was supposed to be up and running and I think it's really disconcerting that we're not getting more specifics on that, and we've had

numerous conversations about it. We also brought you the idea of using the fund for public health to staff those lines for several years until they're baselined into the budget.

DR. ASHWIN VASAN: Happy to follow up with you. We're exploring that right now.

COUNCIL MEMBER MENIN: Okay, I want to ask if Chair Brannan can please assist in that because again, this is a top priority. It's not only a priority in terms of consumer protection, it's a fiscal priority. We're spending close to ten percent of the city budget as you know close to $11 billion in public sector health care. That is almost double what it was five years ago. So, you know it is estimated, studies have shown that by creating this office, we can save up to $2 billion from this.

DR. ASHWIN VASAN: Yup, we share your priority on this.

CHAIRPERSON BRANNAN: Council Member Brewer followed by Hanif.

COUNCIL MEMBER BREWER: Thank you very much. Back to the clubhouses because I have Goddard at Riverside a budget of $600,000, 100 participants. So, my question is, how many whether they applied,

got or did or others that didn't but exist? How many individuals are impacted by not getting funded and how much is the total funding? And not getting funded.

ASHWIN VASAN: Total funding of not getting funded.

COUNCIL MEMBER BREWER: In other words Goddard didn't get funded and Emma Bowen didn't get funded, Queens Hospital didn't get funded etc..

ASHWIN VASAN: Yeah, I'll have to get back to you on the total number of — the total amount of funding that wasn't or is being redirected into the new RFP.

COUNCIL MEMBER BREWER: And how many people are involved because I think what happens is we're all very concerned. They're small, you know them as well as I do from your history at Fountain House. Uhm perhaps they could be larger in terms of the population. It's not an easy population to work with. I don't think they're all going to transition somewhere else.

DR. ASHWIN VASAN: We're working hard to make sure that they do. The rosters that we have gotten from the providers amount to you know in the hundreds, couple hundreds.

COUNCIL MEMBER BREWER: Each one is over 100 people right?

DR. ASHWIN VASAN: Yeah, so and that's based on have you interacted with the program in the last 90 days? So, we're making individualized calls to every single person and working with the sites.

COUNCIL MEMBER BREWER: Okay, I think we're all very concerned. We're very upset. We don't want this to happen, just so you know very, very clear. Because they're not — they develop relationships you know them. They develop relationships at their clubhouses, sending them somewhere else is not going to help necessarily them and it may not solve the mental health issues for them at all. It's a terrible discussion, terrible cut.

Second, school based. Now, you have nothing to do — I know about the 16 that are being funded but who, I mean do you have nothing whatsoever to do with school based mental health services? How do you interact at all with them? Do you have any opportunities to have oversight over the school based mental health services or school based in general health care?

DR. ASHWIN VASAN: We do a lot in school-based health care and in school based mental health care through the Office of School Health, which we jointly administer. I was speaking specifically to the mental health continuum, which was a project built under the last administration, which does not involve our direct work on the ground. We get a small amount of money as Aaron said, about $470,000, mainly for technical assistance and so, that's our role in that specific envelope.

COUNCIL MEMBER BREWER: Do you have — what amount of funding from your department does go to school-based health in general?

DR. ASHWIN VASAN: Oh, that's significant and we can get back to you with —

COUNCIL MEMBER BREWER: You don't have that number?

DR. ASHWIN VASAN: Not on me.

COUNCIL MEMBER BREWER: Do you have the number of schools that you are in in that school based?

DR. ASHWIN VASAN: Hundreds but we'll get you specific numbers.

COUNCIL MEMBER BREWER: You can get us a list? Is it you that does it or sometimes it's contracted out to a hospital or you're doing it directly?

DR. ASHWIN VASAN: School based health centers are predominantly run by health systems.

COUNCIL MEMBER BREWER: Correct.

DR. ASHWIN VASAN: Uhm, hospitals.

COUNCIL MEMBER BREWER: I know I go to them a lot. The other question I have quickly is going back to COVID, long term COVID. What is the dollar amount if anything allocated, either in terms of taskforces, research, etc.. from your department to long term COVID?

DR. ASHWIN VASAN: Significant in the sense that we are the first jurisdiction in the country to launch a long COVID registry like we did the World Trade Center registry. We have committed hundreds of thousands of dollars to doing a register over the next ten years and following people around the exact impacts of long term COVID.

COUNCIL MEMBER BREWER: Can you get us the exact dollar amount that you are allocating to that?

AARON ANDERSON: Yeah, we have about $440,000.

COUNCIL MEMBER BREWER: $440,000, okay.

AARON ANDERSON: And Council Member Brewer, just to go back to your question about school-based health centers. So, the FY25 budget for school-based health centers that do run through us is $7.6 million.

COUNCIL MEMBER BREWER: $7.6 million and can you give me the schools that that is applicable to?

AARON ANDERSON: We can get back to you on that.

COUNCIL MEMBER BREWER: Okay and Be Heard has nothing to do with you? That's the Mayor's Office 100 percent is what you're saying, Be Heard?

DR. ASHWIN VASAN: It's H+H, it's FDNY and the Mayor's Office.

COUNCIL MEMBER BREWER: And do you coordinate? Who coordinates, it's the Mayor's Office that coordinates?

DR. ASHWIN VASAN: I believe so, yes.

COUNCIL MEMBER BREWER: Okay, it's kind of strange to have perhaps the number one issue that New Yorkers are concerned about, which is activities on the street, mental health, public safety and not have you be in charge of that or have anything to do with it. That's just how it works?

DR. ASHWIN VASAN: I would defer questions around that to City Hall and the Mayor's Office.

COUNCIL MEMBER BREWER: Thank you.

CHAIRPERSON BRANNAN: Council Member Hanif followed by Narcisse.

COUNCIL MEMBER HANIF: Thank you so much. Good morning. So, I'll just jump right in, following the killing of Win Rosario and the city's shameful decision to assign no disciplinary action to the officers who killed Kawaski Trawick. Mental Health Crisis Response is of course top of mind for me and many, many New Yorkers. The police should not be the default responders to situations that demand targeted health center inventions. I'm going to ask a few questions about how nonpolice response programs — about the nonpolice response programs and that the city operates.

Could you share how many people are currently served by intensive mobile treatment teams in our city and what's the total capacity for all existing IMT teams and how many people are on the waiting list for placement on an IMT?

DR. ASHWAN VASAN: Thanks for the question. Just so I'm clear, IMT teams are not involved in any way in mental health crisis response, so.

COUNCIL MEMBER HANIF: Could you clarify what they're involved in?

DR. ASHWIN VASAN: Yeah, so IMT is Intensive Mobile Treatment, which is assigned to clients with severe mental illness, chronic severe mental illness who have failed other mobile outreach or treatment attempts. So, these are often people who have had an ACT team or a FACT team that they have been hospitalized a number of times but they are not involved in specific crisis response. They are about long-term relationship and following someone through a variety of community settings. Housing, the street, shelters and even in hospital settings they interface with clinical teams. So, that's a much more of a community health and accompaniment model and that has a psychiatrist or psych and a Social Worker, and often — and so all of them are trained specifically at dealing with severe mental illness.

COUNCIL MEMBER HANIF: And so, this doesn't happen through any calls to 911 or any other —

DR. ASHWIN VASAN: No, no, IMT is not something you assign to someone in a mental health crisis because it really demands that you know more about what's really going on and what the long-term

prognosis is and long-term strategies to keep someone stable and avoid mental health crisis. It's very much a stabilization and preventive long term recovery strategy.

COUNCIL MEMBER HANIF: So, are you able to share how many people are served by the IMT team and then the waiting list?

DR. ASHWIN VASAN: Yeah, happy to. I'll get back you with the specifics.

COUNCIL MEMBER HANIF: And then how many people are currently served by assertive community treatment teams in our city? What's the total capacity for all existing ACT teams and how many people are on the waiting list?

DR. ASHWIN VASAN: Yeah, great questions. Similarly, I'll get back to you with specifics but ACT teams as well, not involved in mental health crisis response, much more around long term care and the interesting thing about ACT teams, because they get Medicaid dollars, we have ACT teams as well, H+H has ACT teams as well through their system.

COUNCIL MEMBER HANIF: And then, are you able to share the funding for both of these teams?

DR. ASHWIN VASAN: Yes, happy to get back to you.

AARON ANDERSON: Hi, Council Member. Yeah, so funding and this is actually one your questions Council Member, so ACT teams, the whole envelope is $16 million a year. Of which $3.7 million is for the forensic ACT teams.

COUNCIL MEMBER HANIF: And then how much did you say was for the forensic?

AARON ANDERSON: $3.7 million.

DR. ASHWIN VASAN: But that doesn't represent what they can also bring in through billing.

COUNCIL MEMBER HANIF: So, I also had a question about how many people are being served by the Forensic Assertive Community Treatment teams and the waitlist for that too. Is that something you'll share afterwards?

DR. ASHWIN VASAN: We can share that after.

COUNCIL MEMBER HANIF: Okay and then what's the average amount of time it takes to assign someone to an IMT, ACT or a FACT team once they are found to be eligible?

DR. ASHWIN VASAN: Well, we try to ensure that everyone has an assignment within a 90-day window. It depends on what setting, from what setting they are getting the assignment. Let's say they failed an

ACT team, right? So, ACT teams have very specific rules around how long a visit can be and for how long a person can be followed. So, let's say they failed that or they need a more ongoing thing, often the referral will come directly from the ACT team to the IMT team and then we will work on that well before the expiration so that it's seamless. It's rare that you get assigned an ACT team directly from — or an IMT team directly from a discharge from a hospital because again, it requires that people understand a little bit more about what your actual circumstances are and what your long-term prognosis is. So, it requires a little more psychiatric follow up.

COUNCIL MEMBER HANIF: So, for these programs, the funding that you just outlined, is this an increase or a decrease?

DR. ASHWIN VASAN: I think it's been fairly stable for some time but let me get back to you on the details. We did expand the treatment slots for IMT under the Mental Health Plan and we are working to fill — all of those slots are filled, so we have it invested in and are expanding those slots but it's not just city dollars, it's a combination of city and state.

COUNCIL MEMBER HANIF: Sure, yeah these are critical programs and we're really grateful that they exist and definitely want to see an investment. Thank you Chairs.

CHAIRPERSON BRANNAN: Okay now we have questions from Council Member Narcisse followed by Stevens.

COUNCIL MEMBER NARCISSE: Good morning. Thank you Chairs and thank you for being here Commissioner. The Nurse Family Partnership Connects expanding Medicaid eligibility parents with personal nurse, home visits for support on education to ensure healthy pregnancies and healthy infants. And we know the statistics for Black community and Brown communities right?

The Fiscal 2025 budget for the Nurse Family Partnership is approximately $50 million. The Council called on the Administration to increase the baseline budget by an additional $5 million. How many families have benefited from the Nurse Family Partnership in 2023?

Second, do you believe that the current budget for this program is satisfactory for the services provided? What additional services can be provided with $5 million increase to the budget.

Three, the family, I know I have taken my time you know the time is ticking yeah. The Preliminary Plan included a technical adjustment that included an additional $3.4 million in Fiscal 2024 for the Nurse Family Partnership program in collaboration with the Administration of Children Services. Why was funding transferred to ACS? What is the DOHMH role in the Nurse Family Partnership and how does it defer from ACS role? Do you foresee any additional funding transfers in the future? And that's another part of the question, Medicaid funding uncertainty right. We know it's uncertain. Giving that additional $150 million for Medicaid is contingent upon federal payments that have yet to be realized. What contingency plans are in place if this funding does not materialize as expected? I hope you are taking notes.

DR. ASHWIN VASAN: We'll do our best. So, we run the Nurse Family Partnership. We have for decades. It's an evidence based national program and in fact, the New York City's program, the Health Departments program is one of the exemplars that have been used to establish the foundational research and evidence-based family partnership. So, we are entirely

committed to this program and it's something we celebrate. Uhm, the partnership with ACS and the specific provider you talked about, I'll defer to Aaron.

AARON ANDERSON: Yeah, thank you Council Member. The ACS relationship is really just a technical one whereby we leverage funding that they're able to draw down from the state, Office of Community and Family Services. That helps support us, so it's really, we give them city dollars, they help bring down additional state funding to help. This is just an annual transfer.

DR. ASHWIN VASAN: The only other thing I would say is you know as far as ongoing funding or whether we have the right amount of funding, I would just defer those questions to OMB. We're always in discussions with them and I certainly wouldn't turn down additional dollars for this essential program for maternal health but we'll have to defer those questions to OMB.

COUNCIL MEMBER NARCISSE: But if you depend on the funding, don't you want to know if the funding coming and if the plan that you have in place going to take place, so you have to wait for OMB?

DR. ASHWIN VASAN: Well, I know what's baselined in our budget and what's presented in the Executive Plan. I think you were speaking to more funding.

COUNCIL MEMBER NARCISSE: Yeah, if you don't get that, so what happened?

DR. ASHWIN VASAN: Well more funding would front more services.

COUNCIL MEMBER NARCISSE: Oh.

DR. ASHWIN VASAN: So, we know what we can do with the funding we have with what's baselined. Any additional funding, we might be able to do other things but all of that is subject to discussions with OMB, which are ongoing.

COUNCIL MEMBER NARCISSE: Okay, so how many families have benefited from the Nurse Family project in 2023?

DR. ASHWIN VASAN: We'll get you exact figures.

COUNCIL MEMBER NARCISSE: Okay. I guess my time is up, I cannot continue.

CHAIRPERSON BRANNAN: You have one more? Go ahead.

COUNCIL MEMBER NARCISSE: Alright, so let's talk about the public health laboratory right? The current capital budget for the construction; probably

you're going to turn me to OMB again. For the construction of the public health laboratories about $150 million and construction is estimated to be completed in Fiscal 2026. What specific service will be provided by the lab?

DR. ASHWIN VASAN: Uh, we are so excited about this lab. This is the crown jewel of our public health system. As far as I understand, the construction is on time and on schedule, which is a pretty dramatic thing in New York City. And so, we're very excited about this lab. This is going to be the State-of-the-Art Public Health Lab in the United States, which will protect this city. As we know, the city often is the epicenter for communal disease outbreaks and health emergencies.

COUNCIL MEMBER NARCISSE: Don't we know that.

DR. ASHWIN VASAN: Health emergencies, we know that all too well and so we are now matching that with the kind of state-of-the-art laboratory capacity that we need and the fact that it's located in Harlem and we actually have a community hiring plan and community investment plan associated with the lab, we're very excited about this.

So, this will be the standard for public health labs in the country and we just can't wait to get started in 2026.

COUNCIL MEMBER NARCISSE: I'm going to tie it up with the Black and Brown community, since we're doing it toward Harlem right? So, are you planning to hire in that vicinity, encourage and what is your plan for future to integrate our youth from the high school lawn to see the opportunities?

DR. ASHWIN VASAN: Absolutely, I mean we're so excited about some of the work we're starting to plan around career pathways, about science fairs, about community engagement, and really ensuring that we're hiring locally, we're investing locally and that people see futures in science, in public health. These are careers that uhm, we're struggling with workforce throughout this city and this country in our public health system.

COUNCIL MEMBER NARCISSE: That's the reason I'm asking these questions.

DR. ASHWIN VASAN: And this is a perfect opportunity for us to really invest in our communities while also ensuring that people who go into public health look like us and represent us and

have opportunities that are equal. And so, I'm very excited about this lab on many levels.

COUNCIL MEMBER NARCISSE: So, what you currently have in place in the school to kind of integrating and encourage those young folks out there, the Black and Brown communities to benefit from the bigger plan.

DR. ASHWIN VASAN: We do a lot of outreach currently with science fairs, with high schools. We also have the largest health internship program in the country.

COUNCIL MEMBER NARCISSE: What does the number look like because when you say bigger, like?

DR. ASHWIN VASAN: We have like 200 interns every year but I can get more specific numbers but hundreds of people come every year for summer internships to the Health Department to learn about public health and that is a crown jewel for us because often those people go on to be Deputy Commissioners and uhm and so, or leaders in their own right in other parts of our public health system.

COUNCIL MEMBER NARCISSE: Yeah, thank you for that because I believe that every child born gifted and talented is a lack of opportunities and if we are

having the biggest [INAUDIBLE 02:20:07] and we have to be able to compete because we're talking about New York City and our Black and Brown kids every day on the street and then we have COVID pandemic with the mental health, so all those things need to be addressed. Saying I'm counting on you. Like you said, people like us. So, we have to be a very inclusive city.

Coming back to the lab right, will the new building include brand new services that were not included at the building that you're replacing now? That is replacing? You said fit of the art; I'm expecting that.

DR. ASHWIN VASAN: Yeah, I mean certainly, it allows us to bring in state of art laboratory equipment. It allows us to increase the throughput of testing. So, you might recall at the beginning of COVID, there was only a certain amount of testing we could do at the public health lab and then we had to get commercial labs to come in. That may still be the case depending on the circumstance but this allows us to do more testing. It allows us to do more testing. It allows us to invest in technology. So, there's just so much more that we can do. I

don't even know that we know all the areas that are going to benefit because there's so much innovation happening in this space with technology, AI and otherwise.

COUNCIL MEMBER NARCISSE: I know I was going to talk about AI but I'm not going to do that because I don't want the Chairs to get you know. At the Preliminary Budget, my last question, hearing, I expressed concern — we express, I mean all of us, over the closing of the William Hallock Park Memorial Public Health Library, which provided public access to medical journals and that data base. Will the Public Health Laboratory provide access to this article?

DR. ASHWIN VASAN: So, they're a little bit different. The Public Health Library is located at the Health Department headquarters itself and it's — while it's technically open to the public, we have found over the years that the public hasn't used it really at all. Meanwhile the cost of journal subscriptions has increased significantly to the extent that even universities are canceling their journal subscriptions. The University of California has significantly reduced their subscriptions to

medical journals because the cost is just going up and up and up. And so, in a difficult environment we had to make some tough choices and this was one of the choices but the positive news is that we are exploring with our academic partners, so CUNY, Columbia, NYU specifically SUNY on ways that we can partners to maintain access and we have also managed to maintain access to key journals for our most critical staff, our frontline staff, our disease investigators, people out there in the field serving New Yorkers.

COUNCIL MEMBER NARCISSE: Thank you Chairs. Thank you, thank you too.

CHAIRPERSON BRANNAN: Questions from Council Member Marmorato followed by Sanchez.

COUNCIL MEMBER MARMORATO: Okay, thank you so much. So, uhm, your 15 for 15 and the Justice Involved Supportive Housing Programs, they focus on supportive housing to people with mental illnesses and as well as transitioning them out of incarceration and more struggling with homelessness. Is that correct?

DR. ASHWIN VASAN: That's correct.

COUNCIL MEMBER MARMORATO: Okay, are these people allowed to refuse treatment?

DR. ASHWIN VASAN: Are they allowed to refuse treatment? It depends if they are under an assisted outpatient treatment order, court order treatment then there are certainly consequences for — there are legal consequences for refusing treatment but being on an AOT order is not a condition of any of our housing in New York City.

COUNCIL MEMBER MARMORATO: Okay, thank you.

CHAIRPERSON BRANNAN: Council Member Sanchez.

COUNCIL MEMBER SANCHEZ: Good morning and thank you Chair. Good afternoon, morning? Afternoon, it's 12:02. I have three questions. The first question is on maternal care as well and it's been very heartening to hear about your progress on the doula initiative but in 2022, March of 2022, the Mayor also announced a midwifery initiative and we know that across the globe, while though in the US, we do not have a predominance of midwifery care and across the globe, midwives to deliver most children. And so, the Mayor's announcement said that the midwifery initiative would be expanded to 38 public and private birthing facilities across the city. That

partnerships would be created with midwife organizations, private practices and community members and that a report would be released by the City of New York and that care would be available at all 38 facilities. So, can you first and foremost just report on the midwifery initiative. How many NYC birthing facilities now have midwifery care and have we seen any shift in the numbers or percentages of children being — uh babies being born to midwives?

DR. ASHWIN VASAN: Thanks for the question. I can attest personally two of my three children were delivered by midwives and I think my wife would be here celebrating them as much as I am. So, it's a priority for us. We've hired a midwifery director at the Health Department to lead this work within the division of family and child health and they are working with our Maternal Health Review Committee as well as our Maternal Health Quality Improvement Network to start to build these partnerships with clinical facilities. Some of which have invested already in midwifery services and some of which have not.

We're also working closely with H+H on that work as well. So, we'd be happy to follow up with

specifics for you but midwifery remains a part, an important arrow in the quiver to tackle maternal health and maternal mortality. I will say that with this you know PEG exercise and contracting exercise, some of that had to be paused and now is up and running once again.

COUNCIL MEMBER SANCHEZ: Okay, thank you. I mean, I have one child and I have vowed to myself that I will not deliver with an OBGYN next time. That's how negative my experiences were in childbirth and it's just you know midwifery care is just such a — you just said your children were born with midwives, right? It's just such an easy way to improve you know outcomes for women and I'd also just a quick follow up and so, I do have the other two questions but the quick follow up is on insurance care right? Even as women who are searching for alternatives, many midwives are not in network. Out of network coverage is terrible. Is there anything that the City of New York is doing to assist in this?

DR. ASHWIN VASAN: Yeah, that's a part of our advocacy to State Medicaid in particular. Knowing who is at greatest risk of a poor maternal health outcome is likely to be Medicaid recipients. And so,

yes, this is a part of our advocacy amongst many other points in terms of how payment reform needs to drive improvement and quality improvement in maternal health care.

COUNCIL MEMBER SANCHEZ: Great, thank you. Chair, if I may Chairs? So, second question is on 988. During a recent emergency near my office, neighbors were afraid to call the NYPD and my staff was helping and we brought this information. There's this other hotline, there's 988 and we sat there and we called 988 with the individual who is struggling with the emergency and it was not helpful. They were not prepared to assist in a helpful way during that time.

So, for this just public education for my education and my team, in what circumstances should we call 988 when someone is in distress? Are there particular kinds of distress?

DR. ASHWIN VASAN: Well, A, I'm very sorry you had that experience. We run our 988 program through a contractor that we've been working with even long before it was 988 when it was launched as NYC Well, which is the same contractor that's running the federal 988 hotline throughout multiple

jurisdictions, called vibrant emotional health and that is, I would love to follow up with you about the specific case because that is an opportunity for quality improvement that should not happen. You should be able to get — you should not feel that the person on the other end is unprepared. So, to you second question, when should someone call? They should definitely, you did the right thing and your team did the right thing in trying to help this person through 988 because they are meant to be trained and prepared to handle a range of mental health needs. Through de-escalation and dialogue on the phone but also through referral to a range of mobile response.

COUNCIL MEMBER SANCHEZ: And are they able to dispatch crisis response teams?

DR. ASHWIN VASAN: Yes, certain ones. You know and this is part of the kind of both culture shift and protocol shift that they uhm, not all of our teams run through the 988 system. Some of them run through 911 system only and so, these are active discussions.

COUNCIL MEMBER SANCHEZ: Got it. Thank you so much and I'll stop there but just to say, I've been

having great conversations with your team on expanding access to rapid STI testing, so thank you for those conversations and I look forward to a resolution.

DR. ASHWIN VASAN: Thank you.

COUNCIL MEMBER SANCHEZ: Thanks Chairs.

CHAIRPERSON BRANNAN: Okay, we've also been joined by Council Members Feliz and Brooks-Powers and now I'm going to hand it over to Chair Schulman to close us out. Council Member Lee.

COUNCIL MEMBER LEE: Sorry, I just wanted to ask a couple questions because I know this is an important issue for Deputy Speaker Ayala about the syringe by back programs. So, Local Law 2022-124 requires DOHMH to establish a needle syringe and Sharp buyback program in five high need Council Districts. DOHMH would determine eligibility for participation as well as the buyback incentive of up to $0.20 per needle with a cap of $10.00 per individual per day. The program is set up to expire after one year and six months after expiration DOHMH is required to submit a report on the names and locations of the buyback programs. The number of letters returned by location, the total amount of

money disbursed and recommendations on whether this program should be permanent and expanded.

So, at the preliminary budget hearing, we were informed that the pilot had not yet begun and there were issues finding a provider to manage the program. So, what is the current status of the implementation of the program?

DR. ASHWIN VASAN: Thanks for the question. Uhm, two issue here. One is similar to the vision program that Council Member Brannan mentioned. This was caught in the freeze. The OTPS and PEG freeze. We couldn't really mobilize the resources for that at the time but probably more importantly we're working to finalize the rule making around the buy back and that was open for public comment earlier this year and we're working to finalize those rules with partners and we plan to execute a contract with the vendor and launch a pilot as soon as we can in the next fiscal year.

COUNCIL MEMBER LEE: Okay, do you have more of a specific timeline?

DR. ASHWIN VASAN: Once we know when the rule making is finalized, we'll have a better idea of how quickly we can get off the ground.

COUNCIL MEMBER LEE: Okay.

DR. ASHWIN VASAN: So, it's down to the technical rule making at the moment.

COUNCIL MEMBER LEE: Okay and then so, uhm, so then has the program locations in which districts the programs are located in, has that been established yet?

DR. ASHWIN VASAN: Not yet.

COUNCIL MEMBER LEE: Okay.

DR. ASHWIN VASAN: That's again, kind of subject to some of the rule making. As you might imagine, there's a lot of interest but also a lot of opinions and ideas around how best to implement that and that will also help determine where it's most needed and also where it's most likely to succeed. We don't want to get off the ground with a high change of a lack of success.

COUNCIL MEMBER LEE: Okay and then just the final question that was here was the update on Syringe Services Programs. Uhm, so I think the Executive Plan includes $60,000 in Fiscal Year 2024 only for a syringe service program and kiosk adjustment. So, can you provide the Committees with the context for

this adjustment and what specific services will be provided with this additional funding?

DR. ASHWIN VASAN: Yeah, this is a very specific transfer from the Parks Department to maintain one syringe kiosk program, but syringe service providers remain the bedrock of harm reduction in our city. Our first two overdose prevention centers are located at syringe service providers and we took steps in the first tranche of the opioid settlement funds to invest in our syringe service provider system to prepare them for a wider array of services like mental health care, primary care and so forth. So, we're very committed to, very committed to that model.

COUNCIL MEMBER LEE: Okay and then do you also have a breakdown of the syringe service program and kiosks that are part of the adjustment?

DR. ASHWIN VASAN: Yeah, we have the program with the Parks Department supports 30 kiosks in 14 parks across three of the five boroughs.

COUNCIL MEMBER LEE: Okay and then for — I know funding was added in FY24 only so far it seems, so will DOHMH be able to spend this funding by the end of the fiscal year? If no, do you plan on rolling

over the funding? And if yes, in terms of if you can spend it down, why were the funds allocated for Fiscal 2024 instead of Fiscal 2025?

DR. ASHWIN VASAN: I'll defer that to Aaron on the spend down and —

AARON ANDERSON: Yeah, I mean we expect to be able to spend this down, if we don't, we would certainly advocate to roll it over and keep it going.

COUNCIL MEMBER LEE: Sorry, I feel like you get quieter as you keep going. So, that's why I'm like listening very intently, I can't hear. Sorry.

AARON ANDERSON: Apologies, yes, we expect to spend it down but if we don't we'll certainly be in discussions about moving it over continuing in the next fiscal year.

COUNCIL MEMBER LEE: Okay, perfect. Thank you that's it for me.

CHAIRPERSON BRANNAN: Council Member Feliz.

COUNCIL MEMBER FELIZ: Thank you. Thank you so much Chairs for this hearing. Commissioner, it was great seeing you a few weeks ago on Fordham Road in the Bronx for the grand opening of a new health care facility and great seeing you again today.

DR. ASHWIN VASAN: Good to see you.

COUNCIL MEMBER FELIZ: So, a few questions that I want to follow up, I wanted to continue on the same line of questions that Council Member Lee started on the syringe service providers. Can you give us information about what exactly specifically the mobile syringe providers? What are services that they provide?

DR. ASHWIN VASAN: Yeah, so they do things like removing, discarded syringes. They receive syringes directly from community members for safe disposal. They have distributed more than 20,000 Naloxone kits. They've made more than 25,000 referrals to additional community services like mental health care or treatment or support for basic needs. They've removed over 400,000 syringes from parks and more than 90,000 syringes have been handed in. So, they're a key part of not only harm reduction and keeping people safe, reducing communicable diseases but also maintaining safety and dignity in our parks.

COUNCIL MEMBER FELIZ: Okay, for those that are providing syringes, would you say that's an exchange program or are they simply providing them?

DR. ASHWIN VASAN: So exchange generally means that you turn in used syringes and in exchange you

get clean materials. Uhm, I don't know if these mobile sites are actually doing the exchange part. That's something I can follow up with you on.

COUNCIL MEMBER FELIZ: Okay, I just want to say these are —

CHAIRPERSON SCHULMAN: But that is at our other syringe service providers, they definitely do needle exchange.

COUNCIL MEMBER FELIZ: Yeah, and you know I think all of us agree that these programs are lifesaving but at the same time we're going to make sure that they're implemented correctly. We've seen in many parts of the Bronx, trucks set up providing syringes, not exchanging them, simply providing them right next to a school. So, children literally having to tip toe their way to school, that's a tragedy waiting to happen. And not only next to our schools but right next to children's playgrounds. I welcome you to visit the Kings Bridge and also the East Tremont Park. Some of those areas are unwalkable. That's how many syringes you have on the floor. Of course, this is a lifesaving program but we need to make it's implemented so that we don't create a new tragedy or new public health program while trying to solve the

other. So, look forward to chatting about that a little bit more offline.

DR. ASHWIN VASAN: Yeah, we're aware of the issues and happy to continue conversations.

COUNCIL MEMBER FELIZ: Yup, thank you so much.

CHAIRPERSON BRANNAN: Council Member Schulman.

CHAIRPERSON SCHULMAN: Yeah, so I want to thank you Commissioner and your team. I do want to say that at the Expense Budget Hearing, that we want to hear about numbers so we expect you guys to get back to us with specifics on all of the questions that we asked as soon as you can and we'll follow up as well. But with that, we look forward to working with you on Healthy NYC and all the other initiatives and you know again, thank you for your time today. I will ask, so later this afternoon we will have public testimony that somebody from your office actually be here. So, I'm going to make that request. Thank you very much.

CHAIRPERSON BRANNAN: Commissioner, thank you. We're going to take a ten-minute break and then we'll hear from H+H. Thank you. [02:38:32] - [02:58:10]

SERGEANT AT ARMS: Good afternoon ladies and gentlemen. At this time, we're going to ask that you

please find your seats. Once again, please silence cellphones and electronic devices. We shall reconvene momentarily. [02:58:21] - [02:58:35]

CHAIRPERSON BRANNAN: [GAVEL] Okay, good afternoon and welcome to the final executive budget hearing for the day focusing on the New York City Health and Hospitals Corporation. I'm Council Member Brannan, I Chair the Committee on Finance and I'm pleased to be joined now by my colleague and friend Council Member Mercedes Narcisse, whose Chair of the Committee on Hospitals. In addition to who we had at the last hearing; we've been joined by Council Member Hanks.

Welcome to President CEO Dr. Mitch Katz and your team. Thank you for joining us today to answer our questions. Again on April 24, 2024, the Administration released the Executive Financial Plan for FY24 to FY28 with a proposed FY25 budget of $111.6 billion. The Health and Hospitals Corporation is not a city agency but under agreement with the city it does receive a city subsidy to administer new programs. H+H proposed FY25 subsidy of $3.04 billion represents $2.7 percent of the Administrations proposed FY25 budget in the Executive Plan. This is

a decrease of $19.5 million or six percent from the $3.06 billion originally budgeted in the FY25 Preliminary Plan.

This decrease results from several actions, mostly a net reduction in asylum seeker funding offset by increased funds for the H+H collective bargaining agreement. The Council's Preliminary Budget response called for an additional $29.6 million to support a range of mental health programs, particularly mental health courts and diversion programs with the city's district attorney's and a maternal health psychologist in each of H+H maternal health department along with a call for a new trauma hospital in the Rockaway Peninsula.

Once again, the Mayor's Executive Budget includes not a dime of any of these proposals the Council put forward. Despite the Council identifying sufficient funding. At this point in our city's history, especially when it comes to mental health, our neighbors need us to meet the demands at the time. We cannot afford to fall short.

