CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

OF THE

COMMITTEE ON HOSPITALS

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Thursday, March 6, 2025
Start: 1:04 p.m.
Recess: 3:45 p.m.

HELD AT: 250 Broadway –
Committee Room, 14th Floor

B E F O R E: Hon. Mercedes Narcisse, Chair

COUNCIL MEMBERS:
Selvena N. Brooks-Powers
Jennifer Gutiérrez
Kristy Marmorato
Francisco P. Moya
Vickie Paladino
Carlina Rivera

Other Council Members Attending:
Restler and Ayala

A P P E A R A N C E S

Dr. Mitchell Katz, Primary Care Physician and President and CEO of NYC Health + Hospitals (Health + Hospitals)

James Cassidy,
Senior Director of Finance at Health + Hospitals

Dr. Patsy Yang,
Senior Vice President at NYC Health + Hospitals for Correctional Health Services (CHS)

John Ulberg,
Senior Vice President and Chief Financial Officer at Health + Hospitals

Noelle Peñas,
Health Justice Community Organizer at New York Lawyers for the Public Interest (NYLPI)

Mackenzie Aranda,
Public Policy Fellow from New York City Alliance Against Sexual Assault

Misha Sharp,
Assistant Director of Policy for 32BJ Health Fund

Andrew Falzon,
Member of the Public - Neponset Adult Day Health Care Center Closure

Wayne Richards,
Member of the Public - Neponset Adult Day Health Care Center Closure

Jeanmarie Fitch,
Member of the Public - Neponset Adult Day Health Care Center Closure

Raquel Delgado,
Member of the Public - Neponset Adult Day Health Care Center Closure

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

Raul Rivera,
Member of the Public — NYC Health + Hospitals
Budget and Senior Care

SERGEANT LUGO: Check, check, this is a microphone check for the Committee on Health. Today's date is March 6, 2025— located at the Committee Room, 14th Floor; recording done by Pedro Lugo.

(PAUSE)

SERGEANT AT ARMS: Good afternoon, and welcome to today's New York City Council hearing on the Preliminary Budget Hearing on Hospitals. At this point, no one may approach the dais at any time during today's hearing.

Chair, you may begin.

CHAIRPERSON NARCISSE: 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 2026 Preliminary Budget — The New York City Health and Hospital Corporation's five-year Operating And Capital Plans for 2025 to 2029 and the Fiscal 2025 Preliminary.

During today's hearing, we will review H+H Operating Fiscal 2026 Budget of $2.28 billion, which represents roughly 2% of the City's budget.

But first and foremost, I would like to thank everyone who has joined us today and acknowledge my fellow council members who are here, Council Member

Marmorato, thank you, and Council Member Book-Powers on Zoom.

One major addition in the Preliminary Plan is a new funding of $6 million added in Fiscal 2026 for the Bridge to Home Program and a baseline funding of $12.9 million starting in FY27 for this new pilot program that aims to support homeless individuals with severe mental health issues.

I'm encouraged by this investment in mental health support for the New Yorkers who need it the most, and I'm interested to learn about the specifics of the program in this hearing.

H+H's overall headcount has increased by 1,493 positions since we compared the second quarter of Fiscal 2025 to the fourth quarter of Fiscal 2024.

However, H+H's physician headcount has decreased by six positions over the same period.

The recent Doctors Council negotiations have highlighted the difficult and demanding conditions that H+H physicians work in. I'm concerned about H+H's abilities to maintain a satisfactory physician headcount. And I am seeking clarity on the efforts that H+H is taking to improve working conditions for our physicians.

On one H+H budget component, it is capital budget spending. The Preliminary Capital Component. I mean, Commitment Plan includes nearly $620 million in funding for the Bellevue, Woodhull, and North Central Bronx Correctional Health Services outpost unit.

This outpost unit will provide much needed health care for inmates at Rikers Island, ensuring that incarcerated people are guaranteed the basic human right of adequate medical care. After all, we are New York City. We care about everyone. I'm interested in learning more about the plan scope of operation of these facilities.

In addition, the Capital Commitment Plan also include $50.5 million in funding for four key women's health investment across the South Brooklyn, Kings and Woodhull Hospitals.

These investments include renovations to birthing and labor infrastructure and the integration of different aspects of women’s health care.

This investment is an encouraging sign that the City is serious about women's health care, and I'm excited to learn more about each of this investment today. I have to give it up to BP Reynoso. That's always key on that, and of course my speaker,

Adrienne Adams, to make sure women's health is taken care of.

I'd like to thank my committee staff, committee counsel, Rie Ogasawara; policy analyst, Joshua Newman financial analyst; Amaan Mahadevan; and unit head Florentine Kabore for their work on this hearing.

I would like also, thank my chief of staff, Saye Joseph, and the rest of my staff that keep it going for me. And for their hard work, I appreciate them.

Today we'll be here we'll be hearing testimony from representatives from the Administration — Of course, Dr. Katz.

I now turn to committee council to administer their oath for this panel of administration officials.

COMMITTEE COUNSEL: We will be hearing testimony from the Administration. Before we begin, I will administer the affirmation.

Panelists, please raise your right hand. I will read the affirmation once, then call on each of you individually to respond.

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?

PANEL: [AFFIRMS]

COMMITTEE COUNSEL: Thank you.

CHAIRPERSON NARCISSE: And now you may begin, thank you.

DR. KATZ: Good afternoon, Chair, always so happy to see that the chairperson for the Committee on Hospitals is a nurse. Who knows better about hospitals than nurses? And welcome to the other members as well.

I am Dr. Mitch Katz; I am a primary care physician and the proud President and CEO of NYC Health + Hospitals. I am joined today by James Cassidy, our Financial Officer from Health + Hospitals, and Dr. Patsy Yang, who is our Senior Vice President over at Correctional Health Services (CHS).

Pleased to be here with you and to share our fiscal, performance. As you know, we're the largest municipal health system in the country serving over a million persons each year. And we are very proud of the fact that we care for all of New York City without exceptions. We offer all our services, including gender affirming care, abortion services, and the support that our immigrant communities need.

Over the past year, we have made significant advancements that I wanted to highlight for the Committee. I know Chair Narcisse will be particularly happy to know we've hired over 3,000 union nurses. And now we are using agency nurses only for what agency registry nurses are meant for which is unexpected absences,and leaves.

We've connected 375 patients to permanent housing through our Housing for Health program. We've provided short term housing and access to medical care to 290 patients through our medical respite program, broken ground on the new Gotham Clinic in Far Rockaway. We completed construction of the Bellevue outposted units for Correctional Health, which the chair has already spoken to the value of that. We've earned $6.1 million in Medicare shared savings. We've completed the expansion of the Lifestyle Medicine Program.

We have seven sites systemwide. We begun opening 16 school based mental health clinics to cover 6,000 students. We completed the floodwall at Metropolitan Hospital. We opened up 20 wellness rooms. All our facilities earned the LGBTQ+ healthcare equity leader designation.

New York City Care celebrated its fifth year anniversary with over 140,000 members. And New York's... out at Staten Island, New York City Hospital, Seaview, was again ranked as the number one nursing home in New York City by Newsweek.

We continue to do, I think, an admirable job of bringing in revenue and spending all of that money on the needs of our patients. So we closed the first half of Fiscal Year 2025 with a positive net budget variance of $134 million which is about 1%. Our January closing in cash was nearly $500 million which is 18 days of cash on hand.

As we look at our Preliminary Financial Plan going forward, our overall fiscal picture remains stable. Our Fiscal Year 2026 Preliminary Cash Plan is largely consistent with our recent performance.

We're currently projecting an operating gain of $111 million, which is 1% positive, followed by an operating gain of $213 million.

When we look to the longer outcome, we are well positioned, but we're also aware of a number of storm clouds that are on the horizon including potential federal cuts to the Medicaid disproportionate share

hospital program and other general programs with Medicaid.

We look forward to working with our wonderful city council or mayor, our state and federal leaders, to try to make sure that we always have enough dollars to be able to provide the services that New York City needs. So we very much appreciate the support that this committee and the city council in general has always provided to us and we look forward to your questions and recommendations. Thank you.

CHAIRPERSON NARCISSE: Thank you, Dr. Katz. I am always happy to see you.

DR. KATZ: Thank you.

CHAIRPERSON NARCISSE: Okay, Bridge to Home, which I believe is a great... it’s about time for us to approach the mental health folks in our city. And I'm so grateful that I know a doctor (UNINTELLIGIBLE) in charge, because you can understand when someone going on I mean, what's going on with someone with mental health, and that's the biggest problem we have in the city of New York, unfortunately.

The Preliminary Plan includes a new needs of $6 million in Fiscal Year 2026 and a baseline funding of $12.9 million starting in Fiscal 2027 for a new pilot

program to support homeless individuals with severe mental health issues.

What factors were considered creating this new program?

DR. KATZ: Well, thanks so much for highlighting it, and I'm happy to talk about it, and I think it helps all of us to understand the limitations in the mental health system as they are created.

If someone is severely in a mental health crisis with psychotic features, meaning that they're hearing things that are not being said, they're seeing things that are not in front of them, they are of danger to themselves or to others; we have excellent inpatient psychiatric facilities where we will hospitalize somebody.

After something like seven to 14 days, most patients can be given a medical regimen that will take away the psychosis that will enable them to return to their baseline state. The problem is that at that point, once they are stable, they will normally be discharged.

Now if they were a family member of any of us, what would we do? We would take them home. We would make sure that they got enough food. We'd make sure

they took their medicine every day. We would make sure that they went to their visits. We would make sure that we were a loving presence if they started to feel at all unsafe.

Okay, so now let's take the same person, but they're homeless. What happens now?

So our social workers will do their absolute best to give a good plan, but the absolute best at the moment would be a shelter system bed, which is a congregate bed, and if you can imagine what it would be like to have a serious mental illness with paranoid features and to sleep in a room with 16 other strangers, and how that might affect your paranoia.

And those shelter beds, and you know, I admire the shelter providers, but as it stands out, we don't pay them to do mental health services. It's a shelter, that's it's purpose, so that people are not sleeping outside.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: But we don't do the kind of intensive services that somebody who just left. I mean, then again, it's the gap. You generally in a in a medical hospital, you wouldn't go from the ICU to discharge.

You go ICU, you'd go to a step down, you'd go to a medical bed. Maybe then you'd go to a rehab bed, then you'd go to a bed where you would go for regular long term care.

But in mental health, you would one moment be in a facility 24 hours a day of doctors, nurses, social workers to being in a shelter with a appointment to see someone. Again, we would never leave people out, but it's not surprising that many people given that leave the shelter.

We give them medicines to hold them, but those medicines often get lost. People don't attend their appointments. And then all of that work and expense that goes into providing 24 hour care for seven to 14 days can often be lost in a matter of weeks— People lose their medicines, don't take their medicines, don't take the follow-up appointment, and so then you're back in the same circle.

And we have noticed that there is a circle between the shelter, the psychiatric emergency room, the inpatient unit, Rikers, back to shelter.

And the goal of Bridge to Health is to interrupt that, to be able to give people single rooms, which we believe will enable people with serious paranoia

and other mental illnesses to be able to stay, give them steady nutrition, nursing staff there so they don't have to go somewhere else, other mental health programming, rehab programming, so that we can actually be able to stabilize them and ultimately discharge them to supportive housing.

We do have resources, but you someone cannot go from a psychiatric 24 hour a day hospitalization into supportive housing. It's just not possible. They need time, leases, find the unit, that's not going to work.

So I feel like this really, it will fill a hole, and that while the numbers may not seem large, I believe this is a group that creates a lot of expense and work in New York City as they cycle through the shelter and Rikers and the emergency departments. That if we could really focus on this group of very, very high need people, we would give them a better chance and we would also see improvements in quality of life across New York City.

CHAIRPERSON NARCISSE: After this, no one should be asking what Bridge to Home is because you just gave it in a nutshell. So thank you. We need many of

that, not two or three because we have a lot of problems we have to deal with.

How will H+H determine the location of the two Bridge to Home sites? And what criteria will be used to determine the sites? And when does H+H anticipate making a final decision on site locations?

DR. KATZ: We're currently looking at sites. We don't yet have a particular site, and we would always, you know, include the city council and the community boards in any site that we chose.

Likely, the program will be a satellite of Bellevue Hospital, which sees the largest number of seriously mentally ill homeless people. So it would be wise for it to be not too far from Bellevue Hospital. But beyond that, we don't yet have a site.

CHAIRPERSON NARCISSE: If I may say, it should be based on statistic of where people are we have the highest folks have that, you know, severe mental illness. And I don't think it's only Manhattan and Bellevue.

DR. KATZ: Certainly not. As you say, there we have a large number...

CHAIRPERSON NARCISSE: Large number...

DR. KATZ: of people in New York City.

CHAIRPERSON NARCISSE: Mm-hmm.

Health + Hospitals will contract out a portion of the funding to nonprofit organizations, and it is anticipated that there will be two sites in the city with 50 beds each to cover a total of 100 patients.

Which nonprofit organizations will be involved in this program? Will you roll out a concept paper for this program? How much funding is anticipated to be allocated directly to providers?

DR. KATZ: You know, these are still details that we're working on. From a fiscal point of view, the budget does not start till July 1. That's when the money was allocated. So we will not have, you know, be having any expenditures until at least July 1.

So we're still working out who will be the service providers and what will be the full programming.

But we're happy, you know, as that goes along, we're interested in people's feedback about the program. And as you say, if we can show that this is a workable program, we know that the number needed in New York City is more than a 100.

CHAIRPERSON NARCISSE: Definitely.

DR. KATZ: But, first we need to prove that we are able to do this and that, remember, it is a voluntary program. So people will need to stay.

And one of the reasons why the current system does not work well is because most people with severe mental illness will not survive well in an existing shelter because their level of need is just too high.

They can't live that closely with a large number of other people in a congregate setting without services.

CHAIRPERSON NARCISSE: Fully in agreement.

How do you anticipate measuring the success of Bridge to Home?

DR. KATZ: I think the most important success and why “Bridge” is in the title would be how many people can you move from the bridge ultimately into permanent housing? Because otherwise, there'll be no flow and whatever you build, you'll fill, and then you'll still have people who need it.

So the program works best if you if you can move people along. And I've certainly seen that if you give people steady nutrition, steady medications, and you don't subject them to the stress of living on the

street, people can look very different in three months.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: But they don't look very different in 14 days. You, in 14 days, you make progress.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: You may stop the very loud voices, but what you really need is two to three months depending on the person.

And so I'd say, definitely, the most important criteria would be, uh, of success would be how many people you are you able to discharge to permanent housing?

I'd say other things we'll be looking at is what's the hospitalization rate back because this is meant to prevent that. So how many people wind up back in the hospital? How many people wind up at Rikers, crimes that are committed? How many people stay?

Because again, my view always is when you're talking about homeless people, it shouldn't be that hard to make a value proposition. I mean, they're not going to live in a luxury apartment house. Right? They're going to be on the streets, on the subway.

It should be pretty easy to create something with thoughtful people that people want to stay. And if people stay again, you won't have the issues that that so, you know, upset people of walking by and seeing people on grates, you know, against buildings, you know, eating out of garbage cans, the things that we all find so distressing.

CHAIRPERSON NARCISSE: Thank you.

I want to acknowledge we've been joined by my colleagues, Council Member Restler and Council Member Paladino.

Okay. SHOW (Street Health Outreach & Wellness Mobile Units program)- The Fiscal 2026 Preliminary Budget funding level for the SHOW program is $8.3 million an unchanged amount from the Fiscal 2025 Adopted Budget, but a decrease of $1.1 million from the Fiscal 2025 current budget.

