

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

Jointly with

COMMITTEE ON MENTAL HEALTH
& SUBSTANCE USE

And

COMMITTEE ON DISABILITIES

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March 19, 2026
Start: 9:40 AM
Recess: 8:07 PM

HELD AT: Council Chambers - City Hall

B E F O R E: Lynn C. Schulman
Chairperson

Tiffany Cabán
Chairperson

Shahana K. Hanif
Chairperson

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Linda Lee
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Carmen N. De La Rosa
Rita C. Joseph
Sandy Nurse

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

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Chief Medical Examiner

Nicholas Schultz
First Deputy Commissioner at OCME

Yvonne Williams
Deputy Commissioner for Administration and
Finance at OCME

Alister Martin
Commissioner of Department of Health and Mental
Hygiene

Aaron Anderson
Chief Financial Officer at Department of Health
and Mental Hygiene

Sarah Braunstein
Director of HIV Epidemiology and Field Services
Program

Lidiya Lednyak
Deputy Commissioner at DOHMH

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Department

Rebecca Linn-Walton
Assistant Commissioner DOHMH

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Youth and Families and Developmental Disabilities

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NOPD Chief of Staff

Trina Prior
Secretary Treasurer of Local 372, AFSCME

Meghan Peterson
President of Local 3005 DC 37

Ryan Manganelli
32 BJ Health Fund

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

Robert Acevedo
Disabled in Action of Metropolitan New York

Elizabeth Valdez
Brooklyn Center for Independence of the Disabled

Mike Schweinsburg
504 Democratic Club

Jordyn Rosenthal
Community Access

Robin Recant

Juan Pinzon
Community Services Society

Laura Jean Hawkins
SHAREing and CAREing

Rosa Sarmiento
SHAREing and CAREing

Anna Kril
SHAREing and CAREing

James Bristow
Vibrant Emotional Health

Jihoon Kim
InUnity Alliance

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

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VNS Health

Brill Gross
SAGE

Geordana Weber
Service Program for Older People

David Appel
NYC School-based Health Alliance

Laura Savino
Institute for Community Living

Maryam Mohammed-Miller
Planned Parenthood of Greater New York

Allie Taylor
President of Voters for Animal Rights

Candice Kumai

Meagan Licari
Puppy Kitty NYC

Laura MacAvoy
Puppy Kitty NYC

Chelsea Domaleski
Paws New York

Kathleen Raab
SPCA International

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

Ronni Marks

Jeannine Garriga
Hepatitis C Mentor and Support Group

Charles De San Pedro
TOP Clubhouse

Hadley Weiss
TOP Clubhouse

Bianca Simons
TOP Clubhouse

Wynn Periasami
Goddard Riverside

Christina Sparrock
NYLPI

Darren Greenwood
Chelton Loft Clubhouse

Chantelle Boderio

Michael Petty
Lifelinks Clubhouse

Jonathan Chung
NAMI NYC

Camilla Samuelsson
NYLPI

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

Hector Garcia
Lantern House Clubhouse, Goodwill Industries

Toni Smith
New York State Director at Drug Policy Alliance

Cristina Abbattista
Urban Pathways

Shlomit Levy
Center for Justice Innovation's Brooklyn Mental
Health Court

Nadia Chait
CASES

Analica Otero [sp?]
CACF

Katie Mui
The Network

Carmen Garcia
Make the Road New York

Aisha Elliott
Women's Prison Association

Ashley Santiago
Freedom Agenda

Crystal Welch Scott
Getting Out Staying Out

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

Mike Phillips
Urban Cat League

Gloria Murli
Rikers Island Cat Rescue

Alex Brass

Maddy Samaddar Johnson
Park Slope Cats

Isaac Irizarry
Irizarry Animal Foundation

Zelmar Leon [sp?]
K9 Rescue NYC

Sheina Banatte
Justice for Eudes Pierre Coalition

Rikki McGinty
Community Cats

Patricia Honey

Jesus Garcia

Yves
ACC

Marilyn Galfin
Voices for Shelter Animals

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

Tanya Copeland
Bronx Community Cats

Sonja Chai
Brooklyn Bridge Animal Welfare Coalition

Anne Levin
Brooklyn Bridge Animal Welfare Coalition

Jean Bubly [sp?]

Molly Senack
Center for Independence of Disabled New York

Dawn Yuster
Legal Aid Society

Edmond Loi
Charles B. Wang Community Health Center

Ella Grace
Girls for Gender Equity

Glen Belovsky [sp?]

Jane Ni
Community Health Care Association of New York
State

Jesi Taylor
Freedom Agenda

Kathleen Collins
Disabled in Action

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

Lauren Pack
JCCA

Michael Ring
Disabled in Action

Rhonda Braxton
Children's Aid

Sylvia Pizzaro [sp?]
Life Links Clubhouse

Daquan Mashburn
New York Edge

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3 SERGEANT AT ARMS: Good morning. Good
4 morning. Welcome to the New York City Council
5 hearing on the Committees on Health joint with Mental
6 Health and Substance Use and Disabilities. At this
7 time, please silence all electronics and do not
8 approach the dais. Again, please refrain from
9 approaching the dais. If you're testifying today or
10 have any other questions or concerns, please contact
11 the Sergeant at Arms. Thank you for your
12 cooperation. Chair, you may begin.

13 CHAIRPERSON SCHULMAN: Good morning,
14 everyone. I am Council Member Lynn Schulman, Chair
15 of the New York City Council's Committee on Health.
16 Thank you all for joining us at the Fiscal 2027
17 Preliminary Budget for the Office of the Chief
18 Medical Examiner, OCME. I would like to thank Chief
19 Medical Examiner Jason Graham, his staff, and
20 everyone who is with us today. I want to acknowledge
21 Council Members Ariola, Cabán, Epstein, Felder, and
Narcisse is virtual. OCME's Fiscal 2027 Preliminary
Budget is \$121.6 million which includes close to \$91
million for personnel services and \$30.7 million for

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3 other than personnel services. OCME's budget has
4 increased by roughly \$916,000 compared to last year's
5 fiscal 2026 adopted budget. While there has been an
6 increase in overall funding, several areas within the
7 agency's operations raise important questions about
8 whether current resources are sufficient to maintain
9 timely service delivery and support OCME's core
10 mission. One area of concern is the absence of
11 federal funding in the Fiscal 2027 Preliminary Plan.
12 OCME has had federal grants in the past, but none are
13 currently reflected in its financial plan.

14 Historically, these grants have supported activities
15 such as forensic research and work related to the
16 City's response to the opioid crisis. Although
17 federal funding is often added during the fiscal year
18 once grants are awarded, the absence of these funds
19 in the Preliminary Plan creates uncertainty. We want
20 to ensure that OCME has a contingency plan in case
21 the loss of federal grants becomes permanent.