My questions today will largely focus on H+H utilization of city funds, school-based health and mental health centers, the changes in asylum seeker

funding, including the continued contracting with Dot Go and vacancies at various H+H hospitals. I now want to turn to my Co-Chair for this hearing Council Member Narcisse for her opening statements.

CHAIRPERSON NARCISSE: Good afternoon and thank you Chair. Good afternoon Dr. Katz and the team. I appreciate you being here. Good afternoon everyone. I'm Council Member Mercedes Narcisse, Chair of the Committee on Hospitals. Thank you for attending today's hearing on the city's Fiscal 2025 Executive Budget. During today's hearing, we will review the New York City's Health and Hospitals operating Fiscal 2025 budget of $3 billion, which is represent nearly three percent of city's budget but first and foremost, I would like to thank everyone that has joined us today including everyone here and now, I have to say [INAUDIBLE 03:01:53] Farah Louis and Selvena Brooks-Powers. Thank you Chair and Council Member Hanks, and Council Member Brewer.

As I mentioned in our Preliminary Budget hearing, it is very important to take care of New Yorkers and Dr. Katz you know that but we should not forget to take care of our medical professionals too. It is critical that we seek to build space and incredible

work spaces in facilities for both patients and employees. As such, I would be looking to learn more about complaints and grievances procedures in H+H facilities, working conditions for residents and interns and equipment and retention practices for nurses across New York City Health and Hospitals facilities. As many of you know Sickle Cell disease is very important to me. It's a very important topic and this Council works through narrow health disparities in our city. The detection and treatment of sickle cells are critical to reshaping the quality of life of the Black and Brown population.

In 2023, Local Law 163 was passed to increase access to information and testing of sickle cells. Today, I would like to hear about the status of implementing the legislation. Lastly, among other topics we are going to discuss the collaboration between H+H and DOE schools on the temporary nurses in serving our students. In addition, we'll exam Mayor Adam's announcement regarding the substance use disorder clinic for expecting and parenting facilities.

I'd like to thank my Committee of Finance Analyst Staff [INAUDIBLE 03:03:51], Unit Head Florentine

Kabore, Committee Counsel Rie Ogasawara, Policy Analyst Mahnoor Butt for their work on this hearing. I would also like to thank my Chief of Staff and all my staff that are working so hard to make New York City a place to live, work, and enjoy. I will now turn it to my Chair Brannan. Thank you.

CHAIRPERSON BRANNAN: Thank you Chair. Also, before we get started, I do want to continue thanking the Council Finance division who works very hard behind the scenes this time of year, especially to Unit Head Florentine Kabore and Veta Yagnik(SP?) the Analyst for today's hearing, my Committee Counsel Mike Toomey.

As a reminder for this year's Executive Budget hearing, for anyone wishing to testify will be taking agency testimony, a topic specific testimony later today after H+H is done testifying. If you wish to speak on either the DOHMH or the H+H Executive Budget today, just make sure you fill out a witness slip with the Sergeant at Arms. I'll now turn it over to Mike Toomey Committee Counsel to swear in the witnesses and we can start.

COMMITTEE COUNSEL: Good afternoon. Could you raise your right hands please? Do you affirm to tell

the truth, the whole truth, and nothing but the truth before this Committee and to respond honestly to Council Member questions Dr. Mitchell Katz?

MITCHELL KATZ: I do.

COMMITTEE COUNSEL: John Ulberg?

JOHN ULBERG: I do.

COMMITTEE COUNSEL: Dr. Patsy Yang?

PATSY YANG: I do.

COMMITTEE COUNSEL: Thank you. You may begin.

DR. MITCH KATZ: Good afternoon Chairpersons Brannan and Narcisse and so glad to see the members of the Committees on Finance and Hospitals. I'm Dr. Mitch Katz, I'm a primary care physician and I'm the proud CEO of New York City Health and Hospitals. My great CFO John Ulberg is here with me as is Patsy Yang, who does a great job running our correctional health services.

Our Executive Plan is consistent with the January Plan. We continue to be stable as an overall system. We project to close Fiscal Year 2024 with a cash balance of $760 million or 28 days of cash on hand, and a break-even operating margin. This is similar to what we projected earlier. We have some good news. We look forward to sharing with you. We close

February 24 with a positive net variance of $156 million due to strong patient care revenue and risk pool performance. What I'm most proud of in my six years with us is that we continue to outperform year after year on revenue. We, in February, $325 million higher than the same time in the previous year and this is all from insurance. And you remember six and a half years ago, the idea was that Health and Hospitals had to shrink. There wasn't enough city subsidy. There was a huge deficit and we said rather than shrinking, we believe we can grow if we would only start billing insurance, not individuals. We're not interested in billing individuals. We're interested in billing their insurance and getting what we fully deserve and the fact that six years into it, we've produced $2 billion in additional annual income and that it keeps growing. And that's the only reason we can keep paying for nurses and all of the other things that we want for our patients.

Our strategic financial initiatives remain on track generating over $825 million in revenue with a line of site to $1 billion for the fiscal year. We continue to work on the social determinants of health. I'm proud. Health and Hospitals is the only

hospital system that has a lawyer in every single hospital facility available to people to deal with things that may at first seem unrelated to their health like eviction. But of course eviction is entirely related to your health because if you and your family are evicted and out on the street, it's going to be very hard to maintain the health of you and your children.

We do immigration cases so that people can get the benefits that they deserve and be able to work. We completed our citywide expansion of our lifestyle medicine programs at seven of the sites in all five boroughs that work with people on a plan forward diet and stress reduction exercise, improve sleep, meditation, and have seen people actually get off hypertension medicines and cholesterol medicines, diabetes medicines once they're able to change their diet.

We're pleased that the — for the additional money for Overdose Prevention programming in the Executive Budget that comes from the Settlement Funds and we are of course as Chair Narcisse was talking about, the substance use disorder clinic that's going to be at Lincoln, that's really going to focus on expecting

and parenting families. And that's such a critical time in the life cycle and that's when we really want to be able to do everything to make people healthier and I'm very pleased that we've now hired more than 1,000 nurses since the new contract and we are in line to hit 1,500 new nurses. You'll remember that at one time our salaries were so noncompetitive that we had one-third of registry nurses, so we couldn't hire and our goal now is to have every nurse work for Health and Hospitals, to use registry only for what registry was intended for, which is someone has an unexpected illness, you're going to save their job for them. You need someone to come in to two months. Someone is on parental leave. That's what registry is for, holding somebody's job, having that nurse position filled but not for one-third of your workforce.

So, we appreciate how City Council helped us to advocate for making that happen. Uh, there will always be challenges at the state level but we appreciate the support from the Governor's Office as well as State Senate Health Chair Gustavo Rivera and Assembly Health Chair Amy Paulin and lots of State Senators and Assembly Members who represent our

facilities and all of you who talk to them and help make sure that the state budget is a fair one to us.

We also of course rely on federal funding. We're very grateful to Representative Clark and several of our delegation members for making sure that the dish cuts did not happen and I know this is an issue City Council has also been working some on.

So, overall, we are in a good position. We want to keep growing so that we can do more. We want to end each year without a surplus because our patients have so many needs. Our goal is to bring in as much insurance revenue as we can and spend every penny of it on our patients and maintain as low and administrative structure as possible so the money goes to the people we serve. Thank you so much and I look forward to your question and to your recommendations.

CHAIRPERSON BRANNAN: Thanks Doc. We've also been joined by Council Members Marmorato, Paladino and Moya on Zoom. Okay, in the Executive Plan, the city funds total $2.6 billion for FY25, an increase of $1.1 billion compared to the FY24 Adopted amount of $1.5 billion. So, could you tell us, what is the

reason for the significant increase in city funds in the FY25 Executive Budget?

DR. MITCH KATZ: Good afternoon. Yes, it's been a pretty interesting journey I would say for Health and Hospitals over the years you know as we've responded to you know COVID and T2 and now HERC and the reason for that, almost nearly $1 billion increase is primarily attributed to additional investment and resource need related to HERC.

CHAIRPERSON BRANNAN: Related to what?

DR. MITCH KATZ: To HERC, the HERC program.

CHAIRPERSON BRANNAN: Yeah. And are there projects that are exclusively city funded or do most H+H programs and services include a blend of funding?

DR. MITCH KATZ: So, most of the services are blended. So, and we don't track — we don't aim to provide this amount, the money for this medicine versus that medicine. We try to get as much money from insurance and then we spend it all on our patients but the exceptions are correctional health, which gets a specific amount, which dates back to when the city contracted out correctional health and the HERCs as well, the humanitarian centers. We have an agreement with — a partnership with OMB and the

Department of Housing Services so that we together decide, here's what we're going to do. This is what our contribution is and OMB approves the expenses and pays us, so that the money to support the humanitarian centers doesn't take away care from our patients.

CHAIRPERSON BRANNAN: Could you detail for us which programs and services are exclusively funded with city dollars?

DR. MITCH KATZ: Besides Correctional and Humanitarian?

JOHN ULBERG: Yeah, I would just mention NYC Care. It would be another example of that for $100 million.

DR. MITCH KATZ: I would say that's a mix because we remember that it was an add on. So, when we did NYC Care, the city agreed to certain additions, right? But the vast majority of money is actually our traditional sources.

JOHN ULBERG: Sure, yeah, yes.

DR. MITCH KATZ: Any others that are 100 percent city?

JOHN ULBERG: No, nothing comes to mind other than we do receive some subsidy funds, but that's just it.

CHAIRPERSON BRANNAN: Okay, if you could provide us with a full list, a detailed list just you know, the ones that are fully city subsidized versus—

DR. MITCH KATZ: Sure.

CHAIRPERSON BRANNAN: Okay and what programs or services funded in the current year do not have baselined funding?

DR. MITCH KATZ: Do not have baselined funding.

CHAIRPERSON BRANNAN: Yeah, which of it is you know one-time, one-shot funding?

DR. MITCH KATZ: You mean just within our —

JOHN ULBERG: One shot.

DR. MITCH KATZ: Yeah, I would say we don't have much in the way of one-shot dollars. We have things that phase in and phase out but no particular you know one shots.

CHAIRPERSON BRANNAN: So, you don't have programs that every year you have to pray that they get fully restored?

DR. MITCH KATZ: No, nothing that — I mean we try to stay away from those sort of programs.

CHAIRPERSON BRANNAN: Sure.

DR. MITCH KATZ: Yeah, they're disruptive.

CHAIRPERSON BRANNAN: Everybody loves a baseline.

DR. MITCH KATZ: Yes.

CHAIRPERSON BRANNAN: Does certain households receive more city funding than others?

DR. MITCH KATZ: Well, yes, because think about it, you have hospitals that are huge like Bellevue, which is currently running a census of 860 and then you have a hospital like Woodhall that runs a census of about 120, 140. And then even if you look within some hospitals have higher insurance percentages than others or said the other way, some hospitals have higher undocumented patients volumes than others. So, that the amount of revenue but we maintain is there's only one standard of care. So, a hospital is not penalized if more of their patients are uninsured, we don't say well then you have to work on a tighter budget. We're giving you fewer nurses because you don't bring in the money.

So, we bill as a system and then we distribute the money and the money is based on the volume not the insurance mix.

CHAIRPERSON BRANNAN: There is a $207 million decrease in federal funds in the H+H federal budget. Is that part of the reduction in funding due to the expiration of COVID money?

DR. MITCH KATZ: A reduction of — yes, it probably is — there's a number of things going on back to the HERC program. There's actually an increase in federal funding related to HERCs, a small amount but yes, I would say that the $207 is — we can confirm this but more than likely the reduction related to COVID. And we're you know, pleased to say that we'll be submitting our last COVID claim this week. So, that draws a conclusion for us in terms of the claiming that we've done to FEMA and the federal government.

CHAIRPERSON BRANNAN: How will the FY25 Adopted State Budget impact your budget?

DR. MITCH KATZ: Yeah, at this point, we're still evaluating the budget. There's many different components to it. I think if we — today our assessment is that it's probably neutral. There's some reductions in areas that we don't support or appreciate. There's another capital reduction, 10 percent capital reimbursement reduction and the

Medicaid rate which is approximately $20 million which was on top of a ten percent reduction taken in the previous year. There's a reduction to the MCO quality pool. I mean, it's a very valuable pool of funds that health plans receive and then they in turn distribute those dollars downstream to hospitals and other providers based on their performance, there was another reduction in that pool. And then there was also an across-the-board reduction as it related to managed care reimbursement, which affects us at Health and Hospitals because we run our own plan. Health Metro plus and we're a collaborator with Health First. So, when there's reductions that are taken as it relates to MCO, Managed Care Reimbursement, Health Plan Reimbursement that does ripple down to us. So, those are the negative side of the equation on the budget. I would say on the positive side, there was a lump sum investment. We don't really quite understand how it's going to be administered yet but it would be an increase for hospitals and nursing homes but I think it was roughly $575 million statewide. So, again, waiting to see how those dollars are distributed.

And then there was a pool of funds set aside for safety net hospitals specifically, $300 million were eligible to receive those funds but how they're going to be distributed not yet determined. I think what the state is trying to do there is encourage collaboration between safety net systems of which you know we've been obviously a partner of that. But yeah, unbalanced we're still trying to sort it out but we think we'll be okay with the state budget.

CHAIRPERSON BRANNAN: At the FY25 Preliminary Hearing, H+H agreed to provide the Council with a breakdown of position-based vacancies at H+H hospitals. Woodhall has a nursing vacancy of 18.1 percent. Could you tell us why Woodhall's vacancy rate is higher than other H+H hospitals?

DR. MITCH KATZ: So, all of the vacancy rates don't yet reflect the movement of the nurses into their positions because as Chair Narcisse knows, there's an orientation period for all nurses who join the hospital system. So, we maintain the registries when the position is open until the nurse finishes his or her training and then we'll move into the position. Each of the hospitals has different challenges hiring. Sort of based on neighborhood

specialty things. People want to work there. People don't want to work there. What's important to us is we always maintain registry when necessary, so that no patient is underserved. That's our bottom line is patients arrives, whether it's Woodhall or any other hospital, they have to have a doctor, a nurse, a social worker. If we don't have those positions, then we are going to be using registry. So, we don't — even if there's a vacancy, that doesn't mean you don't have a nurse. It just means that the nurse is from the registry side, not from the permanent employment. All our staffing is based on census, more patients, more nurses.

CHAIRPERSON BRANNAN: Can you provide the vacancy rate for physicians at all the hospitals, Coby, Lincoln, Metro, North Central?

DR. MITCH KATZ: Yes, absolutely but again, just say just because our budget is so different than most of the city budget. If I have a doctor vacancy, I don't allow — I can't allow that to mean that the person doesn't see a doctor, so I have to fill the slot one way or another. So, the way in a doctor case, most of the slots are filled with per diem doctors, so doctors can volunteer to do additional

hours or we'll use an agency to get a temporary doctor till we fill the vacancy.

CHAIRPERSON BRANNAN: Is that more expensive?

DR. MITCH KATZ: It is. So, the goal always is to hire the full-time doctor. It's just not always possible. The hour physician salaries, while compared to what most New Yorkers earn are quite good, are less than the wage people get in private hospitals.

And so, we are always sort of piecing together. Often, I mean some of our best doctors are doctors who are earning higher salaries in private facilities and then they'll work for us per diem as a way of giving back. So, they'll work 20 percent, 30 percent but they would never take a full-time job with us because of the salaries. So, that would show as a vacancy because they don't have a full-time doctor but the patient would still be seeing a doctor, it was just that doctor is a per diem doctor who is giving back.

So, that's why again because we don't run static staffing. Our vacancy rates, they do tell you something. They tell you whether or not the job is

attractive in the market but it never means that the person, the patient doesn't get served?

CHAIRPERSON BRANNAN: What's the salary that's offered for a —

DR. MITCH KATZ: For a physician?

CHAIRPERSON BRANNAN: Yeah.

DR. MITCH KATZ: Oh, it can vary tremendously. So, in the market at the bottom are people like me who are primary care doctors, pediatricians, primary care doctors, salaries run low $200's. So, again, relative to what New Yorkers are earning, it's quite a lot. And then you can have surgeons who are earning, a cardiothoracic surgeon could earn 850 uhm but again, they might in the private sector be earning believe it or not $1.5 million. I mean, this is New York and it is a high market for physicians in part because of the cost of living.

CHAIRPERSON BRANNAN: What about nurses? How many temporary nurses has H+H utilized over the past year?

DR. MITCH KATZ: Well, so before the Council helped us to get raises, huge numbers. Do you have—

JOHN ULBERG: Yeah, no I would say the number probably at our high point that we're trying to solve for was somewhere near 1,500 nurses.

CHAIRPERSON BRANNAN: And where's it at today?

JOHN ULBERG: Today, uhm, well as you know —

DR. MITCH KATZ: It's 500.

JOHN ULBERG: Yeah, yeah, and as Dr. Katz had mentioned we've hired 1,100 of our own replacement. H+H replacement nurses. There's a pretty extensive training program so they don't really come online immediately but we have an 18-month plan to eliminate the 1,500 nurses that were at the high point you know during COVID, post COVID that we relied on but our goal is to eliminate those 1,500 contract positions.

CHAIRPERSON BRANNAN: What — how many or what's the percentage of H+H residents that are CUNY medical students?

DR. MITCH KATZ: H+H residents who went to CUNY?

CHAIRPERSON BRANNAN: Yeah, right, CUNY medical students.

DR. MITCH KATZ: I don't know. We'd have to survey from the existing residents what —

CHAIRPERSON BRANNAN: Is there any kind of pipeline in there?

DR. MITCH KATZ: Yes, yes. I mean, I think on pipeline downstate is the medical school that produces the most residents. It's just a larger, the CUNY medical school is still a pretty small medical school in terms of number of graduates but downstate is a huge provider.

CHAIRPERSON BRANNAN: A couple more from me. Just a follow up on the school-based health centers and the school based mental health centers. April 17th the Mayor at H+H announced the opening of a 16-school based mental health clinics in DOE schools over the next six months. I think the plan was to serve 6,000 students across the Bronx in Central Brooklyn. Can you provide specific details on H+H role in establishing those 16 new clinics?

DR. MITCH KATZ: Well, we'll be doing the clinical services for those 16 clinics and you know we think that you know the need for mental health for school based is just huge right now on coming out of COVID. I think, I mean I believe all of us have been traumatized, adults and children too but for them they're clearly at a precious point and life cycle and I think a lot of psychological issues that no one seen before, high levels of anxiety, high levels of

depression probably made worse or amplified by social media.

So, we're very happy with the funding and we'll do a good job of providing those youth with mental health services.

CHAIRPERSON BRANNAN: Do we know when those 16 clinics are expected to be fully operational?

JOHN ULBERG: Uh, very soon is the answer to that. Uhm, and the funding is an allocation of about $3.6 million and then it's being supplemented with funding of about $100,000 from the Office of Mental Health and I should have mentioned in the recap of the budget that the Governor has been very supportive in behavioral health and we've enjoyed the benefit of those investments.

CHAIRPERSON BRANNAN: I see the Executive Plan includes $24 million in intercity funds for H+H school-based health centers in FY24 only. Is that funding related to those 16 clinics?

JOHN ULBERG: Yes, I would —I think so. Yes, I believe it is.

CHAIRPERSON BRANNAN: Okay. Okay, I want to ask about DOT Go. How many contracts does H+H currently have with Dot Go?

DR. MITCH KATZ: Well, so I'll say what I know and the — so the — because it was recent news about us entering into a contract, so I just want to be clear that that particular contract has no guarantee of dollars and it actually does not look like we're going to be using that contract at all, not just specific about DOT Go but the contract that was in the newspaper, we went into it with the idea that we would be setting up new HERCs, new humanitarian shelters but it does not look like there is the need or that it will be Health and Hospitals doing it to the extent that there are more needs for clinics, for shelters. So, that particular contract was for the effort that it takes to identify a building and do whatever fire safety things and whatever renovations and started.

Now there is an ongoing contract that I know I can't characterize but that provides I believe it's medical care and screening at the center, is that the only other one?

I'm pretty sure so there's one other one which is a long standing one which has provided medical care. It is our goal and again this is not specific to Dot

Go, to redo all of the contracts related to HERC because they were originally set up as an emergency, right? The city suddenly was getting hundreds of people on a daily basis. We needed quickly to house them and give them medical care. But we're in a different situation now. The numbers are stable. We don't have growing population and we've learned a lot about how to do it, which is different than where we were at the start so we want to redo all of the contracts and we've redone the food contract. We redid the contract for setting up future HERCs. Did we redo any of the other?

JOHN ULBERG: Uhm, no I think those are the major —

DR. MITCH KATZ: We could get back, I don't know, do you know the expiration date of the medical contract?

JOHN ULBERG: No.

DR. MITCH KATZ: We'll get you the expiration date of that contract.

CHAIRPERSON BRANNAN: So, how many contracts does H+H currently have with Dot Go?

DR. MITCH KATZ: We have two. One of which is unfunded.

CHAIRPERSON BRANNAN: Okay and how much — what's the funded amount for that one contract?

DR. MITCH KATZ: Yeah, we would have to get back to you on that.

CHAIRPERSON BRANNAN: You don't have that with you?

DR. MITCH KATZ: It's a large contract.

JOHN ULBERG: It is. It is.

CHAIRPERSON BRANNAN: April 9th, the Mayor said the city would not be renewing a $432 million contract with DOT Go. Is that a different contract?

DR. MITCH KATZ: Yeah, that's HPD.

CHAIRPERSON BRANNAN: Okay, with so many nonprofits and NGO's that do this work, is there any insight into why DOT Go was chosen in the first place?

DR. MITCH KATZ: Uhm —

CHAIRPERSON BRANNAN: The lowest bidder?

DR. MITCH KATZ: They did well during COVID and I think and a lot of this again, you have to go back to the moment. The moment was for the medical contract, hundreds of new asylum seekers. You need somebody who can set up the contract with the idea that they're not going to paid anytime soon.

I mean, I don't know how many nonprofits could pay a large workforce without any initial payments. I mean, that's just the reality. Now, once and again, that's what I think is different between the beginning of something and how you go forward, right? Nonprofits once you establish a stable, this is how much work you're going to get, we just had no idea at the beginning, right? And so, you know until we figured out what the level of service and we've changed. For example, now we do x-rays for tuberculosis at our arrival center because we found there was a lot of tuberculosis. That wasn't even a service that we did at the beginning.

So, I think the idea was we needed a provider who had tremendous flexibility and the ability to eat the dollar amount for a while without going broke and continue to hire staff in growing but that now is the time that the city can do you know competitive bidding and choose the best provider. And I'm always in favor of nonprofit health care, so I always you know believe if you can get a nonprofit provider, that's better.

CHAIRPERSON BRANNAN: Yeah, I think you've touched on a larger issue with the city's procurement

dynamic with you know, only these big guys who can manage to float this kind of money are the ones who are viable for some of these contracts and we don't always — therefore don't always pick the best contracts, contractors. Does H+H collect feedback on DOT Go services?

DR. MITCH KATZ: We do. We have not you know I mean obviously I read the newspapers but the clients who we've served have been you know very happy with the whole service package, right? Now the whole, you know again, we're somewhat different and I think you've had hearings and you've met Dr. Ted Long and you've met the people.

I mean we are very involved and that's is not always been true for all the centers. So, I mean we view it as we're in charge. DOT Go might provide services but we don't allow them to make the decisions and I think between Dr. Long and Chris Keely, we just have a very strong set and so, you know we don't say — the clients don't even know what DOT Go is doing. They view it as one thing and I think generally and I'm sure you've spoken yourselves to asylum seekers, those who have been in our HERCs, generally have positive things to say about it. We

have not had much in the way of unhappiness from the clients.

CHAIRPERSON BRANNAN: Okay, I have some stuff I want to circle back to but I'm going to hand it over now to Chair Narcisse. Thanks.

CHAIRPERSON NARCISSE: Thank you Chair. Dr. Katz, one thing I heard and I like, you did not make long term goal or plan on the short-term money, so health care cannot depend on long term plan for short term money, so I appreciate that. Our health is so important and especially we see what happened during COVID, the height of the pandemic, we have to address the inequities in healthcare throughout New York City. And that's why I love New York City because we're not afraid of the challenges and you step up and I want to say thank you. Having said all that, uhm, the Executive plan includes an $18.9 million intracity payment between H+H and DOE as a reimbursement for temporary nurses contracted to fill vacancies in the Office of School Health.

Are you aware of the reason DOE utilizes temporary nurses for school facilities as opposed to hiring permanent nurses?

DR. MITCH KATZ: I don't know about DOEs hiring. I know that we always want to be helpful and I have helped multiple agencies to hire nurses or other professionals, social workers in the example of Be Heard we have provided nurses to the Police Department at various times. So, if someone says to us you know Mitch, you have a nursing registry contract and I need nurses, I'll say, happy to help you. My guess but you'd have to ask them is that there must be challenges with salaries if they're having difficulty hiring people or just the general nurse workforce has shrunk, making it more difficult to hire nurses. Our goal is just to be helpful to people.

CHAIRPERSON NARCISSE: So, you're being helpful with them, trying to get —

DR. MITCH KATZ: So, we say if you need to hire registry nurses, you know you can use our contract to do it. That saves them having to go out for BID and we get very attractive rates because we're such a large you know user of the registry contracts historically, so we just get better rates than they would likely get if they went into the market themselves.

CHAIRPERSON NARCISSE: Are you still creating incentive for the new graduates from CUNY? I heard my partner was leaning to that.

Are you still creating that opportunity? I'm one of them if I end up in Elmhurst Hospital right? Because you give incentive. Are you creating those kind of incentive?

DR. MITCH KATZ: Yes, so we have a whole package of ways of trying to make sure that all of the new nurses that we hire stay, both recruitment bonuses, educational leave, opportunities to get an advanced degree, a loan repayment, right? I mean, we don't want to make the same mistake that was historically made, which is we train the nurses that went to other hospitals.

CHAIRPERSON NARCISSE: Yeah, and that's what you do. You are training for another hospital. Unfortunately, that's what it is but having said that, some of stay. I went for a couple of years; I end up staying for I think over ten years. So, therefore if the structure is creating for an opportunity like you were just about to say, that the nurses will stay because not everyone, yes we need to pay our bill it has to be distant but if you're

creating this structure for growth, our nurses, New Yorkers love to serve New York. As a matter of fact, you see some of the doctors, they want that million but yet they will come and give some time if we promote it the right way and showing that this is New York City.

DR. MITCH KATZ: That's right.

CHAIRPERSON NARCISSE: So, thank you for that too. Is H+H working with DOE? Oh, you said you are. Do you have an estimate of how many nurses are expected to be contracted into DOE schools in Fiscal 2025? Do you have an idea?

DR. MITCH KATZ: I don't know the number, I mean the dollar figure is a large figure, right? So, you could think about it in terms of how many FTE's that would buy. I would you know off the cuff say it's about 100 FTE's. Now whether they're going to use all of them, how they're going to hire, I think those questions have to go to DOE.

CHAIRPERSON NARCISSE: So, you would not know how many nurses were funded through this contract?

DR. MITCH KATZ: No, because they could be using part time, so I don't — I don't that — I can only give you based on the dollar, the number of full time

FTE's but they may not be using them that way. They may be using you know two hours here, four hours there.

CHAIRPERSON NARCISSE: I overheard something that Justin just asked. So, the vacancies we're talking about, it's not really real vacancies because you're using those dollars for to make sure that the spaces, whatever the time, the day that is occupied by doctors and nurses, real people to do the work?

DR. MITCH KATZ: Correct, again, you as a practicing nurse understand this. I mean we run trauma centers.

CHAIRPERSON NARCISSE: Trauma nurse here.

DR. MITCH KATZ: You say, sorry, I have a vacancy in my trauma nurse so we can't serve you today, right I have no, right I mean hospitals heavily regulated 24-hour seven day a week. I always have to have the doctor, the nurse, the social worker, the environmental service person. And so, that's why all our staffing is based on census, so I increase or decrease based on how many patients are in the hospital but it's always meant to aim for full staffing.

CHAIRPERSON NARCISSE: So, but you're making every effort to have the maximum, so when we go on vacation —

DR. MITCH KATZ: Right, we would much rather have our own staff who are committed to our mission and have registry again be used the way it was meant to be used which is unexpected absences, like parental leave, disability, sickness.

CHAIRPERSON NARCISSE: Thank you. What is H+H doing to address any gaps with uh, I mean in care caused by these contracts?

JOHN ULBERG: Uhm, ED Docs?

CHAIRPERSON NARCISSE: Okay, I'll repeat it for you? What is H+H doing to address any gaps in care caused by these contracts?

JOHN ULBERG: Oh, yes, so the gaps again filled by using a variety. We have a sort of set for every kind of position. First thing is you know ask the people if they're willing to stay longer. You know then you know go to a per diem list. Then if the per diem list fails, go to the registry and in the case of doctors, there are specific you know agencies that are able to fill in for doctors. We're also experimenting with some success in some areas with

virtual care in the hospital for specialty because what we've learned is, there are doctors who will work at our salaries if they're not paying New York City rents. So, they'll live outside of New York City and they're willing to work virtually for our salaries but they're not willing to move to New York.

And that for some things we can, like we have a very successful pilot now going with child psychiatrists where no physical examination is necessary. The child is in a room with the nurse and then the child psychiatrist comes in via the computer. They can do the full assessment, they can make decisions and we can recruit them because we're paying a New York City virtual salary, which is less than a New York City in person salary but it's still, if you're not living in New York City, it's a very attractive wage.

CHAIRPERSON NARCISSE: Okay, since you lead me to something, I have to ask that. What criteria are you based on like especially if the person is not in New York? We know we are a little different. New Yorkers, we are kind of like dealing with a lot.

DR. MITCH KATZ: Sure, well, I'm glad you asked that, so our number one recruitment is we go to the

people who trained with us and then moved outside of New York City. So, they're often and again demographically you would understand this. They came to New York and then they had one, two, three children and decided that it was too expensive to live in New York City. They moved outside of New York City but they trained with us. We know them, they know us, they know our patients, they're happy to work for New Yorkers.

CHAIRPERSON NARCISSE: Yeah.

DR. MITCH KATZ: They see themselves as New Yorkers. They're just not willing to pay the rents.

CHAIRPERSON NARCISSE: Because I have one outside too, so we know New Yorkers. We're different right, are we different?

DR. MITCH KATZ: We are different.

CHAIRPERSON NARCISSE: So, I mean we saw that on March 2024. H+H launched the nurses for NYC Recruitment Campaign. Can you elaborate on the programs? And uhm, and the fellowship that have launched under this campaign and what hospitals are being targeted?

DR. MITCH KATZ: So, yes so at first and I know you know where I give tremendous credit to Natalia

Nais(SP?) was born at Kings County. She was our chief nurse during the NISNA Negotiations the nurses gave for a standard — a standing ovation. And what it's specifically about and what she has been so good at is saying, if we want to keep our nurses, we have to promote education and advancement. That that is the number one way and she's really, I think it's had so many positive ripples in terms of professional development. And in all sorts of ways, not just keeping people but for example, we don't want nurses to say yes doctor. We want nurses to question doctors. We want nurses to feel empowered to say well, that's not how I read it or I'm going to my nurse leader. And so, the things that's she's done to sort of say you know we want you know nurses to be better trained, so we have a nurse residency program. So, as a physician I had to do a residency but many nurses do not do a nurse residency. And the nurse residency allows people to get additional skills around leadership, around specific clinical issues.

We have a critical care fellowship. We have an emergency department fellowship. We under Nurse Corps pay for 60 percent for unpaid nursing education debt over two years. We have the National Health

Services for Nurse Practitioners, which gives repayment. We have a public service loan forgiveness. And so, all of these things together I think are going to enable us to not just keep the nurses but have an empowered group of nurses. That's what we really want.

CHAIRPERSON NARCISSE: Okay, so those are programs that the fellowship does launch as of May 2024 right?

DR. MITCH KATZ: Correct.

CHAIRPERSON NARCISSE: Okay what are the expected timelines of programs in fellowship that have not launched as May of 2024? How many nurses have been hired as May 2024?

DR. MITCH KATZ: So, we're at 1,000. So far we've launched —

CHAIRPERSON NARCISSE: 1015?

DR. MITCH KATZ: Yeah, we've launched all of those are launched now and we've hired over 1,000 nurses.

CHAIRPERSON NARCISSE: Okay.

DR. MITCH KATZ: So far. Many of them are still in training but that's what we want but we're looking forward to them joining us as permanent nurses.