SHOW is a street medicine program that brings medical care to homeless individuals, including substance abuse intervention. What update could you provide about this program in terms of number of the people served? Can you share the number of (INAUDIBLE) served by borough and the overall success of it?

DR. KATZ: Yes, thank you. We're very proud of the SHOW program. And, again, it is a quite an innovative model of saying you can give people appointments...

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: But if they don't show, all you've done is created, you know, blocks in the schedule that can't go to other people and you haven't done anything for them. When you put a van in front of a place where there are a large number of homeless people, it turns out they come. Especially if you provide culturally appropriate services, which in this case includes sanitary kits, socks, food, things that that are important to people.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: And then we're able, I mean, we now even have through virtual care, we can get a psychiatrist on the screen to evaluate somebody right from the street. We have started people on buprenorphine to deal with their opioid addictions all from the street.

So just to give you a sense of the numbers, since 2021, we have done 269,000 street engagements and 32,000 medical consults. We have distributed 82,000

hygiene kits, 5,000 Narcan kits, 3,000 fentanyl test strips.

So we have in by borough, which you asked, we have one show unit in South Bronx in zip code 10451; Brooklyn is served by one SHOW unit in the Bedford Stuyvesant Bushwick zip code 11221. Manhattan, which does in general have the highest number of homeless people, at least street homeless people, we have three units, one in zip code 10002 in Lower East Side, one in Harlem at 10027, and one in Washington Heights 10033. And then Queens is served by a SHOW unit, deployed in Elmhurst Jackson Heights in Corona.

So, in general, we found that more than half of the people who visited have come for repeat engagements, and that we have been able to get people, you know, who were once very tentative about treatment, especially substance treatment, uh, we've actually been able to get them into treatment by having the SHOW vans.

CHAIRPERSON NARCISSE: Why is the funding reduced in the current budget and why isn't it baseline to expenditure?

DR. KATZ: So as you know, because we discussed it at last year's hearing, the SHOW van, due to a PEG

reduction in Fiscal 2025, ended two of the SHOW units. However, we are now flat funding, so we there are no further cuts. But, yes, there was a PEG in Fiscal Year 2025.

CHAIRPERSON NARCISSE: Thank you.

Bridge to Home is a new program funded in the Preliminary Plan to provide support to homeless individuals with severe mental health issues. And if I go back to SHOW, SHOW is a street medicine program that brings medical care to homeless individuals include including substance abuse intervention. How can SHOW and Bridge to Home collaborate to efficiently use resources and better serve those individuals in need?

DR. KATZ: So you always think like a nurse.

CHAIRPERSON NARCISSE: Yep.

DR. KATZ: Yes, the plan would be to have the van be very close in proximity at least a couple of days to the Bridge. Because we're not gonna establish medical care at the Bridge. So this way, can access the medical part, have their blood pressure checked and treated. We treat diabetes. We treat wound infections. So being able to put the van very close

to the site, once we have a site, will enable us to provide the medical care without additional expenses.

CHAIRPERSON NARCISSE: Okay.

Coming to SHOW, I have a side question. Would SHOW be able to, let's say, there's an influx of homeless individuals in a certain specific area, can they move from that location to address their needs of that particular other zip code?

DR. KATZ: Absolutely. And the great thing about SHOW, that it's a van and we can move it.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: The only thing that we notice is that it helps to have a steady schedule. You don't want it to be a surprise as to where it is...

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: Because then people can't follow up. So you want to be able to say, okay, we're here today on Wednesday, I'll be here next Wednesday, come on back so that I can check your wound and make sure it's getting better.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: So we want predictability in the van. But we do periodically move them to where they are needed. We just don't want to move them every week...

CHAIRPERSON NARCISSE: Got you.

DR. KATZ: We want people to know where they are, so they can come back to it.

CHAIRPERSON NARCISSE: Yes. Nice, that's good.

The children's program now. The preliminary plan includes additional funds of $2.3 million in Fiscal 2025 only to support inpatient psychiatric care for children at Bellevue. The Bellevue facility contains a comprehensive psychiatric emergency program CPEP (Comprehensive Psychiatric Emergency Program) for children. What will this additional funding be used for? What aspect of youth inpatient psychiatric care at Bellevue will this funding support?

DR. KATZ: I want James Cassidy to explain the fiscal part because this has a slightly strange aspect.

CHAIRPERSON NARCISSE: Okay.

JAMES CASSIDY: Sure. I think this is really, you know, it's a longstanding intracity arrangement that we've had with the Department of Health and Mental Hygiene. So they've given us the funds for this. So it's not $2.3 million in new funding. It's really, this was a modification in the January plan to bring us to the historical levels.

CHAIRPERSON NARCISSE: Mm-hmm.

JAMES CASSIDY: But as part of it, they did do a small amendment to increase the funds to increase, adolescent site capacity at Bellevue. But it’s not $2.3 million... (CROSS-TALK)

CHAIRPERSON NARCISSE: (INAUDIBLE) So what is...

JAMES CASSIDY: The new funding is only about $100,000.00 or so.

DR. KATZ: It is worth pointing out that Bellevue has some extraordinary programs for children and children's mental health. It's just that this is not... we don't want people to think this is a $2.3 million augmentation.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: It's a $100,000.00 augmentation for, as James has explained, for adolescent health care. And it's just a... it's a correction that needs to be made.. (CROSS-TALK)

CHAIRPERSON NARCISSE: Thank you...

DR. KATZ: in the documents... (CROSS-TALK)

CHAIRPERSON NARCISSE: I appreciate it. Sorry, I appreciate it.

DR. KATZ: We’re all good.

CHAIRPERSON NARCISSE: (LAUGHS) We're all good. The numbers have to be correct, I agree.

What's the number of children that will be served by Bellevue?

CHAIRPERSON NARCISSE: So overall, we provide to, uh, 78,000 children get behavioral health services, but that's all of Health + Hospitals'. I don't know if I have a Bellevue only. I don't have a Bellevue only number. I'll have to get that for you.

CHAIRPERSON NARCISSE: Okay. Will the funding that we were talking about lead to an increased headcount at Bellevue by any chance?

DR. KATZ: It's a $100,000 or so, no. (INAUDIBLE)...

CHAIRPERSON NARCISSE: Yeah. Thank you. Yeah. Yeah.

We are concerned that families in families in low income neighborhoods are not aware of the CPEP program for children at Bellevue. Do you have demographic data on the patients at CPEP in terms of the parent income level and the neighborhoods where they are coming from? What outreach efforts are being made to inform the public about the CPEP program?

DR. KATZ: What we have is we have demographic information. So 60% identify as either Black African American, Hispanic, Latinx, or Asian American Pacific Islander. Thirty percent are limited English proficiency, and 70% are insured by Medicaid or have no insurance at all. So we're talking very, very, very low income for that.

In terms of the, uh, we have both, uh, we provide information through the City's referral lines including 988 referrals and schools. I think we can always do a better job of making sure that it's available. People can come. They can walk in. They can call. It is available 24 hours a day... (CROSS-TALK)

CHAIRPERSON NARCISSE: Thank you.

DR. KATZ: Certainly, if you have ideas or other people have other ideas of how better to get out the word, we're very open to that.

CHAIRPERSON NARCISSE: Thank you.

So since we're talking about school, are we partnering with DOE to make sure that it's being promoted?

DR. KATZ: Yes, absolutely.

CHAIRPERSON NARCISSE: Okay, all right.

B-HEARD Program (the Behavioral Health Emergency Assistance Response Division), how many H+H personnel are currently staffing the B-HEARD Programs? Is the Agency actively hiring for this program?

DR. KATZ: Yes, we are actively hiring for the program. We have at the moment, 38 mental health clinicians working on the ground.

CHAIRPERSON NARCISSE: Thirty-eight...

DR. KATZ: Thirty-eight.

CHAIRPERSON NARCISSE: Three, eight, right?

DR. KATZ: Three, eight.

CHAIRPERSON NARCISSE: Three, eight?

DR. KATZ: Right. Remember we are a small part of the overall HEARD Program, we're just... we provide the social workers, but we are not the first responders.

CHAIRPERSON NARCISSE: Okay, headcount? H+H's overall headcount has increased by 1,493 positions when comparing the second quarter of Fiscal 2025 with the fourth quarter of 2024. This increase is reflected in every category with the most positions for registered nurse, which you answered some part of, tech specialists, and residents. However, the number of residents has increased by 137, one-

hundred-37, while the number of physicians has decreased by six physicians. Are residents being asked to cover the work typically done by physicians? Has H+H and received complaints from patients who expected to consult a physician and were instead directed to a resident?

DR. KATZ: So thank you for asking because it gives me a chance to clarify. And there are many, issues always with Health + Hospitals budgets.

So the budget you see when it comes to headcount are those people who were on the City payroll. But the vast majority of our doctors are not on the City payroll. The vast majority of our doctors are hired through affiliates, either NYU, Mount Sinai, or PAGNY (Physician Affiliate Group of New York). And so those don't appear in your budget. And in particular, there have been movements of some City previously, City physician positions to PAGNY because it works better in our system.

So I don't want people to think that there has been a decrease in doctors. There has not been a decrease in doctors... (CROSS-TALK)

CHAIRPERSON NARCISSE: There is no decrease?

DR. KATZ: There is just... Those positions just move...

CHAIRPERSON NARCISSE: Okay.

DR. KATZ: to the affiliate rather than being...

CHAIRPERSON NARCISSE: Move...

DR. KATZ: Direct...

CHAIRPERSON NARCISSE: Okay.

DR. KATZ: City employment.

Residents, as you know, are a very important part of Health + Hospitals and a very important part of our system.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: The resident role is distinct from the attending doctor role, but they are physicians. After the first year, you become a licensed *physician*. But a large part of their residency is meant for learning how to become an attending physician.

So, you know, I don't see it, you know, should do... we ask a resident to do an attending doctor job? No. But in all teaching hospitals, residents play important roles and that's medicine, right, remains primarily an apprenticeship. That's the model that that medicine has always been. You learn and you provide service, and you provide service to learn.

I don't think that people would be very good doctors if they only went in the classroom and read from books. Most of what you learn, whether you're a doctor or a nurse or a physician assistant, you learn by caring for people. That's how you learn.

Now it all has to be appropriately supervised — that doesn't mean you just go out there and nobody is checking to make sure it's correct. But residents absolutely perform important clinical jobs, but not the job of an attending.

CHAIRPERSON NARCISSE: But patients still want to see a physician, their attending physician, not the resident.

DR. KATZ: Right, they would see both... (CROSS-TALK)

CHAIRPERSON NARCISSE: So do they have a lot of complainst around that?

DR. KATZ: I wouldn't say a lot. I mean, I know the issue you mean. I mean, it was true 35 years ago when I was a resident, too.

One of my favorite stories was when I was on an oncology floor, it must have been in the eighties, and the family insisted that the IV only be put in by the attending. And, of course, the attending tried

and failed three times because god knows when the last time the attending...

CHAIRPERSON NARCISSE: Sure.

CHAIRPERSON NARCISSE: was asked to put in an IV. And I was the second year resident, and so I went and put in the IV, which, of course, I had no trouble because I was a second year resident — that's all I ever did was draw bloods and put in IVs. And the family then brought me this large, you know, gift and insisted that I be the only one allowed to take care of the patient because of the success in putting in the IV.

So, I mean, the issue always exists and, you know, I would tell anyone, if they have a serious medical problem and they're at a teaching hospital, they should absolutely ask to speak to the attending. But I think teaching hospitals work well when everybody does their job.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: And that that's the best model.

CHAIRPERSON NARCISSE: I will be in agreement, definitely.

But I'm still having, like, what the, like, the residents, are the residents covering their attending

physician for things that physicians, the attending physician normally do?

DR. KATZ: No, a resident does the things that a resident should do.

CHAIRPERSON NARCISSE: Yeah, yeah...

DR. KATZ: But again, you know, it's important to understand some of the distinctions. For example, a central line can only be put in by a resident after a resident has been supervised putting in several lines successfully. So I think for a central line it's 10.

So 10 times the resident is observed by an attending putting in the line. If 10 times the resident successfully puts in the line, the resident is then certified to put in central lines.

The eleventh time, there wouldn't not be an attending there because you have supervised appropriately the person. So, you know, what we believe in is that every skill, and it's the same thing in nursing, right? Every skill should be taught. Competency should be determined. You should have a standard of what determines competency. People should have to fulfill it.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: But once they've fulfilled it, they're allowed to do it. But they're not allowed to do it if they haven't fulfilled it.

CHAIRPERSON NARCISSE: Mm-hmm.

As you're explaining the putting the line, guess what? Most oncology patients at Elmhurst used to look for me.

DR. KATZ: Yes (INAUDIBLE)...

CHAIRPERSON NARCISSE: Because I'm afraid of needles, so I have to make sure that I'm good at it.

DR. KATZ: See?

CHAIRPERSON NARCISSE: But we still want the residents not to be overwhelmed as well. So that's where I'm getting it.

DR. KATZ: Understood.

CHAIRPERSON NARCISSE: All right.

How does H+H plan to increase the physician's headcount? Does H+H have a target headcount for physician? You said there is no decrease. Am I correct?

DR. KATZ: There is no decrease. Right.

The positions that you highlighted just moved from the Citi payroll to the affiliate payroll.

CHAIRPERSON NARCISSE: Okay, so thank you for that.

Council Member Rivera just joined us. Before I get to the State Budget, I have Majority Whip Brooks-Powers. No?

So, Council Member Marmorato, do you have a question before I get to move on to the budget?

COUNCIL MEMBER MARMORATO: I have a ton of questions, yeah, absolutely.

So I just wanted to touch on the baby boxes. Can you explain the need for the creation of the baby boxes?

DR. KATZ: Sure. Again, it's nice to have another health care professional on the board asking questions about health care.

So what we've noticed is that a lot of the patients that we care for don't have the kind of social circles that result in the baby showers that many of us enjoyed when we were first parents. I remember myself having one when I brought my son home from Vietnam and the people at work, you know, with the onesies and diapers and the other things.

So the goal of the baby box is to start people off well who may not have the kind of social circle

that produces those kinds of things, and to make sure that those first, you know, days as a parent are as unstressful as possible, because you have the diapers, you have the onesies, you have the wipes and the things that that you needed. They have been very popular among the patients.

COUNCIL MEMBER MARMORATO: Okay. It's our understanding that this will be for new mothers. All new mothers will be eligible to receive that regardless of income. Is that correct?

DR. KATZ: Correct. Our own patients so skewed to low income that we have we don't try to distinguish by income.

COUNCIL MEMBER MARMORATO: Yeah. Because I know when I became a new mother, there were things that the hospital had gifted me that I wouldn't have known to have gotten for myself because I just was never around babies. So I would love to see if you guys could commit to continue giving it to all new mothers at...

DR. KATZ: Yeah, absolutely. We... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: (INAUDIBLE) hospitals...

DR. KATZ: That’s our... part of the (UNINTELLIGIBLE) of Health + Hospitals, on all grounds is we do not know nor do we try to find out people's incomes. Right? I mean, we provide one standard of services, whatever you are, rich, poor, it's the same services.

COUNCIL MEMBER MARMORATO: Okay.

Now I just wanted to move over to the Bridge to Home program.

Now are you looking to acquire a building to house these individuals or are you looking to place them into separate different apartments all throughout the city?

DR. KATZ: We would need it to be a single unit because it just wouldn't be efficient to provide the services scattered site... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: Okay, are you looking...