Performance trends reported in the Preliminary
Mayor's Management Report also indicate that several
key operational metrics have worsened. The median
time to complete autopsy reports has increased to

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3 122.5 days, exceeding the agency's 90-day target.

4 The median time for medical, legal and investigators
5 to arrive at a scene has risen to two hours and 36
6 minutes in the first four months of fiscal year 2026.

7 In addition, the forensic biology laboratory has
8 experienced longer turn-around times for DNA
9 case-work with median completion times rising from 51
10 days to 79 days compared to the same period in fiscal

11 2025. Staffing shortages appear to be a key factor
12 behind these trends. OCME currently has a vacancy

13 rate of 15.1 percent with 734 of 865 budgeted
14 positions staffed. The loss of experienced medical
15 examiners due to retirements, recruitments by other

16 jurisdictions, and a nationwide shortage of qualified

17 forensic professionals has placed additional strain
18 on the agency's workforce and make contribute to

19 delays in case processing and report completion. In

20 2024, I wrote to OCME urging the city to increase

21 medical examiner salaries to help address the growing

vacancy rate and strengthen the agency's ability to
recruit and retain qualified professionals. These

concerns remain relevant today as the agency

continues to face challenges filling highly

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3 specialized roles. OCME does excellent work for the
4 city and as Chair of the Health Committee, I want to
5 ensure that OCME has the resources it needs to
6 operate at the highest level. Before we begin, I
7 would like to thank the Finance staff, Aleria Lizaro
8 Rodriguez [sp?], Florentine Cabor [sp?] and Aisha
9 Wright for their work on this hearing, and Committee
10 staff Chris Pepe [sp?], Elizabeth Artz [sp?], and
11 Joshua Newman [sp?] for their support. Finally, I
12 would also like to thank my staff Jonathan Buche
13 [sp?], Kevin McAleer [sp?] and Sammy Nu [sp?]. I will
14 now turn it over to the Committee Counsel to administer
15 the oath to members of the administration.

16 COMMITTEE COUNSEL: Thank you, Chair.

17 Good morning. You can all please raise your right
18 hand. Do you swear to tell the truth, the whole
19 truth and nothing but the truth before this committee
20 and to respond honestly to Council Member questions?

21 CHIEF MEDICAL EXAMINER GRAHAM: I do.

COMMITTEE COUNSEL: Thank you. You may
proceed.

CHIEF MEDICAL EXAMINER GRAHAM: I'm free
to proceed? Good morning. Good morning everyone.

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3 Good morning, Chair Schulman, Chair Cabán, Chair
4 Hanif, and members of the Committee on Health and the
5 Committee on Mental Health and Substance Use, and
6 Committee on Disabilities. On behalf of the Office
7 of Chief Medical Examiner, or OCME, thank you for
8 your ongoing support and partnership across our 24/7
9 mission to serve the communities of New York City in
10 the times of most profound need. I'm Dr. Jason
11 Graham, the Chief Medical Examiner for the City of
12 New York. with me today from OCME, our First Deputy
13 Commissioner, Nicholas Schultz, and Deputy
14 Commissioner for Administration and Finance, Yvonne
15 Williams. We appreciate this opportunity to provide
16 an update on our budget and important current
17 activities, and look forward to answering your
18 questions. When we testified last year, I introduced
19 OCME Cares which was our then newly-adopted set of
20 core values. These abiding principles of commitment,
21 accountability, resilience, excellence, and service
inform every aspect of our work and guide our
interactions with all stakeholders. This year, the
agency's particularly focused on the core value of
excellence, striving day-in and day-out to achieve

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3 the highest quality in all aspects of our work at the
4 intersection of public health and justice.

5 Excellence raises the bar for what a medical
6 examiner's office can achieve for the communities who
7 rely on us during the most challenging moments. Our
8 vision is to deliver innovative solutions to the most
9 pressing problems in public health and forensic
10 science provided by caring professionals, and readily
11 available for all New Yorkers in need. I'd like to
12 take this time today to share more about our planning
13 and progress toward this vision of excellence
14 accessible to all. OCME is home to world-class
15 fully-accredited laboratories that support our
16 mission to deliver timely and accurate answers for
17 stakeholders. Our molecular genetics laboratory is
18 the only facility of its kind in the country in a
19 medical examiner's office which was a trail-blazing
20 vision established in 2003. The molecular genetics
21 laboratory examines the DNA of decedents who often
very young and otherwise healthy die suddenly and
without apparent explanation to determine whether
there might be a genetic reason for their deaths.

Until recently, our lab could only deliver the news

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3 of a genetic cause of death and urged family members
4 to seek testing for themselves, but with our focus on
5 accessible excellence, we recognized that we can and
6 need to do more for New Yorkers we serve. Now, with
7 the launch of our Genetic Intervention Family Testing
8 Services Program, known as GIFT, OCME can screen
9 living at-risk blood relatives at no cost, provide
10 appropriate clinical genetic counseling and connect
11 them to potentially life-saving care, closing a
12 critical gap in services. And we expect to begin
13 testing our first family members very soon. Working
14 to prevent deaths may sound novel for a medical
15 examiner's office, but for OCME, helping New Yorkers
16 live longer and healthier lives is already part of
17 our mission. OCME contributes to public health by
18 providing impartial data from our forensic
19 investigation that informs policy and through many of
20 our own ongoing innovations, specifically in the
21 effort to reduce deaths from accidental drug
overdose. Our Drug Intelligence Intervention Group
known as DIIG works with surviving loved ones and
close contacts in the days and weeks following an
overdose death, offering them support, resources, and

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3 often simply an ear to listen. Staffed by social
4 workers, epidemiologists, and program specialists,
5 DIIG leverages the unique relationship of trust
6 between our office and the communities we serve,
7 reaching more than 4,000 close contacts to-date,
8 nearly three-quarters of whom have accepted directed
9 services and referrals to potentially life-saving
10 interventions. As we move forward and deaths from
11 overdose hopefully continue to trend downward, DIIG
12 offers a pioneering and proven model for how OCME can
13 utilize data-driven insights to help additional
14 populations in New York City affected by a whole
15 range of public health challenges known to have a
16 social component. We aim to make this excellence in
17 service with its life-saving potential cutting across
18 all walks of life available to all. The success of
19 our mission depends on strong relationships with the
20 community, and as we progress in excellence, our
21 journey is expanding the trust necessary to advance
our work. Well over a year ago we began to implement
post-mortem CT scanning to elevate standards in
diagnostic service. And I'm pleased to report that
this technology has now been fully-integrated into