CHAIRPERSON NARCISSE: So, those are the ones for 2024? As May of 2024?

DR. MITCH KATZ: Yes, correct.

CHAIRPERSON NARCISSE: And you have 1,000 and then 1,500 you said somewhere?

DR. MITCH KATZ: Is the goal. 1,500 was our peak registry and the goal was to get to zero registry.

CHAIRPERSON NARCISSE: Yeah, I was trying to get my numbers right because I heard it when you said it to Justin.

DR. MITCH KATZ: You got it right.

CHAIRPERSON NARCISSE: Uhm how is H+H conducting outreach for these programs? What are the engagement numbers for digital outreach as May of 2024?

DR. MITCH KATZ: Yeah, we're still underway, so I'll have to get you the main numbers, right we're still in May so I don't yet have them but we'll provide them.

CHAIRPERSON NARCISSE: So, what are the goals for this campaign and how will they be measured?

DR. MITCH KATZ: Uh, well, measured based on once people leave training, how many registry nurses we still have, and we have set the specific goal of registry nurses only for absences not as —

CHAIRPERSON NARCISSE: Only for work absences. I love that one, okay got it. Uh substance use, you know we have a lot of that lately. In March Mayor Adams, I think Justin started writing that question. Okay, in March, Mayor Adams and the system; that was a close question but not the same announcements to open an $8 million health and substance use disorder clinic at Lincoln hospital for pregnant and post-partum women and their families. What is the current status of the clinic? When is the clinic expected to be open?

DR. MITCH KATZ: So, we're currently now that it's funded, we're doing the renovations and fall of 2026. We can't wait till you're there to cut the ribbon with us.

CHAIRPERSON NARCISSE: You know for good things I'm always present. Are any opioid settlement funds being used to fund this clinic? If yes, what's the percentage of this clinic course are funded through opioid settlement funds?

DR. MITCH KATZ: So, the opioid we'll fill out whatever we don't get through regular billing. So we'll bill it as a Medicaid service to the state but whatever the hole is will be filled by the opioid

settlement because it's not yet running in also it's not due to start till 2026. The actual dollars needed will depend on what the rates are at that time under Medicaid, so I can't yet say exactly what the percentage is because I'll need to wait and see what the Medicaid rates are in 2026. But the opioid dollars will fill whatever the hole is.

CHAIRPERSON NARCISSE: We are hoping that our Medicaid reimbursement increase to more than 20 percent because we cannot keep New York City Hospitals open and I hope the Governor did a right thing by us. What services will be offered by the clinic? How many patients are expected to be served annually?

DR. MITCH KATZ: So, it is — the whole idea is that it will be a one stop shop for the whole family, so the parents, the children with a focus on women's health and children's health and addiction medicine and since it's going to be right across the street from Lincoln, we'll be able to make sure that all of the women and families that are served by Lincoln are seen there who need it. We're aiming at 200 families annually.

CHAIRPERSON NARCISSE: What community-based organization will the clinic partner with?

DR. MITCH KATZ: So, we know that it's going to be a series of community-based organizations but that will have to come out of an RFP.

CHAIRPERSON NARCISSE: Oh, I see.

DR. MITCH KATZ: We'll bid it.

CHAIRPERSON NARCISSE: But they will be going to CBOs?

DR. MITCH KATZ: Correct.

CHAIRPERSON NARCISSE: Okay, how will the clinic conduct outreach in the community?

DR. MITCH KATZ: I think that the CBO's will be key to making sure that it's culturally appropriate and that people know it and will do a variety of paper and digital formats but also Lincoln as you know is a huge hospital, a huge volume of people going in and out and the fact that we'll be able to directly refer will make a big difference.

CHAIRPERSON NARCISSE: Okay, Be Heard. Can you speak on H+H roles on the Be Heard program and how the system collaborate with other agencies? What are the specific ways that Be Heard works with different city agencies?

DR. MITCH KATZ: So, our major role on Be Heard is the hiring and training of the social workers. That's our specialty. We love working with the EMS system. We hope that it will be broadened in the future. Uhm and with the Fire Department and we will hire and train as many social workers as the city decides it makes sense to fund through the Fire Department.

CHAIRPERSON NARCISSE: So, how do you collect feedback regarding Be Heard.

DR. MITCH KATZ: Yes, so we do surveys of the individuals served by Be Heard uhm and we also talk a lot to the community providers who are responding to calls. We've heard that at the most recent survey, 95 percent of patients felt that the Be Heard team helped them. 97 percent of patients felt that Be Heard team helped them. 97 percent of patients surveyed felt that they were treated with curtesy and respect. Of the patients surveyed would previously receive an EMS response. 94 percent said that the Be Heard response was more appropriate to their needs.

So, I think that fits what the City Council has been saying for a long time, which is that it would

better to respond to these mental health emergencies with a mental health professional.

CHAIRPERSON NARCISSE: So, I'm assuming there is room for improvement.

DR. MITCH KATZ: There's always room for improvement.

CHAIRPERSON NARCISSE: Always but in medical we don't say always, so but this time for this one, we do need improvement always on that one. Can you provide a breakdown of the number of people served by borough, by the borough, by Be Heard?

DR. MITCH KATZ: Yes, so the borough breakdown, I'll have to send to you but let me give you the overall which is 1,933 calls in 2023. Be Heard responded to over 7,000 calls more recently, so we'll have to do it by borough though. I don't have that data here.

CHAIRPERSON NARCISSE: You don't have it?

DR. MITCH KATZ: No.

CHAIRPERSON NARCISSE: Will you share it?

DR. MITCH KATZ: Yeah, 2022 is 1933 23 is 7,187 but what I don't have here —

CHAIRPERSON NARCISSE: By borough?

DR. MITCH KATZ: By borough, but we could get you the by borough but I love the growth right from 1933 to 7,187.

CHAIRPERSON NARCISSE: So, Be Heard is being heard now?

DR. MITCH KATZ: So, that's more than three times the number of responses per year.

CHAIRPERSON NARCISSE: Okay, uhm, I'm interested in the borough wide, because for some reason it's very quiet in Brooklyn so far. I don't know where I'm at. How would you measure the overall success of the Be Heard program?

DR. MITCH KATZ: Well, certainly the client data makes me feel very good about it.

CHAIRPERSON NARCISSE: Uh huh.

DR. MITCH KATZ: Uhm I mean in a sense you know each person who is better served I think is how I would think about the success of the program. I hope that at some point we're able to offer the service throughout New York City.

CHAIRPERSON NARCISSE: I was saying each of the precinct deserve to have your collaboration.

DR. MITCH KATZ: Yes.

CHAIRPERSON NARCISSE: How does H+H plan to improve Be Heard services in Fiscal 2025? Since you have plan?

DR. MITCH KATZ: Right, well I think you know continuing to recruit the best people. It's a special kind of work. It's not meant for everybody and training them, making sure that they have the skills that they would need to do a great job. I think that that's our role.

CHAIRPERSON NARCISSE: Okay, now I'm going to deviate it a little bit to ask you about down state. Uhm can you tell me a little bit, are you making preparation just in case if down state have to close? Are you putting any budget on the side for 2025 to deal with that if they have to close?

DR. MITCH KATZ: We have not. As you know, the Governor's budget set up a commission to look at the future of downstate.

CHAIRPERSON NARCISSE: I'm hoping to stay open. Let's be clear because I don't want Central Brooklyn to come at me. Yes, I want it to stay open but just in case.

DR. MITCH KATZ: Yeah, so at the current time, we haven't and I think it's important right, if we're

simultaneously saying here's our preparation for it to close, that could be seen as making it easier to close.

CHAIRPERSON NARCISSE: We don't want it to be closed. Absolutely not.

DR. MITCH KATZ: So, that's why you know we don't have a plan for closing or what to do if it closes.

CHAIRPERSON NARCISSE: But when the [INAUDIBLE 03:57:06] is out, it's just like you have to think, what's the long term, what's the process, what can you offer? Are you collaborating — let me go out of my whim now. Are you collaborating with uhm the downstate to see — even though we're a city but the down cities are the only place that the renal transplant that we don't have, right?

DR. MITCH KATZ: Correct.

CHAIRPERSON NARCISSE: And then talking about the staffing and all this, all the folks that are working there, that's kind of like, I don't even want to imagine it. So, that's why I wanted to stay open, let's be clear. But our job where I am now is not a nurse right now, so we want to know what's the plan to make sure if something like that happens.

DR. MITCH KATZ: If they were to close, clearly Kings County would need to expand. I mean, I think it's pretty straight forward and we are helped by the fact that the hospitals are across the street from one another. So, I think it would be trying to figure out how the patients who currently go to downstate could get served at Kings, I think would be my number one focus.

CHAIRPERSON NARCISSE: Okay, but in the meanwhile, have you had any engagement with the downstate leadership to see how we can keep it open?

DR. MITCH KATZ: Yes, yes. I mean the collaboration between those two institutions is very close. We in fact Kings is the number one site for the downstate medical students, not the university hospital just because of size. We're just so much — Kings is so much bigger as an in-patient facility than university hospital. So, you know there's a lot of cross talk and we want what's ever best for Brooklyn.

CHAIRPERSON NARCISSE: I want the best too.

DR. MITCH KATZ: We have more than enough patients, we're not trying to get anybody else's patients. We're trying to do the best possible job

for the patients who come to us and we are happy to support University Hospital staying open and we would — if the hospital were to close, we would certainly work on expanding Kings to deal with the volume.

CHAIRPERSON NARCISSE: New state money and Central Brooklyn. Sickle Cell disease, how much funding is budgeted in Fiscal 2025 for Sickle cell services? How much total funding for these services is in the budget for Fiscal 2026, 2028?

DR. MITCH KATZ: Yeah, so and this in some way pertains to Chair Brannan's question. I can answer how much do we spend. I can't answer how much do we budget because I would spend whatever was necessary, right? We don't ever limit by —

CHAIRPERSON NARCISSE: Approximately, what you think the cost is going to be because when somebody tell you, I can do this and there's no money to do it, then it's not going to be done.

DR. MITCH KATZ: Correct, so we spend $30 million and the way we got that is, we just, we have in our computer system, we know diagnosis. We can take the people who have a diagnosis of sickle cell and calculate the dollars that are spent. But we will take care of everybody who has sickle cell who comes

to us and we will provide them all the evidence-based treatments for sickle cell. If it next year turned out to be $35 million, we wouldn't put people on a waitlist. We wouldn't say I'm sorry, we've allocated $30 million to this, you have to wait. Whatever people need, that's how we function.

CHAIRPERSON NARCISSE: Hmm, hmm, because with the influx of the migrant from West Africa and Haiti, that's raised a concern for me for the Sickle Cell Disease even more.

DR. MITCH KATZ: Yes, that's an excellent point. I mean, so far and it's been a happy thing about the asylum seekers. The number one health need of the asylum seekers to us has been pregnancy.

CHAIRPERSON NARCISSE: That's not something to laugh but it's something like, is the most is the pregnancy but it's just like uhm hey, it's a natural thing. We're concerned about the Sickle Cell Disease and high blood pressure.

DR. MITCH KATZ: Healthy population, right to be able —

CHAIRPERSON NARCISSE: So, birth control is in order I'm assuming.

DR. MITCH KATZ: Yes, to be able to travel from Guatemala or Venezuela, all the way on foot to the US you have to be pretty healthy right?

CHAIRPERSON NARCISSE: Yes, I am in agreement.

DR. MITCH KATZ: So, the people don't have a lot of chronic illnesses but we're happy to care for them and their new babies.

CHAIRPERSON NARCISSE: Thank you. Thank you for caring. Local Law 163, you know that's what we were just talking about. The Department of Health and Mental Hygiene and consultation with H+H to create guidance to educate medical professionals and the public on detection of the sickle cell trait through pre and post conception genetic screening and on the management and treatment of sickle cell disease. Can you provide an update on H+H preparations for providing genetic screenings for individuals who are at risk for sickle cell disease? Besides their pregnancy, they're at risk of that too.

DR. MITCH KATZ: Yeah, so first within the last year, we've gone to a model where we offer genetic testing to every pregnant person and this is you know, enables us to be able to counsel people about a variety of genetic issues.

We also will offer genetic testing to the families when somebody has sickle cell so they can learn you know as you've talked very openly and bravely about what it means to be a sickle cell trait. That can be important in people's health in ways that are not always, were not previously appreciated, the vulnerability that can come with trait. And so, we do genetic testing for all of the families. I don't know if in your hearing earlier, DOHMH talked to some of their educational tools and health advisories, the whole community. I know less about that because that's their role. We are focusing on making sure that everybody at Health and Hospitals gets genetic treatment either at pregnancy or if there's a family history of sickle cell or risk of sickle cell.

CHAIRPERSON NARCISSE: Yeah, especially those that since you say have a lot of pregnancy, so people need to know before they get pregnant because when you have two sickle cell trait, each child born with 25 percent of being a sickle cell disease itself and it's not going to be good for the City of New York. That's very costly.

Okay, how is H+H working with the other agencies on the implementation of Local Law 163?

DR. MITCH KATZ: Well again, DOHMH is the lead on this and we are following you know their instructions and we'll make sure that everything that we do is you know supportive of their overall plan.

CHAIRPERSON NARCISSE: Thank you. In the April hearing on school-based health centers and school based mental health centers. We were told that sickle cell screening is not being done within the schools. What screenings are required for students? Are there any plans to increase screenings for student and young people for sickle cell disease?

DR. MITCH KATZ: I'd be happy to work with you and the DOE, DOHMH on all types of screenings. I know the Mayor is justifiably very proud of adding screening of dyslexia as a universal standard and I think that then raises the question of what are the other things that we could do to identify and help people with other needs. You know we, again, we don't run the schools., We always want to be great partners and we're happy to work with you and with the school district on what they would like to do. Almost all of the schools have close relationships

with the hospital in Health and Hospitals or a clinic because we are the only hospital system that will provide outpatient care regardless of insurance status. You want to work with anyone else, then you have to say, okay, well we can see your insured kids but we can't see your uninsured kids. We're the only group.

CHAIRPERSON NARCISSE: Hmm, not in New York City. We cannot do that.

DR. MITCH KATZ: Right, we're the only group where we take care of everybody regardless of the insurance status in the outpatient area.

CHAIRPERSON NARCISSE: And not only that, the reason I told people that we have to take care of people is it's cost effective. Once a person is in New York City, if we don't address the problem and the prevention, we're going to end up paying more money at the end. So, COVID did not know any color, any race, any you know how your economic status was. It just entered. So, as a City of New York. So, thank you for doing the work you're doing. How will Local Law 163 be integrated into schools?

DR. MITCH KATZ: I think you know we should have together a conversation with DOE and DOHMH about how,

what makes sense for the school district. I don't want to dictate what the school district does. They know best sort of how to make it work in a school setting, which is their role.

CHAIRPERSON NARCISSE: Yeah, I have a lot more questions but I want to pass. I don't know if my colleagues have questions so I'm going to pass it on Chair Brannan.

CHAIRPERSON BRANNAN: Thank you Chair. We're going to start with questions from Council Member Brooks-Powers followed by Brewer.

COUNCIL MEMBER BROOKS-POWERS: Thank you so much Chairs and as always great to see you Dr. Katz and the folks from Health and Hospitals. I have a couple of questions but I'm going to end on the Trauma Hospital. I'm going to try to go through all of the questions, so you can be able to respond. Uhm, we have always known that there is a disparity between reimbursement rates for Medicaid compared to private insurance. What is the current rate of Medicaid reimbursement? When did it go into effect? And if increased, how — if it has increased, how has it effected the revenue for Health and Hospital if at all?

Also, we have the Gotham Center being built out in downtown Far Rockaway, wanting to know the status of that, the timeline for its opening and uhm then I'd like to switch over to the Trama Taskforce that both you and I Chair on and wanting to hear from you what trauma models is Health and Hospitals aware of that could be considered viable for the Far Rockaway community and since the closure of Peninsula Hospital in 2012, residents in Far Rockaway Queens, have not had access to a neighborhood trauma center.

In the Fiscal 2025 Preliminary Budget Response, we called on the Administration to commit capital resources to build a level one or a level two trauma center on the Rockaway Peninsula that provides trauma focused care to community members. The Fiscal 2025 Executive Budget includes no funding for this project. How does Health and Hospitals plan to work with the Administration to increase access to care specifically trauma care because we know we have the Gotham Center but that offers a different type of service for the residents of the Far Rockaway community?

DR. MITCH KATZ: Sure. Let me start it at the end just because I was so proud to serve with you and

I thought it was such a positive experience. I learned a lot and there was a clear consensus in the community on the need for trauma hospital and the recent loss of a police officer who had to travel 40 minutes to Jamaica Hospital following a gun shot. I think showed what the issue was to a lot of people in very graphic detail. It's a long way in New York City traffic to have to travel that way.

Uhm, I think from a feasibility standpoint, it will always be easier I think to address the most — the biggest problem first and the biggest problem first in trauma is the stabilization of the person whose been shot, whose been stabbed, who was in a car accident. Uhm, so what I'm thinking is you know we want the highest level and if we can get that centered to deal with the highest level but maybe in the beginning it will not necessarily have say rehab, which say a hospital like Bellevue which is a trauma center has rehab.

Maybe we don't keep people long periods of time after we stabilize them, right? That for all of the reasons you well understand, right? The larger the service demand will be, the harder it will be to fund it and often, you don't have to do it all in one

bite, and I think with people it's always in my experience, easiest to talk about what is the immediate need, right? The immediate need is to stabilize critically ill people. That's really a 24 to 48 period, right where they have be able to go immediately to the OR. They have to be the most advanced radiologic things. There are other things tht are related to trauma care, like rehab, physical therapy, speech therapy, but I feel like those things we could work on a second tranche. So, that's with you, I'd like us to once the report is finished to go up to the stage and talk to — because ultimately any hospital has to be licensed at a state level. It's not a New York City function. Talk to them about sort of how we see the need, show them the demographics which you've talked very persuasively around. You know, it's not just the question of how many trauma calls there are today in the Rockaways. Its' the question of given the building that's going on in the Rockaways right? What does the population look like in three years and five years and how do we prepare for that? So, I'm looking forward to that next stage.

As you say, we're proud of the Gotham Clinic. It doesn't replace the trauma hospital. No one wants to you know have a gunshot person arrive at their clinic. But there is an important need for primary care, good hypertension treatment, good diabetes treatment, good immunizations, good childcare, well childcare. We're looking forward to the center. I know you've seen the pictures. It's going to be beautiful. It's in a great area. John, do you remember the open date? Do we have the open date?

JOHN ULBERG: Yes, we'll begin construction in FY2025 and we anticipate an opening date in the first quarter of 2026.

DR. MITCH KATZ: On the state budget, while there was a Medicaid increase, there were also withdrawals of other monies. So, as John had said at the beginning, I think if you took the whole budget as a whole, it's sort of neutral. We gained, we lost. To your other question which I think underlies a lot of the disparities in New York City on a hospital rate, a private insurer probably pays depending on what the private insurer about two and a half times what Medicaid pays. And so, that's why those hospitals,

whether in Brooklyn or Queens especially that have very large Medicaid populations are struggling.

In the in-patient setting, there is emergency Medicaid. So, there are no true uninsured people the way there is in the outpatient area but if you're getting you know one-third of the expense, it doesn't necessarily cover the cost and that's why so many Queens and Brooklyn Hospitals struggle with maintaining it. So, I think I backwards hit your question.

COUNCIL MEMBER BROOKS-POWERS: Yes, you got them all. Thank you so much Dr. Katz and to the rest of the team here. Thank you Chairs.

DR. MITCH KATZ: Thank you.

CHAIRPERSON BRANNAN: Okay, now we have questions from Council Member Brewer followed by Louis.

COUNCIL MEMBER BREWER: Thank you very much Dr. Katz and we also thank; he's not here but Dr. Long, we have great respect for. The question is back to this DOT Go, which I know you're sick of but I'm not. So, the issue is, we think they have four contracts with Health and Hospitals and we understand that there's at least $259 million to fund the migrant related work. I assume that that's the one that you

talked about earlier on medical but you also had the ambulance, which is a DOT Go subsidiary. Can you be really clear that you really only have two because every newspaper says four.

DR. MITCH KATZ: Okay, so as so often you've taught me things. I was answering the question in terms of the HERCs. I was not answering in terms of the ambulance.

COUNCIL MEMBER BREWER: Okay, or anything else go ahead —

DR. MITCH KATZ: I know the ambulance contract. Is there anything else?

JOHN ULBERG: Uh, that's ambulance.

DR. MITCH KATZ: Ambulance is definitely DOT Go.

COUNCIL MEMBER BREWER: It is.

DR. MITCH KATZ: We'll get back and just the general discussion has gotten me interested in seeing what the expiration date is on the medical contract.

COUNCIL MEMBER BREWER: Correct and how much also specifically? Those were the two questions. Alright, I think there's still one contract missing according to the Daily News just FYI. Okay, alright, the other questions. The timeline for Health and Hospitals to transition its migrant shelter

residents, it's the Department of Homeless Services. Is there such a timeline? Is it being discussed? What's going on?

DR. MITCH KATZ: So, it's definitely being discussed and again, I'm always happy to hear how you all think of it. Uhm, I think the history is instructive. This is not our usual mission.

COUNCIL MEMBER BREWER: Correct.

DR. MITCH KATZ: We got involved in this because the agencies that do this got overwhelmed through no fault of their own, right? The Office of Immigrant Affairs and DHS and they were getting more people than they could take care of and we said, hey we've done this before on to COVID, let us help you out. Okay, so now we are in a different setting. I would ideally like to transition all of the centers with the possible exception but this is a city decision of the intake. I think we do a very good job with the intake.

COUNCIL MEMBER BREWER: Okay, that would be at Roosevelt or wherever.

DR. MITCH KATZ: Yes. I know you've been there. I know you've seen it.

COUNCIL MEMBER BREWER: Every minute. I'm very intimately yeah.

DR. MITCH KATZ: I think we do a good job. If you or someone else said, I think somebody else would do a better job, I would be okay.

COUNCIL MEMBER BREWER: Alright, but you still have all the HERCs elsewhere.

DR. MITCH KATZ: Right, so our goal is to transition the other ones and in an ideal world, we would do the intake and we would do the case management.

COUNCIL MEMBER BREWER: The case management in the hotels as well?

DR. MITCH KATZ: Yes.

COUNCIL MEMBER BREWER: Okay, that's quite a bit, okay.

DR. MITCH KATZ: But not the — we wouldn't be a shelter provider. We wouldn't be a food provider.

COUNCIL MEMBER BREWER: Okay.

DR. MITCH KATZ: That those and even on the case management, I'd say the same thing. If someone else could do it better, by all means, we have no —

COUNCIL MEMBER BREWER: Okay, I have a few more questions. The usual People Soft, in other words,

obviously I had Oversight and Investigation, the Committee. Because you're using People Soft, they cannot produce invoices, so we've had to go to the vendors and guess what, everybody gave us what we needed except for DOT Go. Just FYI but we want in other words, for the food and for the food and for the case management and for everything, security and so on. People Soft cannot produce invoices. Do you know about that and how can we make that because they say that's just not possible under the current software.

DR. MITCH KATZ: People Soft is our personnel system.

JOHN ULBERG: No, but also we use it for —

COUNCIL MEMBER BREWER: I'm up to here with the invoices.

DR. MITCH KATZ: Yeah, I'm not familiar that we can't.

COUNCIL MEMBER BREWER: Cannot.

DR. MITCH KATZ: Yeah and I know we can produce invoices and we have you know produced invoices and we're very transparent because that's the way —

COUNCIL MEMBER BREWER: Okay, there's a problem with People Soft and invoices believe me, so maybe we

could talk about it offline and try to get it straightened out.

DR. MITCH KATZ: Certainly, yeah.

COUNCIL MEMBER BREWER: Okay, the other issue, just in terms of school based, you've heard, you know I'm confused having been involved with school based for I don't know many, many decades. There are a lot of them that are — there are 103 of them that are underfunded. Obviously we have the 60 new ones. Anybody who's in that world would love to see more because they are so effective. There is no question that school-based health care is phenomenal for mental health, for physical health and everything else.

So, are you — is it you, is it Health and Hospitals that's in charge? Is it the combination with DOE and the Department of Health? I know Dr. Platt used to have two. He was very proud of his opportunity to work in both agencies. But how does one determine whether it's a nurse, whether it's school based etc.? Because I don't think it's getting its full due or full funding.

DR. MITCH KATZ: Hmm, hmm, it's confusing.

COUNCIL MEMBER BREWER: Very.

DR. MITCH KATZ: It's confusing for a few. I mean one thing and I was very proud of this that we did during COVID and I would stand by it. That every school should have a nurse. That is not a school-based health —

COUNCIL MEMBER BREWER: No, I understand that.

DR. MITCH KATZ: But at one time, every school did not have a nurse.

COUNCIL MEMBER BREWER: Yes, but now you're saying every school does have a nurse.

DR. MITCH KATZ: Yes, I mean that is — I think that that should always be the baseline because at least if you have a nurse, then you have the ability to refer people.

COUNCIL MEMBER BREWER: No, I understand that but you know a lot of people don't go for the referral. They just don't go.

DR. MITCH KATZ: Right but if you don't have the nurse then you have nothing. You have no shot at it.

COUNCIL MEMBER BREWER: I got it.

DR. MITCH KATZ: So, then I think the — I think what part two is, again if you want to sort of build basic blocks. So, I agree with you that school

health centers are good but I think the biggest need is the mental health part.

COUNCIL MEMBER BREWER: Okay.

DR. MITCH KATZ: I think that that is the part that's in general, children are healthy.

COUNCIL MEMBER BREWER: Right.

DR. MITCH KATZ: Right and if they are not healthy, they are so sick that they're generally not going to — most need a school health center, so I have the feeling that at this moment, the right next thing we achieve nurse for everything. Next, should be mental health. I think the fully interdisciplinary school health center has worked super well in some places and not so well in others and I based it on volume. If nobody comes, then there's something wrong. I don't know what's wrong but there's something wrong if no one comes.

COUNCIL MEMBER BREWER: Okay, I think it's an ongoing discussion. And then just finally, I know that you're discussing with the residents what would be the amount of pay increase that would be involved if you're able to settle that contract?

DR. MITCH KATZ: Uh, well the negotiations are going on now. I think the basic challenge with the

intern and resident contract is that residency salaries have gone up significantly at other hospitals throughout New York City.

COUNCIL MEMBER BREWER: Alright, yup.

DR. MITCH KATZ: And so, while we were once at parity with other hospitals, we are not now.

COUNCIL MEMBER BREWER: Correct.

DR. MITCH KATZ: As you well understand also, the city engages in pattern bargaining.

COUNCIL MEMBER BREWER: Yes.

DR. MITCH KATZ: In part because city unions cannot strike, different system. Pattern Bargaining does not work so well in the market place if suddenly one part of the sector pushes up salaries and I think that's essentially the problem the city is facing. We're working very hard with OLR and with CIR to try to find a solution that works for the city and for CIR. We cannot function without the interns and residents.

COUNCIL MEMBER BREWER: Right, the 2,300 are looking forward to a settlement. Thank you very much.

CHAIRPERSON BRANNAN: Council Member Restler.

COUNCIL MEMBER RESTLER: Thank you so much to Chairs Brannan and Narcisse. Greatly appreciate the opportunity to be with you all today. Good to see you as always Dr. Katz. You know when you arrived at Health and Hospitals, there was a kind of constant drumbeat that the city's budget was going to be destroyed by Health and Hospitals and not too many years later, nobody is talking about any economic or budgetary issues, fiscal issues at H+H. In fact, this Mayor is throwing every problem he can as did the previous Mayor your way that isn't even necessarily drimane to H+H's mission because you've done such an able job. We're fortunate to have you and your team serve in the city. I and also just want to say we're joined by many distinguished advocates, especially labor leaders and I really want to thank the leadership that we have from our public sector, health care unions that do so much to advocate. That do so much to provide high quality health care for New Yorkers. I'm proud to be a metro plus member. It's where I get my health care, encourage more of my colleagues and my constituents to do the same. It's New York City's public option. I'd like to ask my questions to Dr. Yang this

morning. So, nice to see you Patsy. Uhm, I was really pleased that the Administration did the right thing and finally as moving forward on the outposted therapeutic units. Not just at Bellevue but at Woodhall and North Central Bronx.

Just a couple questions for you. One, are there considerations for additional outposted therapeutic unit sites at this time? And secondly, the issue that I'm most concerned about as it relates to the jail facilities that are — the borough-based jail facilities is that the Administration cut in half the number of therapeutic beds that are planned for the Brooklyn Detention Center, for the Brooklyn Borough Based Jail. It had, it was supposed to be — it was originally 44, 45 percent. Now, I believe we're at about 22 percent of beds that are therapeutic beds.

I think that 55 percent of people in Rikers custody, in DOC custody right now have a Brad H designation, have mental health needs. That's a big number to go from 55 percent of total people having a mental health designation to only 22 percent of the beds actually being designed to meet their needs, is a recipe for disaster. Can we — what are the plans to expand the number of therapeutic beds in our

borough-based jails? Can we safely do therapeutic beds on the two-tiered systems? Two-tiered designed housing units? And could you speak to that a little bit more?

I know that you're you know I appreciate the work and the leadership you provided here and would greatly appreciate any guidance you can offer for how can expand therapeutic bed capacity within the borough-based jail system.

PATSY YANG: Yeah, thank you for your support also very much so on the therapeutic units. For the outposted the number of sites and beds that are currently projected are fine. They are sufficient. We don't expect that currently for the population or for the protected population that we'll need more. These are very specific beds that are located in community hospital buildings where those specialty services are needed. That is very different from what could happen in the therapeutic units that were in beds in the borough-based jails, which are in a jail, jail facilities.

Uhm, we are talking about the design, the fiscal plan design and construction. I think that we are very much involved and part of that design, question

of how to build and design jails that can fit the projected census. We're aware of what the census is now and what the jails initially were designed to hold. The changes that have been uh determined so far really present more of an operational challenge to accommodate or compensate for the change in physical plant design. So for example a two-tiered unit presents more of an operational challenge for DOC.

COUNCIL MEMBER RESTLER: Can I just pin you down on that. So, in the two-tiered housing units, if we have the right clinical staffing model and the right operational solutions, do you think that we can properly convert those housing units into therapeutic beds?

PATSY YANG: Correctional Health Services will provide what it needs to provide in the setting that it does. It does that now in the facilities that are on Rikers. We will do that certainly in the new jails. The question about the two-tiered system is more one of security and safety for mostly our patients and we are in conversation with the Department. They are fully aware of what those additional measures would require.

COUNCIL MEMBER RESTLER: Do you believe it's possible?

PATSY YANG: I'm sure it is.

COUNCIL MEMBER RESTLER: Okay, I hope we can get there and any advocacy that we can provide from the Council for additional staffing and resources so that we can provide that extra care to the patients, to the detainees who need it. We want to make sure that happens. I'm just, you know the Brooklyn borough-based jail is in my district and I'm deeply concerned, as are my constituents that we've got 55 percent of people in Rikers today that have a mental health designation, a Brad H designation but we're designing a jail where 22 percent of the beds actually are going to meet their needs. That's a disconnect that is so vast that it's hard for me to persuade my constituents that we're actually going to do better and I hope that we can come up with an operational solution together that will inspire the confidence that my community deserves. That the people who were detained deserve. That everybody who worked so hard to close Rikers deserves. It's really important so thank you for your work. I look forward to continuing the conversation.

CHAIRPERSON BRANNAN: Thank you Council Member Restler. Now we have some more questions from Chair Narcisse.

CHAIRPERSON NARCISSE: Uhm, be back again. Earlier, we were asking I think Chair Lee was asking the question about the $5 million that's the inclusion of the funding that we have for mental health right? So, now knowing that we don't have that kind of money, were you using it and if yes, which I think you were, so what's the plan to expand without that extra $5 million?

JOHN ULBERG: We're not sure which $5 million.

CHAIRPERSON NARCISSE: The mental health continuum.

DR. MITCH KATZ: Yeah.

JOHN ULBERG: Yeah, maybe there's two $5 million. There's $5 million of which DOE, DOHMH and uh —

CHAIRPERSON NARCISSE: The families that we were pushing. The Council were pushing. So, now it's not part of it so, what is the plan because yes, I understand some of the schools, then we have 16 mental health in the school but we're talking about in general. That $5 million, maybe not much but what is the plan if you were using that budget?