DR. KATZ: I mean, the ideal place, and we haven't yet found it, would be a hotel, not use single rooms, a common space for the services that didn't require construction. We don't want... the idea is to start this program in July when the budget starts, so I

can't have construction. And I would not buy a building.

COUNCIL MEMBER MARMORATO: Okay.

DR. KATZ: So the idea is to find a hotel that is not being heavily used and where they're willing to do a lease for the entire building.

COUNCIL MEMBER MARMORATO: But it will be off-site, not on the campuses and...

DR. KATZ: Not only any campus...

COUNCIL MEMBER MARMORATO: Okay...

DR. KATZ: No. No.

COUNCIL MEMBER MARMORATO: Okay.

And I just wanted to touch on the correctional health budget increase. Uh, $9 million is a lot for wage increases. Can you kind of explain why that is so much?

DR. KATZ: I will have Patsy explain.

DR. YANG: Hi, Patsy Yang.

Those are all related to collective bargaining increases for our staff.

COUNCIL MEMBER MARMORATO: How much staff do you have in the correctional health...

DR. YANG: (INAUDIBLE)

COUNCIL MEMBER MARMORATO: that will be impacted by this?

DR. YANG: 1,422.

COUNCIL MEMBER MARMORATO: Okay, that’s a lot.

Okay, uh, one last question and I will be done.

So I just was wondering, as far as a capital improvement at 1900 Seminole Avenue, where did the funding come for that? Because they're doing brick pointing on the outside of the building, and I was just curious when that money was put into the budget and where that came from.

DR. KATZ: I didn't know that they were doing brick work. I mean, we're certainly not trying to construct anything, and the board has to... the City Council has to make its own decision on that facility. It's conceivable that there's just basic maintenance. I mean, we have to keep buildings always in maintenance.

COUNCIL MEMBER MARMORATO: Yeah, it’s brick pointing, yeah, that’s exactly what it is...

DR. KATZ: Right, so it’s just part of Jacobi’s...

(CROSS-TALK)

COUNCIL MEMBER MARMORATO: And I was just curious as to where that came from...

DR. KATZ: Jacobi's maintenance... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: where the budget is, how much it is, and where does that get rolled into? Like, is it just... like every year...

DR. KATZ: (INAUDIBLE) Jacobi's maintenance budget to keep the existing buildings. I mean, again, this is separating your issue.

I mean, one of the challenges we have of any building we don't use is we still have to maintain it...

COUNCIL MEMBER MARMORATO: Of course.

DR. KATZ: Right? You can't let it fall. You can't let it deteriorate.

So we have no specific budget. We're not currently spending anything for that future project, which (INAUDIBLE)... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: No, I'm not... I'm not... I'm not even brining that into it. I was just curious as to where the money came for the...

DR. KATZ: Jacobi maintenance.

COUNCIL MEMBER MARMORATO: Okay. And how much do you guys budget a year for Jacobi (TIMER CHIMES) maintenance on the buildings?

DR. KATZ: We'd have to find out... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: I would... I would like...

DR. KATZ: Do we know what the overall maintenance is in the City in that (INAUDIBLE) budget?

JAMES CASSIDY: A combination of capital expenses. We can get the number, but it’s a combination of... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: If you can please get that information...

JAMES CASSIDY: Sure

COUNCIL MEMBER MARMORATO: I’d appreciate it. Thank you.

DR. KATZ: It is not a small number. I mean...

COUNCIL MEMBER MARMORATO: I know.

DR. KATZ: we have a large number of buildings, and not necessarily in great shape. (INAUDIBLE) sure...

COUNCIL MEMBER MARMORATO: I would like to at least especially get the one for 1900 if possible.

DR. KATZ: Will do.

COUNCIL MEMBER MARMORATO: Okay, thank you.

DR. KATZ: Thank you.

CHAIRPERSON NARCISSE: Thank you, again, colleagues.

But before I move to my other colleague, I have a quick question.

You said the physicians move around. Right? They move around?

DR. KATZ: They move from the City payroll to the affiliate payroll. Is that what you mean? (CROSS-TALK)

CHAIRPERSON NARCISSE: To affiliate? Oh, so they move to the affiliate payroll?

DR. KATZ: Correct...

CHAIRPERSON NARCISSE: So, who is actually responsible? Like, if it’s an affiliate payroll, I mean, they are doing the payroll, right? They are getting paid from some other source?

DR. KATZ: Correct.

CHAIRPERSON NARCISSE: So, are they responsible for your work or for that affiliate?

DR. KATZ: So, I mean, if someone works for Health + Hospitals, they're, from my point of view, they're our doctor.

CHAIRPERSON NARCISSE: Okay.

DR. KATZ: Regardless of...

CHAIRPERSON NARCISSE: Who’s paying them...

(CROSS-TALK)

DR. KATZ: Who's paying them.

Because it’s just we pay PAGNY, we pay NYU, we pay Mount Sinai. They use the money we pay them to hire the doctors. The doctors then work in the hospital. So most public systems do this. It's just a more efficient way of employing doctors than to have them be direct City employees.

CHAIRPERSON NARCISSE: Okay, thank you.

So, I am moving on to my colleagues. Majority Whip Brooks-Powers, are you on? You ready?

(PAUSE)

MAJORITY WHIP BROOKS-POWERS: There we go.

Hi, Dr. Katz...

DR. KATZ: Hello...

MAJORITY WHIP BROOKS-POWERS: It's always great to see you, and to my colleagues, thank you.

I wanted to touch on an issue that's very pressing on the Rockaway Peninsula.

As you know, Dr. Katz, we held an emergency town hall in Rockaway yesterday, pertaining to Neponset, which while it's in Council Member Ariola’s district, the majority of the patients are from within my district.

And for 36 years, the Neponset Adult Day Health Care Center has been a vital resource for Rockaway's senior community, providing medical care, therapy, and a space for social connection. Its proposed closure is deeply concerning, and we must ensure that the needs of our seniors remain the top priority in any decision made.

My first question is, is Health + Hospitals requesting any funding to support the continued operation of this facility?

DR. KATZ: Not at the current time, Council Member.

MAJORITY WHIP BROOKS-POWERS: Okay.

And the new Gotham Health Center in Far Rockaway will provide primary care to local residents. Could this facility take on some of the Neponset Center services to ensure seniors continue receiving care?

DR. KATZ: Absolutely. We could provide health care services to people, but it's not a... it's not an adult day health center.

MAJORITY WHIP BROOKS-POWERS: Health + Hospitals has cited low enrollment as a key concern for closing the facility. How many patients would the facility need to serve in order to keep it open?

I will say this was a very contentious question last night. We did not get, I think, a good answer, and so I would like to hear from you.

DR. KATZ: Well, I don't know that it's as straightforward as how many people, uh, maybe we could take a step back and talk about the program.

Twenty years ago there were many adult day health centers in New York City. There aren't many now. Why is that? Because healthcare models change and what people think are the best ways to care for people change over time. And that is what's happened in the adult day health center world.

When the programs were created, the criteria include that somebody must be sick enough to need skilled nursing care. So these are not programs for older seniors who need more socialization, who need a place to go, who need a hot meal, who need help with activities of daily living. Those are not skilled nursing needs. So you have to have a skilled nursing need.

On the other hand, you have to be well enough to get on a van or have somebody transport you to it. So I think over time, the reason these programs have so declined in number is that most people have decided

that they would prefer to be... to get the care that they need at home.

And it's true of Neponset. There is a group of people for whom this is a great option and they love it. And nobody is questioning, you know, the fact that there is a number of people for whom this is the right option. And I know that it's also for the people who work there.... the people who for whom it's right it works very well.

But in general, because of the level of state regulations about it, the requirement, for example, unlike our senior centers, which are wonderful, in the city, on a senior center, if you're a senior, if you want to go Monday and Thursday, you go Monday and Thursday. You don't make any commitment that you're going a minimum of days whether you want to or not. And you don't, it doesn't have the segregation of you must have the skilled nursing need. And it doesn't have the expense of the skilled

I mean, again, we love our nurses. They are highly skilled. They are the people you want assessing you for shortness of breath. They are the people they want for if you need your vital signs checked on a frequent basis or if you have wounds.

But what I think the world has decided, and as someone who took care of his 100-year-old father to his death in an apartment near mine, is that most people want to stay at home and what they want is their custodial needs met.

And again, I don't want to (TIMER CHIMES) in any way discount the people who love the center and for whom it is the right thing. But as broad strategy, adult day centers are just not as flexible as senior centers focusing on socialization or home services. And I feel that's the reason why there used to be a lot of these and there are not a lot of these now.

And this particular one does have challenges including that we don't own the building. There have just been a number of challenges.

So, you know, like a lot of complex issues, I can see many sides of it. I see the people who love it. I see the people who like working there. But I also see, you know, the change that's occurred over time in how people view the right levels of service.

So I don't know if that jives or doesn't jive with some of the things you've heard, but that's my big picture view of it.

MAJORITY WHIP BROOKS-POWERS: So, and I will say that the presenter last night, uh, did not give any alternatives in terms of, like, the community wants to know, well, if we got the census up, what is that number to be able to keep this facility open?

But what you just said leads into my next question. Has Health + Hospitals explored keeping the facility open under a different operational model such as a partnership with a nonprofit or another health care provider?

Because, again, and we've been working really closely together over the last several years, and you know how I look at healthcare, less about dollars and cents and more about lives.

And so this is a much needed service for people in our community, which as you know, because you've come a number of times at this point, geographically isolated.

You know, a 55- minute ride from Rockaway looks very different. I don't think there is a true 55-minute ride, because just to get to some parts of Southeast Queens alone, it takes 45 to 50 minutes.

So has Health + Hospitals begun to explore keeping that facility open but under a different operational model?

DR. KATZ: Well, the I mean, I think the operational model that makes the most sense are the senior centers that the City runs including in Far Rockaway. And if people needed additional medical services, I think that there would be an opportunity through the new center to provide the medical services.

I think it's the legal requirements under the regs that if you're an adult day health center that you must provide skilled nursing as part of what makes it very expensive to run it. And it also creates the niche that you can't be... you have to be *this* sick, but you can't be *that* sick because you can't then get on the van. And then...

MAJORITY WHIP BROOKS-POWERS: Right, because some people have like, dementia, for example, I don’t think that the senior centers are equipped in terms of staffing for certain conditions of individuals. So that's the challenge I think we run into on that.

DR. KATZ: Right.

MAJORITY WHIP BROOKS-POWERS: And another concern was the lack of sufficient outreach. So the community questions — how committed Health + Hospitals may have been to really keeping it open because there were several instances where enrollment had stopped — one was, I think, in, like, 2017 or 2018. And in another one, obviously, COVID, we know things were closed, and then, it opened back up and started to slowly ramp back up.

But as recent as 2023, there were people at the town hall last night that said when they called to enroll, they were told that there was no more enrollment taking place.

So while the way it was presented last night was that this is bleeding money, and it's not a proper model because, you know, it is just draining resources, in Rockaway, we have a really large senior population. We probably have some of the, highest density in terms of, nursing homes and senior centers and that population.

And so with the proper marketing, I believe that it would be more than the number that exists today. And there obviously is a need for it, a desire for it.

And then we have challenges that I think, just like as we talk about the trauma hospital, the way we look through that lens, that we are geographically isolated, and it makes it much more challenging for someone to say, "Well, I'm going to drop my parent off at this facility 55 minutes away for eight o'clock and have to be to work at nine eight o'clock," was an example used last night.

So I would love to be able to work with my colleagues in government as well as you, Dr. Katz, to find a solution to this.

But at this this time, I do not believe that closure of Neponset is in the best interest of the residents on the Peninsula and nearby Brooklyn. Because I do understand that people do come over the bridge from Brooklyn, Howard Beach, and Broad Channel to use this facility as well.

But I think we need to have a more comprehensive approach. And, Chair Narcisse, I would love the opportunity if we can be able to maybe do a hearing specific on this.

But right now, as we're talking about the Preliminary Budget, I want to make sure that we're

taking into account this population that is at severe risk of losing critical service on the Peninsula.

CHAIRPERSON NARCISSE: Thank you. And one other thing I may add is a followup understanding of what's going on CDPAP (Consumer Directed Personal Assistance Program) was the one, the program where family members can take care of their family at home and now we have a threat with that CDPAP, people not being qualified. So facilities like the one that my colleagues mentioned will be beneficial to our community while we are closing CDPAP.

A lot of folks not being qualified [for CDPAP] and they need the skilled care, they need the nurses, they need people to assess them, or they need someone to give them insulin, and they don't have no family members and then at least they can get out and then go back home.

So what is your understanding of what I'm saying?

DR. KATZ: I think, you know, again, there's no right or wrong answer to this question.

CHAIRPERSON NARCISSE: Mm-hmm

DR. KATZ: There are always more services that we could provide to people. And the only thing I could say, and this is a budget hearing, is all the money

is spent. So it becomes at a any point in time, all things are a zero sum game. We can do more of this and less of that. That's how our budget works.

So PAP, for example, yes, some of the people in PAP may have a skilled nursing need. They could be eligible for this so long as they're willing to go on a van. If they have no one to do their insulin, then they can't really go to this, because who's gonna do their insulin when it's not Monday through Friday?

This program actually only works — and again it has to do with the niche of it, you can't be in this program unless you have an incredibly loving family. Because it's an incredible intensive program that runs Monday through Friday nine to five.

So if you have if you have that level of intensity need that you qualify for the skilled nursing need, then who's doing it when it's not nine to five?

CHAIRPERSON NARCISSE: No, because...

DR. KATZ: And there are people for whom, and I think the majority whip has a good example, if you were family that was incredibly supportive and loving and you had a job and the job was nine to five...

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: And your person could go on the van...

CHAIRPERSON NARCISSE: Mm-hmm

DR. KATZ: That would be someone for whom this program is a very good choice.

But again, there's a reason, I mean, think about we have 11 acute care hospitals. We have four skilled nursing facilities. We have 40 outpatient clinics. How many of these do we have? Do any of you have one in your district?

UNKNOWN: (INAUDIBLE)

DR. KATZ: No. This particular model, again, and I don't in any way denigrate the people for whom it works, it's wonderful for the people for whom it works. It's just not a very broad model. And it comes, because of the state's requirements about what must be provided, even fully enrolled, there's a loss.

CHAIRPERSON NARCISSE: Mm-hmm

DR. KATZ: Now many of our services have a loss. In fact, all our services have a loss. So as long as if we as a group of people decide this is the service, but then it begs the question of why do we have only one of them?

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: We're if what we're deciding is this is the thing that matters, why do we have one? And I recognize that closing something is very different than not opening something. I understand how that works.

But it's true that we have not tried to promote enrollment because we made a decision that given that we did not own the building, we had increases in rent, and it's a large subsidy for a very small number of people in a service we don't provide to everyone. And generally, we try because we're a government thing, generally, I feel if I'm providing something it should be available to everybody.

And I do think, Majority Whip, that's part of why I am so passionate about the trauma center. Because I say, well, but, you know, it's not fair that people on Far Rockaway don't have access to it. But in some way, this is the opposite side of the coin. This is something that exists in Far Rockaway that doesn't exist anywhere else. So it doesn't have for me the same equity argument. Again, I don't want to in any way diminish that if you fit this criteria, this is the right program. But in general, the world has

closed these programs because the number of people for whom it's the right program has become too small.

And I, you know, I feel for the people who like it. And again, you know, I'm all about, you know, consensus decision making. If we as a city are deciding this is the thing, then you can always count on me to be there. But in general, it hasn't, because of the small number of ones we run, it hasn't felt that way, that this was the thing that we were making our mark to.