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3 the practice of forensic medicine on the part of our
4 medical examiners at OCME, and is in daily use at our
5 pathology centers where it's making a difference in
6 our partnerships with the community. CT scanning is
7 one of the many steps that we've taken to improve the
8 working experience for our medical examiners, the
9 highly-trained forensic pathologists who directly
10 deliver answers to families in the wake of a tragedy.
11 As you know, OCME has been grappling for several
12 years with a serious shortage of medical examiners, a
13 problem that's rooted in a multifaceted national
14 crisis that will not be fully resolved in the
15 immediate future. However, we're pleased to report
16 that our renowned forensic pathology fellowship
17 training program remains a beacon for training and
18 recruitment, attracting talented and caring
19 physicians who want to pursue their specialty here at
20 the most comprehensive and complex medical examiner's
21 office in the country. OCME has filled all six of
our coveted fellowship seats for the academic year
2026/2027, and we continue to hire medical examiners
to serve New Yorkers from the ranks of our graduates
each year. Our planning for the Science Park and

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3 Research Campus, or SPARC, Kips Bay project is also
4 actively underway. This first of its kind health
5 and science campus will become the new home of our
6 Manhattan Forensic Pathology Center and supporting
7 facilities, serving as a training hub for the next
8 generation of leaders and forensic science in
9 medicine. OCME has been part of the bustling public
10 health corridor in Kips Bay neighborhood for more
11 than a century, and we're excited to be partners in
12 this transformative next step and life sciences
13 innovation and workforce development for our city.
14 While raising the bar for forensic science and
15 medicine, OCME also stays grounded in our
16 foundational purpose, to provide answers for
17 communities facing the most challenging times no
18 matter how long the mission takes. A few instances
19 show the depth of this commitment more than our
20 ongoing efforts to solve the cold cases of missing
21 and unidentified persons, and return them to their
loved ones. Since 2017, our cross-departmental cold
case team at OCME has newly identified more than 130
individuals, many from decades old cases, missing
from as far back as the early 1980s, across all

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3 boroughs of the city including 20 victims of
4 homicide. Leveraging in our in-house expertise and
5 identification investigations, forensic anthropology,
6 and DNA science while tapping into partnerships with
7 law enforcement and other agencies, we're bringing
8 long-sought peace to families and justice to those
9 affected by crime. Our commitment to families is not
10 limited to the office and the laboratory. We're also
11 reaching into neighborhoods to bring assistance to
12 those in need at cost. For more than a decade our
13 annual New York City Missing Person's Day event has
14 made expert resources and support services available
15 in-person to families and friends seeking long-term
16 missing loved ones. Credited with dozens of
17 identifications since its start, we brought New York
18 City Missing Person's Day to Queens for the first
19 time last October. This event connected more than a
20 dozen families with confidential help, bridging a gap
21 for those still in need of closure. The cold case and
missing persons work of today extends directly from
the lessons of our experience with the World Trade
Center disaster of 2001. In the aftermath of the
attacks, the pressing urgency to identify the 2,753

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3 victims pushed the frontiers of DNA science and
4 continues through the present moment, an enduring
5 testimony to excellence. The scientific legacy of the
6 unprecedented World Trade Center identification
7 effort informs current, active, forensic casework as
8 well as our cold case efforts. While we also
9 continue to identify those killed on September 11th.
10 Over the past year, OCME made three new
11 identifications of victims from the attacks on the
12 World Trade Center in 2001 and linked dozens of
13 remains to previously identified individuals. The
14 new identifications representing 1,651st, 52nd and
15 53rd persons identified, resulted from renewed family
16 outreach and advanced DNA analysis of recovered
17 remains. The remains of 1,100 victims of the
18 disaster have yet to be identified, but as we
19 approach the 25th anniversary of this day that
20 changed our city and the world forever, we continue
21 to make attempts, reaching out to new generations of
family members, undeterred and undaunted by the
passage of time. We honor their memory with our work
to remember, reflect and renew. Thank you for the

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3 opportunity to testify today, and we look forward to
4 your questions. Thank you.

5 CHAIRPERSON SCHULMAN: Thank you very
6 much. We've been joined by Council Members Joseph,
7 Marte, and Lee, and our Public Advocate Jumaane
8 Williams. Public Advocate, you want to make a
9 statement?

10 PUBLIC ADVOCATE WILLIAMS: Thank you,
11 Madam Chair. As was mentioned, my name's Jumaane
12 Williams, Public Advocate of City of New York. Want
13 to thank Chair Schulman, Cabán, and Hanif, as well as
14 the members of the Committees on Health, Mental
15 Health and Disabilities for holding this hearing
16 today and allowing me the opportunity to testify. As
17 New York City faces new challenges in navigating
18 public health emergencies without data and resources
19 from the federal government, it is imperative that we
20 invest in our public health systems. The FY 27
21 expense budget for the Department of Health and
Mental Hygiene, DOHMH, sees a 13.59 percent decrease
in funding from FY 26 with proposed funding totalling
\$2.5 billion down from \$2.7 billion. While the
administration's Preliminary Budget does baseline

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3 critical funding for childcare, food assistance
4 programs, and newly launched 2K incident, this budget
5 also fails to fund many programs that saw one-year
6 investments in FY 26, including but limited to the
7 Maternal Health Campaign, Crisis Respite Ceentes, and
8 the NYC 988 Crisis Intervention and Suicide
9 Prevention Hotline. While we understand that the
10 city faces a budget crisis, we must grapple with the
11 reality of what these new entail, especially after
12 three years of sustained PEGs under the previous
13 administration. The state's expanded funding for
14 mental health is heartening to see, especially for
15 the commitment of \$750 million in FY 27 and \$500
16 million annually thereafter for the Healthcare
17 Stability Fund, HSF. While this will help to
18 mitigate some of the loss expected from the Big Ugly
19 Bill, projections remain worrying. Hundreds of
20 thousands of New Yorkers will be left uninsured, and
21 expected loss of generating economic activity to the
tune of \$14.4 billion with direct cuts to to
hospitals and health systems totalling \$8 billion and
more than 65,000 jobs lost in hospital and other
community health centers. In addition to HSF, the

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3 Governor's budget also proposed integrating care for
4 mental health and substance use disorders increasing
5 resources for supportive housing and supportive
6 nonprofits that serve New Yorkers by their ensuring
7 reimbursements are consistent and timely. These
8 changes will not only help serve New Yorkers
9 experience psychiatric illness, but also those
10 suffering from substance abuse, two groups that face
11 many barriers to care including lack of access to
12 stable housing. I look forward to hearing from DOHMH
13 on what the agency is doing to prepare for the impact
14 of these federal cuts, and furthermore how the city
15 can work with our state partners to ensure that we're
16 meeting the needs of New Yorkers. Before I move on,
17 I do want to raise the issue of the new health care
18 plan ratified by the Municipal Labor Committee. Back
19 in September since implementation of the City of New
20 York Health Benefits program I've heard countless
21 issues raised by city workers as well as medical
professionals frustrated with navigating this new
system. Covering 750,000 city workers [inaudible]
promise to cut the city's primary health care plan by
more than 10 percent while expanding coverage and

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3 benefits, but coverage and benefits have been
4 negatively impacted for many, and I believe the city
5 must keep a close eye on how this program affects our
6 bottom line and the people it's supposed to serve.