JOHN ULBERG: Yeah, we don't have a plan for that $5 million but you know certainly if additional resources are made available to us, we will expand.

DR. MITCH KATZ: Right, we understand it's a joint initiative that you and the Council and the Administration. You know we're happy to be partners in that and provide the services.

CHAIRPERSON NARCISSE: But isn't that allocated right now? It's excluded?

DR. MITCH KATZ: It's not currently allocated.

CHAIRPERSON NARCISSE: No.

DR. MITCH KATZ: Right.

CHAIRPERSON NARCISSE: So, you don't see a problem for not having that?

DR. MITCH KATZ: And then obviously we want to provide as much services as we can. You know we are a well-funded relative because New Yorkers are so generous compared to most other cities. There's certainly more we'd like to do with the city, the Mayor and the City Council decide to do so.

CHAIRPERSON NARCISSE: So, the school is not going to be effected by that $5 million not being on there?

DR. MITCH KATZ: No, I mean if it doesn't happen, we will still be okay but we would welcome if it were to happen.

CHAIRPERSON NARCISSE: Yeah, I have a question that I think you [INAUDIBLE 04:30:57] on the asylum seekers. Before I go any further, I want to remember that one. Oh, tuberculosis. What are the numbers that we're seeing? You were talking about a little bit of the testing.

DR. MITCH KATZ: Right, we'll people who come from Central America, South America, Africa, all have much higher rates of tuberculosis exposures.

CHAIRPERSON NARCISSE: Is that exposure, not active? Do we have any active?

DR. MITCH KATZ: Both, both, then I was going to say as well as active and so, we have diagnosed a large number of people with active TB and we treat them at Bellevue or one of the other hospitals and then an even larger number of people with exposure where we want to give them prophylactic treatment so that they never develop tuberculosis. I don't have an exact number. I mean it's a daily number.

CHAIRPERSON NARCISSE: So, the arrived, I mean, anyone arrived the asylum seekers, all those tests

are being done? That's what my job as a nurse, I have to make sure that its —

DR. MITCH KATZ: Correct, so that's why even if we're no longer doing shelter, I think we should continue to do the intake center at Roosevelt Hotel because then we can make sure that everybody gets a TB test and an x-ray and appropriate treatment if they do have tuberculosis.

CHAIRPERSON NARCISSE: Thank you.

DR. MITCH KATZ: It also makes sure that we don't put people who are at risk in a congregate shelter before we've done the testing, right? So, that's another way you could go wrong is that you could take in an asylum seeker, put them in congregate shelter before you have the results of the TB test, and then you could expose a large number of people. So, we're very careful about checking and not putting people in congregate shelter until we're sure that they don't have tuberculosis.

CHAIRPERSON NARCISSE: Uhm, back in my time, before you even put anyone that just come in, there's some questions that you have to make sure. Now, I'm going to go out of my whim on that. Being the fact that when the person comes, some of them don't speak.

We don't have people that speak their languages, so how first of all, do you have people that speak those folks languages to make sure we can ask them the questions? Because these are my questions, I can tell you if you have been exposed or you have actual TB without doing any tests.

DR. MITCH KATZ: Sure, yeah, I think both are true. What the questions are very good at is figuring out if somebody's contagious. If they're not coughing, they're not spreading agents but they could still have TB of either kind so we still need to do it.

We have done very well in terms of translation for South America. Where we were having trouble but I got an update just two days ago, where we're much better, is some of the African language, especially Wolof. Where there just were not enough interpreters and Wolof as you know is also a language where depending on where you live, Wolof at one portion of the country may not be understandable to Wolof at another portion. It's a heavily dialect language. So, we were having trouble getting enough Wolof translators.

CHAIRPERSON NARCISSE: Now we do have it?

DR. MITCH KATZ: But now we do. I just got an update and we're now right but for a while that was an issue and again, not an issue of money just an issue of identifying people who could interpret correctly the different dialects of Wolof. So, you know we do phone, video, interpreter at the Roosevelt. So, right now, we're doing okay on asking those questions. But we still think that the chest x-ray and blood tests are important to get done.

CHAIRPERSON NARCISSE: Alright, so before we put anyone in congregated area or to any shelter, those tests are being done?

DR. MITCH KATZ: Correct.

CHAIRPERSON NARCISSE: And they're not, no one is on our street with the possibility of having TB?

DR. MITCH KATZ: Correct, correct, and that's why I want us to continue to run the intake shelter because I see the intake as a very medical thing. While I see the ongoing shelter is not necessarily medical.

CHAIRPERSON NARCISSE: So, do you have nurses in those —

DR. MITCH KATZ: Yeah.

CHAIRPERSON NARCISSE: Okay. I'm sorry, I was too confident because once you told me there was nurses there that's trained, that knows how to ask the question and to identify because I could identify back in the day from somebody sitting there looking at the person even if they don't tell me anything. Just based on assessment.

DR. MITCH KATZ: Yes, absolutely.

CHAIRPERSON NARCISSE: Yeah, yeah, so thank you for that. We have received data regarding quality assurance from H+H facilities. We stated that there were 3,544 complaints and grievances received systemwide in 2023. Can you outline the complaint and grievance process within the H+H system? What happens when a complaint or grievance is filed? How many complaints and grievances were received in 2022? What are the recent trends in complaint and grievances filed?

DR. MITCH KATZ: So first thing which I think is the most important is, we want people to complain. We do because that's the only way you can makes things better and so, we encourage complaints and we see that if the complaint number is growing, we think that's a good thing because we think it enables

people to speak up and you know as a nurse and if you talk to family members, we've always had complaints about being in the hospital. Number one complaint, food, right? Two, privacy.

So, we want people to complain and we do our best to do service recoveries. The number of complaints 3,544.

CHAIRPERSON NARCISSE: Hmm, hmm, so they're mostly not related to health? Because when the hospital — I mean food is to some extent we will say it is, it's not but it has to taste a little because most food that's good for you doesn't taste good. We all know that but the cultural competency around the food because we don't want too many people — if you're in the hospital especially for a long time, we need you to eat.

DR. MITCH KATZ: Sure, sure absolutely.

CHAIRPERSON NARCISSE: And because we know we had an issue with religion, some folks complain about they're not having their religious you know according to their religion.

DR. MITCH KATZ: We do our best. We certainly provide Halal meals, Kosher meals.

CHAIRPERSON NARCISSE: Okay. How do these numbers compare across facilities? Which facilities have the highest number of complaints and grievances?

DR. MITCH KATZ: Well, in general, the most complaints are the biggest facilities. It's really a volume issue. The more people you have, the more complaints.

CHAIRPERSON NARCISSE: Yeah.

DR. MITCH KATZ: Right, it's not — there's on systematic difference but you know again our biggest hospital in Bellevue has more complaints then our smallest hospital in Woodhall. It's just a function of volume.

CHAIRPERSON NARCISSE: Thank you. You're so practical. Even I want to beat you up sometimes. Thank you and that's the truth because I've been there. I know that sometimes people complaining about like uhm my bed was not fixed at the time it usually is fixed, so. But as long as it's not health related. It's okay but we still need to improve because I love criticism because critics make us do better.

H+H received 271 malpractice claims in 2023. What is the practice for when H+H received a

malpractice claim. How many malpractice claims were received in 2022? Can you provide the number of malpractice claims by H+H facilities?

DR. MITCH KATZ: So, total malpractice claims, 271.

CHAIRPERSON NARCISSE: What is it?

DR. MITCH KATZ: Settlements and pay outs, which is probably the best way to measure at least the significance of the malpractice because malpractice is very different obviously than complaints.

CHAIRPERSON NARCISSE: Yeah, that's what I wanted to know the number.

DR. MITCH KATZ: Absolutely, malpractice is real.

CHAIRPERSON NARCISSE: Yeah.

DR. MITCH KATZ: So, in Fiscal Year '15, $135 million. Now down to $67 million in Fiscal Year 2023, which we think is —

CHAIRPERSON NARCISSE: $67 —

DR. MITCH KATZ: $67 million. We think that it's due to all of the ways that we in the last few years have improved the quality of care and I think anyone whose been to our facilities recently talked about that. I ran into someone in the city family who said, you know I never would have gone to one of my

Bronx public hospitals but I went there and I was amazed at how good the quality of care was, so I think we've done a lot to really improve it.

CHAIRPERSON NARCISSE: Okay. I wanted to go a little deeper but I'm going to skip on that because I want to know by the malpractice, by agencies, do I have the data? Can you share that?

DR. MITCH KATZ: Yeah, I don't have it here by hospital.

CHAIRPERSON NARCISSE: But hospital but you don't have them?

DR. MITCH KATZ: We can provide it.

CHAIRPERSON NARCISSE: Okay, so you'll share it later?

DR. MITCH KATZ: Yes.

CHAIRPERSON NARCISSE: Okay, Committee on Interns and Residents, CRSEIU Health Care on May 1st, CIR filed over 20 out of the title work grievances across 7 of H+H hospitals. In the grievances, the residents reported over the previous month of having to undertake the duties of social workers, nurses, transporters, phlebotomist's and clerical staff.

Why are residents being relied on to perform nonphysician duties? Two, residents have told us

that having to take on nonphysician duties to ensure their patients receive the quality of care they deserve is a big driver of burnout. Are you concerned about your residents burnout and overall morale?

DR. MITCH KATZ: Yes, I mean of course I was a resident once too and so, I remember challenging. It's a very hard time of life. Residents are both employees and students in a very complicated way. They are expected to work very long hours and it's very stressful work and it's a time in your life when you don't feel very secure necessarily about all of your work because you're also still a student, right? It's this constant you know growing and also, the stakes are great, right? So, you worry tremendously if you're going to make mistakes.

Uhm, no question that even when we successfully staff, you get call outs someone's sick and good doctors and good nurses fill in. And you know I wish they didn't but I would rather they fill in than not fill in. I'd rather they fill in and then you know put in a grievance because what I don't want is for the patient to be hurt. So, let's say for example, you're in the emergency department. Say you were me

and you were in the emergency department at Bellevue because that's where you get your care when I was ill. And the residents took me to radiology because at that moment, there was no radiology tech. I'm glad that they took me to radiology and I'm glad they take everybody to radiology when there's no clerk, transport person. I want there to be a transport person but if there's no transport person, I want them to take the patient to radiology. I don't want them to say, "I'm sorry sir, there's no transport person here." "You'll have to wait until the transport person arrives." Right so, good doctors, good nurses, put patients first and when you put patients first, you sometimes do things that are out of your job and I think they should file grievances when that's the case. I think we should look at them and again, sometimes you are fully staffed on paper but you're not fully staffed in reality. And you understand that and life happens, right? Someone was planning, fully planning to come to work and got sick or their child got sick and it was too tight for us to get somebody else into that ship. We'll always try but sometimes we don't succeed.

And a lot of what I tried to do and what I meant to residents is to recognize the stress because I think part of it is the old medical culture. You know, suck it up. I apologize if that's too vernacular but I think that's the attitude. Stop complaining. Do you job. Just do it. We did it before you, right? That's all bad and what instead you want to do is acknowledge the problem. Help people to understand why there is a problem, right, as in I'm sorry, we were fully staffed tonight but so and so called out sick. You know could you take the patient to radiology?

CHAIRPERSON NARCISSE: To me being in that experience, being in the space, back in the days, I used to do like 40 patients for medication and go back and forth and don't even have time to eat. But back then, it was a different time. We're in a time where people burn out easily because of what we've never been through before. And I seen other doctor from my family, hearing them. I said, no, it's not the same time because our mental status is not the same. So, I want to know how often that a doctor have to stop what they have to do to take a patient to radiology or to take them to get a test, any test

done. It's the how often. If this happens quite often, that means we look into. Because I know once and a while because if I want to get something done, I do it myself. I will run the patient all over the place to try to get things done but nowadays, the mental things, we cannot take it at the same time from the old time to now. Now is a different line of approach of things that are going on around us.

So, I will, I mean I'm hoping and I'm praying tht you go look into it and making sure that the grievances of you know, because we don't want to run our doctors or residents out of our facilities.

DR. MITCH KATZ: Understood, understood. Thank you.

CHAIRPERSON NARCISSE: Thank you. H+H and the city have been in contract negotiations with CRR for over nine months. The latest salary offer would still have H+H resident salaries as the lowest in the city. How does H+H plan to provide fair wages and work assignment that are outside of traditional resident work assignment?

DR. MITCH KATZ: Yeah, as we talked about before, you understand that the city settles contracts through the Office of Labor Relations, with OMB on a

city pattern bargaining. That's the usual pathway. We do not hold the Health and Hospitals do not hold the negotiating certificate for CIR, which is just a way of saying that it is like many things in the city, it's not a simple process.

But you remember and you were incredibly helpful around the nurses.

CHAIRPERSON NARCISSE: And I'm trying to do the same, don't get me wrong. Working for the residents.

DR. MITCH KATZ: But we got over the finish line and I believe we're going to get over the finish line with the residents too. It is not straight forward.

CHAIRPERSON NARCISSE: I know but they are as important as the nurses to me. So, I want the hospital because when we're talking about preventive care, we want our residents to stay in New York and H+H. Why is this contract not but I'm not going to even ask you that because you're already — how does the city plan to address —

I know you want them to stay long term, right? The residents that are here with us?

DR. MITCH KATZ: We do.

CHAIRPERSON NARCISSE: Okay, it's now May and what do you think — where do you think we're going? Are we going to get there any time soon?

DR. MITCH KATZ: I think so. I think it's going to get resolved in the month of May.

CHAIRPERSON NARCISSE: But they are completing because as of June 31st, about one-third of the current resident will complete their residency requirements and will begin their career as attending. Most of them have never had a pay raise the entire time they have served the City of New York, and I know as a doctor that's bad. It's bad for us.

Will the city put forward a proposal that is fair and respect the value the doctors bring to our hospitals? And enough time for those doctors to receive the increases and the backpay, the more, I mean their more deserved than ever. They work for it. They deserve it. So, I know you're doing your part because we spoke about. Keep on pushing.

DR. MITCH KATZ: I'll keep pushing and I appreciate your pushing and other members of the City Council pushing.

CHAIRPERSON NARCISSE: Thank you. Now I'll pass it on to my colleague Chair Brannan.

CHAIRPERSON BRANNAN: Okay we have last questions from Council Member Sanchez.

COUNCIL MEMBER SANCHEZ: Thank you so much Chairs and good afternoon President Katz and team. It's really good to see you. I came up because I want to ask a question that I asked of your colleagues earlier at DOHMH but specifically would love to hear the answer as it applies to the Health and Hospitals Corporation.

So, across the globe, midwives provide the bulk of prenatal delivery and postnatal care and have dramatically better outcomes than we do here in the US. In March of 2022, the Mayor announced the Midwifery Initiative, which was supposed to expand to all 38 public and private birthing facilities citywide and uhm, would create partnerships with midwife organizations, private practices, community members and the city would begin to report on midwifery care. So, specifically within H+H facilities, can you share progress on expanding midwifery access, particularly to women of color and birthing persons of color.

DR. MITCH KATZ: Sure, I'm happy to. So, I agree with your perspective. We want to have robust midwifery practices at all of our hospitals. Woodhall has led the way within our system. Jacobi has also had a strong with NCB, a strong midwifery program traditionally. Bellevue has a good midwifery program. We have new midwifery program at Harlem and we have a midwifery lead and three midwives which are brand new to Harlem Hospital, which previously had only an OB service. And we are recruiting for midwives now at Kings County and at South Brooklyn Health. So, those are two sites that haven't had midwifery programs that will soon have midwifery programs.

I didn't mention MET also has a successful midwifery program in existence. So, it's — we have some that have been a success. Elmhurst has a successful one. Queens does not — does Queens do deliveries? Queens does not do deliveries. Uhm, so one important fact that I learned recently and it's been very relevant to us is that if you want a midwifery service, you have to have at least five midwives. So, I didn't fully appreciate it but once you start thinking about, it's true. If a woman

comes and she says I want a midwife to deliver, you got to cover all 7 days 24 hours because you don't know when she's going to go into labor. So, it's not like — so this is why it's not a simple thing to just hire one midwife and you're set. At the moment, it's not a money issue. It's a training and we want to in particular we're talking to CUNY about creating a midwife training program, probably in partnership with downstate and Kings County because right now, just not enough midwives to recruit and when you realize that you got to have five at a minimum, if you're going to guarantee that woman that when she actually is ready to deliver there's a midwife, we have to grow quite a lot at several of our facilities.

COUNCIL MEMBER SANCHEZ: Thank you and Chairs, and if I may I know you've been here a very long time but just to wrap that into a single figure, would you be able to tell me of all the birthing centers that H+H has? All the birthing facilities? How many have access to midwives in that way, five or more?

DR. MITCH KATZ: Sure, so right in the moment during the midwives guarantee a midwife delivery at Bellevue, Elmhurst, Jacobi, Woodhall and MET.

COUNCIL MEMBER SANCHEZ: And not in North Central Bronx?

DR. MITCH KATZ: Five, and so I think NCB and Jacobi are under one license now. So, yes but at the moment, we are recruiting but do not have the critical five at Harlem, South Brooklyn, Kings, uhm what did I miss? And Elmhurst we have it if I didn't say that. In Queens I believe there's not a pregnancy service.

COUNCIL MEMBER SANCHEZ: Thank you and Metro Plus insurance coverage. Does that — I don't know how to ask this in a way that I'm going to get the most useful answer to what I'm looking for but are you covering midwives to the same extent as OBGYNs? I've heard a lot of complaints about from midwives and the midwifery groups about not working with the city and not working even with private practices because the reimbursement rates are so bad.

DR. MITCH KATZ: I wonder if they mean, they must mean outpatient visits? I think we'd have to get back to you. Certainly in our system it doesn't matter, right? Everybody in our system is salaried. So, your salary, you're a midwife, you're a city midwife salary, that's your salary.

COUNCIL MEMBER SANCHEZ: Okay, no contracted services? Every employee is a direct or every worker is a direct employee?

DR. MITCH KATZ: Every midwife is a direct or an affiliate. We don't have any contract. So, I know less about what it would be like in the contractual setting.

COUNCIL MEMBER SANCHEZ: Okay, thank you. I mentioned earlier, I — after my first pregnancy experience, if I can and if it's healthy to do so, definitely want to deliver with a midwife, so I'm fighting for all New Yorkers to be able to have that same access. Thank you.

DR. MITCH KATZ: Wonderful, thank you for providing in that way.

COUNCIL MEMBER SANCHEZ: Thank you President. Thank you Chairs.

CHAIRPERSON BRANNAN: Thank you Council Member Sanchez. I'm going to ask a quick question just about the uhm the street health and outreach and wellness vans, the show vans. Are those all being discontinued because of the PEG?

DR. MITCH KATZ: No, none are being truly discontinued. Two of them are transitioning to DHS, so two of them focused on —

CHAIRPERSON BRANNAN: Which one?

DR. MITCH KATZ: The two that focused on subway homeless. So, when the city initiative to try to provide services to homeless people living in the subway, the fastest way was se said, okay, Health + Hospitals will create a show van and the show van will be your home base. So, now because DHS has much more experience, they're just going to take over that function because they're doing the rest of the function.

There was a case where we were — they were the major provider and we were sort of a sub and so, instead it's more direct. The money is going to them so it's out of our budget and into their budget.

CHAIRPERSON BRANNAN: Okay because I'm being told that due to PEG reductions, that that's why those two vans are being —

JOHN ULBERG: No, I think they're just being transferred over. We still have six of our own to being transferred over.

CHAIRPERSON BRANNAN: Okay, could you get me a list of which ones are — you're saying two are transferring to DHS. The other four are staying with you guys?

DR. MITCH KATZ: Yeah, they are staying with us.

JOHN ULBERG: Yeah, we will have six.

DR. MITCH KATZ: So, it's a total of eight. Six we keep, two go to DHS.

CHAIRPERSON BRANNAN: Oh, I see okay.

JOHN ULBERG: And we have those locations.

CHAIRPERSON BRANNAN: Do you have it here?

JOHN ULBERG: I could read them to you if you want me to.

CHAIRPERSON BRANNAN: Yeah.

JOHN ULBERG: Lower east side based at Sara D. Roosevelt Park in Harlem based at Marcus Garvey Park, Elmhurst, Jackson Heights, Rotate Homestead Playground, Bed Stuey, Washington Heights, South Bronx.

CHAIRPERSON BRANNAN: Okay and what's happening with those? Those you're keeping?

JOHN ULBERG: Yes, those are ours.

CHAIRPERSON BRANNAN: Now, didn't you have a van in downtown Jamaica?

JOHN ULBERG: Not that —

DR. MITCH KATZ: Maybe it visits downtown. Some of them stop in more than one place.

CHAIRPERSON BRANNAN: Okay, I'm going to follow up with you.

DR. MITCH KATZ: Yeah, that's fine. Chair Narcisse.

CHAIRPERSON NARCISSE: Yeah, my question is what the language that we were talking about, the language Wolof was only one. That's the one that you mostly —

DR. MITCH KATZ: That was the biggest hole. There is a second language. Do you remember? It's with an L. There's a second West African dialect that was a challenge that we are —

CHAIRPERSON NARCISSE: Wolof is the most popular language. Wolof is the most popular language speaking and Gambia.

DR. MITCH KATZ: Yes, correct.

CHAIRPERSON NARCISSE: So, that's one of the things and Sinago. The 100 I mean for the state. Are you making plans because if you don't get the 150 million I think, that's supposed to be for Medicaid. Are you making plans if just in case. I'm hoping that we have the increase at least 20 percent of

Medicaid reimbursement. But I'm talking about the $150 million.

DR. MITCH KATZ: We're okay on the state because we got some positives and some negatives so it all sort of zeros out the same place where the budget it. So, I'm not anticipating any holes to the state. The capital is worth saying a little bit about just because City Council is aware and I know NYCHA shares this problem as well. We have old buildings and some of them you know the roofs leak when it rains and you can't provide health care under a leaking roof. And we have a lot of sort of HVACs that need to be replaced, the boilers that need to be replaced. Very non-sexy things but you can't run your buildings without them. And so, the loss of those capital dollars at the state or actually the thing that bothers me the most.

JOHN ULBERG: Yes, I think there's a great demand— let me just go back to the $150 million number. I think I could speak to that. There's a transfer, so HRA for certain Medicaid supplemental payments, HRA will transfer dollars to the state. They're kind of the conduit of the nonfederal share of funds from the city to the state.

We transfer monies back and forth between HRA because there are some instances where H+H has the nonfederal share. We give it to HRA, they send it to the state. The transactions to the budget is HRA actually giving us money back. It's just an accounting adjustment in essence. It's not additional services or less services.

You know Mitch makes a very good point about you know our infrastructure. You know there is an accounting term called useful life, which kind of measures the age of your infrastructure and at Health and Hospitals, our infrastructure is about twice as old, right? As other hospitals in the city, in most parts of the state. So, it's an indication that we must rebuild and we must keep up with our infrastructure. There has been limitations you know placed on the state in terms of our ability to access statewide capital funds and we keep fighting for those because of our situation. And we'll continue to do that and I know that you have a strong voice with them as well and we appreciate that.

CHAIRPERSON NARCISSE: Thank you. Now, I have to say thank you so much for being present and keep on fighting because we have that holistic view of health

care and if your house, you don't have a home. You're sleeping on the street. Your health care not be okay. You don't have enough residents. Your health is not going to be okay. Enough nurses, your health is not going to be okay, so you would need to actually strike a balance of that, so we can have the best quality of health care in New York City. So, thank you. Thank you so much. I don't know if you have anything to add to that.

CHAIRPERSON BRANNAN: Doc, thank you so much. We look forward to working with you. We're going to take a ten-minute break and we'll hear from the public. Thank you.

CHAIRPERSON NARCISSE: Thank you.

DR. MITCH KATZ: Thank you. [05:02:24] - [05:17:23]

CHAIRPERSON BRANNAN: [GAVEL] Okay, now we're going to head into public testimony in person and hear on Zoom. Make sure if you are here and you want to testify that you've filled out one of these slips with the Sergeant at Arms and I'm going to call the first panel. Apologize in advance if I mispronounce your name. C. Virginia Fields, Annie Moran, Chantel Charles, Ben Mosse, Elise Benosa, Kyran Banks, and

Esther Leilevre. You want to start? Just say your name before you begin.

ESTHER LEILEVRE: Hello, Esther Leilevre, it's French. It's a little bouche.

CHAIRPERSON BRANNAN: I took French for eight years. When I got to France I started speaking French and they answered me in English.

ESTHER LEILEVRE: Well now with all the synagogue people here, we'll be talking even more French.

CHAIRPERSON BRANNAN: Alright cool, go ahead.

ESTHER LEILEVRE: Okay, good day City Council Members. I'm Esther Leilevre, I'm one of two Co-Founders of Cultivated Community Foundation, Proud Parent of a DOE student and auntie to many. We have been in the community in DOE doing cannabis and vape education. Our approach of education is fact based, cultural awareness and data education. I work with some of your offices to provide support and training with students, parents, faith-based leaders, seniors, veterans, city and state agencies including NYCHA Smoke Free division, ACS, CPS, infant safety, community boards, cannabis NYC, even family enrichment centers in Far Rockaway and we are partnered with CUNY health and DOE SAPIS division.

Our outreach has impacted 40,000 New Yorkers but I want to speak about what work we have been doing and some solutions. One thing that we have noticed is a lot of agency training that is lacking within it. When we talk about Department of Health, we will want them to support doing inspections with the convenience in smoke shops and convert it into convenience stores that begun carrying food where they can provide support.

We want to talk about social media education because some of the access to cannabis is going through social media. In addition, we want to do a community focus on what is causing mental health, which is food insecurities, affordable housing. We have people on unemployment that don't actually qualify for a SNAP cash assistance.

I want to urge to support our families providing funding for prevention instead of majority intervention. Training across all agencies with these issues will be amazing. I know there's some current laws that are in effect but they are finding the loopholes within your laws.

In addition to support medical cannabis patients, families and lack of medical providers and

participation to support medical patients, there is biases and discrimination and lack of resources. We're talking about our senior population and our D75. Locations of those locations of safe spaces for children is very important but I want to focus on the SAPIS and prepandemic of supporting the SAPIS workers in this prevention work. We have been providing support with them and we understand that they started prepandemic for 1,200 and reduce down to 266 with 1,600 schools and how many other children.

I would like to thank Chancellor Banks, Mark and Kelly and the SAPIS workers and start providing funding for them. I'm here for any questions or data or references.

CHAIRPERSON BRANNAN: Thank you. Tell me the name of the organization again.

ESTHER LEILEVRE: Cultivated Community Foundation.

CHAIRPERSON BRANNAN: Thank you. Go ahead.

CHANTEL CHARLES: Good afternoon. My name is Chantel Charles. I am a SAPIS Counselor which stands for Substance Abuse Prevention Intervention Specialist. I'm here to represent Local 372 and about 236 SAPIS that I work with.

So, prepandemic, we saw about — I'll say 2018, 2019 approximately 1,100 incidents reported in schools with the pandemic, since the pandemic and I'm sure the numbers are going to be higher this year but the 2022-2023 year there were 14,048 incidents reported and that's according to the reports that were actually made. Myself, staffers with experience going on nine years in the school system, working with these kids is crucial. They are heavily misinformed. They are very hard to motivate and engage in the school system. They are learning things off social media that really don't make any sense. The reason we're here asking for help with our finances with the budget is so that we can do more for those children in the school.

As a SAPIS, we not only educate the children but we also work with their families, we work with parents and staff to help get these children in school as opposed to outside in the streets. And as recently as last week, there was a very violent situation where I know Denise Mesis(SP?) who was supposed to be here wanted to share was one of her students, a student from her school. That incident in Queens that the 15-year-old stabbed another child

in the throat and she passed away. Incidents like these are too high and the children are not being engaged in school. The information and guidance provided by SAPIS is to prevent them from heading out there in the streets to give them that support system that they need inside the school building.

CHAIRPERSON BRANNAN: Thank you. Thanks for all you do. Go ahead.

ANNIE MORAN: Good afternoon.

CHAIRPERSON BRANNAN: Make sure that mics on. No.

ANNIE MORAN: How about now?

CHAIRPERSON BRANNAN: Good.

ANNIE MORAN: Good afternoon everyone. Chair Brannan, Chair Narcisse. My name is Annie Morran and I'm a case manager at the Center for Urban Community Services Prospect Place, which is a mental health shelter that provides medical and psychiatric services and works with clients to move them into permanent affordable housing.

I am also a proud member of DC 37. We are currently in negotiations for a first contract. I am grateful for the Council's response to the Mayor's Preliminary Budget in which the Council stated public

health and public safety issues are intrinsically intertwined. "Illustrated by the continued and increasingly high number of New Yorkers with mental health challenges, being inappropriately directed into the city's criminal legal system, and jails rather than into treatment."

CUCS provides services ranging from career development to street outreach to supportive housing for people with mental health histories. All too often I see my clients get caught up in the justice system as a result of disinvestment in their communities and a lack of access to robust mental health care.

The Mayor's Executive Budget proposes DOHMH funding that is half a billion dollars lower than the amount forecasted for 2024. Across the city, CUCS and agencies like ours suffer from chronic workforce turnover, high caseloads and high vacancy rates due to low wages and disinvestment in mental health services. The staff turnover at agencies like ours weakens the trust built with clients, an essential element of services that support people on their journeys to stability.

As the cost of living continues to rise, I want my co-workers to also enjoy stability and to be able to continue working in a field they find meaningful. In addition to the investments in housing, education, child care and arts and culture that are proven to lead to positive health outcomes, I ask on behalf of my fellow human service workers for the Council to continue to push for increased funding to DOHMH and the mental health services that New Yorkers deserve. Thank you.

CHAIRPERSON BRANNAN: Thank you. Madam President.

C. VIRGINIA FIELDS: Good afternoon distinguished members of the Council and Chairs. I'm here today to speak about the elimination of faith-based outreach programs through Department of Health, and I was very pleased to be here earlier to hear the Commissioner say number one, that there had been ongoing discussions with the organizations impacted and I can speak specifically for my own Black health and Latino Commission on AIDS whom I know you will hear from.

We were notified roughly around April 18th by the Public Health solution that manages these contracts

then we received a letter follow up from the Department of Health.

To be told within eight weeks that your entire program is going to be eliminated is totally unacceptable, disrespectful. We also have a very long-standing relationship with the City Council and the Department of Health with respect to the faith-based programs. I think the Commissioner also said that consideration was given to programs that had been launched due to COVID. This particular program is at least 25 years old and we have results to show impact. Faith leaders are credible voices in our community. Faith leaders are the ones we come to immediately when there is any pandemic or epidemic and faith leaders are the ones who carry the messages on the ground. So, this funding allows us not only to hire staff but to provide funds to faith leaders to do the work on the ground and I urge you to please work with us, advocate for the restoration of these dollars to the HIV Faith Outreach programs that have currently been eliminated through the Department of Health.

I have provided a copy of my longer testimony, which I knew I would not have two minutes to do but I

at least wanted to come and share this with you today. Thank you so much and we ask for your support.

CHAIRPERSON BRANNAN: Thank you very much. Go ahead.

KYRAN BANKS: Thank you. Before I begin I have copies of my testimony for the Sergeant at Arms. Good afternoon and thank you to Chairpersons Brannan, Schulman and Narcisse and the rest of the Committee Members. My name is Kyran Banks and I use he, him pronouns and I am the Manager of Policy and Advocacy at Callen-Lorde Community Health Center. Callen-Lorde is a global leader and LGBTQ+ health care providing sensitive and quality health care for more than 20,000 New Yorkers in the surrounding region regardless of their ability to pay.

While this budget increased funding for health care initiative and canceled the 5 percent agency cuts are positive signs, we urge the Council and the Mayor to make additional investments in programs that improve access, advance equity and proven to work. Just a few short weeks ago, DOHMH notified several community-based organizations like Callen-Lorde that some FY25 contracts will be reduced or eliminated.

For Callen-Lorde, one of the contracts provides case management and behavioral health services for crystal meth uses and the other contract provides incentives for viral low suppression for people living with HIV AIDS. These contract reduction and elimination raises serious concerns and will set us back from our collective goal for a healthier city. According to the DOHMH 2022 HIV Surveillance Report, reduction in new HIV infections have plateaued falling only two percent since 2021. Evidence that our city should be investing more in prevention and treatment efforts. We urge the Council to reverse the proposed DOHMH contract reductions that will lead to eliminating key programs.