CHAIRPERSON NARCISSE: Uh-huh.

MAJORITY WHIP BROOKS-POWERS: I'm sorry, Chair, if I could just ask a follow-up question.

CHAIRPERSON NARCISSE: Quickly because our colleague is waiting.

MAJORITY WHIP BROOKS-POWERS: Thank you, sorry.

Just in terms of the location that we have right now, my understanding is that Health + Hospitals is still in contract with the lease there. Can you just confirm, when does that lease expire? Will Health + Hospitals have to break that contract in order to close the facility, and what would that cost be as well?

And I'll conclude there, and Dr. Katz, I can follow-up with you offline, and thank you again.

DR. KATZ: I'll have to get back to you.

I mean that we have discussed the closure of this program for several years and we, you know, we obviously while we are following the process including the state and community, and so as long as we have not concluded the process, we're paying our rent and keeping the lease. At some point, you know, the assumption was that we're going to end the lease. But I don't know the exact... I don't know what the termination of the lease is. I know that we've been discussing this for several years.

CHAIRPERSON NARCISSE: All right, thank you. Thank you, Dr. Katz for answering.

Now moving to my Deputy Speaker Ayala.

DEPUTY SPEAKER AYALA: Hello, how are you?

DR. KATZ: How nice to see you.

DEPUTY SPEAKER AYALA: I ran up here just because I wanted to see you.

DR. KATZ: Thank you.

DEPUTY SPEAKER AYALA: So I texted you earlier, I had a question, and I was hoping to get a little bit more clarity on this.

I'm here representing Metropolitan Hospital and Lincoln Hospital specifically. At Metropolitan Hospital, we have a need for a new emergency room.

DR. KATZ: Agreed.

DEPUTY SPEAKER AYALA: I think these estimates were upwards of $65 million. Lincoln has a host of their own capital needs as well.

But we've been trying, you know, to solicit funding from, you know, federal government, from the state, and haven't really gotten anywhere.

Then it occurred to me, has there been a specific ask? Like, how does Health + Hospitals submit their list of priorities for capital work? And is Metropolitan even on that list?

DR. KATZ: So, you know, I remember even when you were visiting, we've brought through congress people to try to get, you know, in the years when there were federal appropriations to try to get. And it seemed like we had their ear, and then they ended those federal appropriations. So, you know, I don't have an answer on that.

Certainly, the federal government is not looking currently like we stand much chance. So I think it’s...

DEPUTY SPEAKER AYALA: But is Health + Hospitals submitting a list of priority capital jobs to the administration?

DR. KATZ: To the City, yes...

DEPUTY SPEAKER AYALA: Yes, to the City, yes.

DR. KATZ: Yes, absolutely.

DEPUTY SPEAKER AYALA: So where on that list is Metropolitan, if it even is on the list?

DR. KATZ: I don't think we... We do not normally number the list.

DEPUTY SPEAKER AYALA: Okay.

DR. KATZ: We provide the list. And I think the estimated need, strictly on the basis of projects like Met-Ed, which are buildings that are beyond their usefulness is how many billions?

JAMES CASSIDY: I think $16 billion is the number.

DR. KATZ: $16 billion, which is just to say ,you know, so many of our buildings are ,you know, beyond the usual length of time — the elevators...

DEPUTY SPEAKER AYALA: Yeah...

DR. KATZ: the heaters, the coolers. So ,you know, in any given year, we submit the list to OMB of things that we need. And Met is on it.

I don't know whether the I mean, what Lincoln most needs is a new outpatient building. That may not be on it simply because that's sort of a new thing and most of what we go to OMB for are how do we, you know, run our existing buildings in a good way.

DEPUTY SPEAKER AYALA: Yeah.

DR. KATZ: But MET is on it.

DEPUTY SPEAKER AYALA: I mean, we find, you know, millions and lot of dollars in capital funds for so many other things. I can't think of a better way to spend it than on public health. And...

DR. KATZ: Strangely, neither can I.

DEPUTY SPEAKER AYALA: You know, and the idea that this is an emergency room that has the capacity to see just 25 patients, but then they have, you know, can have up to 50 in a night and not have places to put them because there just isn't anywhere — and the fact that that also has created kind of a level of distrust from the community, right, because they equate the way that the hospital looks with the quality of care that they are going to receive. And that is unfortunate, because what I see is that, by comparison, when you go to Mount Sinai Hospital, which is a private hospital, in the emergency room we

have four or five rows of patients, because they're overpopulated and they've already extended like three times and can't keep up with the demand. But we could really be, you know, moving those patients over to Met if we had the capacity to do that.

So this is like a really, you know, it's a priority project for me, and I just, if you could kindly...

DR. KATZ: Sure.

DEPUTY SPEAKER AYALA: figure out where on the, you know, on the list— because you may not put a number on it, but when I'm looking at a list, I'm assuming that the first few are the priority.

DR. KATZ: Okay.

DEPUTY SPEAKER AYALA: And so...

DR. KATZ: Well, let’s work on it. I mean, you know I have tremendous love for Met...

DEPUTY SPEAKER AYALA: Yeah.

DR. KATZ: Hospital. It is our most loving hospital and has a great relationship with the surrounding community and excellent physicians and nurses, and doesn't have the havoc of some of the trauma centers.

DEPUTY SPEAKER AYALA: Yes, that’s right.

DR. KATZ: So that it's a more controlled environment where you can generally provide more family centered, patient centered care without, you know, one ambulance after another coming in with a shooting or, you know...

DEPUTY SPEAKER AYALA: Absolutely. You know, I'm very supportive of the hospital. We've had a huge success in making them our rehab center for the for exactly that reason. It's the thing that hospital does super, super well.

DEPUTY SPEAKER AYALA: Mm-hmm.

DR. KATZ: Because it doesn't have to deal with the car accidents and the, you know, the huge traumas.

DEPUTY SPEAKER AYALA: Yeah.

DR. KATZ: So I would love to get a new emergency department for Met. So I'll go back after this...

DEPUTY SPEAKER AYALA: If not, Carlina and Mercedes and I are going to go to the front of your office and start singing, “Mitch better have my money.”

(LAUGHTER)

DR. KATZ: Well, the three of you would always be welcome...

DEPUTY SPEAKER AYALA: I won't do that. I don't want to do that, Mitch. (LAUGHS)

DR. KATZ: All right, (INAUDIBLE)...

DEPUTY SPEAKER AYALA: (LAUGHS) thank you.

CHAIRPERSON MOYA: Thank you, Deputy Speaker Ayala.

My colleague, Council Member Paladino has questions.

COUNCIL MEMBER PALADINO: Thank you, Chair.

I want to thank you all for coming here. (UN-MIC'D) (INAUDIBLE) Is my mic not working? There we go, I didn't press hard enough, okay.

I want to go back to what we talked about earlier when I first came into this meeting and, the homeless situation, the drug addiction, and, you know, the day patients you brought up, how we used to have these centers some 20 and 30 ago, where if you were a drug addict, you were able to go away for 30, get the proper care. Then there was outpatient, it was follow-up. And there were also a great many, things like, the 12 step program and such. I don't see any of that today. And I know you did say how times have changed, but drug addiction has not changed. If

you're drug addicted, you were drug addicted 40 years ago and you're addicted to drugs today.

I worry about my kids. I worry about the kids in this city. When I see injection sites that are open, the accessibility to be able to get these substances now, whether you go to a vending machine so that you can inject safely, I can't wrap my head around that.

So while we're very concerned about we're in crisis mode, you bet we're in crisis mode. We're in crisis mode because we have allowed this all to become legalized in order to make it safer. No. We're supposed to try to cure the problem.

So now I wanna go I'm gonna stay on subject here.

How many homeless people are there in the city of New York right now?

DR. KATZ: Well, so, there are, best estimate, I'll tell you the number I know best because of the Bridge to Home, there are a thousand seriously mentally ill people who are living on the street.

COUNCIL MEMBER PALADINO: A thousand?

DR. KATZ: A thousand? The number of homeless people, I believe, is 55,000 if I am remembering. I think, plus or minus 55,000 people are homeless...

COUNCIL MEMBER PALADINO: Yes.

DR. KATZ: in New York City. And they vary, right...

COUNCIL MEMBER PALADINO: Right.

DR. KATZ: people who are economically homeless...

COUNCIL MEMBER PALADINO: Right.

DR. KATZ: as in, *I got evicted yesterday...*

COUNCIL MEMBER PALADINO: Correct.

DR. KATZ: to the people who have been homeless for years...

COUNCIL MEMBER PALADINO: Years

DR. KATZ: with addiction issues...

COUNCIL MEMBER PALADINO: Yeah, there's so many different...

DR. KATZ: Right. And it...

COUNCIL MEMBER PALADINO: I have often said that. There's so many different stages of homelessness — it's those who just choose to drop out; there's those who are drug addicted and can't hold a job.

And I just want to say this, back in my day, for lack of a better word, my family member was a heroin addict. I've got firsthand experience with dealing with a heroin addict. And he was a heroin addict till he was 37 years old. He started at age 15. This was my older brother. He's now gone.

DR. KATZ: I'm sorry.

COUNCIL MEMBER POWERS: That's okay. He lived a good life because he straightened himself out through family, like you brought up, strong family. I was that go-to person.

So I wanna say there's a place in Queens. It's very well known. It was shut down a number of years ago when Willowbrook hit the paper and the state came and closed a great many hospitals. It was a very good facility. It was called Creedmoor back in its day, and it was called the Creedmoor Campus. Now the state owns Creedmoor, and Creedmoor right now is in the middle of regentrifying part of it. It's a hundred acres. On that hundred acres, there are two buildings. Actually, they're one building, but they come down there and joined. And that's got... now we're talking about money and where it's going and how we could put it to good use.

If we were to... that Creedmoor can hold 20,000 beds. I have a girlfriend who was a head nurse at Creedmoor many years back, and she maintained a drug addiction, four floors. You could eat off the floors. The facility was an amazing place. They had tennis.

They had a pool. There was a set place for people to go.

Now we understand that there's all those who need to go in, stay two or three months, and be released, and acclimate them back into society as they should be because they're not criminals. I get very upset when they misconstrue, you know, mental health and people who are criminals. You can't go to jail and get treated. It's just not gonna happen. You need a facility to go to. Creedmoor offered several different variations on how we could treat those people.

So my question, I guess, for the city and the state of New York is while we are investing billions of dollars, millions or hundreds of millions of dollars, why don't we look into what I'm talking about, which was closed. It's gonna take money to redo the inside, gut it, and do it. But in the end, you have a standing building (TIMER CHIMES) that has nothing wrong with it, I mean, structurally. And you go in and we do what needs to be done. And we could actually, with 20,000 beds, we have a place for people to go in their different stages of their life. Whether they could ever be removed, that's there's a

facility. If they're drug addicts and they need a place to go, there's a facility. There's care that they could go back to that place.

You're talking about a van that drives around. Well, that's very good. Yes. But I wanna get... you gotta get to the, you know, it's a tree. We gotta get to the bark of the tree, the roots of the tree. And the way to do that is through a facility called Creedmoor.

I just wanna open that door for you, because long before I became an elected, I often said, "What are we doing here?"

Now on the other part of Creedmoor Campus, the governor has given to the City through leasing where they're planning to put housing and stores and a new school and all of that. But I wanna know what are we doing for the most vulnerable? What are we doing for the most helpless who don't have good family that they could go to? There is a support. It's called Creedmoor. Let's spend some money wisely and redo the insides of this facility and get this facility up and running. And I promise you, we got 55,000? We got home for 22,000 of that 55.

We really need to look into this and examine those two buildings that are on the cycle heading east on the Cross Island Parkway, uh, Grand Central Parkway. And if you would come to Queens, you're probably familiar with it. It's not my district, but I would love to show you what could be done if we spent our money wisely because we could really help people here.

DR. KATZ: You don’t have to convince me. I believe in residential substance treatments. I think there are many people for whom that is the only thing that’s going to work, because...

COUNCIL MEMBER PALADINO: Yeah...

DR. KATZ: many people do not have the loving sister that you were. They just don’t have the assets in their family life.

COUNCIL MEMBER PALADINO: I know, and they are the people that need the help.

DR. KATZ: Right.

COUNCIL MEMBER PALADINO: And if we have ,you know, I see some non for profits taking up some buildings, and I donate. I give ,you know, through my funding. I fund them. But the bottom line is they’re

not helping more than 10 people – 20 people. I going to stop, I'm over my time, I'm sorry.

I'm looking to really do a broad rehab on the city's homeless situation and the drug addiction and everything. There are problems, but there is no such thing as a problem. There are solutions. I promise you.

DR. KATZ: I agree.

COUNCIL MEMBER PALADINO: And I don't stop until I get it.

DR. KATZ: Keep going.

COUNCIL MEMBER PALADINO: Thank you very much. I will. Thank you.

DR. KATZ: Thank you.

CHAIRPERSON NARCISSE: Thank you, Council Member.

COUNCIL MEMBER PALADINO: Sorry for going over time.

CHAIRPERSON NARCISSE: That's all right, you're very passionate, and it's life experience, so I can understand.

Now we have my colleague, Ms. Council Member Rivera.

COUNCIL MEMBER RIVERA: Thank you. Thank you very much. Good to see you all.

DR. KATZ: Nice to see you.

COUNCIL MEMBER RIVERA: I just want to thank you for your work on pediatric CPEP. I know you're really trying your best with the resources that you have, and I want to be supportive to that as well as the as the baby box program.

I think there's something to be said about the universal free lunch model and how just making something available to everyone sort of, you know, will level the playing field as much as possible. I think that's important. And I know there are a lot many, many mothers in this council, and maybe some of them are experts, but I think as you're starting out, as I've learned, you feel like you don't know what you're doing. So support is really, really helpful, especially when it comes from the wonderful professionals inside of Health + Hospitals. And Bellevue is number one, so I'm just gonna say it. It's great.

And I'll ask about... I'll ask about skilled nursing facilities in a second. But, you know, just to focus on Bellevue, I have to bring up that we're losing a hospital just down the street from Bellevue.

DR. KATZ: Of course

COUNCIL MEMBER RIVERA: We're losing Mount Sinai Beth Israel. You know, on February 24, a state supreme court judge ruled that Mount Sinai Beth Israel's campus would be permitted to close. So they're slated to close March 26th - of this month - 2025. As part of the conditions for closure, they'll be operating a temporary urgent care clinic on East 14th Street, and that's in an attempt to maintain continuity of care, which is very, very important.

But another condition for the closure is that Mount Sinai will be providing funding to Bellevue Hospital to renovate its emergency department and to purchase new equipment.

So my questions are how much money will Bellevue be receiving from Mount Sinai? What specifically will it be used for? Are there other crucial services that were being offered at Beth Israel that should be made available at other nearby hospitals? And do you anticipate additional funding needed to manage patient care on an ongoing basis?

DR. KATZ: Right. So $28 million is what Mount Sinai agreed in order to get the state to agree to allow them to close — The $28 million is $15 million to expand the capacity of the Bellevue ED, including

the CPEP and the ambulance bay, and $1.5 million is for us to purchase a CT scanner.

Because one of the things that we noted when the State was talking to us, I worked hard to try to figure out what the things were that most slow us from being able to figure out what whether a person needed to be admitted or discharged. A CT scanner, not that we don't have one, but the volume is so great that people were waiting. So another CT scanner.

So it's $1.5 million to purchase it and $4 million in order to install it because the installing requires construction of the radiology suite.