7 Lastly, I'd like to briefly highlight that we should
8 be moving away from- last week, the federal
9 government announced a new plan to allow the
10 Department of Veteran Affairs VA to initiate
11 guardianship proceedings in state courts for veterans
12 who have no family and are unable to make their own
13 health care decisions. Last year, as part of FY26
14 state budget, Governor Hochul insisted on expanding
15 the criteria to involuntary commit someone for
16 psychiatric treatment, and in 2022, Mayor Adams
17 announced a new policy to hospitalize homeless people
18 deemed to be "in psychiatric crisis." Each of these
19 attempts fail to recognize the harmful effects of
20 involuntary treatment. Research shows that
21 involuntary commitment can negatively affect a
person's earnings which leads to poor outcomes. It
can also sow distrust towards health care which is
problematic when a person needs continued care
outside of the hospital. In some cases, involuntary

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3 treatment can be a life-saving tool, but every person
4 with a mental health condition is different. There
5 is no perfect solution. I look forward to working
6 with the administration that those in need of care
7 are met with compassion and dignity and that will
8 really increase their structure both actual structure
9 and funding. So we can really push on the continuum
10 of care that's needed and take away the cycles of
11 hospitalization in Rikers and get folks the care they
12 need in the long-term. Thank you for giving me the
13 opportunity to speak. Thank you.

14 CHAIRPERSON SCHULMAN: Thank you, Public
15 Advocate. And we're first doing Office of the Chief
16 Medical Examiner. We'll make sure that- if you're
17 not here when DOHMH comes, that we'll give your
18 remarks to him.

19 PUBLIC ADVOCATE WILLIAMS: Thank you,
20 Chief Medical Examiner. Thank you for listening.

21 CHAIRPERSON SCHULMAN: Okay, thank you,
Public Advocate. Appreciate it. So, now we'll get
to questions. In the Fiscal 2027- oh, and by the
way, I just want to clarify that when I announced
that we were joined by Council Member Lee, she's

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3 actually our Finance Chair, so I want to make that
4 distinction. Thank you for joining us. In the
5 Fiscal 2027 Preliminary Plan, OCME has a budgeted
6 headcount of 865 positions. As of January, the
7 actual headcount was 734, reflecting a vacancy rate
8 of 15.1 percent and 131 vacant positions. Can your
9 office provide the committee with a breakdown of the
10 131 vacant positions?

11 CHIEF MEDICAL EXAMINER GRAHAM: Yes, we
12 have vacancies in various areas that are largely a
13 result of new positions that have been added to our
14 headcount that we're actively attempting to fill.
15 We- in those new resources have a concentration of
16 position in our forensic operational areas, and we
17 will be able to follow up and provide you with a
18 specific breakdown of our current vacancies, but
19 they're largely concentrated in forensic operations,
20 which would range from mortuary to investigations to
21 other operational areas. So, we will follow up and
provide you with a specific breakdown.

CHAIRPERSON SCHULMAN: Please. That
would be very helpful to us as we move forward in the

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3 budget process. On average, how long do these
4 positions remain vacant?

5 CHIEF MEDICAL EXAMINER GRAHAM: It varies
6 depending on the position. Many of our positions at
7 OCME require very specialized skillsets across
8 forensic science, medicine, investigations, and so
9 the recruitment of people with these specialized
10 skills sometimes take time, and so there wouldn't be
11 a one-size-fits-all answer to that. I think that it
12 varies, and we work as quickly as we can once we
13 identified suitable candidates and have offers that
14 have been accepted to get them on board, get them
15 acclimated and trained and in service as soon as we
16 can.

17 CHAIRPERSON SCHULMAN: How are these
18 vacancies affecting operations?

19 CHIEF MEDICAL EXAMINER GRAHAM: Well,
20 again, there's minimal impact to operations at the
21 moment, because these are largely new positions that
we're still recruiting and hiring for. So, the
operational impact at this point is minimal.

CHAIRPERSON SCHULMAN: How is OCME
advertising their job openings?

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3 CHIEF MEDICAL EXAMINER GRAHAM: We have
4 not only through the routine posting of our jobs in
5 city sites, but we also directly reach out to areas
6 to forensic organizations such as National
7 Association of Medical Examiners, American
8 Association of Forensic Sciences, the specific
9 forensic organizations and colleges who are
10 graduating students in the sciences that may be
11 suitable to fill some of the roles in our
12 laboratories and across our agencies. So, we have a
13 multi-pronged approach through our human resources
14 team to reach out to an entire variety of potential
15 sources of OCME staff.

16 CHAIRPERSON SCHULMAN: How many positions
17 are temporary and what is the rationale for hiring
18 temporary positions versus full-time employees?

19 CHIEF MEDICAL EXAMINER GRAHAM: We have a
20 relatively small number of per-diem or temporary
21 positions. I can get back to you with the specific
number.

CHAIRPERSON SCHULMAN: If you could, yeah.

CHIEF MEDICAL EXAMINER GRAHAM: Many or
at least a fraction of those positions were- came on

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3 board in that temporary role during COVID, and so
4 that was during the pandemic in many instances. But
5 we'll get back to you with that specific number.

6 CHAIRPERSON SCHULMAN: Okay. No, that- I
7 appreciate that. I actually have a question, it's
8 not here, but does the H1 for immigrants affect-
9 because I know it affects the medical industry as a
10 whole, the waiver. Does that affect your operation?

11 CHIEF MEDICAL EXAMINER GRAHAM: We have a
12 very few members of our professional staff who have
13 H1 visas.

14 CHAIRPERSON SCHULMAN: Okay.

15 CHIEF MEDICAL EXAMINER GRAHAM: We have
16 had medical examiners and others on visas in the
17 past, and to the extent we can support that, we do,
18 but it can in certain instances present a challenge
19 for us.

20 CHAIRPERSON SCHULMAN: Okay. That's
21 something that the Health Committee I think is going
to look into and try to be helpful. So, we can talk
offline about that. The current Fiscal 2026 budget
added 25 positions including two public health
epidemiologists and 23 criminalists. What is the

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3 status of hiring for these roles, and have they all
4 been filled?

5 CHIEF MEDICAL EXAMINER GRAHAM: Yes.
6 There's- these positions are grant-funded positions,
7 and 23 of the 25 have been selected. So, we're very
8 close to having all 25 of those positions.