I also want to highlight other vital programs that we believe are critical in advancing health equity and improving access to care. We urge the Council to support the following initiatives in the FY25 budget. Sustain the continued funding of $3.4 million for support for persons involved in the sex trade initiative. Support the continued funding of $9.3 million for ending the epidemic initiative to ensure the ongoing success of our efforts to eliminate HIV AIDS. And also, we urge the Council to

support the continued funding of $3.2 million for trans equity programming.

In conclusion, this executive budget should be an opportunity to invest in health and social services to improve access and advance equity for all New Yorkers.

CHAIRPERSON BRANNAN: Thank you.

ELISE BENUSA: Good afternoon, my name is Elise Benusa and I am the Government Relations Manager at Planned Parenthood of Greater New York. I want to thank Chair Brannan, Chair Narcisse and Chair Schulman and all the Finance and Health Committee Members for the opportunity to discuss PPGNY's program, services, and FY25 funding requests. For over 100 years PPGNY has been a trusted provider of sexual and reproductive health care and education programs for communities throughout New York City. In 2023, our New York City health centers conducted over 70,000 patient visits, providing care to all those in need regardless of immigration status, identity or ability to pay for services. We are so thankful for the City Council's continued support of our programs and services. With the ever-changing national landscape and continued attempts to restrict

access to care, New York is seen as a haven for critical health care services. Support for PPGNY is more vital than ever. We recently received news that we are facing an unprecedented 12 percent cut in our government funding from the New York City Department of Health and HIV Services. We're hoping that the New York City Council can restore these losses. This is why we are here today. Asking the Council to restore these cuts and continue to fund reproductive and sexual health services for all New Yorkers. Funding from the Council allows PPGNY to continue to provide sexual and reproductive health care services and educational programs throughout New York City. PPGNY provides the full range of sexual and reproductive health care services that includes gynecological care, STI treatment and testing, contraceptive care, cancer screening and LGBTQ+ health care at all five of our New York City health centers.

We also request support for the trans equity initiative to help empower the trans and gender nonbinary populations to lead healthy lives by expanding access to sexual reproductive health services and gender affirming care at all our health

centers. We also seek funding for the Ending the Epidemic Initiative, which supports the critical work of Project Street Beat, a mobile health center unit that provides targeted outreach and services to individuals who are living with at-risk for HIV or who have chronic health conditions. Okay, I have a couple more paragraphs but I'll just end with PPGNY continues to be committed to ensuring that all New Yorkers no matter their background get the care they need. It is important that the Council continues to support PPGNY's initiative request. With these funds PPGNY can continue to provide services and programs that focus on New Yorkers most vulnerable populations. We look forward to working with the Council to ensure health care access for all. Thank you.

CHAIRPERSON BRANNAN: What's your total cut? The cut that DOH is making to Planned Parenthood?

ELISE BENUSA: Oh, it's 12 percent.

CHAIRPERSON BRANNAN: 12 percent. Thank you.

ELISE BENUSA: Of course, thank you.

BEN MOSSE: Good afternoon. I'm Ben Mosse. My name is also French. A delegate for the organization of Staff Analysts and behalf of the staff analysts, I

would like to thank the members of these Committees and the City Council as a whole for their unending commitment to the health of all New Yorkers. I've worked at Health and Hospitals for 13 years and I've seen first hand the positive impact to the health and lives of our patients and community.

Thank you again for your understanding and commitment to the mission of Health and Hospitals.

CHAIRPERSON BRANNAN: Thank you. Any question from my colleagues?

CHAIRPERSON SCHULMAN: Yeah, uhm not a question but I just want to tell you that we're very focused on making sure that HIV and AIDS is whatever cuts were made are put back. I know you said 12 percent from Callen-Lorde. Do you have an exact — do you have a figure? Numbers?

KYRAN BANKS: Yes, so for the Crystal Meth Harm Reduction Program, the contract was cut by $40,000.

CHAIRPERSON SCHULMAN: Okay.

KYRAN BANKS: And for the undetectables, it was eliminated completely.

CHAIRPERSON SCHULMAN: Okay, which was amount?

KYRN BANKS: It was about $245,000.

CHAIRPERSON SCHULMAN: Okay, no, because that helps us you know when we're trying to push back and I want to thank Esther, I'm sorry, I wasn't here for your testimony but uhm you know I just want to thank everybody here for everything that you do. I used to work at Gay Men's Health Crisis some years back so, in the midst of the HIV AIDS epidemic. So, I just want you to know that I'm very committed to making sure that we have the resources we need to end the epidemic. So, thank you very much.

CHAIRPERSON NARCISSE: I want to say thank you and you know you've been in the Council, that's welcome home to sit there, to advocate and one of the things that you said Ms. Greenfield, I remember it's about credible messengers when we're talking about, if you want to know to pass any messages, you go to the churches, you get all the Black and Brown people on Sunday's. So, if you want the message to get to the people, that's where you go. So, thank you for continue fighting for the faith leaders and in our district. And Ben, you heard it earlier that we need your presence. We need that because what Dr. Katz said, most people were coming pregnant so we need to have the educational part go around our new arrivals

as well. So, thank you all for doing — you know health care is in my heart, so thank you for all your work. Thank you.

CHAIRPERSON BRANNAN: Thank you all very much. Okay, we're going to call the next panel Dalveer Kaur, Daphne Thammasila, Szu-Chi Tai, Heather Choi, Yuna Youn, Barry Post, Lilya Berns.

CHAIRPERSON NARCISSE: My apologies Ms. Fields, I said Greenfields, its Fields, Virginia Fields. You know we fought hard back in the days for HIV and AIDS right?

CHAIRPERSON BRANNAN: Okay, you want to start. Go ahead just make sure your mic is on.

DELVEER KAUR: That would be helpful.

CHAIRPERSON BRANNAN: Go ahead.

DELVEER KAUR: My name is Delveer Kaur. I am the Director of Healthy Communities at New York Immigration Health Coalition. Thank you for hearing me out this morning and we're also really grateful for all the support that we get for both documented and undocumented immigrants. New York Immigrant Health Coalition is an umbrella organization serving 200 immigrant refugee rights groups and we are advocating for the enhancement for access health to

$4 billion. This program offers information support and education to communities across New York City specifically to immigrant communities. They are able to get access to pantries, to work employment, legal rights, food, child care, education system, knowing their rights in addition to making sure that they get the vaccines that they need. In 2021, I worked for the Department of Health as a COVID 19 lead respondent and I can tell you without these organizations of immigrants, both documented and undocumented would not have received both necessary vaccines to be vaccinated. So, the work that these 38 organizations that we are doing through Access Health, making this possible, not only to keep New York City safe but to make sure that these immigrant populations get the care that they need, the support that they need and get the food that they need to feed their family so that they are contributing New Yorkers. And so, I'm here to really make the plea that we encourage the enhancement of Access Health funding.

CHAIRPERSON BRANNAN: Thank you.

DALVEER KAUR: Thank you.

DAPHNE THAMMASILA: Good afternoon. My name is Daphne Thammasila. The Associate Director of Programs at the Asian American Federation. Our budget ask is simple. That our nonprofits in the Asian American Mental Health Roundtable be provided enough resources to implement and expand essential services to support the mental health needs of our diverse community.

We urge the City Council and members of the Committee to consider the following recommendations to make sure Asian New Yorkers receive critical culturally and linguistically appropriate mental health services.

One, invest in CBO's that provide culturally and linguistically competent services to the Asian American community in New York City. Two, increase funding for mental health programs that are culturally sensitive and linguistically appropriate for Asian American populations. And three, invest in linguistically and culturally competent mental health care workforce.

As you will hear today from members of our Asian American Mental Health Roundtable, our roundtable that's made up of 12 organizations across the city

directly providing mental health services to the Asian community. They're joining me on this panel.

Our budget request, a reflection of the unique mental health needs of Asian New Yorkers. Through our mental health work, we found our member organizations report a 20 percent increase in Asian New Yorkers requesting mental health services to address the excessive anxiety and fear that persists within our communities.

Community members stated that one of the places they prefer receiving mental health services and mental health information is from community-based organizations. Our roundtable organizations are an integral part of the mental health care ecosystem and they often serve as a referral from larger hospital systems without receiving funding to do so. Over 50 percent of our roundtable partners lack sufficient funding for mental health services. 75 percent of the organizations at our roundtable express the need for additional funding to not only support their existing mental health services but facilitate their expansion to address the rise and demand for services. Thus work and the work of our community mental health providers need support more than ever

before. We ask that you support us and our partners as we continue to provide critical mental health services. Thank you.

CHAIRPERSON BRANNAN: Thank you. Go ahead.

SZU-CHI TAI: Hello, okay. Good afternoon. My name is Szu-Chi Tai and I serve as the Counseling Center Program Manager at Garden of Hope. A linguistically and culturally competent nonprofit organization dedicated to serving, empowering individuals across Chinese American communities.

Beyond providing services to survivors of domestic violence, sexual assault and human trafficking, our focus extent to addressing the mental health needs within our Asian immigrant community. In response to COVID-19, the rising anti-Asian hate crimes, we launched the Garden of Hope Counseling Center in January 2021.

We are committed to providing support, empowerment to individuals surviving from depression, anxiety, trauma, adjustment issues of various mental health concerns. We provide individual counseling, support groups, and mental health RH programs and raising public awareness and combatting stigma. Our outreach initiative reached senior centers, cultural

centers, community fairs and faith-based organizations where we conduct psychoeducational workshops. Emphasizing prevention our youth services actively collaborate with schools to advance mental health education and support. I stand before you today to address a critical issue effecting our community. The urgent need for funding the sustained and expand our culturally specific prevention and intervention programs, addressing mental health challenges among Chinese immigrants in New York City.

Our programs are particularly designed to meet the unique needs of Chinese immigrants in New York City. In 2023, Garden of Hope provides trauma services to 1,071 adults and 317 youth and children. With 94 percent of adult clients having limited English proficiency. This underscored the critical needs for culturally specific support and language accessibility. With 21 bilingual staff members we deliver culturally, competent mental health services to overcome barriers and promote well-being.

And together, let us work together a future where every individual regardless of their background has access to the resources and support they need to

rebuild their lives with dignity and resiliency. Okay, thank you for your attention.

CHAIRPERSON BRANNAN: Thank you very much. Go ahead.

HEATHER CHOI: Thank you. Good afternoon. My name is Heather Choi, Youth and Community Engagement Coordinator at the Korean American Family Service Center. At KFSC, we are dedicated to supporting immigrant survivors of gender-based violence and their children offering essential services in a culturally linguistically appropriate setting. The pervasive [INAUDIBLE 05:44:12] of DVs, SA and entire API hate crimes highlight a profound need for a specialized mental health support within the AAPI community.

At KFSC, we're deeply aware of the mental health challenges our community faces, often exacerbated by culturalist demand and language barriers. These barriers not only deter individuals from seeking help but can also isolate them during times of need. Our services are designed to eliminate these barriers by being accessible without the need for insurance documentation and completely free of charge ensuring help is available to all who need it. Our

organization serves an essential resource for the AAPI community with 100 percent of our staff members being bicultural and an AAPI decent and 90 percent of our clients primarily speaking language other than English.

We provide continued support through our 24-hour hotline for many, particularly young AAPI women and other who often feel particularly vulnerable to the complexities of violence and discrimination. These services are integral, not only for immediate assistance but for fostering ensuring mental wellbeing and resilience. The cycle impact of violence and discrimination on our community member is severe and tenable. We hear the distress in their stories and see their fear in their expressions. In addressing mental health, the most significant challenges are not only linguistic in culture but also include the fears associated with immigration status and the financial burdens of health care. By removing these barriers, KFSC ensures that mental health services are accessible to those who typically have the least resources but the greatest needs.

We urge the Committee to acknowledge the critical importance of mental health services tailored to the

cultural and linguistic nuances of the AAPI community. Your support can help ensure the survivors and their families not only recover but also thrive beyond these challenging times. Thank you.

CHAIRPERSON BRANNAN: Thank you. Go ahead.

YUNA YOUN: Hello, okay. Hi, my name is Yuna, I am the Director at Korean Community Services, KCS's Mental Health Clinic. Thank you Council for this opportunity to testify. Just first of all, I wanted to highlight that we are working so hard to receive funding in a way that maybe in other systems like hospitals, it's just considered essential and so, there's no second thought about it. It's just — it doesn't need to be explained and yeah, and we need to advocate and we need to somewhat justify it and I just wanted to highlight that. So, I wanted to say, how we prioritize different types of mental health support is something for us to really think about. I wanted to focus on this concept of an essential worker. When we think of how funding is not questioned, we need to think about how essential outpatient clinics are and whether the funding allocations reflect that.

So, I echo a lot of what everyone said here before, that these are the kinds of issues that we're seeing at an outpatient mental health clinic. Some of the clients could be domestic violence. Some of the clients could be the person who is the perpetrator, the child, the family, the parent has a language access issue, the child does not communicate with the parent because maybe the child does not speak a foreign you know only speaks English. And so, within all of that, we also need to navigate medications and staff turnover and pay parity and just trying to coordinate all of that and then becoming this system or this like point where if a hospital cannot continue — and they will throw people back like they will just send them out in a day and we just shoulder the burden of that.

So, I just urge Council to really think about how we can work together to make sure that things aren't reactive so that you know funding when you know anti-Asian hate happens, isn't the kind of thing that like even before COVID, mental health support happened. It was reactive when violence was associated, like school shootings and it's only organizations, roots in the community with complex, that really know these

crisis and have complex like relationships. They can create that sustainable and cost efficient care and not only after tragedy strikes.

CHAIRPERSON BRANNAN: Thank you. Go ahead.

LILYA BERNS: Hi, good afternoon. My name is Lilya Berns. I am the Assistant Executive Director of Behavioral Health Services at Hamilton Madison House. I'm here with my colleague Barry Post. He is the Director of Development. We are a nonprofit settlement house in the lower east side. I also just want to shout out to Bay Ridge. Yeah, thanks.

So, we are a nonprofit settlement house in the lower east side. We are the largest outpatient mental health provider for Asian Americans on the East Coast. We serve about 630 clients annually. Currently we operate five mental health clinics. A personalized recovery-oriented services program, a substance recovery program and a supportive housing program for individuals with severe mental illness in Queens. And since 2022, we have been piling the Connect Program, which is the community arm of the Mental Health Clinic. This team goes out into the community to see clients wherever they are. We have staff who are all bilingual and we provide services

in English, Chinese, Korean, Japanese, Cambodian and Vietnamese and in line with the City Council's priority for the resurgence of efficient and in path with city services for Fiscal Year 2025. I'd like to bring your attention to a few of our priorities that need continued and robust funding. I was very pleased to hear this morning that Chairwoman Lee talked about related to the Forensic Act teams. The Connect program stands for continuous engagement between community and clinic treatment. This was launched by the DOHMH in partnership with the Mayor's Office and I believe the funding came from COVID.

Each of these teams were allocated $1.4 million. In the last 18 months, since we've launched a program, we've had a significant impact. Connect is essentially a lighter version of ACT and this morning we heard about assertive community treatment teams, how they are an evidence-based model, which Forensic ACT teams also modeled after.

So, essentially, the Connect program takes over some of the clients who are being discharged from FACT, from ACT and also from IMT teams. For many, many years, I've worked for ACT teams, one of the struggles that we had were that we were not able to

discharge people who have been on these teams for years and years and years and we're talking about 15, 20 years. And we thought that the city finally heard us and came up with this ACT light model called Connect. I think that it is on the brink of probably being cut and it's definitely a life changing program for our community, definitely because of the anti-Asian hate. A lot of our seniors refuse to go out; they are fearful of their lives.

With the Connect model, we're able to go into the homes. We're able to give them medications, give them essential food, clothing and whatever it is that they need. We really want to highlight the importance of this program. In the last 18 months, we were able to collect a lot of the data, which demonstrated that it was very effective. We even presented at the American Psychiatric Association this last week, as a poster and more of the data I can sign after the testimony. I just want to highlight that this is a very significant program and that we need more time to provide more outcomes.

CHAIRPERSON BRANNAN: Thank you.

LILYA BERNS: Thank you.

BARRY POST: Hello and to add on to that, so measuring pre-pandemic to post-pandemic demand for our services is up 30 percent when you measure emails, phone inquiries and referrals. So, we would like to meet this rising demand but recruitment is a standing problem, particularly in our client because we speak 11 Asian languages and dialects. So, where do we find these folks? Well, for decades, on our own, we've developed a talented pipeline of culturally proficient and linguistically proficient Asian American mental health professionals by recruiting international students who first intern with us as part of their MSW studies and then they remained with us as permanent staff.

However, to stay there beyond their internship year they need sponsorship. They need an H1B or a Green Card. Over the past six months, we have spent $35,000 on HIB and Green Card sponsorships out of our general operating budget so that's tough. So each one, each HIB cost us $6,000, each Green Card is $10,000 and then over the past five years, we believe we spent $175,000 on this. So, we only had sporadic peace mill support for this kind of spending for like talent sustainability. However, as of last year, we

did get a line item in the Connect budget that we were just talking about and via Oasis, substance use disorders. So, wouldn't it be great if there were other funding lines for that available, if it didn't have to come out of our general operating and not just Oasis and Connect? That's all.

CHAIRPERSON BRANNAN: Narcisse.

CHAIRPERSON NARCISSE: You have internal lawyers or you use other CUNY for support for the papers of other immigration part.

HEATHER CHOI: No, we have a consulting lawyer that we work —

CHAIRPERSON NARCISSE: Consulting lawyers or you partner with CUNY Laws or Legal Aid Society? None, none of those?

HEATHER CHOI: No, for the Visa sponsorships you're referring to?

CHAIRPERSON NARCISSE: No, when it has to do with immigration to do anything with immigration. No, okay.

CHAIRPERSON BRANNAN: Council Member Lee.

COUNCIL MEMBER LEE: No, I just want to say hi to this panel and I was just with a lot of you in Albany this past week because May is AAPI heritage month as

well as Mental Health Awareness Month and so, it's fitting that we're you know having these conversations right now and I mean, the reality is also when I was at KCS we had to do that to, not just for the mental health clinicians but for so many staff because the HIBV's is in the folks that have the bilingual cultural competency. That is a very creative way to think about it so that's something we could explore and then just in general, quick question with the Connect. Uhm, so what is the timeline exactly? Because I know that you said that you know it hasn't been that long since DOHMH launched this program. Obviously we need time to see it roll out and to see how effective it is, so what's the timeline?

LILYA BERNS: So, it's slated to end December 31, 2024. Uhm, we were told verbally that it may be extended through end of 2025 but there has been no confirmation and there's been no talks about the extension at all recently, so.

COUNCIL MEMBER LEE: Okay, so that's something that we can definitely follow up with on our end with DOHMH. And also, just out of curiosity, I know that there's several, a lot of nonprofits sitting in the

audience. Just by a show of hands, how many of you received your discretionary funding for FY24? None, okay yeah, that's what I thought. That's a problem. Okay, thank you. And to shout out of course to KCS, KFAC, Garden of Hope, NYSC, AAF, all the groups that are doing amazing work on the ground. It is not easy and just from starting up the clinic at KCS, it is labor of love that's for sure and severely underpaid in terms of staffing. So, thank you for all that you do.

CHAIRPERSON BRANNAN: Thank you all very much. Okay our next panel we're going to hear from Pramma Elayapenal, Juan Vasquez, Fiodhna O'Grady, Kumarie Cruz, Casey Starr, Zach Hennessey. Okay, you want to start.

JUAN VASQUEZ: Thank you. Good afternoon My name is Juan Vasquez. Thank you Chair Schulman, Narcisse, Brannan and Lee for the opportunity to testify here today on behalf of my fellow CIR members. I'm a 30-year emergency medicine resident at Bellevue Hospital and NYU. My program, like most of the programs at Bellevue, is a split program. This means that while all of the residents are in the exact same program, doing the exact same work and caring for the exact

same patient population, we are divided across two payrolls and over the last two years, those of us on the Bellevue payroll have been paid over $20,000 less than our colleagues on the NYU payroll.

Like all of my colleagues, I am incredibly proud to serving one of the nations largest public health hospitals and be able to care for our patients regardless of their race, their ethnicity, their immigration status or whether or not they can pay for their hospital visit.

But like our patients deserved to be cared for by the best doctors and in order to be at their best and for us to be able to give our best, we need to first be able to meet our basic needs, like affording housing, food and transportation without being forced to go into further debt. Currently, in my program, we have residents commuting all the way from New Jersey because they can't afford to live in the city that we work, and we've had instances where residents are outbid from housing leases because our salaries don't allow us to basically compete with others who are competing at market rate.

H+H residents face — don't just face the usual stressors of residency that comes with long hours.

We also face financial stress and the stress of working in hospitals that have faced years of understaffing. We're constantly required to take on transportation, nursing, social work and clerical and more duties to ensure that our patients get the care that they need to be able to be discharged back to their families. This is a daily occurrence. I was hoping the Dr. Katz would be here so that I could pry some perspective on that but unfortunately he left. Basically, to kind of sum things up, we are hoping that the Administration will take the steps to safeguard the quality of care that we can provide at H+H and to agree to a contract with pay parity for residents that does not delay future pay increases and provides additional funding to our patient care fund and on call coverage that does not connect a sacrifice of our own pay raises. We, everyone here understand that the increase in pay gap between public and private hospitals is draining our safety net hospitals of resources including talented, caring, and committed providers and this is how disparities in health care outcomes are created. And today here, we have the opportunity to do what's right for our patients and to provide better funding

for our hospitals and fair compensation for the relentless work that we all do. Thank you.

CHAIRPERSON BRANNAN: Thank you. Go ahead.

DR. PRAMMA ELAYAPERUMAL: Thank you. Good afternoon Chairs Narcisse, Schulman, Lee, and Brannan. My name is Dr. Pramma Elayaperumal. I have completed my internal medicine residency at Woodhall Hospital. I'm currently a fellow in pulmonary and critical care medicine at South Brooklyn.

Me fellows here and our members and I have testified three times now in front of the Council discussing the working conditions, wellbeing and the Administrations unwillingness to pass a fair contract. In my almost six years at H+H, I've rotated across four different H+H hospitals. I've been hit through each wave of COVID. I've seen our patient loads increase. I've seen our residents get pushed to something of a breaking point as we navigate struggling to avoid our basic needs on the H+H pay scale, particularly with increasing housing, health care and child care costs all are being forced to take on the extra burden of excessive non position and noneducational tasks.

On May 1st as Chair Narcisse pointed out, we filed 26 out of title work grievances representing over 400 individual instances across eight hospitals. In the previous month before that, my first period, demonstrating how health staff are routinely asked to undertake these duties, typically they would go under the purview of social work, nursing, transport, phlebotomists, clerical work, and I reflect personally on the hundreds of hours I've spent in the last six years doing these things that are outside of the scope for my training program. Very much like my Co-fellows and residents, all without extra pay or recognition, only to still be among the lowest paid house staff in New York City, even among safety net hospitals.

So, this simply can't be the norm. Dr. Katz testified that this was an occasional thing that happens when people call out. It's not, it's routine. You know its inherent to the workflow of our hospitals, wards and clinics. In my time at H+H, we've had house staff commit suicide. I personally had a colleague attempt suicide leading to hospitalization. I've had colleagues who had to go on mental health leave and a handful more start on

anti-depressants. This is that breaking point kind of point that I was talking about. The stressors of the job combined with being unsupported in our employment environment financially and otherwise takes a tole and unfortunately a lot of talented doctors are not going to stay on at H+H after we finish our training.

To add insult to injury, a lot of active health staff now will never have received a pay raise if they graduate in June without a gratified contract unless Mayor Adams and the city can take action to agree to a fair contract urgently. That's why we urge this Administration to take this issue seriously to push everybody to pass a contract that invests in our communities, our patients, and acknowledge the efforts that our health staff are putting into this system. Thank you.

CHAIRPERSON BRANNAN: Thank you.

CASEY STARR: Thank you Chairs Lee, Brannan, Narcisse and Schulman. My name is Casey Starr and I'm the Co-Executive Director of Samaritans of New York. The city's only community-based organization dedicated solely to suicide prevention. I also represent Samaritans USA on the national council for

suicide prevention and serve as the representative for North American for Befrienders Worldwide, the oldest and largest suicide prevention network in the world with over 400 centers in 40 countries.

Last year, Samaritans trained nearly 3,000 mental health providers. We provided direct support services to 649 survivors of suicide loss and our anonymous and confidential hotline was contacted more than 50,000 times.

Samaritans is a vital support amidst a troubling landscape. In our city, someone dies by suicide every 16 hours. As you review the Executive Budget, I urge you to consider the profound impact the proposed funding cuts on our city's mental health services will have. These reductions threaten the very fabric of our community support system, particularly for those most vulnerable. And we know that on the conservative end, 60 percent of adults and 70 percent of adolescents who need mental health services are not able to access treatment, and a new 2024 study conducted by MHA said that nearly 94 percent of adults with substance use disorders never receive treatment and aren't able to access it.

I want to thank the Council for their longstanding support of the hotline and our other programs and just to emphasize that the reduction in funding to the city's mental health services at this critical time is not only a disservice to those who utilize these defunded programs but undermines our city's long term mental health goals. Suicide is the end result of unalleviated suffering of a failed safety net. It's a barometer for our society because it tells us about the quality of our lives, how we address challenges, and how we treat those most vulnerable among us and the deep-rooted shortfalls in access to mental health care really illustrate that instead of providing urgent and sustained attention, the executive budget betrays an intrenched diversion to parity and deeply held biases. Thank you.

CHAIRPERSON BRANNAN: Thank you.

FIODHNA O'GRADY: Thank you Chair Brannan, Chairs Schulman, Lee and Narcisse for the opportunity to speak today. My name is Fiodhna O'Grady, Director of Government Relations at Samaritans also. I'm here to discuss the critical roles Samaritans plays in New York City's mental health landscape. New York City is at a crisis point in mental health care

availability, which will be made worse by the cuts proposed in the Executive Budget. The necessity for completely anonymous and confidential mental health services, cannot be overstated. Particularly as many individuals most at risk, including those with serious mental illness, LGBTQ individuals, youth elderly, veterans, Black and Brown communities disproportionately affected and those impacted by the criminal justice system are often warry of seeking help through government fund services.

Last year alone, Samaritans confidential anonymous 24-hour hotline responded to over 50,000 contacts from New Yorkers in crisis, many of whom would not seek help in a less confidential setting. Cuts to essential mental health services should not be seen merely as budget adjustments, rather they are decisions that will profoundly affect the lives of thousands of New Yorkers. Reducing funding sets back our city's commitment to safeguarding residents, especially at a time when those services are crucially needed. This is akin to withholding lifeboats on a sinking ship. Both actions knowingly increase vulnerability and potential harm during a crisis.

Maintaining a confidential and anonymous hotline allows Samaritans to serve a diverse group of individuals who would otherwise avoid seeking help.

The hotline is a necessary compliment to 988 by providing New Yorkers with essential choices in their crisis response, which is vital for effective intervention. In fact, offering multiple points of entry for the suicidal is something born out by the US Airforce in their seminal study that reduced suicide. So, three things for us firstly, please restore the $312,000 for the suicide prevention hotline.

We haven't had an increase in many years and our costs are much higher, especially with staffing and recruiting volunteers. We're asking for $65,000 more and also help us, which Chair Lee has offered to help, which the DHMH cut our budget. Last year, we had a $65,000 annual which is $180,000 in a three-year contract. They told us off the cuff in September, after we'd already provided three months of services. Then they said oh, the fund for public health will be picking you up. We then got in contact with the fund for public health over months, they also said no, they had nothing in their books.

So, we're also asking the City Council to help us to reinstate that three-year contract and Chair Lee will help us with that. So, it's another example of the DHMH and we had a three-year contract at that amount for 9 to 12 years and this year, it would have been 72,000. So, that's $210,000 over three years. And that money we're asking for the enhancement and is not the same as asking for our $312,000 and our $65,000. Thank you.

CHAIRPERSON BRANNAN: Thank you.

KUMARIE CRUZ: Good afternoon and thank you Chairs Brannan, Lee, Narcisse and Schulman for the opportunity to speak today. My name is Kumarie Cruz and I am the Director of Public Education and Bereavement services at Samaritan Suicide Prevention Center.

Every day I witness first hand the impact of mental health disparities, particularly around the marginalized communities. Our services are crucial in helping individuals through their darkness. The Executive Budget includes cuts that are deeply concerning to me, as they do threaten to dismantle the support structures these communities rely on. They intensify already prevailing issues, access and

equity in mental health care. I see these issues mostly in our education programs that are often the primary and sometimes the only line of defense against mental health crisis in underserved areas. Our city's youth has reported alarming and consistent increases in major predictors for suicide, including feelings of hopelessness, self-injury, suicidal ideations and it bears out in other data's. Suicide is the third leading cause of death for New Yorkers age 15 to 24.

Suicide accounts for more than 20 percent of all debts for children aged 10 to 14. One in three transgendered youth considered suicide in the past year and two in five have made an attempt. These trends underline the critical needs for accessible mental health support, reducing fundings for services like ours, not only deprives vulnerable populations of crucial tools for managing their mental health but also increases the likelihood of preventable crisis.

Samaritan's programs are tailored to meet the unique needs of these communities we serve, creating culturally appropriate and effective interventions. It seems almost unfathomable that in the face of this dire situations that we're here talking about cuts to

mental health. By reducing fundings for services like ours, the city risks depriving its most vulnerable populations of essential tools to treat, maintain and improve their mental health. Restoring and enhancing this funding is not merely a budgetary consideration, but a profound commitment to social justice, equity, and public health. Support for Samaritans is a direct investment in maintaining our city's resilience and ensuring a healthy future for all New Yorkers.

CHAIRPERSON BRANNAN: Thank you.

ZACH HENNESSEY: Good afternoon. Thanks for hanging in there. My name is Zach Hennessey. I'm the Executive Vice President and Chief Strategy Officer at Public Health Solutions. We are for more than 60 years; we are a nonprofit public health organization committed to health equity in New York City.

We do that through providing services directly to families, supporting community-based organizations through long standing public, private partnerships and bridging the gap between health care and community services.

I'll touch on three areas today, sexual and reproductive health, maternal and child health and benefits access. Through a combination of federal Title 10 New York State Family Planning Program and buildable activity, we operate two Article 28 license sexual and reproductive health centers in Fort Greene Brooklyn and in Brownsville. Where we provide high quality care that is patient centered, trauma informed and focused on reproductive health.

We have successfully prioritized sexual and reproductive health needs of Black women, women of color and persons capable of pregnancy who are under or uninsured or living below the federal poverty level. On an annual basis, we serve up to 2,500 patients at our sexual and reproductive health centers and work with many local middle and high schools to provide evidence based sexual health education to about 5,000 teenagers annually.

On top of severe workforce challenges and dramatically escalating costs, our centers are struggling due to funding cuts in both New York States Family Planning Program and the Federal Title 10 program. It's remarkable that this is occurring post DABs. So, we are requesting support from the

City Council to allocate $350,000 for PHS in Fiscal Year 2025 through the Speakers initiative and or the dedicated contraception fund in support of our sexual and reproductive health centers.

In maternal and child health, where we are really addressing the issue of Black maternal morbidity and mortality, we're requesting $175,000 from the Maternal and Child Health Initiative for Family Connect and our New York City Breast Feeding Warm Line. And lastly on benefits access, where we are seeing an incredibly increase, demand for resources due to the asylum seeker surge, we are requesting $225,000 from the Access Health and Support our Seniors initiative for our Benefits Bridge program. Thank you.

CHAIRPERSON BRANNAN: Thank you. Thank you all very much for your testimony.

Okay, the next panel we'll hear from Erin Verrier, Dosh Yeatts-Lonske, Jeannine Mendez Sr., oh sorry just Jeannine Mendez, Greg Mihailovich, Alice Bufkin, Jonathan Chung, Judy Wesler. [06:16:22]-[06:16:48] Okay, you want to start?

ERIN VERRIER: Sure, hi everyone. Oh sorry. Hi and thank you for the opportunity to present today.

My name is Erin Verrier and I manage policy and external affairs for Community Health Care Network, otherwise known as CHN. CHN is a federally qualified health center with 14 sites citywide that provide critical primary care and social services for patients in underserved communities. We reach over 50,000 patients and welcome patients of all ages regardless of their ability to pay.