And then, and because I knew this was going to happen quickly, I asked the Stat, to require that they put $2.5 million a year to respite beds. You might say why respite beds when it's the hospital that's closing? Because at any one time, there are people at Bellevue waiting for the next step who could go... they can't go home. They're not able to do their activities of daily living. So I can't discharge them, but they no longer need acute care.

So if I could send them someplace where they would be fed and dressed and supported, then I could

open up those beds without any new construction, because constructing new beds is so expensive and time consuming. Right? I mean, it can take you three years to open up 25 new beds. So we asked them for money to do that.

I think to your question of, you know, what is the, you know, the need likely or where it won't surprise the members of the Council that it's the mental health that concerns me. And it's a sort of convoluted New York state answer.

So when I first asked about Beth Israel, I said, thought, do you have a mental health ward? And the answer is, no, it's all at the Rivington. So I'm like, oh, okay, good, so I don't have to worry — No, no, I have to worry. Why? Because the State, they built Rivington, would not allow them to have a CPEP, an emergency room without a medical emergency room.

(TIMER CHIMES)

So they couldn't build Rivington. In my ideal, Rivington would have been a mental health hospital with an a mental health emergency room. But you can't blame them for that. That's in... I checked, that's in state regs. You can't have a CPEP, a mental health emergency room, unless you also have a medical

emergency room. So therefore there is none. So therefore everyone who would have... so that while they had no beds at Mount Sinai, they had a CPEP at Mount Sinai.

And so now, overwhelmingly, those people are likely to come to us. And, right, and you know that that's already been, you know, Bellevue is our busiest hospital for mental health care. And that CPEP, you know, the volume is amazingly dramatic of people who are really impaired at the point. So, it...

COUNCIL MEMBER RIVERA: So How do you accommodate that?

DR. KATZ: Well, so that's well, the portion of the $15 million will be used to expand the physical CPEP. We will try to hire as many mental health clinicians as we can. I don't need additional dollars for the clinical care, because they'll— well at least unless all of Medicaid is cut by the federal government, which is a different issue for us to discuss at some point— but at this moment, right, the operational costs I can cover.

So I've been more worried about just the physical facilities and how whether or not we will be able to

do it, and as you know, they're incredibly talented people. But that is the thing that I worry the most about.

Rivington has agreed, you know, that they would take a similar number of patients as they would have taken from Mount Sinai. So, you know but all of them will have had to go through our medical emergency department at Bellevue First.

So I'd say that's the group that I particularly worry about to your question. In general, when hospitals close, history has been that there's more scattered than the map would tell you. When you look at the map, most people say, okay, well what is the nearest hospital? But it turns out people's lives are complicated and they don't necessarily go to the nearest hospital which would be Bellevue.

So, you know, until it actually happens, we won't know. But when it comes to the seriously mentally ill, I think they're all going to go to Bellevue.

COUNCIL MEMBER RIVERA: Okay.

DR. KATZ: And I think that that could pose really tremendous challenges— made worse, of course, by the challenges of just hiring sufficient mental health staff.

COUNCIL MEMBER RIVERA: Well, I thank you for that. I know there's the emergency department you're addressing. You're trying to expand your facilities there. It's just rough because you're gonna see that influx in your ED. And I had a constituent who was in the ED for eight days recovering from a respiratory issue waiting to be admitted to the hospital, and you all really make miracles in that space.

DR. KATZ: Right.

COUNCIL MEMBER RIVERA: I'm in Bellevue Hospital all the time. I pass that ER all the time. So that that ED, so I just wanted to thank you for your work.

And then my... just one more question, Madam Chair, if I can?

CHAIRPERSON NARCISSE: (UN-MIC'D) (INAUDIBLE)

COUNCIL MEMBER RIVERA: Because it's a budget hearing, it's really more of an offer as to how do we help you all advocate for... I think the thing that I'm seeing now, just apart from the hospital closure, is we have many of our constituents calling, asking how to take care of their parents. Right? I think no one prepares you for taking care of your own parents. And there aren't many nursing facilities that take, you know, Medicaid or really the amount of assistance

there is limited. And I know you have a few locations, skilled nursing beds. People have received great care at Gouverneur Hospital from my district, just amazing care. But I also know that it's very, very hard to provide that, especially with the growing aging population that we have.

So I just want to be of assistance in how we can effectively advocate to help you all as you see more people come in who are in need of long term memory care and issues like that.

So just wanted to be of service and say thank you for what you do.

DR. KATZ: Thank you. And that’s good issue. And I will talk more with my colleagues in the Department of Aging. What you said is absolutely true, each family sort of learns it anew. Right? It’s very, very challenging to do it well.

CHAIRPERSON NARCISSE: Thank you. And now my colleague, Mr. Restler, Council Member Restler.

COUNCIL MEMBER RESTLER: Thank you so much, Chair Narcisse. I really appreciate your leadership of this committee, and it is always good to see Dr. Katz.

I'm old enough to remember, I think, Dev and Mydell (phonetic) are too, when H+H was going to ruin

the finances of New York City. And then you came to town, and ever since, we've had smooth sailing.

DR. KATZ: Thank you.

COUNCIL MEMBER RESTLER: It is... you are a leader that I hope transcends many, many administrations. You're a treasure, and we're lucky to have you at the helm of H+H.

DR. KATZ: Thank you.

COUNCIL MEMBER RESTLER: We have a new school that people are trying to build in Greenpoint, so I am multitasking, I apologize. But, you have my, most of my attention.

There are a couple of things I just wanted to touch on today. First is just briefly, the Medicaid cuts would be absolutely devastating for our public hospitals. I think it's, you know, if they were to fully fulfill these cuts, 10% Medicaid cuts nationally— could be even worse. You know, we would no longer be in the black as you have been through the first six months of this fiscal year.

Can you speak just briefly to the scope of impact of the Medicaid cuts?

DR. KATZ: From what they're discussing, it could certainly be hundreds of millions of dollars to us.

And the two facts that I think help people understand why it would be so difficult, 85% of our budget is people. So, you know, cuts has to mean fewer people taking care of people.

COUNCIL MEMBER RESTLER: Right.

DR. KATZ: And the other in part, the success that you refer to will also make dealing with cuts harder, because part of the success was to stop subsidizing for profit health insurance companies— which is what New York City was doing when I arrived by, you know, not enrolling people, not billing them correctly, you know, appealing decisions, not documenting them correctly so that the insurance companies were off the hook. And part of what I did is say, no, we're not gonna do that, we're gonna learn how to bill appropriately, not excessively, and not patients. I'm interested in billing insurance companies.

But because of that success, we now earn about 80¢ on the dollar for any service. So in order for me to cut a dollar, I have to cut $5.00. And there's no there's almost nothing that is a pure service that we do that doesn't generate revenue in some way. And I've insisted on that because that's, in all the cities I've worked, that's always been my model— is

if you want something sustainable, build revenue into it.

COUNCIL MEMBER RESTLER: Right.

DR. KATZ: But then if your revenue suddenly drops, you have to close much more in order to meet the (INAUDIBLE)... (CROSS-TALK)

COUNCIL MEMBER RESTLER: Do you think that that would mean we'd have to close facilities?

DR. KATZ: Well...

COUNCIL MEMBER RESTLER: If these cuts were to come forward at their full...

DR. KATZ: We would... if the cuts came through forward, we would certainly have to constrain services.

COUNCIL MEMBER RESTLER: Okay.

DR. KATZ: Whether, you know, whether it's the buildings or the or the service model, I don't know, and it would depend on, you know, it would depend on how large is the cut, how much, you know, is the state prepared— I mean, the State does have reserves— Medicaid dollars flow through the State.

COUNCIL MEMBER RESTLER: Sure.

DR. KATZ: Does the State choose to use reserves hoping for a better time or not? What is the City's

situation? But I think it would certainly cause the need to constrain the services that we provide.

COUNCIL MEMBER RESTLER: All right. I want to try and get to a couple more questions if I can.

So I've been laser focused on the outposted therapeutic units. My recollection is that Bellevue was supposed to be done in 2022, then it was gonna be done in 2023, then it was gonna be done in 2024. And Patsy...

DR. KATZ: It’s done!

COUNCIL MEMBER RESTLER: Patsy, if I remember correctly, the last time we had you here, we had a quote to the effect of as soon as the units are completed, the City is ready to operationalize them.

So doctor Katz says we're done.

DR. KATZ: The unit is ready...

COUNCIL MEMBER RESTLER: Where are the people?

DR. YANG: So, as Dr. Katz said, for Bellevue, Health + Hospitals did bring it in. We were just a couple of weeks late. We have our Certificate of Occupancy.

COUNCIL MEMBER RESTLER: Great.

DR. YANG: We have... Construction is completed.

COUNCIL MEMBER RESTLER: It's a 103 people?

DR. YANG: It's 104, 104 beds...

COUNCIL MEMBER RESTLER: 104, okay.

DR. YANG: CHS has its staffing pattern in place...

COUNCIL MEMBER RESTLER: Great.

DR. YANG: With sufficient notice to our staff, we're ready to move with our patients.

COUNCIL MEMBER RESTLER: What is DOC saying?

DR. YANG: We are working with the Department of Correction and the Administration as to when the unit could actually be operational.

COUNCIL MEMBER RESTLER: Could you just tell me again exactly when did you get the Certificate of Occupancy?

DR. YANG: February, last month.

COUNCIL MEMBER RESTLER: February, so last month?

DR. YANG: Yes, last month. (TIMER CHIMES)

COUNCIL MEMBER RESTLER: So, are just waiting...

DR. YANG: Yes, we...

COUNCIL MEMBER RESTLER: You know...

DR. YANG: we finished construction in January, and DOB issued the occupancy certificate...

COUNCIL MEMBER RESTLER: And help me, at Bellevue and NCB, which thanks to leadership from yourself and

Deputy Mayor, at least for now, (UNINTELLIGIBLE), we were able to get the therapeutic outposted units back on track at NCB and at Woodhull. Are those moving forward?

DR. YANG: So NCB and Woodhull, the Administration gave us the approval to restart last year.

COUNCIL MEMBER RESTLER: Okay.

DR. YANG: And the status of those two projects, are health and hospitals accelerating to bring them both in on time together. And the last estimate was 2027. We are in design. We are awaiting feedback from the Department of Correction as to design.

Once that final approval of design is received, then Health + Hospitals can proceed with the contracting for construction.

COUNCIL MEMBER RESTLER: We still don’t have design resolved...

DR. YANG: We do not.

COUNCIL MEMBER RESTLER: In 2025.

DR. YANG: We do not.

COUNCIL MEMBER RESTLER: That means we're not gonna achieve 2027 completion. So we're already off track of the announcement from this past year?

DR. YANG: Construction is estimated to take about 25 months. That's after we get contractors in place and that cannot happen until we have a document... (CROSS-TALK)

COUNCIL MEMBER RESTLER: It's a stain on our city that Rikers is the third largest psychiatric facility in the country, the largest in the state. There are people who have critical, acute medical needs that should be served in health care settings. We are should have 350 beds available to them. We have a 104 that are sitting empty today at Bellevue, and instead those people are rotting in Rikers Island.

And so Mayor Adams, who I don't always agree with, has spoken eloquently about the need for these facilities, about the need for more mental health beds for the people who are in DOC care, the need for exactly this model. And we need leadership at City Hall to tell DOC to do their jobs.

It's incredibly disappointing to hear that we're encountering further delays on a model that we've all... that is fully funded, that is ready to go. It just doesn't make any sense.

Chair, can I ask one more question? Or you need me to go?

CHAIRPERSON NARCISSE: (UN-MIC'D)(INAUDIBLE)

COUNCIL MEMBER RESTLER: I'm done. That's it. One question. Thank you.

I'm very excited about Bridge to Home. I'm really pleased. I know this has been a priority of yours, Dr. Katz, for many years. I know that there was an announcement earlier this week to expand the number of beds by, I believe, 100, if I got that right. There was an expansion announced earlier this week.

So still, 250 people, is that the idea that we're going serve at any time?

DR. KATZ: The Bridge to Home is 100, but then there was announcements about a respite program...

COUNCIL MEMBER RESTLER: Respite program...

DR. KATZ: Right.

COUNCIL MEMBER RESTLER: that you're gonna be helping with as well?

DR. KATZ: Yes, yes...

COUNCIL MEMBER RESTLER: Okay, all good stuff.

But could you just for scale, if you have this, approximately how many people are discharged annually from H+H facilities who are unhoused? Or how many discharges? Do you have that data?

DR. KATZ: I don't, but the...

COUNCIL MEMBER RESTLER: Could you give me a ballpark?

DR. KATZ: well, the ballpark that I that I always go on is that there are a thousand people unhoused with serious mental illness in New York City.

And part of what I think is interesting is that's not an impossible number, a thousand. Right? I mean the number of homeless people as we've talked about 55,000, much larger, and very heterogenous.

COUNCIL MEMBER RESTLER: Eighty... 84,000 people slept in a shelter last night...

DR. KATZ: Right.

COUNCIL MEMBER RESTLER: Just to put a finer point on it.

DR. KATZ: But it's heterogeneous, right?

COUNCIL MEMBER RESTLER: Totally.

DR. KATZ: It's economic to...

COUNCIL MEMBER RESTLER: 100 percent...

DR. KATZ: But...

COUNCIL MEMBER RESTLER: Domestic violence...

DR. KATZ: a group of who are, in my view, really not getting what they need and meanwhile costing the City huge amounts of money while they're not getting what they need...

COUNCIL MEMBER RESTLER: I... I...

DR. KATZ: all of these seriously mentally ill living on the street. I can't imagine how much each one cost the City if you added up all of the visits and the police and the Rikers...

COUNCIL MEMBER RESTLER: And I think that the Bridge to Home and respite care models are good and worthy things to help those people stabilize. And it is great that we are investing in them. But we also need to do a much better job of ensuring that every single day, as people are being discharged from Health + Hospitals, and other hospitals, but especially Health + Hospitals— because you serve the most vulnerable— that we actually provide warm handoffs to our homeless outreach organizations to get those people directly into safe havens, to get them into care, so that they’re not just being sent back out on the street.

DR. KATZ: Right.

COUNCIL MEMBER RESTLER: And if we can do a better job of actually not allowing the front door of our hospital to be the place where we’re just sending people out to go right back out on the street or

trains, we will be addressing this much more effectively.

So, I know Chair Narcisse is going to kick me if I keep talking...

DR. KATZ: I agree, thank you...

COUNCIL MEMBER RESTLER: Dr. Katz, thank you, Dr Yang, good to see you both.

CHAIRPERSON NARCISSE: Thank you. And some of my questions, you asked, so that was... We are okay.

All right, coming back, the New York State Fiscal 2026 Executive Budget process, the discontinuation of the state's indigent care (BACKGROUND NOISE) (INAUDIBLE) payments for the City's public hospitals. The state's share of this ICP payment total of $56.7 million. This action reflects New York City Health + Hospitals seeking to receive Medicaid funding at the average commercial rate for New York City, which would be a significant increase to the system.

We know that the state submitted its DPT request on December 23, 2024. The Council is seeking a change to that, the nearly $57 million reduction would only go into effect if the Medicaid reimbursement were approved or are covered by alternate forms of Medicaid funding.

Can you please provide any further update on the State's DPT request, has it been approved yet? What are the challenges throughout this process?

DR. KATZ: It has not been approved yet. It's sitting at CMS. We don't have any further information on when they will approve it.

We can tell you that they have approved similar arrangements like this for other states. We're not asking for something that has not been approved in other places, but we have not heard anything from them.