9 CHAIRPERSON SCHULMAN: With the two for
10 one hiring policy lifted in the preliminary plan, do
11 you anticipate vacancy rates declining in the near
12 term, but will Mayor Mamdani's instruction to cut
13 vacancies by 50 percent impact OCME?

14 CHIEF MEDICAL EXAMINER GRAHAM: Well,
15 we're- with our Chief Savings Officer we're
16 continuing to develop a very strategic approach to
17 addressing any vacancies or headcount reduction.
18 We're working closely with OMB, and that's all in an
19 effort to make sure that our critical functions,
20 critical-most positions in our agency are maintained
21 and our services to the city are not compromised in
any way or reduced. We also feel that the removal of
the two to one hiring policy is going to possibly
impact our vacancy rate. We believe that we can
identify those critical roles and now with greater

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3 flexibility hire them, but we're going to be focusing
4 on making sure that our services are not compromised
5 or reduced in any way in terms of our critical role
6 in the city.

7 CHAIRPERSON SCHULMAN: Okay, great.

8 OCME's current Fiscal 2026 budget reflects \$4.2
9 million in federal funding to support various grants.
10 However, the Fiscal 2027 Preliminary Plan does not
11 reflect that funding. Of the \$4.2 million, how much
12 of this funding supports post-conviction DNA testing,
13 opioid abuse, and forensic research?

14 CHIEF MEDICAL EXAMINER GRAHAM: Well,
15 that \$4.2 million represents a budget provided by 16
16 federal grants. So, we have 16 federal grants, and
17 that is a combination of different types of grants
18 supporting the work that you mentioned. But that is
19 our current funding for- from the federal government
20 in the form of grants. So, we have 16 grants. We
21 are anticipating that four grants previously that
reached the end of their term, we've asked for a
renewal and been granted those who are anticipating
that we are going to have additional federal grant
funding beyond that.

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3 CHAIRPERSON SCHULMAN: Can you provide
4 us- not here, but can you separately provide us with
5 what that \$4.2 million pays for at OCME? That would
6 be very helpful to us.

7 CHIEF MEDICAL EXAMINER GRAHAM:
8 Certainly.

9 CHAIRPERSON SCHULMAN: Thank you.
10 Because we can also be advocates as well. Does OCME
11 anticipate receiving any federal grants for Fiscal
12 Year 2027? You kind of answered that.

13 CHIEF MEDICAL EXAMINER GRAHAM: Yes.

14 CHAIRPERSON SCHULMAN: Again, we can also
15 be helpful there. When do you anticipate the grants
16 to come through? You have any sense, or?

17 CHIEF MEDICAL EXAMINER GRAHAM: The
18 allocations for the grant will come through at the
19 beginning of the fiscal year. So, what's not
20 reflected at the moment, when the fiscal year renews,
21 that funding will be allocated from those grants
based on what will be needed for that year.

CHAIRPERSON SCHULMAN: Okay. and also
let us know if there's any changes, because I know

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3 the federal budget fluctuates on a day-to-day basis.
4 Does OCME- do you have a contingency plan if the

5 CHIEF MEDICAL EXAMINER GRAHAM: Well,
6 we've not seen any indication of that at this point.
7 In that event, we would want- we would certainly work
8 very close with OMB and potentially the Law
9 Department to mitigate any of those reductions. I
10 think that we, again, are going to monitor closely
11 for any indication of that, and then we would
12 immediately be in conversations in OMB to strategize
13 to again prioritize our critical positions and make
14 sure that our services are not reduced.

15 CHAIRPERSON SCHULMAN: Do you have- do you
16 also have state grants category [sic].

17 CHIEF MEDICAL EXAMINER GRAHAM: We do.
18 We have three state grants which account for \$1.2-
19 roughly \$1.2 million in our FY27 budget.

20 CHAIRPERSON SCHULMAN: And you don't
21 expect any issues there, right?

CHIEF MEDICAL EXAMINER GRAHAM: No, we do
not anticipate any issues with the state.

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3 CHAIRPERSON SCHULMAN: Yeah, if you can
4 give us a list of not just the federal, the state, so
5 just so we have a sense, I'd appreciate that.

6 CHIEF MEDICAL EXAMINER GRAHAM:
7 Certainly.

8 CHAIRPERSON SCHULMAN: Alright, Code Blue
9 deaths. Cold Blue weather emergency notice is issued
10 when the temperature drops to 32 degrees fahrenheit
11 or less between 4:00 p.m. and 8:00 a.m. which we've
12 had a lot of unfortunately. No one experiencing
13 homelessness who seeks shelter during a Code Blue in
14 New York City denied. On february 12th, 2026, Mayor
15 mamdani announced that 19 people died to the extreme
16 cold weather that began in late January. Were OCME
17 seeing arrival times affected time by the snow?

18 CHIEF MEDICAL EXAMINER GRAHAM: We,-- our
19 scene arrival times were not affected by the snow.
20 We were able to respond to death scenes. We
21 activated our Continuity [sic] of Operations plan and
we were able to continue to meet the need in our
field. We dispatched our death investigation teams
as routine, and they were able to successfully
conduct scene investigation, and so the- and much of

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3 the traffic that is often seen in the city was
4 reduced during that time. So, our transit to the
5 death scenes were not impacted, so our response times
6 were not meaningfully impacted due to the snow. We
7 did triage cases and make decisions about the
8 priority that certain cases take over others, as we
9 do in routine work and- so we were able to fully
10 respond and we continued to perform autopsies in our
11 forensic pathology centers as routine again, though
12 activation of our Coop [sic] plain.

13 CHAIRPERSON SCHULMAN: Thank you. Have
14 all individuals who passed away been identified yet?

15 CHIEF MEDICAL EXAMINER GRAHAM: Well,
16 we're talking about the- you're referring to the
17 individuals that were discussed in the previous
18 hearing, and-

19 CHAIRPERSON SCHULMAN: [interposing] Yes.

20 CHIEF MEDICAL EXAMINER GRAHAM: those
21 were individuals who died who were outdoors and un-
either unhoused or certainly not in a residential-

22 CHAIRPERSON SCHULMAN: [interposing] Yes.

23 CHIEF MEDICAL EXAMINER GRAHAM: setting,
24 yes. And so those- we were- during that period, we

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3 investigated a number of those cases. At this point,
4 there had been 16 individuals who have been confirmed
5 to have died of hypothermia under those conditions,
6 and all 16 of those people have been identified.

7 CHAIRPERSON SCHULMAN: Okay, and the
8 others were separate? What was the other three?

9 CHIEF MEDICAL EXAMINER GRAHAM: Those
10 were- turned out that they were not
11 hypothermia-related.

12 CHAIRPERSON SCHULMAN: Got it.

13 CHIEF MEDICAL EXAMINER GRAHAM: So, we've
14 investigated many cases, and we've confirmed that 16
15 of those outdoor, non-residential deaths were due to
16 hypo-

17 CHAIRPERSON SCHULMAN: [interposing] Were
18 the other three, even though they weren't due to
19 that, were they identified?