Today, CHN is working to increase our reach by relocating and expanding health centers and renovating health center infrastructure. Currently, we are in the process of relocating our South Bronx Health Center, moving it one block away and are requesting city dollars in support. We will be significantly increasing the centers square footage, therefore upping the number of exam rooms and will be able to include new dental operatories, adding dentistry to our already robust set of services. Overall, this move will allow us to provide more services for more patients in the South Bronx.

In addition, we are requesting support for the renovation of our Long Island City Health Center. We will be making critical infrastructure improvements to build out a high-quality clinical environment for

patients and staff. An exciting development for this site, the LIC Health Center will house a new family medicine residency program that will begin this July. The program will train newly graduated medical residents in community based primary care, ultimately adding to the much need primary care workforce in underserved communities.

Now, onto a separate priority I'd like to highlight, which is the needed support for our school-based health centers. We have two school-based health centers that provide a full range of primary care services, including mental health services. Uhm I'll jump to the main point, which is that our — we seamlessly integrate students physical and mental health and that's what we call primary care at CHN and we want to ensure these services along with those at school-based health centers citywide continue.

As such, we request baselined funding for all school-based health centers at the level of $100,000 per school-based health centers plus $100 per student enrolled in the school. That's all for now and I appreciate the opportunity to speak today.

CHAIRPERSON BRANNAN: Thank you.

JONATHAN CHUNG: Good afternoon Chairs Brannan, Lee, Schulman, Narcisse and members of the joint committees. My name is Jonathan Chung, Director of Public Policy and Advocacy for the National Alliance on Mental Illness of New York City or NAMI NYC. We're the only nonprofit providing direct and extensive family support to New Yorkers who care for someone living with serious mental illness. Thank you for the opportunity to testify.

I will speak today about two important things. The importance of implementing a youth peer to peer model through NAMI NYC, and the importance of supporting us with our program for family members of individuals living with mental health conditions.

First, the youth mental health crisis we are facing in our city and our nation is real. We commend Speaker Adams for outlining peer to peer mental health programs for students as a priority in her state of the City Address. NAMI NYC brings 40 plus successful years of experiencing peer to peer support with a real impact on the people we serve. We hope to expand at the intersection of peer support with teams and young adults. This is crisis prevention and will be cost effective as an upstream

way to mitigate issues young people are dealing with. We hope the Council will consider funding us to develop and implement this programming.

Second, NAMI NYC sees families as a threat across a fractured system for New Yorkers with Serious Mental Illness or SMI. Families are the ones there before, during and after mental health crisis and episodes. When given proper tools and adequate support, families can intervene and improve mental health conditions for peers. Academic research of family interventions broadly and of NAMI's evidence-based program specifically, point to these results.

When a family member is actively involved, emergency room visits and psychiatric hospitalizations decrease and there is greater engagement with community based mental health care.

NAMI NYC again is the only nonprofit providing these direct and extensive supports to family members. For this reason, our organization is respectfully requesting that the City Council follow through on its commitment towards family and peer support services by making a $250,000 investment in our one-of-a-kind evidence-based care for Mental Health Caregivers program, which is critical to

helping New Yorkers effected by mental illness. This modest funding request will also remove the burden from city agencies to implement new programs with the same end goal as the programs NAMI NYC has already provided for over 40 decades. Free of charge, irrespective of insurance or immigration status. Thank you for the opportunity to testify and appreciate your support. Thank you.

CHAIRPERSON BRANNAN: Thank you.

GREG MIHAILOVICH: Alright, good afternoon. Thank you Chair Brannan and members of the New York City Council for the opportunity to be here. My name is Greg Mihailovich. I'm the community advocacy director for the American Heart Association here in New York City.

So, for the last 100 years, our organization has been dedicated to fighting heart disease and stroke, which approximately 80 percent of diagnosis are preventable. Unfortunately, heart disease and stroke continue to be our city's leading cause of death and disability. High blood pressure or hypertension is a key risk factor to heart disease and stroke and more than 2 million New Yorkers report having high blood

pressure but less than half of those diagnosed actually have them under control.

So, self-monitoring, self-measured blood pressure monitoring, which is the regular measurement of blood pressure by the patient outside of the clinical setting, is actually a validated approach to managing hypertension and is associated with lower blood pressure and improved blood pressure control. That's because often the measurements in the clinical setting differ from at home. There is — it could be higher, which is white coat hypertension or lower mask hypertension, so getting these like improper measurements out of the system really help address that. Barriers of course are financial. Patient out of pocket costs, lack of reimbursement, lack of insurance coverage for devices. Now, the Council is all over this. Last year, the Council passed legislation that subject to appropriation, the New York City Department of Health and Mental Hygiene has the support making at home blood pressure monitors available at no cost to the public in five high need areas. The highest incidents of hypertension, which probably won't be shocking and tend to be lower

income, non-White communities that need help managing their blood pressure.

So, New York City, if they really want to make an impact here, they need to make an investment, the recommended amount that Department of Health is $1 million to support the self-monitoring blood pressure programs for Department of Health and we're hoping that in a difficult budget negotiation that we can find that funding this year. Thank you.

CHAIRPERSON BRANNAN: Thank you.

JEANNINE MENDEZ: Good afternoon. My name is Jeannine Mendez. I'm the Senior Director of Strategic Initiatives and Government Relations at Astor Services. Astor Services is a mental and behavioral health agency that serves over 4,500 children and families in the Bronx annually.

For far too long the mental and behavioral wellness of our most vulnerable New Yorkers has fallen through the cracks. Social emotional learning has been prioritized since it had been embedded in the core educational values. It is not secret that we are facing a mental health crisis that continues to grow and affect our most vulnerable New Yorkers daily. Mental health challenges are the leading

cause of disability among youth according to the US Department of Health and Human Services. Nationwide, one out of every five children between the ages 3 and 17 suffer from a mental, emotional, developmental or behavioral health disorder. In the decade before COVID struck, feelings of sadness among youth increased 40 percent while suicidal behaviors increased 57 percent. As the pandemic exacerbated the conditions leading to these rates, the US Surgeon General issued an advisory about the crisis. US Surgeon General Dr. Vivek Murphy has clearly stated that the future wellbeing of our country depends on how we support and invest in the next generation.

As we now face a new pandemic of inadequate mental and behavioral health supports for our New York City residents. That investment needs to start today with ensuring that our human and social service workforce are equipped to manage the current needs that exist when it comes to the capacity and access to care.

Today, I want to speak to you about our Astor's Trauma Recovery Center. It serves as a community hub to support victims of violent crime with clear referral pathways from local hospitals, legal defense

services, law enforcement and other community pathways. We have been fortunate enough to receive funding from the Speakers Office and the City Council the past two years to establish and kick start the program but the funding is in danger of being cut.

Astor's DRC is one of three in the City of New York and the only one in the Bronx and lack of continued funding could be detrimental to the communities and families we serve. The program is crucial to addressing the current gaps in support services when it comes to mental health disparities and lack of support will result in people not accessing services in a timely fashion. Decrease in funding will also make it difficult for us to hire qualified license professionals to provide trauma-based therapies, as well as clinical and case management services. Continued support would allow us to hire and contract with medical providers who offer psych evaluations and medication management. When we do not have these licensed professionals on hand, the wait time for these services in the community are astronomical and a lack to access to trauma services in communities that are already lacking resources and services at a crucial time of

need, will only create a cycle of despair and continued trauma. We are all aware of the unprecedented challenges ahead but considering the exacerbating mental health challenges facing our communities, we remain optimistic that you will partner with us in this journey to recognizing how imperative it is for us to secure crucial mental health funding.

CHAIRPERSON BRANNAN: Thank you very much.

DASH YEATTS-LONSKE: Good afternoon Chair Brannan and members of the Committees. Thank you for the opportunity to testify today and my name is Dash Yeatts-Lonske. I am a policy analyst at Urban Pathways, a nonprofit homeless services and supportive housing provider serving over 2,000 single adults annually, enter Chair Narcisse.

First, thank you for including the $6.4 million increase to the Justice Involved Supportive Housing Program JISH in the Council's budget response. JISH contracted by DOHMH is the only designated supportive housing program for people leaving Rikers, who are living with a serious mental illness or substance use disorder. We are one of the three providers of this program. The funding increase that you've included

would raise the service rates, the expansion of the program and vision to five years ago and the 2019 RFP could finally actually happen. This program cuts recidivism in half. It keeps people housed. In the long run, it will save the city money that you don't have to spend later, keeping people in shelter and jail. The problem is that as you know this increase was not included in the Executive Budget. Please fight to get this into the final budget, it's important.

Second, thank you for including your budget response. The increase in service rates for NYC 1515 in supportive housing and scattered site. 1515 has only awarded 17 percent of scattered site allocation compared to 80 percent of congregate. So, that would fix it if again it's in the final budget.

Third, the Be Heard program is the main alternative to police for mental health crisis response. We call on the city to restore the PEGs to the Be Heard program and to create a training program for peers, people with lived experience to allow them to fill the mental health worker role on Be Heard teams.

Fourth, we are alarmed to see steep cuts in MOCS in the Fiscal Year 2025 Executive Budget. As it is nonprofits contracted by the city are still not getting paid on time and this would make the problem worse.

Finally, source of income discrimination is the biggest challenge that people served by Urban Pathways face when searching for an apartment. We appreciate the City Council's proposed $4.4 million increase to the City Commission on Human Rights to protect the rights of voucher holders. Thank you.

CHAIRPERSON BRANNAN: Thank you.

ALICE BUFKIN: Good afternoon. My name is Alice Bufkin. I am the Associate Executive Director of Policy at Citizens Community for Children, a multi issued children's advocacy organization. Thank you for holding today's hearing. I'm going to focus my attention on youth mental health. I first want to express our gratitude to the City Council's stanch advocacy with the Administration to ensure critical education programs are not lost as a result of expiring federal COVID-19 relief funding.

Neither of the restorations we saw in the Executive Budget will directly impact the mental and

emotional health of students, including the $74 million for school social workers and psychologists and the $54 million for community schools. However, as we know, many vital mental health programs were also left behind. Chief among these is the mental health continuum, which I know the City Council has also championed.

This innovative model cannot be truly sustainable if the city continues to fund it one year at a time. This initiative must be restored and baselined to fully reach the high need schools it's targeting. We were also deeply disappointed that restorative justice funding was not restored. Restorative practices correlate with improved academic outcomes, school climate and staff student relationships.

Additionally, I want to uplift our strong support for the full funding of the City Council's mental health initiatives, many of which you've heard from providers about today. These initiatives have always been a crucial back loan of community-based behavior health in the city, offering targeted but flexible services that can adapt the needs of communities. Unfortunately, these initiatives experienced a cut nearly $1 million in last years budget. Those cuts

impacted initiatives like children under five, autism awareness and mental health services for vulnerable populations, ready to restore and maintain funds for all of these critically important programs.

Finally, I want to underscore what we hear time and time again when we speak to young people about what would help improve their mental health and that of their families. They talk about third spaces outside of home, at school where they can find resources in community like libraries. They talk about the importance of out of school programming like Compass Afterschool and they talk about the mental strain they feel when their family is struggling financially, unable to afford essential services like child care. All of these programs are on the chopping block on this budget.

I want to uplift how urgent it is that this budget fund the types of resources and supports that are not in the mental health budget but undeniably strengthen the mental health and overall wellbeing of families. Thank you for your time and consideration today.

CHAIRPERSON BRANNAN: Thank you all very much for your testimony. Oh, I'm sorry.

It's okay, I came a little bit late.

CHAIRPERSON BRANNAN: No, it's all good.

JUDY WESLER: Sorry, thank you. Thank you for the opportunity to testify. My name is Judy Wesler and I'm a Board member of the Commission on the Public Health System. The retired director of the organization.

I'm here today to urge City Council to include $4 million for Access Health New York City in the FY 2025 budget. CPHS, one of the original organizers of Access Health, has been actively involved in developing resources and providing training on health care and the health care system to support the involved community organizations. Access Health NYC is a citywide initiative that enables community-based organizations across New York City to provide education, outreach and assistance to all New Yorkers about how to access health care and coverage. Access Health fills an information gap and provides critical outreach and education to hard-to-reach populations across New York City, who are uninsured, who are undocumented, who have limited English proficiency, have disabilities or LGBTQ+ and who are unhoused. CBHS was organized 31+ years ago to support the

public health and hospital system and fight for equitable access for everyone regardless of their race, ethnicity, language spoken, disability or ability to pay. Over the ensuing years CBHS has worked with labor and community-based organizations to support that mission. These efforts were accomplished through organizing, research, writing and advocacy to support the institutions and communities needing the support of legislation, litigation, organization and writing services.

I am going to sum up in a second, let me just find the second page. Okay, so just that its long-term impacts and obvious racial ethnic inequities of COVID-19 pandemic continues to challenges the communities health and economy. Community based organizations like ours continue to fill in the gaps for a strained health care and mental health care system. Given the influx of new arrivals in New York City, the demand for our services and support has fight. Enhancing AAH NYC can bring additional support from merging health concerns and connect vulnerable communities such as asylum seekers to critical health information and referrals. Thank you again for this opportunity.

CHAIRPERSON BRANNAN: Thank you all very much for your testimony.

Okay, now we're going to hear from Daniel Leyva, Guillermo Chalon, Karina Escamilla, Jane Ma, Emily Li, Jonathan Suh, and Christine Arif. [06:35:21]-[06:35:52] Thank you. Okay, you want to begin?

SHANNON ROCKETT: Good afternoon Chairs Brannan, Narcisse, and Lee. My name is Shannon Rockett and I'm here today on behalf of Carnegie Hall. We were very encouraged to see the Speakers inclusion of arts and culture and maternal and youth mental health initiatives among her priorities for the year ahead. The Speakers focus here calls out the essential services our city's culture organizations provide. With the Council's support, culture has been a highly effective resource to address many human services needs.

For this reason and many more, I urge the Council to restore the devastating cuts to culture that have been enacted this year and called for in the next year. As a member of the CIG, Carnegie Hall takes seriously its public service to our city's residents and since 2011, has invested deeply in developing and evaluating evidence-based music and mental health

programs. The Lullaby Project connects new parents and caregivers and their new born babies with professional artists to compose original lullabies, meeting families where they are in public hospitals, high schools and other community centers.

Evaluations of the lullaby project indicate that the creation singing and recording of personalized lullabies help parents to develop their self confidence while being creativity and capacity to be loving, sensitive and responsive caregivers while also providing infants with the opportunity to experience new and soothing vocabulary, figurative language and elegant phrases that are important to development and learning.

Our wellbeing concert series offers thoughtfully curated concerts that bring people together for an experience that builds connection and celebrates our shared humanity regardless of socioeconomic circumstances or background. In addition to public concerts, a significant proportion of the program invite specific groups to attend without cost. These include health care workers, students and clients of H+H and DOHMH, veterans invited through the New York State Department of Veteran Services and Black

Veterans for social justice. Individuals and families impacted by the justice system and older adults. All of Carnegie Hall social impact and early childhood programs are informed by a significant and growing evidence based that demonstrates how musical engagement can promote health and prevent illness across the lifespan.

Please see our submitted testimony for more on our research fact outcomes for these programs. Our impact and partnerships throughout the city demonstrate that investment in arts and culture is a compound investment in human services and our communities. Cuts to arts and culture therefore have a compound negative effect on our communities. Culture is not a budgetary indulgence. It is part of the solution. We urge the Council to prioritize and protect funding for arts and mental health programming in the year ahead. Thank you for your time.

CHAIRPERSON BRANNAN: Thank you.

JONATHAN SUH: Good afternoon. My name is Jonathan Suh and I'm a Project Coordinator at Korean Community Services. I'm here today to urge the Council to include $4 million for access Health NYC

in the FY25 budget. First, I'd like to thank the Health Committee Chair Lynn Schulman and members of the Health Committee as well as the Chair Linda Lee for your commitment to making sure New Yorkers can access health care and for supporting Access Health NYC for over nine years. Access Health NYC is an essential part of how we at KCS are able to assist individuals receive quality health care. CBO's like KCS are able to provide education outreach and assistance to individuals about health care and courage through this citywide initiative. Through Access Health NYC, we have been able to increase health fairs, increase outreach and perform presentations related to health care. We also increase our deliverable numbers from 200 in 2023 to 240 in the current year but in spite of this, we have assisted 492 individuals with access to health care thus far. Considering these facts is clear that CBO's like KCS play a key role in helping low-income individuals receive quality health care.

Since its foundation in 1973, KCS has been operating under the mission of helping Korean American population as well as the wider immigrant communities in the areas of aging, education,

immigration, public and mental health. As a project coordinator at KCS, I help apply individuals for health care, resolve billing issues and general case management. Ms. Pack is one of the many individuals whom I assisted this year. She was undocumented and came to KCS at the hearing that we helped undocumented individuals receive Medicaid.

Many clients like Ms. Pack visit our organization through word of mouth and express immense gratitude and relief that organizations such as ours exist. The city's support for those like Ms. Pack is imperative and we kindly ask that the city continue to support and fund our organization so that we can do our job in assisting these low-income individuals. Thank you for your time.

CHAIRPERSON BRANNAN: Thank you.

EMILY LI: Good afternoon. My name is Emily Li and I am a Project Coordinator at KCS Career and Community Services. First, I want to thank you all for the opportunity to share our story today. I also want to thank the Council and their commitment to health equity for all New Yorkers.

Since 2014, KCS has been part of the New York City Coalition and assisted in hepatitis B prevention

by offering free testing, education and providing culturally competent patient navigation services. We mainly serve low-income Asian American immigrants with limited English proficiency who are uninsured or underinsured. In the past nine years, we have screened over 3,800 people and identified over 200 positive hep B patients.

Approximately 330,000 New York City residents are estimated to be infective of chronic hepatitis B and C. Given this statistic, it is crucial to address the largely overlooked health crisis. This past March, I assisted Mr. Singh who is uninsured and undocumented. Due to his unique situation, KCS paid for Mr. Singh's medical appointment and his liver ultrasound. Mr. Singh was informed that he also needed an MRI scan of his liver. KCS helped to reduce the MRI cost to a more affordable price from $400 to $100. Thankfully Mr. Singh's overall test results were good and he didn't need any treatment or medicine. He was really appreciative of our help.

KCS requires the continued funding of the Viral Hepatitis initiative to provide free hepatitis B screenings and streamline medical care access to our pro bono doctors. I kindly urge the Council to

include a total of $4.4 million for the Viral Hepatitis to achieve the New York City Viral Hepatitis elimination goal of preventing liver cancer and disease by 2030. Secondly, KCS is seeking $85,000 for the Immigrant Health Initiative to lower tobacco use in the Korean Community. Where 22 percent of Korean American men and 16 percent of Korean American women smoke.

So far in 2024, not only the KCS referred 13 smokers to the Asian Smokers quit line, as well as the New York State Smokers quit line. We also provided nicotine replacement therapy to 23 clients. KCS also shares one of our clients four weeks' worth of nicotine patches, a pack of nicotine gum and a pack of nicotine lozenges at no cost.

Community based organizations such as KCS have a long-standing tie with the community members and are well positioned to deliver much needed services to the community. Thank you.

CHAIRPERSON BRANNAN: Thank you.

JANE MIN: Hello, my name is Jane Min and I'm here to represent Korean Community Services KCS and advocate for the continuation of the building resiliency and advancing vaccine equity Brave program

initiative. The Brave Program is a project facilitated by the NYC Department of Health and Mental Hygiene in partnership with the fund for public health in New York City. I appreciate the opportunity to share with you how the Brave Program is impacting the lives of our community. I would like to start by thanking the members of the City Council for holding today's hearing.

According to the Department of Health and Mental Health, COVID-19 has caused more than 200,000 hospitalizations and 45,000 deaths in New York City to date. Black and Latino people have experienced the highest rates of illness, hospitalization and death. The COVID-19 pandemic has highlighted numerous injustices for historically marginalized groups in the US. According to the WHO long COVID is defined as the continuation of development of new symptoms three months after the initial infections with these symptoms lasting for at least two months with no other explanation.

Nearly one in five American adults who have had it, COVID-19 are still experiencing symptoms related to long COVID. The goals of the Brave program is number one, to reduce the racial and ethnic

disparities in COVID-19 and influenza immunization by expanding vaccine coverage, confidence and access. Number two, to raise long COVID community awareness and how it may impact health and wellbeing. The region mere targeting the Long Island City area is identified as a zip code having "significant racial and economic disparities in health outcomes."

In order to expand vaccine access and raise long COVID community awareness, we conduct street and community outreach within the Long Island City Queens region. Our outreach work takes place in and near busy intersections, transportation hubs, commercial corridors, and public spaces and consists of but is not limited to distributing printed educational materials, talking to people about getting vaccinated and tested for COVID-19 as well as connecting people to nearby testing and vaccination sites.

We widely disseminate information on COVID-19 vaccines. We plan and implement in person engagement events weekly and we lead a community conversation every week to deepen understanding of vaccine fears, concerns and increased knowledge of local vaccination locations and availability. We engage and provide one on one navigation services to individuals weekly

to support vaccinations and appointments. As a result of our outreach, we found that the Long Island city region is desperately in need of navigations services directing residents to receive the COVID-19 vaccine and other services including but not limited to behavioral services, employment services, education services and chronic disease services, health care services and food and nutrition services. Our community engagement is work, grant funded and is an essential component to supporting New York City's efforts to fight COVID-19.

We're asking for a continuation of the Brave grant to allow for greater vaccine access and coverage in the Long Island City region. Thank you.

CHAIRPERSON BRANNAN: Thank you.

CHRISTINE ARIF: Good afternoon Council Members. My name is Christine and I am a lifelong Staten Island resident. A decade ago, I experienced a crisis that led me to the Institute for Community Living or ICL.

The first day I met my social worker Sharon, she told me that she would stay with me as long as I needed. Sharon is still with me today. That is the kind of support people like me can count on from ICO.

I hope you will support them in their budget request but I am here to talk about something bigger. The need for us to destigmatize mental health challenges. Many of us struggle in silence. That was the case for me. For years I would cry at work and nobody would ask me if I was okay. We need to have simple conversations with each other to understand one another and to acknowledge that people go through difficult times. This is Mental Health Awareness Month. ICL recently released a video to destigmatize mental health. I am featured in that video talking about my struggles.

I hope you will watch it, share it and spread the word about having conversations about mental health. I have cards with me with a QR code to the video and you can also find it on ICL You Tube channel. Thank you very much for your time.

CHAIRPERSON BRANNAN: Thank you.

CHRISTINE ARIF: Thank you.

DANIEL LEYVA: Good afternoon. My name is Daniel Leyva, Director of the faith-based initiative of the Latino Commission on AIDS and I'm here speaking also on behalf of the Guillermo Chalon and Karina Escamilla who were called earlier.

I'm here to appeal for the restoration of funding to our faith-based programs delivered by the National Black Leadership Commission on Health and the Latino Commission on AIDS. In order to meet the growing needs of the most impacted communities. Both programs focus on an integrated health approach on HIV education, stressing the importance of prevention, stigma reduction, technical assistance and access to care opportunities for New Yorkers congregating in communities of faith and their social networks.

Our programs have over the years provided tools to access health services with a culturally sensitive approach in both Spanish and English to a population that for many reasons, not always access health care services in traditional settings. Some of the services are underutilized because the lack of breaches between members of communities of faith and other communities and traditional health care providers. With truly meet members of our Black and Latino communities where they are, congregating in their faith communities on weekends and evenings. The New York City Department of Health and Mental Hygiene has been a very important partner for both

organizations. We will continue partnering with Department of Health for as long as our resources allow it. Communities of faith are essential to the fabric of our city. New York City Council historically has supported the engagement of religious leaders in shaping a more healthy New York City. We have developed a unique engagement and we hope that the New York City Department of Health and Mental Hygiene will reconsider the decision to terminate our contracts. The staff of the Department of Health are incredibly dedicated to working with us and we pledge to continue this relationship. Let us remember that according to the latest HIV surveillance report of 2022 in New York City, 1,622 people were newly diagnosed with HIV, those who actually were tested. 43 percent among Black and 40 percent among Latinos and Latinas. We have a lot to do to end the HIV epidemic in our city and our nation, and prevention must take essential role in this effort. Thank you.

CHAIRPERSON BRANNAN: Thank you.

CHAIRPERSON LEE: If I could just say a couple things. I just wanted to commend all of you for being here and all the work that you do in the

community, especially I know Access Health is a huge program that we need to keep funding and Christine I hope that you were doing well today, as well as in the future for with all the help of ICL. I know that they are great group. So, thank you all for being here.

CHRISTINE ARIF: Thank you.

CHAIRPERSON NARCISSE: I just want to share to say thank you to the same thing. I'm going to piggyback on that. Thank you for sharing and willing to testify because one other thing I will say being a registered nurse for so many decades, I know mental health is real and is stigmatized in a lot of communities to the level of being tabu. And thank you for amazing folks that are doing amazing work in our city to address the inequities in health care and of course, I had a big fight for HIV and AIDS and now being a nurse I was part of a team starting it and make sure that people's needs are being addressed, whatever the disease may be as a health care professional, so thank you.

CHAIRPERSON SCHULMAN: I want to — can I Chair?

CHAIRPERSON BRANNAN: Yes, go ahead.

CHAIRPERSON SCHULMAN: I want to thank you all for your testimony. I also want to point out that this morning at this morning's hearing, I asked for somebody from the Department of Health and Mental Hygiene to be here and there is a staff member here, so I just want to let you know, who is listening to your testimony as well. So, thank you.

CHRISTINE ARIF: Thank you. Thank you.

CHAIRPERSON BRANNAN: Thank you all very much.

CHRISTINE ARIF: Thank you.

PANEL: Thank you.

CHAIRPERSON BRANNAN: Okay, now we have Brianna McKinney, Victoria Graves-Cade, Jordyn Rosenthal, Michael Fasan, Anthony Feliciano, Joelle Ballam-Schwan, Raul Rivera. [06:52:24]- [06:52:50]

Okay, we're going to begin, go ahead. Just make sure your mic is on.

BRIANNA MCKINNEY: Is it on now?

CHAIRPERSON BRANNAN: Good.

BRIANNA MCKINNEY: Great, thank you Chair Schulman, Lee, Narcisse, Brannan and Committee Members for the opportunity to testify today. My name is Brianna McKinney and I'm the Chief Advancement Officer at Project Guardianship. I want

to start by thanking these Committees and the City Council at large for supporting Project Guardianship and access to critical guardianship services for New Yorkers. For the past 20 years, Project Guardianship has served as a court appointed guardian for adults who need a surrogate decision maker. We do this work because our state guardianship system was designed for those who have family members to care for them or money to pay for private care. This leaves out a substantial and growing segment of New Yorkers who are poor, aging alone and experiencing a loss of capacity. The majority of these folks live here in the five boroughs.

According to the Office of Court Administration, 14 percent of guardianship petitions are filed by hospitals and another 25 percent by nursing homes. These filings occur largely in cases where a patient cannot consent to services or arrange the financial components of a safe discharge, and where there's a lack of familial support. According to a report by the American Bar Association, mental illness is the reason for guardianship appointments at approximately 20 percent of cases. At Project Guardianship, its percentage is much higher with approximately 60

percent of our 200 clients have been diagnosed mental health as such as schizophrenia, bipolar disorder or post traumatic stress. Project Guardianship has developed a reputation for taking on the courts most complex cases. Often when a client comes into our care, they are not only dealing with health and mental health issues, they're also navigating a web of social systems such as housing, public benefits, the legal system and more. Our teams work quickly to help our clients find stability while simultaneously building strong relationships so that we can act in alignment with their wishes and values. We do everything in our power to help our clients remain in their homes and communities and to avoid institutional care.

Unfortunately, Project Guardianship, like many nonprofit guardians across New York, is at capacity and cannot take anymore additional appointments without additional funding. This poses a serious problem for judges who have come to rely on nonprofit guardians as more and more private attorneys have stepped away from the practice. We recently heard that on any given day, New York City judges in the guardianship parts are unable to find guardians for

approximately half of the cases where guardians are needed.

So what will happen to these New Yorkers who are experiencing a loss of capacity? Who do not have family or friends to look out for them and who do not have the financial means to pay for private care? We applaud the City Council for its commitment to finding comprehensive ways to address our city's mental health crisis and as budget negotiations continue, we urge you to set aside resources for nonprofit guardianship. Thank you.

CHAIRPERSON BRANNAN: Thank you.

ANTHONY FELICIANO: Good afternoon. My name is Anthony Feliciano and thank you for the opportunity. I am the Vice President for our advocacy at Housing Works. I want to say also we're a founding member of the End AIDS New York Community Coalition and we see that the Mayor's budget cuts are going to do a major threat and endanger sustainment and acceleration of our New York City's progress in ending our HIV, our overdose and our hepatitis C epidemics. We have — Black and Latinos account for 83 percent of HIV diagnosis newly ones. Now, that's obviously unacceptable but we can do something about that.

One is, we need to sustain levels of funding at $9.4 million for the Council's Ending the Epidemic initiative. The other, we need to restore $5.7 million in funding cuts to critical ETE Ending the Epidemic and DSS contracts. Right now, we are threatening to disseminate our undetectable anti-viral program and a bunch of other HIV programs that are necessary. We don't allow this cut to happen.

Other problems facing elimination is our Play Sure Networks 2.0 program. It is the backbone of New York City's HIV prevention efforts and many others. The other, what we like to look at is authorize and expand overdose prevention centers. Right now, we have a governor who says a lot about overdoses, who has had a nephew that unfortunately had passed from an overdose but we don't see any movement in moving these centers. We would like the Council to be able to support and fund at least five so we can cover the boroughs.

The other aspect of this is to sustain our Eliminate Hepatitis C. We're asking for the increase of $5.4 million from the $2.4 million allocated by the Council for this. We also want to increase sexual health clinics. We have had two closed for

too long time. One in Crown Heights and one in Park Slope and obviously we talked about mental health. We have to prioritize care, not criminalization of New Yorkers with mental health needs and where we do that is we end the street and subway streets of involuntary removals and we talk about community-based care and the end of NYPD's co-response with mental health professionals. Our Health and Hospitals share the most lion share of psychiatric beds and we support having more bedding but we need to have more community based mental health culturally competent and linguistically in funding.

So, we need to reverse some of these funding and bring it into those communities. Thank you.

CHAIRPERSON BRANNAN: Thank you.

JOELLE BALLAM-SCHWAN: Hello, my name is Joelle Ballam-Schwan, I'm with the Supportive Housing Network of New York. Thank you for the opportunity to testify today. First, we would like to thank the Council for supporting the networks NYC 1515 reallocation proposal by signing on to the Dear Colleague letters circulated by Mental Health Chair Linda Lee. Thank you Chair Lee.

NYC 1515 is the primary mechanism for supportive housing development in the city and it's failing to meet its target. This means that critical units are not being brought online that could house New Yorkers in need. Our proposal also seeks to expand NYC 1515 eligibility to include those exiting institutional settings and survivors of domestic violence.

Next, we want to thank the Council and the Administration for the human services sector COLA. The proposed three-year, three percent wage increase will help these essential workers support themselves and their families as they continue to provide critical service to some of the New Yorkers most vulnerable residents.

However, the city must ensure that the nonprofits that employ these workers are paid on time. Nonprofits are under significant financial strain due to the city's failure to reimburse them for contractually mandated services in a timely manner. Some providers are still awaiting payment for services provided in 2018 with millions of dollars in arrears. As proposed, the Executive Budgets significant cuts to the Mayor's Office of Contract Services would exacerbate this already untenable

situation. So, we urge the Council and the Administration to restore funds to personnel and non-personnel services to overt further harm.

Thank you also to the Council for including $6.4 million to expand the justice involved supportive housing program in your preliminary budget response. Please stand strong in final budget negotiations to ensure increased access to supportive housing for individuals leaving jail or prison.

The network is also a proud member of Correct Crisis Intervention Today, CCIT NYC. A coalition advocating for a peer led, nonpolice mental health crisis response system. The current pilot program BE Heard omits peers. We ask that the Council adopt best practices of CCIT NYC's model and focus on placing trained peers on Be Heard response teams as well as fully restoring prior Be Heard cuts. With the recent tragic killing of Win Rosario, we must say enough is enough and fully invest in and build out a true peer led mental health crisis response program in our city. Thank you so much.

CHAIRPERSON BRANNAN: Thank you.