CHAIRPERSON NARCISSE: Okay. Starting in 2020, the State started intercepting $150 million of the City sales tax revenue for a Distressed Hospital Fund. This intercept was intended to be temporary, but still remains. Our understanding that, despite the deep needs of the H+H who serve as our public hospital, Health + Hospitals do not qualify for these funds. We are essentially funding a distressed hospital fund that largely subsidizes and supports hospitals outside of the City.

Since the creation of this inter intercept, has H+H ever received reasoning from the State as to why our public hospitals do not qualify for the

Distressed Hospital Fund? Do you believe that our public hospitals will benefit from having access fund for these funds?

DR. KATZ: We received no funds.

CHAIRPERSON NARCISSE: No...

DR. KATZ: We would certainly appreciate it, but we've received none.

CHAIRPERSON NARCISSE: Wow, okay.

Okay, can you please provide any further updates to the State's DPT request? Has it been approved yet or is there a deadline?

DR. KATZ: Has not been approved and it's at CMS so it's their deadlines not ours. They get to decide.

CHAIRPERSON NARCISSE: So, the deadline isn't... Okay.

Okay, moving to the federal. This is a fun one for federal.

Federal funding makes up less than half a percent of H+H's Fiscal 2026 Preliminary Budget. Despite the small percentage of federal funding, does the Administration foresee any financial challenges for H+H arising from potential federal budget cuts? How would any reductions to Medicaid and federal dollars impact H+H's budget?

DR. KATZ: I'm so glad you asked this because it's important to clarify.

CHAIRPERSON NARCISSE: I guess someone going help us to get federal one...

DR. KATZ: When you...

CHAIRPERSON NARCISSE: Okay.

UNKNOWN: (INAUDIBLE)

(LAUGHTER)

DR. KATZ: Okay, we appreciate that.

But remember when you're sitting as the Budget Committee...

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: You are looking at the City's budget, but most of our money comes separate. We are mostly a revenue department.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: Right? Most of our funding is not from the City, only a minority. So you're not seeing any of our Medicaid revenue. We receive a huge part of our budget from the federal government, if what you define as the federal government includes Medicaid, Medicare. Right? I mean, we receive a small number of direct federal grants, and that's what you're seeing. But that's not what's funding Health + Hospitals.

It's funding Health + Hospitals Medicaid, Medicare revenues...

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: And other dollars.

So if we do have, you know, major cuts, and again, because there is currently no legislation, it's impossible to estimate what we could, you know, be affected by. But we're certainly very, very worried given the size of the cuts that are being talked about that we could be hundreds of millions of dollars out for our services.

Again, the money flows through the state. So how state...

UNKNOWN: (INAUDIBLE) state...

CHAIRPERSON NARCISSE: Yes.

DR. KATZ: Yes. All...

COUNCIL MEMBER PALADINO: (UN-MIC'D) The feds give the State the money?

CHAIRPERSON NARCISSE: And the money trickles down.

COUNCIL MEMBER PALADINO: (UN-MIC'D) There you go...

DR. KATZ: Right.

COUNCIL MEMBER PALADINO: (UN-MIC'D) And let's find out exactly what the State gives the City from the federal government.

CHAIRPERSON NARCISSE: But the State is not getting...

COUNCIL MEMBER PALADINO: (UN-MIC'D) (INAUDIBLE)

CHAIRPERSON NARCISSE: So we can go back and forth, but the State is not getting through. So they already have a threat. We're talking about $56-point-something-million dollars that we are already talking about.

COUNCIL MEMBER PALADINO: (UN-MIC'D) (INAUDIBLE)

CHAIRPERSON NARCISSE: Okay.

Colleague, yes, you can advocate, but let's stay...

COUNCIL MEMBER PALADINO: (UN-MIC'D) (INAUDIBLE)

CHAIRPERSON NARCISSE: focused. Let's stay focused. Yeah. Sorry.

DR. KATZ: No, no. So I mean, I think what, you know, we will if there were these kinds of cuts...

CHAIRPERSON NARCISSE: Mm-hmm?

DR. KATZ: Your committee and the City Council in general...

CHAIRPERSON NARCISSE: Mm-hmm?

DR. KATZ: You know, we will all work together to figure out how to get through it with the least harm to the people that we take care of. But, again, you know, all we do is services.

CHAIRPERSON NARCISSE: Yes.

DR. KATZ: We don't make anything. So, you know, smaller budget means fewer services. There's just no... there's no way around that that possibility.

So I hope that the cuts are not as...

CHAIRPERSON NARCISSE: Deep...

DR. KATZ: horrible or deep as what people say. And, then...

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: Again, we do... we don't, you know, if you look at a private health care system...

CHAIRPERSON NARCISSE: Mm-hmm

DR. KATZ: You'll find that most maintain six months of cash. So you have...

CHAIRPERSON NARCISSE: You only have 18 months?

DR. KATZ: We have 15 days...

CHAIRPERSON NARCISSE: You have 15 (UNINTELLIGIBLE)

DR. KATZ: Right. And that's okay with me, because the way I view it is our patients have needs today.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: Right? We don't... we're not trying to save money. And as a government institution, if we save money and had to put away, the State would just give us less.

CHAIRPERSON NARCISSE: Mm-hmm

DR. KATZ: They would just say, you have a reserve. And since the need is there, it makes sense to meet the need.

But if the budget shrinks, there's just going to have to be less service. There's just no... there is no way around it. There's nothing... there's nothing that we do that is not service. We don't have a planning function. We don't produce something. We're doctors, nurses, social workers. We take care of people.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: If there's less money, we're going to have to provide less care. There's just no... and we also our salary structure is fixed by the City's union contracts. And frankly, there's no great value in paying people less than the going rate because all that happens is people leave.

So you're again, when you think about it from a financial point of view, if your salary structure is fixed, and all you do is service, and you're gonna get hundreds of millions less, you're gonna have to provide less service. There's just no other way around it. There's no other solution.

CHAIRPERSON NARCISSE: So you only have 18 days of cash flow?

DR. KATZ: Correct.

CHAIRPERSON NARCISSE: How many days? Eighteen?

DR. KATZ: Eighteen.

CHAIRPERSON NARCISSE: Yeah...

DR. KATZ: It varies by the day. Every... that's a... that question can be answered every day.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: It could be different, because when we get like, what's the best we've had recently, James?

JAMES CASSIDY: Maybe like 40 days.

DR. KATZ: Forty days, is like the best. So if you get like a large federal check...

CHAIRPERSON NARCISSE: Mm-hmm?

DR. KATZ: then, at that moment...(CROSS-TALK)

CHAIRPERSON NARCISSE: Then you cash flow is...

DR. KATZ: (INAUDIBLE)

CHAIRPERSON NARCISSE: Okay.

DR. KATZ: But at other times you can get quite low.

CHAIRPERSON NARCISSE: I know I used to do business with the city of New York and the State. (LAUGHS) And when the cashflow is not there, you cannot maintain anything.

In January 2025, nearly 1,000 H+H physicians who were part of the Doctors Council SEIU, planned a strike in response to burnout and stagnant wages. A tentative agreement was reached between the Doctors Council and H+H to avert the strike. Thank God. The agreement includes salary increases, bonuses, restoration of cuts to sick leave hours, and contributions to existing benefit.

Does the Administration anticipate an increase to H+H's budget to fulfill this agreement? If so, how much funding will need to be added?

DR. KATZ: So, yes, I mean, it significantly increases our out year costs. I don't know. Do you have a figure, James?

JAMES CASSIDY: So I think at, like, the full out year, it's about a $180 million for the affiliated portion of the contract.

DR. KATZ: $180 million a year.

CHAIRPERSON NARCISSE: All right.

H+H's budget would increase because of this agreement. When will the increase take place?

DR. KATZ: So it's a graduated, and you won't see it on these particular documents, again, because these documents are the City budget and the City employees. And most of the cost of the increases are where most of the doctors are on the affiliate contracts. So it affects the size of the contracts that we have with our three big affiliates.

CHAIRPERSON NARCISSE: I hope we're still working on the hours that the doctors keep on calling me on about, Dr. Katz. I know we're not gonna talk about the budget. We've... I mean, we're not talking about the hours. We're talking about the budget, but I'm still receiving calls.

DR. KATZ: I understand.

CHAIRPERSON NARCISSE: All right?

Can you please describe the efforts the Administration is making to improve working conditions for physician at H+H facilities?

DR. KATZ: Sure. I mean, being a being a doctor has always been a stressful job, and I think that

people used to be to use the vernacular told to "suck it up." And I think...

CHAIRPERSON NARCISSE: You cannot say that anymore.

DR. KATZ: I think we now recognize that that was never a very good thing to say.

CHAIRPERSON NARCISSE: No.

DR. KATZ: Because, you know, that that internalized anger or bitterness, you know, just affects other things. That's not what we want.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: We want people to come to work to enjoy the privilege...

CHAIRPERSON NARCISSE: Yeah, mm-hmm...

DR. KATZ: of being able to take care of people, to make them better, and to leave whole.

But we're all sort of feeling our way into what does that mean?

We have opened up wellness rooms. We provide mental health counseling that is anonymous so that you don't have to worry about, you know, disclosing it. We have a social worker at each of the hospitals dedicated to the well-being of the clinical staff.

And, you know, we have I think we have changed the culture to make it not a punitive culture, but to have people understand that what we care is do you show up? Right?

We all make mistakes. Every doctor has made mistakes. Every nurse has made mistakes. There's a difference between you came and you did your very best versus you didn't show up. If you didn't show up, that's not good. Right? You shouldn't be part.

If you showed up, you did your best, but it turned out that you made a wrong choice, well, that we're all human. And we need to recognize that if people do their best, we're not gonna punish them.

So I think it's definitely a work in progress.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: I think we all also recognize that keeping people's mental health...

CHAIRPERSON NARCISSE: It’s important...

DR. KATZ: is not necessarily, you know, yoga classes...

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: as much as I'm in favor of people going to yoga...

CHAIRPERSON NARCISSE: I love yoga classes.

DR. KATZ: Right. But I don't think that's... I think it's how you successfully connect people with their mission and make them feel good about their job as opposed to, okay, your job is horrible, but now for this hour we're gonna do yoga.

I think people realize that that is not how... you have to address the job. You can't say that, okay, "Well, now I give you an hour off to enjoy." Because then you just go back to the same thing that's making you unhappy.

So again, while I'm in favor of yoga and yoga classes, I highly recommend them for your health, I think for well-being, you have to address the job itself. People should feel good...

CHAIRPERSON NARCISSE: About their job...

DR. KATZ: that they have their skills as a doctor, a nurse, a social worker, a phlebotomist. These are useful skills. You have them, you should feel good about it. To the extent people don't, we have to work on that. How do we as an employer help to connect people to the joy of helping people?

CHAIRPERSON NARCISSE: That's what I always say. I'm counting on you because you're a practicing doctor. You know what the residents are going

through. So myself personally, being in the hospital, I'm so happy to see you all the time in that position.

DR. KATZ: Thank you.

CHAIRPERSON NARCISSE: Because we have to make it happen. It's a different mentality, different approach from our time.

DR. KATZ: Yes.

CHAIRPERSON NARCISSE: So mental health— they never been to COVID, they never been to all that— so mental health is real. And if your job is stressful, the fax machine, the phone ringing, they're all gonna annoy you. A patient calls you twice is gonna annoy you, because you are human— mental health.

So before my deputy speaker leaves, I wanna tell you too, what she was talking about Met, I wanna talk about Elmhurst Hospital, we need to enlarge that too. We need a space.

DEPUTY SPEAKER AYALA: I asked first.

(LAUGHTER)

CHAIRPERSON NARCISSE: Because they keep on asking me, because Baxter Street can be closed so we can have a better ER. When I go to that ER emergency room, I feel bad for everyone that works there, and I

feel bad for the patients too. We need to enlarge that. There's too many people at that era.

So, all right, South Brooklyn, since I don't have any hospitals in my district, South Brooklyn is the closest. In 2025 - 2029 the Preliminary Capital Commitment Plan includes $6 million for the creation of the Collaborative Learning Center for the Practice of Medicine, a training facility for medical staff that was announced in August 2023.

Is there a timeline for a completion of this facility? Is there a planned head count? If so, can you provide it? Broken down by category, is there a plan size of the facility? If so, can you provide it?

DR. KATZ: So we're $6 million short, so we're on hold at the moment. We're looking for someone, we have the good fortune that the South Brooklyn, as you know, is in the district of the minority district head of Congress. And, you know, I'm hoping that perhaps we can get him to help us. He came out to the Ida G [Israel Community Health Center] opening, which, you know, I thought was great that, you know, despite his responsibilities as the Democratic minority leader of the entire congress, he still made it out to the Ida G, you know, opening.

But until we come up with the other $6 million, we don't have further plans.

CHAIRPERSON NARCISSE: So I'm afraid now, because that $6 million I was part of it. Now it's part so it's a problem. We have to get things done.

DR. KATZ: We got it...

CHAIRPERSON NARCISSE: We had we got to get things done...

DR. KATZ: We got... we got the six...

CHAIRPERSON NARCISSE: So since we have the minority leader on our side, have you made the call? That's my follow-up question.

DR. KATZ: I'm working on it.

CHAIRPERSON NARCISSE: Work hard on it. I'm gonna do my best too.

DR. KATZ: Thank you.

CHAIRPERSON NARCISSE: All right.

Is there a planned scope of operation of the facility? I cannot tell you because you don't have the money yet.

DR. KATZ: Exactly.

(LAUGHTER)

CHAIRPERSON NARCISSE: So you have... you we can think about it, dream about it, but, hopefully, we can get we can land our plane.

Okay, for the Rockaway, the Fiscal 2025-2029 Preliminary Capital Commitment Plan includes $50 million in funding for the planned Rockaway Trauma Center. The initial estimated cost to this project was $150 million. Does the Administration anticipate any additional funding being added for this project in future capital commitment plans? What types of services do you expect will be provided at the Rockaway Trauma Center?

DR. KATZ: Right. So I mean, take a step back and say the reason this is important is because, as the majority whip was talking about, the trauma center, it's 45 minutes with a police escort from Rockaway to Jamaica Hospital.

CHAIRPERSON NARCISSE: Mm-hmm. And we lost a lot.

DR. KATZ: We lost a life of a police officer. We've lost lives of other people. It's, you know, it's just the way traffic goes in New York City. What can you say about it? Right? I mean, it's very isolated. You've got to go across that bridge, and it's a lot of time. When somebody is bleeding, as you

know as a nurse, right, you only have seconds, minutes. You don't have 45 minutes, and you cannot— there are a lot of great things you can do in the back of an ambulance, but you can't sew up somebody's arterial line. You cannot, if they're bleeding out, they're going to bleed out. Right? What they need is you got to, you know, open the chest, open the abdomen, find the bleeder, sew it up. That's what you've got to do. You can't do it in the back of an ambulance, and you can't do it in a regular emergency room. You've got to do it in the trauma center. And again, because of the isolation, we have no easy way.

So, Majority Whip, I think, has been incredibly effective. We have a very good site that we think is going to work quite well. That's currently a plot of land that is owned by NYCHA, but NYCHA has no plans to build on it. And the community around it is very supportive of it, and there's a provision if the community of NYCHA supports a use for NYCHA land, you can get it rezoned for other uses. It's right on Rockaway Parkway. It's right near the A stop. So it's a perfect spot in order to build it— and we're going to work on I was on the phone with the Queen's Delegation about the possibility of helping us with

some of the funding that's required by NYCHA in order to use the process to get the land changed over. It's about a $300,000 cost of what NYCHA has to do in order to get the land switched. So that's our next that's really...