20 CHIEF MEDICAL EXAMINER GRAHAM: I would
21 have to get back to you on that.

22 CHAIRPERSON SCHULMAN: Okay.

23 CHIEF MEDICAL EXAMINER GRAHAM: But I-
24 we're quite successful in getting people identified,
25 so I would say likely, but I'll have to confirm that.

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3 CHAIRPERSON SCHULMAN: Did OCME observe
4 any trends in the locations or circumstances of these
5 deaths?

6 CHIEF MEDICAL EXAMINER GRAHAM: Well,
7 there were little differences in terms of the
8 locations across at least four of the five boroughs.
9 Staten Island was relatively spared, but across
10 Manhattan, Brooklyn, Bronx, and Queens there were-
11 there was a relatively even distribution. There was
12 also a relatively even distribution across racial
13 categories in the city. One thing that we did see
14 was that among that group, among that 16, all but one
15 of them were men. And so that was something that
16 wasd noted, and we also- out of the 16, there were 11
17 of those individuals alcohol and/or drugs or a
18 combination were involved. And so those are some of
19 the meaningful trends that we observed.

20 CHAIRPERSON SCHULMAN: During the hearing
21 on Code Blue on- alright. I'm going to talk to you
22 about an issue that's come up before about emergency
23 vehicles and response times. So, OCME vehicles are
24 currently not eligible to be designated as emergency
25 vehicles with sirens and lights which can delay both

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3 arrival at scenes and return to headquarters. What
4 criteria must OCME vehicles meet to be designated as
5 emergency vehicles, do you know?

6 CHIEF MEDICAL EXAMINER GRAHAM: This
7 would require that the state, the New York State
8 Vehicles Traffic Law include medical examiner-
9 designate medical examiner's vehicles to be response
10 vehicles, and if that designation occurs by a change
11 in the state law, we would have the authorization
12 then to have- to be equipped, have our vehicles
13 equipped to be emergency response vehicles. And that
14 is something we're certainly interested in pursuing.
15 It would help with our response times to scenes, and
16 aside from that, we would be prepared to go forward.

17 CHAIRPERSON SCHULMAN: Is the Mayor's
18 Office- have you had conversations with them about
19 that, or?

20 CHIEF MEDICAL EXAMINER GRAHAM: We have
21 had conversations around the fact that this is on the
legislative agenda.

CHAIRPERSON SCHULMAN: Okay.

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3 CHIEF MEDICAL EXAMINER GRAHAM: And
4 certainly any support would be appreciated in that
5 regard.

6 CHAIRPERSON SCHULMAN: Sure absolutely.
7 We can talk about that offline. That definitely- how
8 much would it cost to equip every OCME vehicle with
9 an alarm? Do you have that?

10 CHIEF MEDICAL EXAMINER GRAHAM: I can get
11 back to you with that. We've at different points
12 looked at that cost estimate, so we can follow up.

13 CHAIRPERSON SCHULMAN: And does OCME have
14 oversight or coordination responsibilities related to
15 EMS response times?

16 CHIEF MEDICAL EXAMINER GRAHAM: We- I
17 would have to defer to FDNY or EMS on EMS response
18 times.

19 CHAIRPERSON SCHULMAN: Are there any
20 steps you've taken to support EMS?

21 CHIEF MEDICAL EXAMINER GRAHAM: I think
we work very carefully and closely with EMS in the
field, and I think to the extent that we can improve
our response times it helps EMS in being able for
their teams to get back in service and help others.

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3 CHAIRPERSON SCHULMAN: Okay. How do
4 delayed response times impact OCME operations and
5 case processing?

6 CHIEF MEDICAL EXAMINER GRAHAM: Well,
7 really with respect to EMS response times, that
8 doesn't directly impact-

9 CHAIRPERSON SCHULMAN: [interposing] No.

10 CHIEF MEDICAL EXAMINER GRAHAM: our
11 response. A death occurs, pronounced death by EMS,
12 and then cases are reported to us generally by the
13 police, and then we respond in a coordinated way
14 after that. So, they have minimal impact on us.

15 CHAIRPERSON SCHULMAN: Are there staffing
16 or fleet shortages contributing to delays?

17 CHIEF MEDICAL EXAMINER GRAHAM: Again, I
18 would have to defer to EMS about that.

19 CHAIRPERSON SCHULMAN: Okay. what is the
20 total number of OCME's fleet, and does it motor pool
21 have enough vehicles?

CHIEF MEDICAL EXAMINER GRAHAM: We have
48 vehicles in our fleet, and that is adequate to
keep transportation vehicles, investigations vehicles
going 24/7/365 at this point.

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3 CHAIRPERSON SCHULMAN: Okay. So, OCME's
4 motor pool has a budgeted headcount of 26, but its
5 actual headcount as of January is nine. So, this
6 brings the vacancy rate to 65.4 percent. What are
7 OCME's efforts to lower the vacancy rates, and what
8 job openings are currently posted?

9 CHIEF MEDICAL EXAMINER GRAHAM: Well, we
10 have various roles at OCME with respect to who is
11 operating our vehicles. And so that could range from
12 members of our mortuary teams to motor vehicle
13 operators. And as I mentioned earlier, we've got a
14 number of vacancies across our forensic operations
15 areas, that we're in the process of recruiting and
16 hiring for, and so the hope is that that vacancy-
17 those vacancies along with the others we've already
18 discussed we'll be filling.

19 CHAIRPERSON SCHULMAN: Okay. I also want
20 to state we've been joined by Council Member Ossé.
21 In the Fiscal 2027 Preliminary Budget, OCME has 23
contracts totalling \$3.1 million for general
maintenance and repairs. Additionally, the plan also
includes \$210,000 in capital funding for vehicle

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3 replacements. What services are covered under the
4 maintenance and repair contracts?

5 CHIEF MEDICAL EXAMINER GRAHAM: Those
6 general maintenance and repair contracts are really
7 centered around our facilities. So, three primary
8 areas: facilities and the maintenance and repair of
9 our facilities, IT infrastructure and improvements,
10 and laboratory equipment. So, those three major
11 areas account for that general maintenance and repair
12 budget. IT, IT infrastructure, facilities and
13 laboratory equipment.

14 CHAIRPERSON SCHULMAN: What- do any of
15 these contracts include maintenance or repair of OCME
16 vehicles?

17 CHIEF MEDICAL EXAMINER GRAHAM: No, we
18 work with DCAS with respect to the maintenance and
19 repair for our fleet of vehicles.

20 CHAIRPERSON SCHULMAN: So, do you- the
21 question I'm trying to get at, I think, is do you
need more vehicles? And the question then becomes
instead of doing the maintenance on these vehicles,
would newer vehicles cut down that cost and be more
efficient or effective?