JORDYN ROSENTHAL: Hi, thank you and my name is Jordyn Rosenthal. I just want to say thank you to

everyone. All the Chairs for sitting here and listening to all this testimony and everyone in the audience including the DOHMH person and part of my testimony is really atypical for me. I'm known for going off script and I actually surveyed our membership because a lot of people don't want to come to these hearings because they're so arduous. So, my testimony today is really from the voices of those community members.

When asked what types of mental health programming the city should invest in in the next calendar year, our community called for more peers, non-police mental health crisis response, and neighborhood centers that are and this is a direct quote. "Welcoming when compared to the faceless, intimidating mental health factory style mills that seem to be more profit a.k.a. Medicaid billable driven." I did not write that, someone in our community did.

All participants answers focus on the impact of a genuine connection that can make for someone in a distressing situation. One response even cited Win Rosario and how he had called for 911 help himself and ended up dying in front of his own mother.

Our community feels that the city doesn't care about them when mental health programming is cut. One participant noted that funding cuts are short sided and will cost the city more money in the long wrong. Instead they want more investments in social services and supportive housing. When prompted about the connection between supportive housing and mental health, individuals called access to supportive housing life changing and one member said, "supportive housing literally saved my life. Continuing programming and opportunities have made life bright. I am optimistic now."

Another person discussed how they were able to actually succeed in a program because they had housing and what a difference that makes to one's mental health. Which brings me to the boring number things. So, again, swapping social workers for peers on Be Heard, I wish I could give you a cost but as we heard from DOHMH and groups earlier, it is a big mess, so if you guys could investigate that would be great.

We're storing PEG cuts, accelerating access to supportive housing, allocating the $6 million that was approved last year for 2025 for crisis respite

centers, and continued investment in IMT teams. Thank you.

CHAIRPERSON BRANNAN: Thank you.

VICTORIA GRAVES-CADE: Thank you Chairman Schulman, Narcisse, Brannan and Lee and other esteemed Council Members for the opportunity to testify. My name is Victoria Graves-Cade and I'm a peer educator at GMHC's HIV Prevention and Literacy for Older Adults program or HLA as short. I'm here to ask you to restore funding for three contracts that will be cut because of the Mayor's January PEGs. The Department of Health and Mental Services Contracts are the undetectables and HIV treatment program funded at $405,515 per year and HLA funded at $242,782 per year.

The HRA contract is for our Rise Workforce Development Program funded at $401,725 a year. The loss of these three contracts, which employ 13 GMHC staff will total nearly $1.1 million. Last week, GMAC testified at the General Welfare Committee Hearing in support of Rise. So, my testimony focuses on DOHMH contracts.

Founded in 1982 is Gay Men's Health Crisis, the worlds first HIV and AIDS services organization.

GMAC provides comprehensive services to over 5,500 New Yorkers living with and effected by HIV and AIDS every year, and 45 percent of them are age 50 and over.

When I talk about my work in HLA, I proudly share that I am an example of it. I am an African American heterosexual woman age 65 that has been living with HIV for 29 years. I am living proof that education, connection to my community and medical care, older New Yorkers can not only live long and healthy lives with HIV but also prevent transmission by having undetectable viral loads.

Our clients and community need peers to see, to fight HIV stigma and ageism. This is why HLA hires peers to provide information to older New Yorkers regardless of HIV status about HIV prevention, testing, safer sex practices and talking to their doctor about sexual activity. According to the latest HIV surveillance data, 35 percent of all people in New York City living with HIV were age 50 and over. The largest of any demographic age range.

In 2023, HLA served 743 participants through 34 activities, which included workshops, webinars, on topics including HIV stigma, intimate partner

violence in HIV, substance use, harm reduction and recovery as well as capacity building, trainings, partner engagement meetings.

I think this year for HIV conference, HIV and aging conference on June 14 at NAMI is thriving as our whole selves. A celebration of aging well for people living with HIV. Conference attendees will include senior services providers and practitioners from throughout New York City. Let me add by saying, please stand with GMAC and all the clients in this need to serve advocate and for full restoration of these HLA undetectable and Rise contracts and also to save lives along with 13 GMAC staff jobs including mine. Opportunity, thank you.

CHAIRPERSON BRANNAN: Thank you all very much. Okay, now we have Scott Daly, Diane Tider, Ayana Perkins, Erica Silberman, Alex Brass, Laura Jean Hawkins, Ana KRL. [07:07:40]- [07:08:07]. Go ahead Scott.

SCOTT DALY: Good afternoon Chair Brannan, members of the Committee. My name is Scott Daly. I'm the Senior Director of the New York Junior Tennis and Learning. New York Junior Tennis League, commonly known as NYJTL. I want to thank the Council

for its support of all the last number of years that they have given to NYJTL and the kids of the City of New York. We are here to ask for an increase in Fiscal 2025 Budget for NYJTL. For 16 years we have been receiving $800,000 from the Council. We are asking for a $200,000 increase. Cost as we all know have risen dramatically.

We are now challenged with the fact that despite all these costs, we want to prevent cutting the programs that we give to these children and we also want to give a living wage to our staff. NYJTL is vital to the city. Increased funding to NYJTL is vital this year.

You know rather than giving you all the facts and figures and the data and the metrics and we put it in the report for you, I am a firm believer that not everything can be measured. You can't measure the smile on a kids face when you see them out there because of the city funding that we get from the Council. We are grateful. We are in all five boroughs throughout the city. We truly believe that kids must be allowed to be kids. We give the kids the opportunity to come out and try a game that they would otherwise never participate in.

Needless to say, tennis and physical fitness aspects of it are indisputable. We serve over 90,000 kids citywide each year. Let me repeat that, 90,000 kids. 80 percent are Black, Latino or African Americans, Asian. 70 percent are ten years old or younger. We were there for the kids during the pandemic. We opened a programming in August of 2020. We now need these kids to be able to be continued because of the Council funding. We need you to increase the funding in the Fiscal 2025-year budget. With your support, we can continue to change the lives of thousands of kids and their families. Thank you very much for your time.

CHAIRPERSON NARCISSE: Thank you.

ALEX BRASS: Thank you Chair Narcisse and Chair Schulman. My name is Alex Brass, I'm a proud member of CCIT NYC Steering Committee, otherwise known and Correct Crisis Intervention Today as well as Chief Dope Officer of my own organization, It Ain't Dope NYC.

I identify as a peer in recovery. In January of 2022, I experienced a mental health crisis police response and forced hospitalization, which brought immense shame and depletion of my confidence,

exacerbating my mental health and substance abuse issues and has been a long road to recovery. Almost resulting in me losing my life when I snorted $2.00 of fentanyl in my bathroom on August 17, 2023. Thankfully a friend was in the other room who called 911. It took two hits of Narcan to revive me. Issues of mental health and substance use disorder must be viewed both individually and together. As co-occurring disorders is quite common. With substance abuse playing a major role in my psychotic breakdown and my police response and hospitalization, further fueling my substance abuse. Regarding mental health crisis response, CCIT NYC has been advocating for changes within the Be Heard program and a move away from the police response model.

This year, all we are requesting is a swap in peers instead of social workers and restoring PEG cuts. The recent tragedy of Win Rosario highlights why we need change immediately. In regards to the overdose crisis, we lose one New Yorker every three hours. We must meet people where they are and eliminate stigma and shame, so people do not feel like they need to use substances alone like I did in a bathroom. The overdose prevention sites have saved

over 1,700 lives since they have gone into effect. Our drug supply is so toxic that clean heroin in New York City now means it is has fentanyl and does not contain tranquilizer. We must put pressure on state government to expand OPCs to five programs, as the Mayor's plans have indicated as well as further fund and expand the amazing drug checking services that have been piloted in five syringe exchange programs.

There is a bill to protect drug checking services that is currently stuck in the Assembly Committee and the state floor. The solutions that appears in mental health crisis response and expansion of OPCs and drug trafficking services reduce stigma and shame and avoid unnecessary trauma and saves lives. Let's work together to expand and implement these solutions to protect our most vulnerable New Yorkers. Thank you.

CHAIRPERSON NARCISSE: Thank you.

ANA KRIL: Good afternoon, my name is Ana Kril. I am a two-time breast cancer survivor and the Founder and President of Sharing and Caring. Thank you all for the Council's longstanding support of our work through the Cancer Services Initiative. With the city's finance in much better shape than expected

in January, I am here to ask that you support our FY25 funding request of $200,000. Given the current state of inflation and decision by the New York state Department of Health to no longer provide Article 6, matching funds to CBO's under the Cancer Services Initiative, it is becoming increasingly challenging for us to continue assisting those living and coping with cancer.

Council citywide funding is a vital part of our operating budget. Allowing us to assist cancer survivors including those currently in treatment and in a significant and meaningful way. Our funding, as well as the funding of the Cancer Services Initiative has never been increased. The need for services, however, has grown significantly each year, especially since the pandemic and as more and more young people are being diagnosed with cancer.

Since 2020, the demand for our services specifically canceling and emergent needs has increased by 25 percent and shows no sign of slowing down. 30 years ago, Sharing and Caring was told that it would fail. With hard work, dedication, volunteers and dedicated board members, we are still today here to advocate for all those who are

diagnosed with cancer. We are a one stop grassroots community-based organization, which provides free bilingual supportive services to cancer survivors, their families, caregivers and community members. Please help us to continue to assist cancer survivors and their families by supporting our funding request. Thank you.

CHAIRPERSON NARCISSE: Thank you.

LAURA JEAN HAWKINS: Good afternoon. My name is Laura Jean Hawkins and I serve at the Advisory Board Chair of Sharing and Caring. I appear today as a woman who has been an ally for and an advocate on behalf of the cancer community.

When I testified before you at the Preliminary Budget hearings, I shared my story and told you that I was waiting on my own biopsy results. I'm happy to update you. The results were benign but I still have to be monitored and there may be surgery in my future but for right now, I'm okay and I share that because that's one of the stories that Ana and her team at Sharing and Caring hear every day.

It could be the community member waiting on test results like myself. It could be the dually diagnosed in need of counseling and support. It

could be someone living with cancer who needs emergency financial assistance or the community member who needs accessible and culturally relevant and lingually accessible information about cancer and health and wellness. That's what Sharing and Caring does every day with the support of the New York City Council.

My fellow board members and I are so grateful for the Council's support under the Cancer Services initiative but as the Board Chair and their pro bono lobbyists, I know how hard it is to raise money for boots on the ground community-based organizations. All the foundations and private grants out there for the most part are for cancer research, not for supportive services yet supportive services is what is most in need.

So, that's why public money is so important. As Ana said, funding to the cancer services initiative has not been increased since the initiative was created. We speak from our experience but I'm sure all the groups funded under that initiative would echo our sentiment. More funding is needed. The need is out there in the community. There is an epidemic of young people meaning 50 and under getting

diagnosed for cancer, so please continue your support on behalf of our ask of $200,000 and for increased funding of the initiative. Thank you.

CHAIRPERSON NARCISSE: Thank you.

DIANE TIDER: Good evening and thank you everyone for your stamina. My name is Diane Tider, I am the Director of Prevention at Mount Sinai's Institute for Advanced Medicine, our sexual and reproductive health and HIV clinics.

I'm here today to represent a broad coalition of community-based health care agencies funded by the New York City Department of Health via city tax levy under the Play Sure Network 2.0, which includes exponents, housing works, Montefiore Medical Center, Mount Sinai Hospital, Planned Parenthood of Greater New York and SUNY Downstate, among others.

We're grateful for the opportunity to submit testimony. The Play Sure Network 2.0 represents a majority of the clinical agencies funded by DOH to ensure that all New Yorkers, especially those from communities disproportionately impacted by HIV and AIDS have access to a comprehensive health package of client centered high quality HIV prevention and sexual health services including outreach, testing

PEP, PREP, mental health substance use treatment and counseling and other supportive services and referrals. Several weeks ago, our agencies were each informed that our contracts would receive a 15 percent reduction, over $80,000 each in funding starting July 1st. We're deeply concerned that these cuts will not only hamper the critical time sensitive progress to ending the epidemic in New York City but could reverse many of the gains we've already achieved.

The Play Sure Network 2.0 began at the tail end of the COVID-19 pandemic when lockdowns and major stressors on the public health system resulted in a significant increase in STI's in New York City. As New York City and its health care providers are still working to recover from these pandemic effects, it's not the time to deprioritize HIV prevention and treatment but to continue building and investing in our critical programs. Working to increase community trust and to ensure continued progress. Our agencies were informed that the cuts were driven by the PEGs initiated by the Adams Administration in the last few months. However, as the Adams Administration has already rolled back cuts to other select city

agencies, like the Department of Sanitation, the Department of Education, and NYPD, we strongly urge City Council to recognize the critical role that DOH and our agencies all play in the health and wellbeing of New Yorkers. Particular, please fully fund the DOH and Play Sure Network 2.0 to ensure that New York City can end our epidemic. Thank you for your consideration and support.

CHAIRPERSON NARCISSE: Thank you.

ERICA SILBERMAN: Good afternoon Chair Narcisse, Chair Schulman and esteemed members of the Council. I'm Erica Silberman, Director of Engagement and Partnerships for Girls Right Now, a writing and mentoring organization for girls and gender expansive youth.

We want to share our gratitude and appreciation for the City Council's continuous prioritization of investments in young people specifically girls and gender-expansive youth. We're here today to talk about Star Citywide Girls Initiative, of which Girls Right Now is a founding member and to make the case for necessary mental health funding to support the core operations of our organizations. With Girls Right Now and the Stars Network serve those most

impacted by the mental health crisis. We have all been on the frontlines working with girls and gender expansive young women of color for decades. An already challenging situation has been exacerbated by the pandemic, racial and religious unrest, economic challenges, immigration and more.

According to a recent study from the CDC, 57 percent of teen girls experience significant sadness and hopelessness. 30 percent report seriously considering suicide and 26 percent of young women ages 20 to 24 are diagnosed with depression and/or anxiety. For LGBTQIA+ young adults, 52 percent report poor mental health. 42 percent have seriously considered attempting suicide in the past year and 22 percent of them have attempted suicide in the past year.

While there are no easy solutions to combat these grim statistics, Girls Right Now and the leading nonprofits we work with in Stars, provide a proven antidote. All of our models are rooted in social, emotional learning and speak to the protenant and accessible solutions that the Stars organizations provide through multidisciplinary approaches, writing, arts, sports, leadership and more.

Supporting girls and gender expansive youths growth and resilience, emotionally, academically and physically so that they can be strong, skilled, and successful leaders.

With increased funding we could extend our wrap around services to include more direct and deep support for mental health, be it through curriculum, community experiences professional and medical guidance, training and more. We respectfully urge the City Council to make deeper and broader investments in this community and would like the Council to not only fully restore funding for Stars citywide Girls Initiative but to also enhance it. Thank you very much.

CHAIRPERSON NARCISSE: Thank you.

AYANA PERKINS: Good afternoon Chair Narcisse, Chair Schulman and members of the Committee. My name is Ayana, Ayana Perkins. I'm a Programs Fellow at Girls Right Now. As Erica shared, Girls Right Now is New York's first and only writing and mentoring organization for girls and expansive youth, gender expansive youth from systemically underserved communities.

Approximately 90 percent are of color. 70 percent are immigrants and first generation and 25 percent are LGBTQIA+. We match them with professional writers and digital media makers as their personal mentors while providing them with unique, creative and professional extra-curricular experiences.

As part of the Stars Citywide Girls Initiative, I have witnessed the power of the work that girls right now and our partner organizations do in building confidence and self-worth, fostering civic engagement and introducing healthy mental and physical habits and making girls and gender expansive youth feel seen and heard.

At Girls Right Now, we also developed a whole leader that's academically at the intersection of arts and social justice. Professionally across all industries and personally in a healing centered space. We do this through a unique trifecta of one-to-one mentoring, rigorous creative, critical and digital curriculum and a tight net community to bolster all.

I'll share briefly the story of one of our mentees, Deloris Hayes who came to Girls Right Now as

a high school junior the recommendation of her English teacher and has been part of our community ever since. She tells the story of her time with us and speaks of being hit with an unlimited source of inspiration and how she learned not only with a means to mature in your writing but develop as a person as well.

She joined our Career 360 program, which she says turned into another moment for me to grow. I learned how to collaborate and look for ways to fully step into a more mature self-assured person. Deloris has engaged in candid vulnerable conversations with the Girls Right Now staff about her heavy transition from schools to the real world with undiagnosed neurodivergent. Her recent diagnosis of depression and ADHD while participating in our Career 360 program. Gaining the support system, she didn't realize she needed through Girls Right Now and struggles with her medication and reflecting on how her present is changed by this diagnosis while clarifying her past experiences. Her prep with our Career 360 program has prepared her to step into her new role as Editorial Intern at Girls Right Now. Her response, I swear I feel like crying just trying to

express my gratitude. So, like Erica, as a proud founding partner of the Stars Citywide Girls Initiative, we urge the City Council respectfully to bring investments into this community and we would like the Council to not only fully restore funding for the Stars Citywide Girls Initiative but also to enhance it. Thank you.

CHAIRPERSON NARCISSE: Thank you and thank you for sharing and thank you for the amazing work you're doing. We know about breast cancer. I knew you were going to get yeah, thank you because really, it's really a problem and thank you for sharing your personal story and uhm for the work that you're doing, thank you. You know coming not only from a Council Member, health care is very important and uhm if we can focus on preventive care, we see the age are getting younger and younger. Mental health is real and we have to take the stigma out and thank you. Chair Schulman.

CHAIRPERSON SCHULMAN: Thank you. So, thank you everybody. I know Sharing and Caring. It's something very near and dear to me. As a breast cancer survivor, I know the important work that you guys do. Also in terms of the mental health piece, I

just want to say that Win Rosario was my constituent and I was very forceful in terms of advocating on his behalf and the fact that the system failed him. So, we're going to try to do what we can to figure some pieces out around that to make sure that that doesn't happen again. So, thank you very much all.

CHAIRPERSON NARCISSE: Elizabeth Francesetti, Stacey Keith, Esther Lelievre. If I butcher your name, when you come you can correct it. Chris Norwood, Jonee Billy, Michael Fagan. [07:27:18]-[07:27:55] I guess that's it; we may begin.

JONEE BILLY: Thank you. Good afternoon Chair Narcisse, Chair Schulman and members of the Committee. My name is Jonee Billy and I'm honored to serve as a Senior Director of Strategic Partnerships and External Affairs at Powerplay NYC. Today I'm here in a dual capacity to advocate on behalf of Star CGI, a sports training and role model success Citywide Girls Initiative, as well as Powerplay.

Powerplay NYC now in its 26th year is dedicated to empowering 1,100 youth across all five boroughs of New York City. Our organization propels girls beyond their circumstances, providing access to experiences, strong role, female role models and a blueprint for

opportunities. We firmly believe that access to comprehensive mental health services is crucial for the wellbeing of girls and gender expansive youth at NYC, where statistics show that approximately one in five individuals experience mental health challenges and early intervention can significantly improve outcomes and quality of life.

More importantly, Powerplay serves as the lead agency for Star CGI, a coalition of ten NYC nonprofits. Together we support the healthy development of over 6,000 girls and gender expansive youth of color annually and over 500,000 over the life of our grant.

Star CGI focuses on developing life and leadership skills through various programs such as after school sports, academic enrichment, STEM, college preparation and arts initiatives.

In light of current challenges, Star CGI is deeply committed to advancing the mental health and empowerment needs of our city's youth. We have witnessed the significant escalation in mental health needs, especially among young people of color due to the recent tumultuous events. Recognizing this critical gap, Star CGI has prioritized equipping

young youth with strategies for social and emotional wellbeing while empowering them to speak out on societal issues. However, the sustainability of these vital programs is at risk without adequate funding. Our City Council funding of $1.4 million in FY24 has been instrumental in ensuring the accessibility of our initiative to those in need. I implore you to be steadfast advocates for Stars and support the restoration of our funding and respectfully request that you consider an increase in funding if feasible within the budget. Thank you for allowing me to testify.

CHAIRPERSON NARCISSE: Thank you. Next, thank you.

STACEY KEITH: It's a buddy system here. Good afternoon. I am Stacey Keith, a resident of Bay Ridge Brooklyn and proudly working in HIV Prevention Services in New York City since 2004. I currently work in Washington Heights with a team providing HIV care, treatment, prevention services to end AIDS, reduce stigma and increase equitable access to health care for all New Yorkers.

Our sexual health clinics provide thousands of New Yorkers every year with access to HIV, STI,

hepatitis testing, treatment, vaccines, PEP, PREP, m-pox. Also, addressing emotional health, food insecurities, insurance needs and education. We cannot have a funding reduction for any ending the HIV epidemic services.

Council Members, I urge you to stand strong and keep the commitment to end AIDS and restore all of this critical funding.

CHAIRPERSON NARCISSE: Thank you. I thought you came together. I was waiting to see how you start and she just started it. I'm expecting you to start but after I say, okay, you all decided to make it — oh, I see. Alright, sir.

MICHAEL FAGAN: Good afternoon. Thank you Chairs Narcisse and Schulman. I am Michael Fagan, Chief of External and Government Affairs for Ryan Health. I am advocating for an increase in city tax levy funding for New York City's 138 school-based health centers, including the 103 school-based health centers which currently do not receive operational funding from the city.

Ryan Health is a mission driven federally qualified health center with 17 locations throughout Manhattan. Seven of those locations are school based

health centers. In them in 2023, we saw nearly 2,400 students resulting in over 7,200 encounters with them. The vast majority of them are low income and approximately 80 percent are young people of color. We do not change children or their families for our services and we treat any student who comes to us regardless of immigration or insurance status. The care that we deliver in the schools gets and keeps kids healthy so that they can stay in school and learn. Each of our centers is staffed by a nurse practitioner and licensed practical nurse, as well as a licensed clinical social worker. Having the physical and mental health located in the same center has been critical to getting students connected to mental health services, since the need for them are often discovered during a medical visit.

For example, a 15-year-old student came into the center at the beginning of the school year for pain due to menstruation cramps. As a new patient, the nurse practitioner conducted annual mental health and health risk screenings. Those screenings revealed that she was living with depression and suicidal ideation that otherwise were unknown. The medical staff referred her to the social worker and that

student has been receiving weekly therapy from our provider. If our school-based health center had not been in this school, it raises serious doubts about whether this young person would receive the care that she needed and deserved.

We operate our school-based health centers at a loss. In 2023, we lost $2.2 million from operations. As one of my colleagues in FQHC noted earlier, we are asking for $100,000 per school and $100 per pupil for all school-based health centers, including the 103 that currently do not receive operational support from the city. It's critical for us to be able to receive that funding to stabilize the financial health of our school-based health centers and growth services.

Thank you for this opportunity and I'd welcome anyone to come and visit one of our school-based health centers.

CHAIRPERSON NARCISSE: I sure will.

MICHAEL FAGAN: Very good.

CHAIRPERSON NARCISSE: Thank you for the work you're doing. Thank you and I appreciate your time. Thank you so much.

The next panel is Medha Gosh, Miral Abbas, and Zoltan Boka, If I say the name wrong you just can pronounce it properly for me. Thank you. [07:34:44]- [07:34:48] Good afternoon, turn the mic on.

MEDHA GOSH: Okay, there we go. I'm Medha Gosh. Okay, there we go. My name is Medha Gosh and I am the Senior Health Policy Coordinator at CHCS, the Coalition for Asian American Children and Families. Thank you so much to the Chairs of each Committee hosting this hearing.

Founded in 1986, CACF is the nation's only pan-Asian children and families' advocacy organization and leads the fight for improved and equitable policies, systems, funding, and services to support those in need. At CACF, we believe an equitable health care system for all marginalized communities, which includes our Asian American Pacific Islander, AAPI community, must be both culturally responsive and linguistically accessible.

The AAPI population has the highest rate of linguistic isolation of any group here in New York City, as 46 percent have limited English proficiency or LEP, meaning that no one over the age of 14 in the

household speaks English well or at all. Moreover, more than 2 in 3 AAPI seniors in New York City are LEP, and almost half of all immigrants in NYC are LEP.

In response to this, CACF's campaign, "Found in Language Access" aims to ensure that New Yorkers have equitable access to linguistically and culturally responsive healthcare services. Through our campaign, we have found that many LEP patients still report facing difficulties like being unable to find an interpreter that speaks their dialect or being unable to fill out paperwork because a translated version in their language does not exist. This can have detrimental consequences to their health and wellbeing. More than half of adverse events that occurred to LEP patients in US hospitals were likely the result of communication errors, and nearly half of these events involved some form of physical harm. This is why it's imperative for the City Council to include $4 million in the FY 2025 budget for the Access Health NYC Initiative, which fills an information gap and provides critical outreach and education to hard-to-reach populations across the

city who are experiencing barriers to healthcare access and coverage.

We also urge the City Council to expand student debt and loan forgiveness for healthcare workers so that more members of our communities can enter the workforce and provide the linguistically accessible and culturally responsive care we need.

CACF believes safety is the presence of wellness and not just the absence of crime. As anti-Asian violence continues to persist in many forms, it is crucial for our community to have proper access to holistic, non-carceral mental health services. We would like to specifically uplift the social emotional needs of AAPI young people in our public school system. Many stories have been collected from AAPI students, as well as parents and CBO staff interacting with students through CACF's youth leadership program, the Asian American Student Advocacy Project. These stories indicate that schools are neglecting to properly address AAPI students' mental health needs across the City.

We also ask the City Council to fully fund social workers in schools so that our students can access proper community-centered mental health care. We

also urge the City Council to include $5 million for the Mental Health Continuum. Thank you very much for your time.

CHAIRPERSON NARCISSE: Thank you.

MIRAL ABBAS: Good afternoon. My name is Miral Abbas, I am the Health Partnerships Coordinator at the Coalition for Asian American Children and Families, or CACF. I'm here today to urge the Council to include $4 million for Access Health NYC in the Fiscal Year 2025 budget.

With this addition, Access Health can initiate new community organizations and services to meet the growing needs of our most vulnerable communities. I'd like to thank Chair that's hosting this meeting and for your extraordinary commitment to making sure New Yorkers can access the health services they need and for supporting Access Health New York City for over nine years.

Access Health New York City is a city-wide initiative that supports 37 community-based organizations across all five boroughs of New York City and enables community organizations to provide education, outreach, referrals and assistance to hard-to-reach populations about accessing vital

healthcare. Access Health is led by four key agencies that train, evaluate, and provide guidance to awardees and CACS is one of the leads. CACF, as mentioned, is one of the nation's only Pan-Asian Children and Family advocacy organizations and every day we work with our 90 plus member organizations, youth and parent leader and community allies to push for systemic changes and vital resources to support New Yorkers that struggle the most.

Access Health's awardee organizations provide necessary language accessibility and culturally resources and programs, and through regular evaluations conducted by CACF, and the New York Immigration Coalition, awardees have identified pertinent issues that plague their communities. For example, over half of awardees report greater need for translation services amongst their clients and overwhelmingly, most have requested assistance with health insurance navigation.

Recently awardees are critical to the city's response to the COVID-19 pandemic at a time when they initially received no increase of funding. Almost all organizations reported expending more resources than they had received from Access Health on staffing

vital health at reach programs. Access Health organizations are vastly underfunded for the important work that they do.

Over multiple years, Access Health New York City has provided critical services, which are regularly delivered through local community members and on the ground institutions. These include cultural centers, food pantries, community fairs, Mosques, churches et.. And given the accessibility, reach and delivery, the center and their timely services contribute to instilling trust between awardees and their community members. And this trust is vital in the utilization of necessary resources for a population with limited health care accessibility, utilization, and literacy.

Through their position, awardees uniquely recognize the needs and strengths of their individual communities, therefore investing in Access Health and their awardees is necessary to equitably and effectively reach the communities. More recently through our Fiscal Year 2024 evaluation, we found that in the last year over half of awardees report reaching 2,000 plus individuals that they largely serve immigrant communities, women and youth and that

three quarters of our Access Health awardees already provide health outreach, education, and referral services to those seeking asylum in New York City. And current asylum seekers are very diverse healing from across the globe and this is especially important because a lot of the AAPI communities that we service are almost 80 percent immigrant and as mentioned face high levels of linguistic isolation. Enhancing Access Health New York City to $4 million ensures its city can better target challenging health needs through trusted community-based support. This initiative provides an opportunity for New York City to effectively invest in equitably addressing the growing health needs of New Yorks most vulnerable populations.

We therefore ask for an expansion of funding for Access Health to $4 million. Thank you very much for your time.

CHAIRPERSON NARCISSE: Thank you and thank you so much. Thank you for being here to testify.

MIRAL ABBAS: Thank you.

CHAIRPERSON NARCISSE: Now on Zoom we have Dr. — sorry my apology. First is Michael Zingman

SERGEANT AT ARMS: Your time is started.

CHAIRPERSON NARCISSE: Go ahead, we're listening.

MICHAEL ZINGMAN: Hi, good afternoon. My name is Dr. Michael Zingman. I'm the Secretary Treasurer for CIR and a Child and Adolescent Psychiatry Fellow at Bellevue NYU. In my almost four years at H+H as a psychiatrist, I've had the privilege to care for New Yorkers from all walks of life and while it's a privilege, it's also a front row seat to the way New Yorkers are being failed and slipping through the cracks as they cannot get access to life saving services.

I'm grateful to the Council for your advocacy for not only a deeper investment in H+H but also for real investment in supportive housing and social housing, both which are critical to my patients health. Housing is health care and we cannot expect to see improvements and health outcomes if we do not address the housing crisis in this city and understand that stable housing is central to all of our health.

As a psychiatrist, I might also take this moment during mental health awareness month to advocate for the 2,300 H+H residents that have not seen a pay rise since March of 2020. Resident positions experience burnout and depression at a rate three to four times

higher than the general population. Suicide is the leading cause of death for male physicians and the second leading cause of death for female positions. We are facing a physicians shortage nationally and instead of our city caring for those of us who have dedicated our lives to caring for others, we're forced to work excessive hours for low pay to fill the staffing gaps in our hospitals.

I know the Council understands the urgency of the city agreeing to a fair contract. As many of you joined with over 60 state and city electeds in a letter to the Mayor supporting us. We've also been grateful to have the support of our colleagues in Labor, including NISNA, DC37 and UFT. We just need the Mayor to listen to you and our labor brothers and sisters to finally agree to a fair contract. Thanks.

CHAIRPERSON NARCISSE: Thank you. The next is Dr. Nick Rossetti.

SERGEANT AT ARMS: Your time is starting.

NICK ROSSETTI: Hi, good afternoon. I appreciate the opportunity to testify before the Council. My name is Nicholas Rossetti, I'm a PGY I resident at Bellevue Hospital. Although I'm in my first year of [07:44:11], my history of Bellevue actually goes back

almost six years now as I was fortunate enough to complete my medical school training at Bellevue Hospital. I can recall back to the 2020-2021 to the early days of the pandemic where my mentors, my senior residents were on the frontlines facing an unknown, you know terrifying disease and regularly sacrificing themselves, putting themselves on the line for the City of New York and for New Yorkers who would enter H+H hospitals. They were appropriately allotted at the time as health care heroes but now that as Dr. Zingman mentioned and as I will build upon, residents at H+H hospitals have been working on an expired contract for two years and have not seen a raise since 2021, at the height of that pandemic.

The contract that the city — City Hall and Mayor Adams are offering right now is simply insufficient to meet the needs of residents. It will leave us as the lowest paid residents in New York City even compared to our peers at private hospitals. It really cheapens and hallows out the words health care hero when Mayor Adams is unable to quite literally put his money where his mouth is and it's disheartening to me as someone whose been here for six years and I reflect on the next six years of

Bellevue and how we're going to be able to recruit future physicians to stop these holes when they see that this is the way that the city treats it H+H resident positions.

I would also point out that the pattern bargaining with the city applies to every other union. It's difficult to apply the same math to resident positions and while I respect our labor colleagues and other unions, you know residents, we work on salary regularly 60 or 80 hours a week, where we don't qualify for overtime pay as salary employees. Because our training periods are so short, we rarely are able to invest in th city pension. And yet the city continues to yet the city continues to come to our bargaining socials using these patterns —

SERGEANT AT ARMS: Your time is expired. Thank you.

NICHOLAS ROSSETTI: The bargaining units that simply don't apply to our unit. Thank you.

CHAIRPERSON NARCISSE: Thank you. Nia Nottage.

SERGEANT AT ARMS: Your time has started.