CHAIRPERSON NARCISSE: $300,000?

DR. KATZ: the next year's work is.

CHAIRPERSON NARCISSE: Wow.

DR. KATZ: And if we secure that, I also think it's quite possible that we might find a private hospital system that's prepared to help us, because land is one of the major impediments to opening a facility.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: So if we have $50 million in the bank and we have land, we might be able to find then a private hospital system that's willing to help fund it. Right? Because if we think about it, when a private hospital opens, wants to open, they have to buy the land. Right? They have to build the building. And so here we would already be saying, "Oh, we have the lands. We have $50,000 and maybe we'll be able to match that through the state or the federal government." Right?

But definitely the next critical steps financially are to obtain the $300,000 necessary for NYCHA to move the land.

CHAIRPERSON NARCISSE: Yeah. So what is the timeline to start the project? You don't know? (INAUDIBLE)

DR. KATZ: I know that, as I said, I met with the Queen's Delegation, I know that the majority whip is working hard on trying to get the land. It's about a year process from start to finish. If we gave the 3$00,000 to NYCHA, they would then fulfill the requirements. And we believe based on precedent that— the approval is through the federal HUD, but we believe based on precedent they would approve it.

The land has no other intended use at the moment. There's no funded housing project due to go there. So there's no reason why. There are just a lot of requirements of things like environmental studies that are required under the federal rules in order to change the ownership and the use from NYCHA housing to a hospital trauma center.

CHAIRPERSON NARCISSE: Okay. So no survey had been done yet or the survey is done?

DR. KATZ: You have to do the... We would have to have the $300,000 to give to NYCHA.

CHAIRPERSON MOYA: First... Okay. So NYCHA is not going to do study a for you?

DR. KATZ: Right.

CHAIRPERSON NARCISSE: Okay.

DR. KATZ: Well, they have other...

MAJORITY WHIP BROOKS-POWERS: Pressing (INAUDIBLE)

DR. KATZ: Pressing needs. I agree.

CHAIRPERSON NARCISSE: They're not going do it for free, so you have to get your money. All right.

What is the approximate number of patients estimated to be served by this facility if filled?

DR. KATZ: Well, we're still, you know, working on a variety of different models. We have already asked the State because the State would need to approve both a Certificate of Need; we'd have to have a Certificate of Need to open. And exactly what their EMS Commission will approve, we don't know. I think that it is likely that we would start with the most urgent need first. So the most urgent need is a emergency department that is...

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: able to deal with trauma.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: Whether you build at the same time the other things that a hospital would require or you leave them for later on, you know, that's to be determined, and it'll depend on, you know, the funding context. But I would feel, if we could at least say that we have the kind of facility in, you know, the modern facilities, again, different than what we've trained in. These days, you can have an emergency department room that can turn into an OR without any problem.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: Exactly. And in fact, that's the way we have it...

CHAIRPERSON NARCISSE: Yeah...

DR. KATZ: at South Brooklyn Health where it was newly built...

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: We have the lights and the table and the x-ray, the CT scan is right in the room.

CHAIRPERSON NARCISSE: Everything. Mm-hmm.

DR. KATZ: Right. I mean, very different than what most of us trained in.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: So you could imagine you roll the person into the emergency bay; you're already— the x-ray, CT scan is already there. The CT scan happens in the room. And if the answer is you have to open up the abdomen or you have to open up the chest, you're not going take them to the OR, you're going do it right then. You're going to just turn on the OR lights.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: So then that's what you need to build.

Now once you stop the bleeding, where that person is going to go will depend on what else you've built. Right? If you have an ICU, then ideally they would go to an ICU. But there are also models where you might stop the bleeding and then take them by helicopter to another facility until you're able to also build the other parts.

So it's still very much open. I mean, again, I think what we all agree on is there is a very urgent life saving need. We need to address that. How much more we can address, you know, that's a more complicated question.

CHAIRPERSON NARCISSE: Okay. I like it. I like the new ER turning into an OR system. I love it.

In the Fiscal 2025-2029, the Preliminary Capital Commitment Plan includes $28 million in funding for the Far Rockaway Primary Care Center. This new comprehensive community health center will expand access to primary care, women's health, dental, vision, and mental health services for the Far Rockaway community.

The facility is expected to open in the calendar year of 2027. On February 2025, the Adams' Administration announced that the construction of this facility is underway. Does the Administration anticipate adding any additional funding for this project in the future capital commitment plans?

DR. KATZ: We're okay, we have enough to open up the center. We're good.

CHAIRPERSON NARCISSE: Good news.

What details can you provide on the plan scope of the operations of this facility? What is the planned headcount for the facility broken down by category for me, please?

DR. KATZ: So 65 overall staff members...

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: Seeing 20,000 unique patients with an estimated 48,000 visits. You read the services, so I won't reread it.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: And the operational is $30 million.

But this is an example where most of the dollars are provided through revenue, not through the City.

CHAIRPERSON NARCISSE: I think Council Member Marmorato has some questions.

COUNCIL MEMBER MARMORATO: Okay. One question, a little off topic is, when an individual goes into the ER and they are homeless, what do you put down as their address?

(PAUSE)

DR. KATZ: I know that in my other two counties, where we would have a specific address. I don't know the answer.

COUNCIL MEMBER MARMORATO: Do you put the address at the hospital? I'm just curious.

DR. KATZ: I honestly don't know. Good question though. I'll have to find out. (BACKGROUND CHATTER) I don't think so. Although, as long as we're all together and friends, one of the funniest mistakes I ever saw in my 30 years of running government

hospital systems was in my previous job where they put— when someone didn't have an address, they put our office, and someone didn't realize that and sent out a mailing. And we mailed something like 50,000 pieces of mail to ourselves. Right? At a tremendous expense. And you could sort of see how it happened. Right? They didn't have an address. The computer required an address.

COUNCIL MEMBER MARMORATO: Right.

DR. KATZ: They put in an address... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: (UNINTELLIGIBLE) I'm curious about...

DR. KATZ: And then someone later said, "Oh, we should send out... we need to send out an announcement," and no one thought to remove the people whose address was... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: The address of the office...

DR. KATZ: the address of our own office. So then at tremendous expense, we sent ourselves a lot of mail.

COUNCIL MEMBER MARMORATO: That's interesting.

DR. KATZ: But to the best of my knowledge, that hasn't happened here in New York City... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: Good.

So I just wanted to have a conversation quickly about the two hospitals that haven't ratified their contracts, which is Jacobi and North Central. Has there been any more conversations about this?

DR. KATZ: Yes. So just so, I mean, you're up to date, but everyone might not know because it was just yesterday that Harlem ratified.

COUNCIL MEMBER MARMORATO: Yes.

DR. KATZ: So that that was a relief to us. The...

(CROSS-TALK)

COUNCIL MEMBER MARMORATO: But they're not helping us in the Bronx. These are two Bronx hospitals. So...

DR. KATZ: Right. Right. Right.

So in terms of what DC has asked is for PAGNY to meet with them, and they've said that what they wanted were clarifications. And so I'm hoping that we can meet with them and discuss, you know, what is there. We really do not have the financial ability to provide more. I mean, you heard the large amount that is in the out years for payments. We think that the amount is fair. You know, we always want to work with our doctors. We want happy doctors, happy nurses.

But that's where we are. We have agreed to meet. We have made it clear that we've spent the dollars we have to spend.

COUNCIL MEMBER MARMORATO: Okay.

DR. KATZ: But there's always room to clarify, you know, to try to understand what the issues are. Right? And it gives you hope that all the other hospitals have ratified. Right? And ratification is not 50%— I think they use 70%. So overwhelmingly, our doctors have, if we were organized say, if the doctors were organized the same as the nurses, this would have all been done the first ballot. Right?

So, you know, we are limited in this one area where we seem to not be able to see quite eye to eye with the doctors... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: I can't speak for the other hospitals, but I know Jacobi and North Central, they are very hard workers and they deserve a lot. And I really hope in good faith that you could kind of come to some agreement or understanding and clarify whatever it is that needs... they would like clarification.

DR. KATZ: Me, too.

COUNCIL MEMBER MARMORATO: I just want to follow-up about our January meeting. There was a question about wait times for patients and hiring of additional staff. Where are we with that?

DR. KATZ: So I would just say, in general, wait times are always hard.

COUNCIL MEMBER MARMORATO: Yes.

DR. KATZ: Because I always say, you know, if you can call a primary care doctor's office tomorrow and they'll give you an appointment, don't go to see that doctor.

COUNCIL MEMBER MARMORATO: Yeah.

DR. KATZ: Because what kind of doctor has appointments available tomorrow? Right? And the more popular you are, the busier you are.

COUNCIL MEMBER MARMORATO: Of course.

DR. KATZ: Right? So it gets to be a little bit of a circle. The more people think you're doing a good job, the more people who want to come. So, you know, I try to tell people don't use the, you know, how long the wait, especially for primary care as an indicator of how we're doing. Because maybe we're doing a really good job and that's why people are coming.

Specialty, which I think was more what you were asking in the January, is more of an issue. Because you're already engaged, and if you have a need, right, then that should be addressed.

That being said, we continue to have workforce shortages, no question. And we're not, you know, talking to my colleagues even in the private sector, and you probably hear this yourself, is not unique to us. Overcrowding, long periods of time for waits— the large number of people who call me simply to ask me to help them get an appointment in private systems, you know, because they know I all the hospital CEOs. And I pretty frequently wind up calling...

COUNCIL MEMBER MARMORATO: Right.

DR. KATZ: Other places and saying, you know, could you please help this person? So, I mean, we're doing our best. We're open to other ideas. I think the best idea we have is to try along the subspecialties to develop cross hospital services, especially in geographic areas. This is how most systems do it.

COUNCIL MEMBER MARMORATO: Okay.

DR. KATZ: We're kind of unique to not do it.

When I was, you know, hospitalized at Bellevue and I needed urologic services, the urologist who came to see me apologized for how long I had to wait and said, "We serve nine hospitals." That is generally...

COUNCIL MEMBER MARMORATO: Unacceptable.

DR. KATZ: But it's what people are doing.

COUNCIL MEMBER MARMORATO: Yeah.

DR. KATZ: Right? That's was the NYU urology service. It's not... so the advantage of trying to do multiple hospitals is you generally have better coverage.

COUNCIL MEMBER MARMORATO: Yeah.

DR. KATZ: If you have one person and that person's out, you're like, there's no other person.

So we're trying to figure out, you know, can we do a better job of subspecialty if we say, especially within close geographic areas...

COUNCIL MEMBER MARMORATO: Okay.

DR. KATZ: Jacobi, a little bit of an issue because Jacobi is close to NCB, a lot, you know, close to others. Like, a lot of our early efforts are going to be spent on Harlem, Met, and Lincoln because they're kind of a triangle of like a mile and

a half apart. (TIMER CHIMES) But not impossible to go certainly from Lincoln to Jacobi.

COUNCIL MEMBER MARMORATO: Yeah.

DR. KATZ: Mean, it's not a ridiculous length of time. But we'll keep at it. And again, you and other members have other ideas, we're open.

COUNCIL MEMBER MARMORATO: Okay. Madam Chair, can I just ask one last question? And that's it, I promise.

CHAIRPERSON NARCISSE: (UN-MIC'D) (INAUDIBLE)

COUNCIL MEMBER MARMORATO: I'm sorry.

I just want to, uh, check... talk about the Asylum Seeker City Funding Reallocation.

The Preliminary Plan indicates that an additional $6 million in Fiscal Year 2026, only for asylum seekers related costs. Can... and it's allocated funding from HRA, their budget.

Can you kind of touch and explain what this money is being used for? And would you know if the money is already in HRA going towards the asylum seekers and it's just being transferred over to you to help asylum seekers, or is it being pulled from other resources and other people that it's helping at HRA?

DR. KATZ: Right. So OMB gives it to HRA, then... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: Specifically for asylum seekers?

DR. KATZ: Yeah. Actually, I don't mean HRA, I mean DHS, gives it to DHS. And then DHS distributes it based on volume, which in our case is going way down. I mean, not just because of the number of asylum seekers going way down, but Health + Hospitals' role in this was always meant to be an emergency. Right? The City was, you'll remember back, was getting the buses, sometimes it would be a thousand new people a day.

COUNCIL MEMBER MARMORATO: Mm-hmm.

DR. KATZ: And there's just no way for DHS, given its existing job, to now have a thousand new people a day. And so that was... we opened the Roosevelt. We'd give people vaccinations. We'd test them for TB. We assigned the kids to schools. We get them to health insurance (INAUDIBLE)... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: Well, no, I know that you guys love the housing industry now, and that's, like, looks like your lateral move that you're really trying to get into. I'm just curious, is this just

for medical costs or is this just for housing...

(CROSS-TALK)

DR. KATZ: No, this mostly not medical costs.

COUNCIL MEMBER MARMORATO: Okay, not medical costs.

DR. KATZ: Medical costs is completely separate.

COUNCIL MEMBER MARMORATO: Okay.

COUNCIL MEMBER MARMORATO: So the idea now is we are— Roosevelt is going to close in June. The case management program will end in June. And the only program left we will have is the Row Hotel because we were given the lease. We didn't negotiate the lease, and its lease goes till 2026.

COUNCIL MEMBER MARMORATO: Okay.

COUNCIL MEMBER MARMORATO: But all of it is going to move. This is no longer an emergency, and it's not... we are not the primary group. It will all move to DHS, and they will be able, we think now, because the numbers are more like 50 a day instead of 10,000 actually, thousand a day. And so they should be able to do it without difficulty.

So we will be out of the business come July 1st with the exception of the Row Hotel.

COUNCIL MEMBER MARMORATO: So what is this money for next year's budget going towards?

DR. KATZ: So this would be, again, it is based on what is assumed to be the expenses for the people who are left in the Row Hotel.

JAMES CASSIDY: And I think there may be additional, you know, through the rest of the fiscal year, you know, the Exec Budget, the OMB may further adjust these, you know, numbers.

DR. KATZ: So they could move down...

JAMES CASSIDY: Right. Right.

DR. KATZ: (INAUDIBLE)... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: That’s a lot of money...

JAMES CASSIDY: (INAUDIBLE) shifted.

DR. KATZ: Right.

COUNCIL MEMBER MARMORATO: That’s a lot of money.

DR. KATZ: So OMB will always distribute it based on volume, basically. Yes.

COUNCIL MEMBER MARMORATO: Okay.

DR. KATZ: I think the short answer.

COUNCIL MEMBER MARMORATO: Okay. Okay. Thank you. Thank you, Chair, so much, I appreciate it.

CHAIRPERSON NARCISSE: Thank you. You see when you have medical team here to ask a question...

DR. KATZ: We understand...

CHAIRPERSON NARCISSE: you take me back to the era when you start talking about the trauma opening, trying to close, stop the bleeding. So thank you. I love to have practitioner to be in charge of the medical part of our lives, because we're in good hand, I hope, with Allstate, which is Dr. Mitch Katz.

DR. KATZ: Thank you.

CHAIRPERSON NARCISSE: Thank you. We're in good hand with you. So thank you. Not a kind of advertisement for All State. It's just like because we appreciate your help and, Patsy, thank you. Always amazing, James, thank you for being here. And of course, go break (INAUDIBLE). Thank you. Thank you... everything. Thank you, all my beautiful... (LAUGHTER) So thank you, all of you, for being here. We appreciate you.

If you want to stay for the follow-up, it's up to you, but we appreciate you to stay if you can.

DR. KATZ: I'll stay.