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3 CHIEF MEDICAL EXAMINER GRAHAM: Well, I
4 think that we- again, we work really closely on
5 keeping our vehicles maintained. We have a fleet of
6 vehicles that has- has a range of ages. Some of
7 those vehicles used more or less frequently, disaster
8 response vehicles, for example, that may not
9 necessarily be in circulation every day, thankfully.
10 And so at the moment, we're fully capable of
11 responding to scenes on a routine basis in the field
12 as well as in a disaster situation, and at the
13 moment, I see no challenge with respect to having our
14 vehicles maintained and repaired and keeping it-

15 CHAIRPERSON SCHULMAN: [interposing] Okay.

16 CHIEF MEDICAL EXAMINER GRAHAM: fully
17 functional fleet of vehicles in circulation.

18 CHAIRPERSON SCHULMAN: We're just trying
19 to see, because sometimes it's less, it's more
20 effective to have a new vehicle as opposed to putting
21 all of the maintenance into something that-

CHIEF MEDICAL EXAMINER GRAHAM: Well,
we've also had new vehicles added to our fleet in
recent times.

CHAIRPERSON SCHULMAN: Oh, you did, okay.

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3 CHIEF MEDICAL EXAMINER GRAHAM: Yes.

4 CHAIRPERSON SCHULMAN: Okay. Alright,
5 thank you. I'm going to go to the Mayor's
6 Preliminary Management Report. The median time for
7 scene arrivals by medical legal [sic] investigators
8 was two hours and 36 minutes in the first four months
9 of Fiscal 2026, while it took two hours and 25
10 minutes during the same time period in Fiscal 2025.
11 In addition, the median time for Fiscal 2024, as a
12 whole, was two hours and 13 minutes which in Fiscal
13 2023 it was one hour and 37 minutes. So, what
14 factors resulted in OCME's longer scene arrival time?

15 CHIEF MEDICAL EXAMINER GRAHAM: Well, our
16 scene arrival time is very variable based on several
17 factors. In many instances our scene response is a
18 coordinated effort with the police certainly in
19 suspicious cases or cases that are criminal. There
20 may be a need for crime scene to attend to scene and
21 do their work before we respond. So, there are
coordinated efforts that need to go into our response
time. I think that's one factor. Another factor is
what we've already alluded to in terms of our ability
to traverse the entirety of the city, all five

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3 boroughs, dispatching our medical legal investigators
4 from a single location in Manhattan and the ability
5 to navigate depending on the time of day, navigating
6 traffic to get to death scenes across the scene is-
7 has been a factor. Staffing with respect to the
8 number of death investigators that we have that has
9 improved, and so I'm expecting that there's- and as
10 we continue to hire those positions in forensic
11 operations and expecting our response times to-

12 CHAIRPERSON SCHULMAN: [interposing] Go
13 down.

14 CHIEF MEDICAL EXAMINER GRAHAM: reflect
15 that as well.

16 CHAIRPERSON SCHULMAN: Great. We look
17 forward to that. Are there specific neighborhoods
18 that take longer for an investigator to arrive?

19 CHIEF MEDICAL EXAMINER GRAHAM: Well, I
20 think, you know, again being dispatched centrally
21 from Manhattan there are, you know, the far reaches
of the city that we have to attend death scenes, and
depending on the time of day, that can be a
challenge. But we get to the scenes as quickly as

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3 possible once we're notified of the death. Again, in
4 that coordinated effort with the other stakeholders.

5 CHAIRPERSON SCHULMAN: Okay. Currently
6 the PMMR does not track whether scene arrival times
7 differ when responding to calls at morgues versus
8 private locations. Is this something that you track
9 internally?

10 CHIEF MEDICAL EXAMINER GRAHAM: Calls in
11 response to-

12 CHAIRPERSON SCHULMAN: [interposing] To a
13 body in a morgue versus a private- what I'm getting
14 at, is that it's emotionally, like, difficult when
15 somebody's in a private residence or a public
16 location as opposed to you're picking up a body at a
17 morgue. That's what I'm-

18 CHIEF MEDICAL EXAMINER GRAHAM:
19 [interposing] Yeah, absolutely. And that is our- we
20 have a set of triage priorities for cases that are
21 reported to us. Deaths that are in hospitals or
nursing homes or other settings that have storage,
those are- the cases that are in public view or in
people's homes are top priority for-

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3 CHAIRPERSON SCHULMAN: [interposing] But
4 do you track the response times for each of those?
5 Do you separate them out?

6 CHIEF MEDICAL EXAMINER GRAHAM: We do.
7 We do.

8 CHAIRPERSON SCHULMAN: Can you get us
9 some of that-

10 CHIEF MEDICAL EXAMINER GRAHAM:
11 [interposing] Sure.

12 CHAIRPERSON SCHULMAN: information? That
13 would be great. Was there a specific event in Fiscal
14 2025 or Fiscal 2026 that resulted in longer wait
15 times, or again, it's back to what you were saying
16 earlier?

17 CHIEF MEDICAL EXAMINER GRAHAM: It's the
18 same factors that I was mentioning before, and I
19 think there's also occasionally events that require
20 multiple resources being utilized at a single time
21 that can reflect some of those numbers. For example,
response to the Midtown shooting incident which was a
complex protracted death scene. And certain
instances that require multiple resources can also
have an effect statistically on some of those

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3 figures. But primarily, what we were referring to
4 before.

5 CHAIRPERSON SCHULMAN: The PMMR indicates
6 that the median time to complete autopsy reports
7 increased by 46 percent in the first four months of
8 Fiscal 2026 compared to the same period in Fiscal
9 2025, reaching 122.5 days. According to the report,
10 this delay is primarily attributed to the loss of
11 approximately one-third of medical examiner staff due
12 to retirements, recruitment by other jurisdictions
13 and a nationwide shortage of qualified medical
14 examiners. You hired- I think you hired several MEs
15 last year, is that correct?

16 CHIEF MEDICAL EXAMINER GRAHAM: We did.
17 We-

18 CHAIRPERSON SCHULMAN: [interposing] Does
19 the PMMR accurately reflect that you experienced a 33
20 percent decline with that position?

21 CHIEF MEDICAL EXAMINER GRAHAM: We've
lost over the course of two years essentially a third
of the medical examiner staff.

CHAIRPERSON SCHULMAN: Okay.