NIA NOTTAGE: Hi. I am speaking to you today as a member of Act Up New York because the DOH public

health clinics are in crisis. The Jamaica and Riverside COVID express clinics were closed in the past two weeks and the Morrisania Clinic was closed two months ago, all without prior notice. The city's final COVID PCR clinic in Crown Heights is set to close by June. The reason that the clinic staff have been given for their closing is lack of attendance but DOH has not advertised these clinics nor put out information on the importance of knowing your COVID status in years, but COVID continues to spread.

This last month was the end of the JNI variance surge was brought the second highest COVID waste water numbers since the pandemic started in 2020. This gap in education in connection to services is a total public health failure and many long COVID clinics won't take patients that don't have a positive PCR is proof of infection.

The city' free COVID rapid test program in libraries was also cut this year. We're still in an HIV epidemic. New Yorkers are still contracting HIV AIDS and we need consistent access to resources of counseling, maintenance and prevention. M-pox cases have begun to rise again in NYC and yet the city's STI clinics are overflowing. Patients have to wait

all day and sometimes don't get seen. They're also only open from 8:30 to 3:30 weekdays, meaning that school aged teens and people who work a 9 to 5 have no chance of catching them. These clinics are overwhelmed with patients while some sites at the Crown Heights and Riverside sexual health clinics remain empty due to lack of funding for staff for years. Medication abortion pills aren't offered at all clinics, making them completely unavailable in certain boroughs. We need funding for permanent, free, STI COVID and abortion services in this city with multiple sites in each borough and weekend service fully staffed. These are the only clinics that people can go to for free without insurance.

Summer is coming and STI numbers undesired pregnancy and COVID will only continue to rise, especially for those who need these services most and can't test for them or get treated. Thank you.

CHAIRPERSON NARCISSE: Thank you. Arlene Cruz.

SERGEANT AT ARMS: Your time is starting.

LISA P: Hi, my name is Lisa and I'm actually going to be presenting on behalf of Arlene. She was unable to make it today. So, thank you so much. Give me a second. My name is Lisa P. and I am a

Health Campaign Associate at Make the Road New York. Make the Road has served New Yorks immigrant and working-class families for over 25 years and has a membership of 20,000 people.

We connect about 9,000 people per year to health services as a part of our wrap around services for 30,000 low-income immigrant New Yorkers per year. We ask the Council to use every available tool to reverse budget cuts to DOHMH and New York City Health and Hospitals that would harm vital services for the thousands of working class and immigrant New Yorkers we serve. Any cuts to Health and Hospitals could impact health care access for our communities members, most who are ineligible for health insurance, thus reducing the number of available care facilities for them.

Our Make the Road services impacted by the cuts include SNAP and health insurance benefit outreach enrollment and navigation through community health worker services, TGNCIQ Health Access Services. Make the road relies on the funding initiatives named below to provide this services to immigrant communities in New York City. We request the Council's support in maintaining or expanding the

following programs to help us meet the urgent needs in FY25. Increased overall funding for the M Cap Initiative to $2.3 million with an increase of 76,218 for make the road. We provide culturally competent assistance to the lowest income uninsured New Yorkers on how to enroll and use health care coverage. This increase would strengthen M Cap capacity in Brookly through our proven provider.

Increase overall funding for Access Health Initiative to $4 million and renew $110,000 to Make the Road for peer-to-peer outreach and public education on health care access and coverage, particularly for the un and uninsured for all immigration statuses who the city otherwise struggles to reach. Renew funding for $75,000 to Make the Road under the Ending the Epidemic Initiative to support prevention, education and outreach —

SERGEANT AT ARMS: Your time has expired. Thank you.

LISA P: Thank you.

CHAIRPERSON NARCISSE: Thank you. Next, Nathalie Interiano.

SERGEANT AT ARMS: Your time is starting.

NATHALIE INTERIANO: Good evening. Good evening my name is Nathalie Interiano, I'm the Director of Policy and Advocacy at Care for the Homeless or CFH. I'd like to thank the City Council Committee Chairs and members and staff for holding today's exec budget hearing and for your continued support in making the Health Care system responsive to the needs of the most vulnerable. CFH is an organization that provides health care and shelter services to people experiencing homelessness. We operate 25 FQHC in all five boroughs and the specific population that we serve is people experiencing homelessness or unstable housing in New York City.

We also operate four shelters. Two women's shelters, one men shelter in East New York and then ACA Haven across the street from Lincoln Hospital in the Bronx. In 2023, we served over 10,000 new need clients about 40 percent of those were uninsured. I'm here today to talk about the importance of supporting the health focused initiative and to urge the City Council to include $4 million for Access Health NYC in the FY25 budget. My colleagues have all shared information about the importance of the Access Health initiatives, which enables community-

based organizations like [INAUDIBLE 07:51:55] to provide a variety of services with the goal of increasing health care access. At CFH, the Health Initiative allows us the opportunity to provide health insurance navigation services. Our eligibility and enrollment specialists help educate and enroll consumers into health insurance programs as well as create linkages to our primary care and behavioral health services.

In FY23, which is the last full funding cycle, we assisted over 2,000 individuals with health insurance inquiries, enrolled over 500 individuals in a health insurance plan, educated 1,500 folks on available behavioral health services and linked 127 to behavioral health providers. In this funding cycle, we're well on our way to surpass those numbers.

We also received discretionary funding from Ending the Epidemic, mental health services for vulnerable populations, and HIV AIDS faith based initiatives, which fund our outreach services and has allowed us to further scale the number of people that were engaged in health care access. The outreach is conducted in the locations that we're in, so when shelter, soup kitchens, drop-in centers, safe havens

and in partnership with a lot of neighboring community organizations.

The outreach also facilitates access to health education —

SERGEANT AT ARMS: Thank you for your testimony. Your time is expired.

NATHALIE INTERIANO: Last year we served about 4,400 individuals and connected about 1,300 to comprehensive medical services. So, just to wrap it up, it's really important for us to be able to have access to these services or to these funds that come from a lot of the initiatives City Council and specific from Access Health. Asking for $4 million for that initiative specifically. Thanks so much for your time.

CHAIRPERSON NARCISSE: Thank you for your time. The next is Juan Pinzon.

SERGEANT AT ARMS: Your time will begin.

JUAN PINZON: Thank you Chair Narcisse and Chair Lee and Schulman and Brannan. My name is Juan Pinzon, I'm the Director of Government Relations at the Community Service Society and I'm testifying in support of the Managed Care Consumer Assistance Program, MCCAP.

MCCAP helps New York City residents navigate our incredibly complex health persistent. We do it through our free help line in 11 community-based organizations that provide in-person services all across the city.

This is an initiative that is an invaluable resource for people who struggle accessing care because either they don't under how their insurance work or maybe because of financial barriers, or simply because their health insurance denies the care that they need. We do these actually in a very cost-effective way. With less than $1 million we're able to help thousands of people every year.

Since 2020, we have assisted approximately 14,000 clients, saving them $800,000 in health care related costs in the process. Clearly, we could do a lot more with additional funding especially now that so many people are using their Medicaid coverage following the end of the feral continuous coverage policy. In fact, in New York, 14 million people enrolled in Medicaid have lost their insurance in the past year. 45 percent of those who lost coverage, did so because of Administrative burdens and not because they were ineligible for the program.

Because of these [07:55:00] of this policy, our program has seen a 72 percent increase in cases where people enrolled in public health insurance, which is actually 50 percent of all of our clients, needed assistance with their coverage or troubleshooting related programs. Fortunately, instead of expanding services during this critical time, our CBO network has actually shrunken in FY24. We lost funding. We went from $1 million to approximately $953,000, resulting in the reduction of our network from 12 to 11 CBO's.

SERGEANT AT ARMS: Thank you for your testimony. Your time is expired.

JUAN PINZON: Ideally we would like to see funding for MCCAP increasing to $2.5 million. If this isn't feasible, we would like the Council to at a minimum to restore the funding that we lost in FY21 or strengthen the capacity to community-based organizations Make the Road New York and Queens JCC Committee Council. Make the Road already talked about their allocation request. For Queens JCC, they are not presently in our network but a $64,000 allocation would allow them to join the initiative

and connect their communities in Queens to health care resources.

And finally, I just want to say that we are also part — CSSC is also part of the Access Health NYC initiative and we also support a $4 million allocation for Access Health in FY25. Thank you so much.

CHAIRPERSON NARCISSE: Can you repeat the statistic, the number of help many people lost their insurance that had it?

JUAN PINZON: Yeah, this is according to the Family Foundation. They have data that they update regularly and for the last data that they provide apparently 1.4 million New Yorkers lost their Medicaid.

CHAIRPERSON NARCISSE: That had the Medicaid and lost the Medicaid?

JUAN PINZON: Correct. Uh, some of them I'm thinking they were probably able to reinstate their coverage after they met with you know like a navigator. That's a huge number and what happens is that —

CHAIRPERSON NARCISSE: That's huge, that's why I'm asking.

JUAN PINZON: Yeah and when that happens you know people experience gaps in coverage. They end up with medical bills, so it's very unfortunate and you know this program would really help a lot of those people.

CHAIRPERSON NARCISSE: Thank you.

JUAN PINZON: You're welcome.

CHAIRPERSON NARCISSE: Next is Paul Hennessey.

SERGEANT AT ARMS: You may begin.

PAUL HENNESSEY: Hi, I'm calling to urge NYC Council to support INT 033 2024. The New Yorkers deserve free rapid test in PBE. The country and offering protection from viruses, smoke and pollution.

N95 respirators and clean air should be free and available throughout New York. We've got COVID, TB, measles and other airborne illnesses circulating and I know we've got H5N1 on the way. It's only a matter of time before it's here, so let's get ahead of it and protect New York.

To all the Council Members who have admitted to today about how they fought hard against HIV and AIDS, please education yourself on the similarities between COVID and HIV. COVID destroys T-cells and

damages the immune system, which leads to opportunistic infections and even cancer.

Some previous in person panelists mentioned vaccinations but vaccinations do not prevent transmission or long term affects. We need airborne protection, isolation guidelines and continued masking, especially in public settings. We need expanded PCR tests and COVID clinics. We need to continue to focus on prevention. Every infection can lead to a long-term illness.

There were previous speakers in person who also spoke about education campaigns and vaccination but they fell short and failed to mention the importance of clean air and masking. Over reliance on the vaccine has left us with long term effects. In fact three years ago today, the CTC admitted that vaccinated people could safely stop wearing masks, but since then, over 750,000 have died from COVID in the US, including many vaccinated people.

Over 25 million now have long COVID. So yes, we need to keep masking. We also need clean air implementation in all indoor settings and public transit.

Illinois is about to pass a Clean Air for Healthy Equitable School Spill, so let's also do that for New York Institution, such as schools, museums, venues, restaurants and the subway system. Thank you.

CHAIRPERSON NARCISSE: Thank you. Next is Ash Howard.

SERGEANT AT ARMS: You may begin.

ASH HOWARD: Uhm, hi. I am Ash Howard and I am here asking for you to support Bill INT 0332 2024. A bill introduced by Council Member Narcisse that will provide rapid tests, masks and other personal protective equipment to New Yorkers.

COVID is still a very real and serious issue affecting millions of New Yorkers with at least hundreds of thousands coping with long COVID, along with several other airborne illnesses impacting health.

Vaccines are a great safety measure but they are not enough. We need protection, something that masking and the ability to test gives us. As a disabled individual with an immunocompromised mother that's starting chemo soon. It will make our lives so much easier if everyone had easy access to theses items. And I know we're not the only family that

needs this bill to be passed. It would help the school attendance problem and aid in lessening the burden on health care workers. So many people would utilize these resources if they were made available to them. It would benefit all New Yorkers to have more ways to be safe. Thank you for your time.

CHAIRPERSON NARCISSE: Thank you so much. Brannan Michael.

SERGEANT AT ARMS: You may begin.

CHAIRPERSON NARCISSE: Brendon Michael Gucci, are you on? Pallavi Subedi.

SERGEANT AT ARMS: You may begin.

PALLAVI SUBEDI: Hi, good evening. I'm so sorry. Good evening, my name is Pallavi Subedi and I am a Health Navigator at Adhikaar.

Adhikaar, meaning rights in Nepali is a women led community and worker center that provides direct services to the Nepali speaking community and organizes low-income workers and impact its community members from social justice and human rights. At Adhikaar, we define the Nepali speaking community as descendants of Nepal, [08:01:59] that speak Nepali.

We are often referred to as our communities 911 and 311 line and I'm here today to urge the Council

to include $4 million for Access Health NYC in the Fiscal Year 2025 budget. I'd like to thank the Health Committee Chair Lynn Schulman and members of the Health Committee and all of the Chairs for their extraordinary commitment to making sure New Yorkers can access the health services they need and for supporting Access Health NYC for over nine years. It is a citywide initiative that involves community organizations across NYC to provide education, outreach and assistance to all New Yorkers about how to access health care and coverage.

It fills an information gap and provides critical outreach and education to hard-to-reach populations across NYC or experiencing barriers to health care, access and coverage such as those who are uninsured, who are undocumented and have limited English proficiencies that have disabilities or LGBTQ+ and how are unhoused.

Since 2005 Adhikaar has been providing direct service to the Nepali speaking community with an estimated 6,000 members and 15,000 Nepali speaking community members every year on issues from worker rights, immigration rights, health care access and languages. Adhikaar was able to hire its first

culturally and linguistically competent health navigator in 2014 and till date, we have been able to support over 5,000 Nepali speaking community members in getting their health care coverage. In 2020 we were in the epicenter of the first [08:03:30] of the pandemic. Thousands of community members reached out to Adhikaar seeking support and to meet the urgent demands, we quickly transitioned our operations remotely and ran a robust COVID-19 community response that supported more than 10,000that supported more than 10,000—

SERGEANT AT ARMS: Thank you for your testimony, your time is expired.

PALLAVI SUBEDI: Uhm, summing it up, I would say that enhancing Access Health New York City can bring additional support for emerging health concerns and connect vulnerable community such as asylum seekers to critical health information and referrals and will ensure the city can better target challenging health needs through justice community-based support like ours. Thank you.

CHAIRPERSON NARCISSE: Thank you. The next is Ashley Santiago Conrad.

SERGEANT AT ARMS: You may begin.

ASHLEY SANTIAGO CONRAD: Good evening.

CHAIRPERSON NARCISSE: Good evening. We can hear you.

ASHLEY SANTIAGO CONRAD: Hi sorry. Good evening Chair Narcisse and good evening Chair Schulman and the Committee Members. Thank you so much for allowing me to testify today. My name is Ashley Santiago and I'm testifying on behalf of Freedom Agenda as a community organizer and a member of the Campaign to Close Rikers and a Native New Yorker.

For the past 31 years, I have watched neglected communities in this city plead for the resources we need to thrive. Yet our city continues to overly invest in systems of punishment like the Department of Correction instead of systems of healing and true rehabilitation. My 21-year-old nephew Michael who has been diagnosed with developmental disabilities, autism, and disruptive mood dysregulation disorder, sat on Rikers Island for two and a half years in dire need of mental health care and healing. Instead of getting that care and treatment that could have addressed the root causes of his behavior and real mental health crisis that my nephew often

experienced, uhm, they threw my nephew on Rikers Island for two and a half years.

Where correctional officers often label my nephews mental health crisis as tantrums because they are not trained to respond to his clinical needs. There are thousands of New Yorkers who are on Rikers right now who share the same experience. At a cost of over one half a million dollars to keep someone on Rikers for a year, New York City spent $1 million to keep Michael at Rikers. That's more money than the city ever invested in his wellbeing or my family. But despite all that money spent, he got no substantial rehabilitation.

Coming from a low-income Latina neighborhood in Queens, it created a lot of barriers for adequate treatment. And without adequate treatment, his symptoms progressed and became severe, which led to interactions with law enforcement. But I know what have helped my nephew, community and healing, not Rikers. He needed intensive quality treatment, instead he got two and a half years of torture before he was even convicted. If my family were rich and well resourced, we would have been able to pay for the quality treatment and education that he needed.

SERGEANT AT ARMS: Thank you for your testimony, your time is expired.

ASHLEY SANTIAGO CONRAD: Just to wrap up, in the written testimony that I will submit, there's a full budget analysis but something that I would urge the Council to really support in this 2025 Executive Budget is a separate line item for justice impacted supportive housing. Mental health cannot thrive if folks do not have a home to go to. As someone who is diagnosed with anxiety and depression, routine is very important. Additionally $2.9 million to enable 5 of the 22 newly funded state assertive community treatment teams to operate a forensic fact teams and additionally ensure adequate funding to fully implement Local Law 119-2023 by establishing at least 5 new clubhouses. Thank you so much for your time. Thank you.

CHAIRPERSON NARCISSE: Understood, thank you. Danny Lin.

SERGEANT AT ARMS: You may begin.

DANNY LIN: Thank you Chairs Brannan, Narcisse, Schulman and Lee and members of the Committee for the Council's longstanding support of New York Edge. With the city's finances in much better shape than

expected in January, we ask the Council increase our funding in the FY25 budget.

We are seeking $1.2 million under the Council's after school enrichment initiative, an increase of $200,000 over last year. This will be our first increase in 16 years. We are also seeking $250,000 under the Council's social and emotional supports for students initiative. SCL is integrated into every element of our program. Increased funding is vitally needed. Unlike contracts with DYCD and other agencies, Council discretionary contracts are not eligible for [INAUDIBLE 08:08:08] people. This is making it increasingly difficult for New Yorkers to try to maintain quality staff and to continue to offer the wide array of programs that we have room for.

We are the largest provider of preschool based after school and summer programming in New York City, serving almost 30,000 students in over 100 schools in 37 of the 51 council districts across the five boroughs. Our mission is to out push the opportunity gap among students in underinvested communities. Our free summer programs will begin in early July providing over 10,000 young New Yorkers with a summer

camp experience on par with the pay camps in the city.

Improving health and wellness, developing social skills and preventing summer learning loss. We are dedicated to improving both physical and nutritional literacy among New York Edge participants through a petition of a wide variety of sports, wellness, and fitness programs. Our programs encourage children to play more, athletic, and conduct healthy eating habits. New York Edge as students and families are extremely grateful for the Council's 32 years of supportive partnership who are now looking to you to meet the needs of the next generation of young people by supporting our FY25 funding requests. Thank you.

CHAIRPERSON NARCISSE: Thank you so much for your testimony. The next is James Dill.

JAMES DILL: I'm Jim Dill, Executive Director of Housing and Services Inc. We are a permanent supportive housing serving 750 households in Manhattan and the Bronx and having from two DOHMH contracts. We are members of the Supportive Housing Network and support all the networks advocacy points for this hearing.

First, we express our thanks to the Council for both including provisions for a reallocation of NYC 1515 resources in the Preliminary Budget Response and for instituting a COLA for over the next three years for the human services sector. The reallocation will vastly help the bold and absolutely necessary 1515 initiative to meet its ambitious targets. We are also very grateful for the COLA that will provide encouragement to our dedicated and chronically underpaid essential workers. We do express alarm about what we understand is the Mayor's Executive budgets proposed 30 percent plus cut to HPD's special needs housing special capital funding. While we applaud the Mayor's ambitious goals to increase affordable housing but those cuts will only delay and prohibit the production of urgently needed special needs housing. HPD funding was the centerpiece of our latest development project brought online in 2022 with a DOHMH contract. We are currently struggling with the development of a new project facing significantly higher construction and interest cost. We understand that there is an up to three-year backlog in the HPD development pipeline that could make our new project unviable.

To meet the affordable in special needs housing prices, it is imperative that HPD's capital funding and staffing be increased. We will submit written testimony and thank you for your time today and we are especially thankful for the COLA and for the reallocation.

CHAIRPERSON NARCISSE: Thank you for your time. Daniele Gerard.

SERGEANT AT ARMS: You may begin.

DANIELE GERARD: Thank you Chair Narcisse and other Chairs and the Committee members. I'm Daniele Gerard, a Senior Staff Attorney at Children's Rights which has been a national advocate for youth and state systems for over 30 years. We are a member of the Jails Action Coalition and advocate on behalf of young adults on Rikers providing home and community based mental and behavioral health services is more important now than ever. Every day most New Yorkers see the failure of our government systems to take care of our neighbors who are in desperate need of mental health care, supportive housing and affordable housing. Every day most of us do not see the failure of our criminal legal system, which continues to send people suffering from mental health conditions to the

humanitarian disaster that is Rikers Island. Right now, 55 percent of people on Rikers have been diagnosed with a mental health condition and over 1,000 serious mental illness. Young adults and adults on Rikers need treatment, not jail. Instead, New York City's taxpayers are funding the criminalization of mental health. The Administration's proposed budget fails to adequately fund essential community resources that could keep young adults and others out of the criminal legal system in the first place. The city's recent budget cuts, among other short-sided policies make programming and mental health care all but unavailable on Rikers. The more than half a million dollars it costs to incarcerate someone for a year on Rikers can and must be used instead to fund programs that are proven to result in better health and wellbeing for young people and adults alike, well before, during and after incarceration such as community based mental health services, supportive housing and truly affordable housing. The budget in its current state does not properly allocate funding toward any of the goals children's rights and other advocates have outlined in this and other Committee

hearings. We look to you and Speaker Adams to negotiate a fair, just and reasonable budget that serves all New Yorkers including young adults —

SERGEANT AT ARMS: Thank you for your testimony. Your time is expired.

DANIELE GERARD: And others living with mental health conditions. Thank you for the opportunity to testify. I refer you to our written testimony for details about each of these points. Thanks again.

CHAIRPERSON NARCISSE: And thank you for your testimony. Thank you for your time. Uhm, Brendon Michael Gucci are you on? Brendon? Now, I'm going to call the name of those folks that are supposed to be online. If you hear your name, so please raise your hand or tap on it, so we can see that you're still here. Brendon Michael, Isaiah Santos, Mary Sohen, Myra Batcheder, Nora Taya, Opal Bailey, Sarah Bolden.

If you can hear your name please raise your hands on your key. Santos. Isaiah Santos raise your hand. Okay, you may yeah Isaiah Santos is on.

SERGEANT AT ARMS: Begin.

ISAIAH SANTOS: Esteemed Council, I am honored to be here today representing the JCCA. My name is

Isaiah Santos and I'm 17 years old. I had the pleasure of being at Second Chances, the Make it Work program. I was a program member in October of last year and I am delighted to continue my connection with the agency.

In fact, I am honored to become an advocate and a vocal supporter of this program and its impact on the youth in our community. Firsthand, I witnessed how a group of strangers became a room of mutually beneficial and resource full of individuals. I heard about career goals and dream goals. I got to learn week after week, how to prepare myself for a job for the job world and what skills would make me a stand out candidate. I learn accountability, responsibility, time management and professionalism. The best part about this learning experience was that it was held in a fun and in an approachable environment.

Second Chances is a truly inclusive space with people who really care about us. I always thought that I could bring in my true self and concerns and be heard and seen, even though at times we were given a lot of work. The pay off was always worth it. I grew in confidence, self-awareness and community

building. I am grateful for the additional investment in my future I received and I am so happy to get the chance to speak of my appreciation and gratitude for this program and opportunity.

This program supports us and builds us up, opening doors for new futures. Thank you for your time.

CHAIRPERSON NARCISSE: Thank you Mr. Santos and I am so happy that you came to testify. You made my day and you're going to make New York City a better city for getting involved and engaged. Thank you.

One more time, I'm going to call the names. If you are on, please raise your hand. Brendon Michael, Mary Sohen, Myra Batchelder, Nora Taya, Opal Bailey, Sarah Bolden. Alright, so if you don't raise your hands, that means you're not here. You're not here to testify. You may also email — oh, okay they're back sorry. Mary Sohen.

MARY SOHEN: Hi everybody sorry about that. Okay, hi.

CHAIRPERSON NARCISSE: Now I should know, it's people that are working in the hospital.

MARY SOHEN: Yeah, uhm I am. Okay, so hi everybody. My name is Dr. Mary Sohen, I'm a first-

year emergency medicine resident at Harlem and Metropolitan Hospitals. I'm a first generation American. I'm of Guinness heritage. I was born here in New York City and I was raised in Northern New Jersey. I graduated from NYU. I did my premedical classes at Hunter College and I went to med school at Boricua in Harlem.

Medicine was the second career for me and so, for me and many of my fellow medical residents, I've come out of school with a massive amount of student debt. I'm proud to serve New Yorkers, especially in Harlem where I learned to become a doctor and I know it's incredibly hard right now for all New Yorkers and I see my patients struggling as I also see my fellow residents struggling.

As residents we not only work extraordinarily long hours but we do incredibly physically, mentally and emotionally demanding work. This is only made more difficult by our low salaries and the extensive time we have been forced to fight for fair pay. Over more than nine months of negotiations and almost two and a half years without a contract, we are still fighting for a fair contract. We aren't asking for much. We are just asking that our salaries stay in

line with those of residents and our private safety net hospitals. Residents and the work that we do in this city is an important part of our public health infrastructure and our social safety net.

The Administration seems to have forgotten this or to simply not care and I urge the Council to continue to fight for us to get a fair contract so that residents like me can afford our basic necessities and can feel the respect that we deserve but also, and truly importantly to ensure that we are able to continue to attract doctors like me who come from and deeply care about the communities that we serve. Thank you so much for the time to speak to you guys. We just really hope that you continue to support our fight. Thank you.

CHAIRPERSON NARCISSE: Thank you for your work, appreciate it. Uhm, next is Myra Batchelder.

SERGEANT AT ARMS: You may begin.

MYRA BATCHELDER: Hi, thank you. My name is Myra Batchelder and I lead COVID Advocacy Initiative and COVID Advocacy New York. We are still in the midst of the COVID pandemic. We are still losing people in the US every week to COVID. Millions of people are

still struggling with long COVID and other serious health issues brought on by COVID.

As New York City Council discusses the budget, I urge the city to support COVID prevention, testing and treatment and support for people living with long COVID and other serious health issues brought on by COVID. One important step to take, New York City must provide funding for free, high quality N95 and K95 masks and COVID tests for the public. Everyone should have access to the tools needed to protect themselves and their families and others from COVID.

Many New Yorkers can’t afford to purchase high quality masks and tests. In 2022, approximately 23 percent of New York City residents were unable to afford basic necessities like housing and food and your ability to protect yourself and your family from getting COVID and to know whether you have COVID should not depend on your bank account.

I urge New York City Council to provide funding and pass bill INT 0332 2024, that will provide free mask, other PPE and rapid tests to New Yorkers through the mail. Thank you Chairperson Narcisse for introducing this important bill and thank you to

Chairperson Schulman and all the other Council Members who have cosponsored.

At COVID Advocacy New York, New Yorkers have already sent in over 3,751 letters to the New York City Council in support of this bill. Masks and rapid tests should be distributed through the mail so that everyone can access them, including those at higher risk who are avoiding public spaces. And people need to have access to these tools. New York City already provides free condoms and other health tools and should provide free, high-quality masks and rapid tests as well. Free masks are also important to help protect people from other airborne viruses as well as from bad quality from wildfire smoke and other impacts and people should have access to these tools ahead of time.

In addition, free, high-quality masks and rapid tests should be provided to community groups and at public locations across the city. And free COVID PCR tests should also be made available at multiple sites and these should not be ended. In addition, New York City Council must do everything it can to require masks —

SERGEANT AT ARMS: Thank you for your testimony. Your time has expired.

MYRA BATCHELDER: Ending the mask requirement in health care settings has led to many more unsafe medical settings and people are postponing needed care. No one should have to risk their life and health to access health care. I urge New York City to take action on this. Thank you very much for your time.

CHAIRPERSON NARCISSE: Thank you for your time. Nora Taya.

SERGEANT AT ARMS: You may begin.

NORA TAYA: Uhm, hello? Hi, Dear Council Members, my name is Nora Taya, as a member of Second Chances with DCA I am pleased to be here to receiving wonderful life skills from my opportunity to be an advocate. This has helped me expand upon my interest in being a role model for other youth. The experiences at Second Chances have given me valued life skills I can utilize in my career of becoming a lawyer. I've been given the chance to incorporate and expand upon my skills to benefit me in the future. Second Chances has allowed me to support the needs I want as a young adult. Furthermore, I have

an outlet to a safe space to be myself and not fill judged. I feel I can learn and obtain knowledge for my growth and become a strong adult. At first, I did not want to come to the agency even though the helping hands of the agency have helped me navigate through many challenges and tribulations I have had to face by myself.

However, without this program, I would not have gained the knowledge I use today. Second Chances has allowed me to interact with other youth, provide connections as well as support youth in the same position as me. I am really appreciative of the services provided by the JCCA and opportunities it has given me to prepare for the workforce while already working as an advocate for a greater youth development in my current community. Thank you.

CHAIRPERSON NARCISSE: Thank you. I'm happy to see young folks testifying. Thank you. I appreciate you. Next is Opal Bailey. We can't hear you.

OPAL BAILEY: Yes, good afternoon Chair Schulman, Chair Lee and member of the Health and Mental Health Committee. Thank you for calling this hearing and inviting JCCA and our young people to testify.

My name is Opal Bailey and I've been a therapist at JCCA for six years with experience in child welfare. Thank you for the ongoing support of our City Council Court Initiative Youth Mental Health Initiative, known at JCCA as Second Chances.

Second Chance provides opportunities for young people who are court involved and provides preventive measures for youth incompetency or dealing with expression, having fights in the community and substance abuse. Second Chances does an initial assessment and then we provide short-term therapy for six months. The counseling is individualized for the young people needs based on the initial assessment and can address issues such as trauma, grief, court conflict and inappropriate sexual behavior.

For those who need more long term, we provide referral to long term care at JCCA Article Title I mental health clinic. JCCA at homes and other community providers. Since 2017 youth the ages of 17 to 12 — 12-17 come to Second Chance as part of a positive pair group while receiving a range of mental health, educational and vocational support. Services are offered to youth who have already entered a system, as well as youth who are at risk, thereby

helping young people at stages to avoid the juvenile justice system entirely.

Second Chances also as a work readiness program called, Make it Work, successfully prepares you to enter the workforce and prepares them much needed stipend. Readiness to program we try to talk specifically about this program and the money management coaching. Make it Work is extremely successful, often having 60 applicants for only 15 open slots for a cycle.

SERGEANT AT ARMS: Thank you for your testimony. Your time has expired.

OPAL BAILEY: Get referrals from sources such as Probation ACS, schools, hospitals, and other nonprofit agencies. Thank you for taking the time to hear from us, the young people of Second Chances program.

CHAIRPERSON NARCISSE: Thank you for your testimony. Sara Bolden. Sara?

SARA BOLDEN: Yes, hello. Good evening, my name is Sara Bolden and I am the Managing Director of Leadership and new school development at Student Leadership Network. Thank you for hearing my testimony today about the young women's leadership

schools. Six secondary schools in the five New York City Boroughs serving girls and gender expansive youth. Like so many public schools across the city and country since the pandemic, our schools are facing profound challenges related to student mental health and wellness. These challenges show up as chronic absenteeism, academic underperformance, anxiety, depression, disconnection from school and sometimes even violence on campus. There is more need for student mental health support than we can offer, which puts undo strain on our hardworking administration and faculty which, in turn impact their mental wellbeing.

Our schools rely on high quality partnerships and programs to fill in some of the gaps that our in-school team does not have the capacity, training or licensure to provide. We lost a long-time mental health partner last year that cost $150,000 annually but we do have partners lined up to support our schools next year. For example, Love Mentoring, My Robin, School Consent Project, Benge Show, Challenge Day and also some programs focusing on physical health. To add more of those essential opportunities

that our students cannot typically access, such as Hidden Gems Archery and Mindful Miles.

We are committee to bringing these resources to the schools and financial support to make them possible would be critical to our schools and our students success and wellbeing. Thank you so much for hearing my testimony this afternoon.

CHAIRPERSON NARCISSE: Thank you. Since we have no one online that want to testify, if there is no one here in person, if you are here, you can approach the desk and see our Sergeant but since I see none, you may also email written testimony to testimony@council.nyc.gov within 72 hours of this hearing. Audio and video recordings will not be accepted.

First, before I go, I have to say thank you to Velda Yadnick Financial Analyst, Florentine Kabore Unit Head, Elizabeth Hoffman, Assistant Director, Chima Obichere, Deputy Director, Eisha Wright, Deputy Director, Jonathan Rosenberg, Managing Director, Michael, oh Michael has been sitting there and I missed it. So, Michael, thank you for keeping me on point and to that, all the Sergeant at Arms that keep

it going, thank you so much. Thank you and meeting adjourned. [GAVEL]

C E R T I F I C A T E

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

Date June 14, 2024