CHAIRPERSON NARCISSE: So, I know you. Thank you. Appreciate you.

Okay, I now open the floor to public testimony. Before we begin, I remind members of the public that this is a formal government proceeding and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times.

The witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table.

Further, members of the public may not present audio or video recordings as testimony, but may submit transcripts of such recordings to the Sergeant at Arms for inclusion in the hearing record.

If you wish to speak at today's hearing, please fill out an appearance card with the Sergeant at Arms and wait to be recognized. When recognized, you will have two minutes to speak on today's hearing topic regarding the Preliminary Budget for Fiscal Year 2026.

If you have a written statement or additional testimony you wish to submit for the record, please provide a copy of that testimony to the Sergeant at Arms.

You may also email written testimony to Testimony@council.nyc.gov within 72 hours after the close of this hearing. Audio and video recordings will not be accepted.

When you hear your name, please come up to the witness table. For the first panel we have Noelle Peñas, Mackenzie Aranda, and Misha Sharp. And if I do butcher your name, you can always come and tell me and correct me, please, thank you.

(PAUSE)

CHAIRPERSON NARCISSE: Sergeant? Okay, you may begin.

NOELLE PEÑAS: Good afternoon, my name is Noelle Peñas, I'm the Health Justice Community Organizer with NYLPI, New York Lawyers for the Public Interest.

At the outset, we want to thank the City Council for continuing the Immigrant Health Initiative, which has directly supported NYLPI's program serving immigrant communities. I also want to thank Chair Narcisse for your ongoing partnership collaborating with Advocacy for Organ Transplant Equity.

In 2024, your support through IHI has allowed us to conduct comprehensive immigration and healthcare screenings for over 100 New Yorkers, connected more

than 50 people in detention to volunteer doctors through our medical providers network, and many of our clients are also getting better care, better access to care, and moving forward evaluations for organ transplants.

Under increased immigration enforcement, we have been receiving increased requests for Know Your Rights trainings, and we've also been providing trainings on how healthcare providers can ensure safer medical spaces for patients at risk.

And due to the growing complexity of immigration cases under a hostile federal administration, we are seeking a $650,000 allocation from the City Council's Immigrant Healthcare Initiative in Fiscal 2026.

This request includes the $435,000.00 allocated in Fiscal Year 2025 and an enhancement to support the increase in need from the previous fiscal year.

We also call for a continued and expanded funding for a public health infrastructure, including NYC Care. We are concerned that the mayor has not expanded funding or the scope of NYC Care to meet the needs of uninsured and immigrant New Yorkers.

There's also a critical need to expand the medical housing support systems available to H+H

patients and keeping federally qualified health centers accessible to all New Yorkers regardless of insurance status and their ability to pay.

We appreciate your leadership (TIMER CHIMES) in defending the human rights of immigrants, and we look forward to continuing our work improving immigrant New Yorkers access to healthcare. Thank you.

CHAIRPERSON NARCISSE: Thank you.

MACKENZIE ARANDA: Good afternoon and thank you for the opportunity to speak here today. My name is Mackenzie Aranda; I use she/her pronouns, and I'm here on behalf of the New York City Alliance Against Sexual Assault.

The Alliance is a member of the Sexual Assault Initiative, a coalition of five sexual violence intervention programs that has built a citywide network of advocates, counselors, providers serving thousands of survivors from under resourced communities.

Over the last two years, the Alliance conducted a mapping project revealing significant gaps in services and prevention programming for communities experiencing the highest rates of sexual violence.

I'm here to highlight these gaps in New York City hospitals and ask for your support to enhance the Sexual Assault Initiative to $5 million.

Through the Sexual Assault Victims Bill of Rights, every survivor is entitled to an advocate support from the local rape crisis program and the ability to receive medical treatment and forensic evidence collection from any hospital emergency department. However, despite this, over 50% of survivors in New York City are not seen by a trained sexual assault forensic examiner, and many survivors in hospital emergency departments also face a lack of advocate services with many hospitals citing no advocate availability at all.

These become increasingly true the further one goes from Manhattan. We have survivor stories highlighting wait times up to six hours for safe examiners, survivors being transferred again and again to multiple hospitals, and insufficient hospital staff training resulting in survivors dropping out of services altogether, or rape crisis advocates having to guide medical practitioners. With this, pediatric survivors are among the most

impacted. It is clear that these gaps have deeply traumatizing and far reaching effects on survivors.

As a member of the Sexual Assault Initiative, the Alliance trains medical and human service professionals to provide trauma informed support to survivors of sexual assault.

Our initiative is funded at $2,075 million, and due to an increase in the number of survivors and the increasing gaps that we've highlighted here, we're asking for an enhancement to $2.5 million.

The data from our mapping project and the survivor testimonies show the urgent need to close these critical gaps and implement systemic change in our hospital systems to better serve New Yorkers and the communities (TIMER CHIMES) that have borne the consequences of the system's failure.

Thank you for your time and commitment to this critical issue.

CHAIRPERSON NARCISSE: Thank you.

MISHA SHARP: Thank you, Chair Narcisse, and the committee members for the invitation to testify today.

I am the Assistant Director of the 32BJ Health Fund, Misha Sharp, We provide health benefits for

over 200,000 32BJ union members and their families using contributions from over 5,000 employers.

Our members are the frontline workers that keep the City's buildings in order and our airports and schools running. Today, I urge the City Council to take action to ensure transparency and accountability in hospital pricing.

For over five years, we have been talking about the issue of high and rising prices of care in New York City hospitals. In one year, it costs us more for care at five large academic medical centers in New York City than for our entire pension benefit.

And while we know that safety nets like Health + Hospitals do not contribute to this issue, New York City's workers and employers need transparency and protection from the highest hospital prices.

This is why it is critical for the City Council to support the strong implementation of the Office of Healthcare Accountability. The Office can provide one entity that collects and disseminates critical information on healthcare cost drivers and hospital prices. And we hope to receive the Office's first annual report on New York City hospital pricing and finances later this month.

It is particularly important that that report provide negotiated hospital inpatient and outpatient prices by procedure and by hospital for the City's public employee health plan and that those prices are benchmarked to Medicare so that we have a consistent point of comparison.

We know that the value of this office is only as good as the data it can access and share, and we know there are many industry players that would prefer that this information stay hidden.

We urge the City Council to engage critically with the report findings and to advocate for the release of all information required under Local Law 78. If certain information is missing, we hope the City Council should ask why that is. Thank you for your time.

CHAIRPERSON NARCISSE: Thank you.

(PAUSE)

CHAIRPERSON NARCISSE: All right. So thank you, all who came here to share your thoughts and experiences today. If there is anyone in the Chambers right now who wishes to speak, but has not yet had the opportunity to do so, please raise your hand, and

fill out the appearance card with the Sergeant At Arms.

(PAUSE)

CHAIRPERSON NARCISSE: Okay, seeing none, no hands, in the Chamber, we will now shift to the Zoom testimony.

When your name is called, please wait until a member of our team unmutes and the Sergeant at Arms indicates that you may begin.

And, thank you so much, thank you, thank you for your time.

We will start with Andrew Falzon.

SERGEANT AT ARMS: You may begin.

ANDREW FALZON: It's a pleasure and a privilege to be here today at the request and invitation of committee member Brooks-Powers regarding the pending closure of the Neponset Adult Day Health Care System.

My apologies. I'm not sure why my video is not on.

CHAIRPERSON NARCISSE: But we can hear you.

ANDREW FALZON: Okay. There we go. Again, my apologies.

Yesterday, I attended Council Member Brooks-Powers' emergency town hall meeting regarding the

pending closure of the Neponset Adult Day Health Care Center, which, unfortunately is only 25 days away.

Yesterday, we learned information from executive administrative members at HHC who oversee the McKinney nursing home, which oversees in turn the Neponset Adult Day Health Care Center, and some of that information was quite concerning.

I asked Mr. Weinstein, who is the CEO of McKinney, how many participants the program needed to remain financially viable, and I was told that there was no number of registrants that would make the program financially viable.

The problem with that response is that only two months earlier his own managers told the community board, Queen's Community Board 14, that the program needed a 150 members to remain viable.

I asked who was responsible for doing the marketing of the program, and all of the other medical model programs in the area have a marketing person. I was told that it was the responsibility of the social worker who is only employed there part time, and it's not appropriate for a social worker to be doing marketing of the facility, especially when

McKinney already spends $305,000.00 a year employing communications professionals.

To that end...

SERGEANT AT ARMS: Thank you, your time has expired.

ANDREW FALZON: Thank you very much, I appreciate it, and I...

CHAIRPERSON NARCISSE: Try to wrap it up.

ANDREW FALZON: I would request that the Committee hold a hearing specifically on this issue. Thank you.

CHAIRPERSON NARCISSE: Thank you.

Now we will be calling Wayne Richards.

SERGEANT AT ARMS: You may begin.

(PAUSE)

WAYNE RICHARDS: Hi, Good afternoon. Good afternoon, I hope you can hear me.

CHAIRPERSON NARCISSE: Yes, we can.

WAYNE RICHARDS: Good afternoon. I'd just like to thank Councilwoman Selvena Brooks-Powers for holding the town hall yesterday. I just want to read these particular questions that I have.

During last night's, excuse me, during last night's town hall, the CEO of Health + Hospitals presented evidence of extensive resources and

community engagement in the Neponset Adult Healthcare Center Closure. I requested an explanation for the lack of comparable support for its continued operation. I further inquired as to factors preventing the success of proven care programs at Neponset and whether the center's failure was the result of intentional design.

And also, I'd like to ask Mr. Katz, if your father were in Neponset today, what would you do to make sure that he would stay there? What would you recommend to Neponset to be able to operate if your dad were there today? Thank you.

CHAIRPERSON NARCISSE: Thank you. Next is Jeanmarie Fitch.

SERGEANT AT ARMS: You may begin.

JEANMARIE FITCH: Good afternoon, thank you for allowing me to speak. And I thank Selvena Brooks-Powers for the invitation.

I too was at the, meeting last night. I've been advocating to facilitate and stop the closure of Neponset Adult Day Care in the Rockaways where we have a great need to service the medically fragile population. And their explanation we were given about the closure was low participation, low enrollment.

And we identified the problem with that is the lack of contracts with the MLTCs of people that actually live in this community. And that has stifled the growth of the program.

This program has been in our community since 1988. And it's a little bit, you know, a confusion to me as to why now to close it when we're... Rockaway is being built up with lots of senior housing, and we really desperately need this program to remain open and to flourish and to grow. And like Andrew said, we definitely need a true marketing person assigned to this particular center. Thank you for hearing me.

CHAIRPERSON NARCISSE: Thank you.

The next person is Raquel Delgado.

SERGEANT AT ARMS: You may begin.

RAQUEL DELGADO: Hi, thank you so much for your, time, and I want to thank Council Member Selvena Brooks-Powers for yesterday.

I was at the town hall meeting, and I have been working on trying to raise the awareness of the lack of marketing and also the admittance of new residents.

I was highly disappointed as the previous speaker stated that due to the contracts that they have with the MLTCs, they weren't accepting new applicants.

I have worked closely with Neponset in the last couple of years in community events, and the need is (INAUDIBLE) need is there for the community, especially medical. And especially I, as a caregiver, my mother, was a resident for six years there, and the day care center is needed and as a advocate for the elderly and the sick.

In the last two years alone working with Neponset, there was a need of 33 people signing up showing interest in the center. And yesterday, the speaker has stated, just like Andrew stated, that there was a requirement of a 150. And the center's able to hold 50 residents on a daily basis, but currently, have 15. The marketing is not there. People don't know about Neponset— as much as if they try. And I think as a community we would continue fighting against the closure, we could get that center moving. We could... the need... we could help the elderly and be an advocate.

That day care center is more than a medical day care center. They offer social service needs and

patient advocacy for their residents who are entered into the hospital and in need for the caregivers.

And, Mr. Weinstein's response was that there are other adult social day cares. As a caregiver to a mom who had Alzheimer's, that is totally unacceptable. Totally unacceptable, when you have an Alzheimer's patient that cannot even sit in a van, traveling an hour to almost two hours, because they're picking up pay other patients, and be there safely— (TIMER CHIMES) And not only that, as adult... (CROSS-TALK)

SERGEANT AT ARMS: Thank you, your time has expired...

RAQUEL DELGADO: day care centers... Thank you, I appreciate your help.

CHAIRPERSON NARCISSE: Thank you.

Next we will have Raul Rivera.

SERGEANT AT ARMS: You may begin.

RAUL RIVERA: Good afternoon, my name is Raul Rivera. So we're talking about finance, and we're talking about the elderly. I was at the town hall yesterday. I think the town hall was pretty despicable, because the presenter of the town hall and the person that was speaking there, I forget his name, actually put on display that the deal to shut

down that senior center was done. It was done last year, October of last year. It was done. It was... it was shut down.

There is money that can be looked for. If you go back to the de Blasio Administration, ThriveNYC, there was a billion dollars that went unaccounted for, and I think the city council members should speak up and should investigate where that money's at. We know Malliotakis, Congresswoman Malliotakis, tried to touch it, but what has been done?

Plus, we've gave six... New York City gave $6.1 billion to illegal immigrants in New York City, and we can't take care of our own. That is shameful.

I personally, as a native New Yorker, invite DOGE, Mr. Trump, and his team to come here in New York and to investigate the New York City Council and the work that they are doing in this city with the nonprofits. We see them there already asking for money. We say shame to the city council, and we say shame to this committee.

CHAIRPERSON NARCISSE: Are you done? Mr. Rivera?

(NO RESPONSE)

RAUL RIVERA: No, I’m not... I’m not done. You only gave me two minutes. I can go on for days.

CHAIRPERSON NARCISSE: No, I am about to finish, 50 seconds.

RAUL RIVERA: Yeah.

CHAIRPERSON NARCISSE: Thank you.

RAUL RIVERA: Was it three... Was it three minutes?

CHAIRPERSON NARCISSE: Fifty seconds... 40 seconds...

RAUL RIVERA: Yes, well, I repeat, look into that money. Look into the money of ThriveNYC. Do you know about that money? It doesn't matter if de Blasio is not in office anymore. It's $1 billion. And we can't take care of our own senior citizens. That is disgraceful. That is disgraceful. I'm done now.

CHAIRPERSON NARCISSE: Thank you.

All right; we are making a final call for Zoom registrants. If you are registered, but have not yet spoken— anyone on the Zoom?

(NO RESPONSE)

CHAIRPERSON NARCISSE: No one raising their hand. If you are currently on Zoom and wish to speak, but have not yet had the opportunity to do so, please use the Zoom Raise Hand Function, and our staff will unmute you.

Seeing no hands, I would like to note that everyone can submit written testimony to testimony@council.nyc.gov within 72 hours after the close of this hearing.

So, I want to say, thank you again, Dr. Katz, most of the Admin do not stay, but you stayed. I am very moved by that. That is the second time you stayed, and I do appreciate you, and it shows that you love the work that you are doing. You have the care and the passion and the compassion, and I want to say, thank you. And thank you to your team. (INAUDIBLE) I know how to get you, so thank you, Patsy, and everyone. So, thank you.

And, to conclude, I want to say thank you to all the Sergeant at Arms who are here with us. And I want to say thank you to my staff; I want to say thank you to the Finance Division, everyone who helped to make it possible for us to do hold this hearing— Florentine Kabore, (UNINTELLIGIBLE) come here, I hope you had a great experience. So, I want to say thank you for your work. You make it much easier me. So, thank you all. I appreciate you.

(GAVEL SOUND) (GAVELING OUT)

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 March 21, 2025