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3 CHIEF MEDICAL EXAMINER GRAHAM: We have
4 reconstituted that staff by a number of positions.
5 But we're still, as I've testified here before many
6 times now, in the midst of a crisis nationally, and
7 that's a crisis that we're not spared of locally. We
8 are doing many things to mitigate that, and I'm
9 pleased with the negotiation that took place on the
10 part of the Doctor's Council with the city to provide
11 better salaries for our medical examiners, increasing
12 our ability to recruit and retain. We've also added
13 locum [sic] tenants [sic] pathologists who are
14 trusted doctors, most of whom we've trained who are
15 coming on to support the doctors we have on staff.
16 And we've also reorganized in many ways our
17 operations to provide better support to our on-staff
18 doctors to make them more easily able to focus on the
19 work being a medical examiner and reduce their
20 administrative workload in order to produce a
21 reduction in these turnaround times.

18 CHAIRPERSON SCHULMAN: We got the OCME
19 salaries increased that time. Are they competitive
20 now, or we still need- have work to do?

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3 CHIEF MEDICAL EXAMINER GRAHAM: They're
4 far more competitive. I think that this is an
5 ultra-competitive environment when it comes to
6 forensic pathologists. The contract is going to end
7 in 2026, and so I'm hoping additional negotiations
8 will take place around the salary issue in the next
9 contract negotiation.

10 CHAIRPERSON SCHULMAN: What's the
11 starting salary for OCME medical examiners?

12 CHIEF MEDICAL EXAMINER GRAHAM: Well,
13 the- hiring out of fellowship, I'll have to get you
14 that detail.

15 CHAIRPERSON SCHULMAN: Alright.

16 CHIEF MEDICAL EXAMINER GRAHAM: But the
17 high end of the salary range for a Board Certified
18 Forensic Pathologist is at \$277.

19 CHAIRPERSON SCHULMAN: Do you know what
20 the average is around the country?

21 CHIEF MEDICAL EXAMINER GRAHAM: That has
been fluctuating and rising over the past few years,
as you might imagine.

CHAIRPERSON SCHULMAN: Right.

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3 CHIEF MEDICAL EXAMINER GRAHAM: We can
4 provide data on that.

5 CHAIRPERSON SCHULMAN: Okay. Just so we
6 have a comparison so we can maybe be helpful there.
7 What is the current size of the autopsy report
8 backlog?

9 CHIEF MEDICAL EXAMINER GRAHAM: Well, the
10 definition of backlog for me would be those autopsy
11 reports that are not complete after our target
12 turnaround time of 90 days.

13 CHAIRPERSON SCHULMAN: Okay.

14 CHIEF MEDICAL EXAMINER GRAHAM: And so we
15 have- there are a number of those cases, but we're
16 moving in the right direction. I'll get back to you
17 on the current number.

18 CHAIRPERSON SCHULMAN: Okay, great.
19 Alright. I'm going to talk about the Drug
20 Intelligence and Intervention Group which you
21 mentioned in your opening remarks. The Mayor's
Management Report and Preliminary Mayor's Management
Report tracks agency performance and service delivery
across the city since its launch in late 2022.

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3 OCME's Drug Intelligence and Intervention Group has
4 played a key role in the city's overdose response by
5 connecting surviving family members and close
6 contacts of individuals who died from overdoses to
7 grief counseling, social services, and treatment
8 referrals. During the first four months of Fiscal
9 2026, DIIG reached 474 individuals, a 35 percent
10 decrease compared to the same period in Fiscal 2025.
11 The PMMR attributes this decline to an overall
12 reduction in citywide overdose deaths, and a 50
13 percent staffing reduction. Is DIIG supported by
14 opioid settlement funds, still?

15 CHIEF MEDICAL EXAMINER GRAHAM: Yes, it
16 is.

17 CHAIRPERSON SCHULMAN: How much is
18 allocated to the program, and is the funding time
19 limited or is it ongoing?

20 CHIEF MEDICAL EXAMINER GRAHAM: I'm very
21 pleased to say that we've had \$4 million of opioid
settlement funding added to our baseline budget, and
that will go nowhere. We will have that every year
going forward, and that incorporates the DIIG which
accounts for 11 headcount in our agency as well as

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3 other areas across the agency that support
4 overdose-related work.

5 CHAIRPERSON SCHULMAN: That's great.

6 CHIEF MEDICAL EXAMINER GRAHAM: So, we're
7 pleased that that's been baselined in our budget.

8 CHAIRPERSON SCHULMAN: Are all 11
9 positions filled or are there some vacant?

10 CHIEF MEDICAL EXAMINER GRAHAM: We have
11 seven positions filled, and you alluded to a staffing
12 shortage of up to a 50 percent staffing shortage and
13 that was on some levels elevated to a shortage of
14 social workers. One of our family services team who
15 is responsible for outreach to families composed of
16 social workers and other support services, and so the
17 shortage of social workers I think impacted those
18 vacancies. So, we had seven full time people who are
19 on board now, four vacancies, and I'm pleased to also
20 report that those four vacancies we've had, we have
21 identified individuals to fill those and are in the
process of filling.

22 CHAIRPERSON SCHULMAN: Oh, great. Great.
23 By the way, I just want to acknowledge that we've
24 been joined by Council Member Gennaro virtually. Do

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3 you have the job titles of these vacant position, or
4 can you get us those?

5 CHIEF MEDICAL EXAMINER GRAHAM: There are
6 two social workers and two data team members. The
7 specific titles for the data team members we'll get
8 back to you.

9 CHAIRPERSON SCHULMAN: Okay, great.
10 Beyond the decline in overdose deaths and the
11 reported staffing reduction, were there any other
12 factors that contributed to the decrease and
13 individuals reached?

14 CHIEF MEDICAL EXAMINER GRAHAM: I think
15 that those are the two-

16 CHAIRPERSON SCHULMAN: [interposing] Big
17 ones?

18 CHIEF MEDICAL EXAMINER GRAHAM: primary
19 factors. I think we also, generally speaking, have
20 sometimes challenges in reaching families. We- our
21 DIIG team comes in after we've done a death
investigation at the scene and we have contact for
families, some families wish to talk with us and
others may not. And so there are inherent challenges

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3 in doing that outreach work that could affect the
4 number of people we're able to reach.

5 CHAIRPERSON SCHULMAN: Okay. Healthy NYC
6 sets a goal of reducing opioid overdose deaths by 25
7 percent by 2030. How has DIIG contributed to
8 progress towards that goal?

9 CHIEF MEDICAL EXAMINER GRAHAM: well, I
10 feel that the work that that DIIG team is doing and
11 particularly on both the data side, sharing data with
12 partners, stakeholders to be able to use that data to
13 then implement programs and policies in various
14 public health and public safety agencies has been
15 directly contributory. I think even more directly
16 impactful with the respect to the increase of the
17 life expectancy of New Yorkers and saving lives is
18 the work, the outreach work that our family services
19 team are doing to families who are bereaved following
20 a loss of someone to a drug overdose. This is a
21 unique population that has a range of needs across
the spectrum of social service needs from suicidal
tendencies to substance use issues that need
attention, and the work of our social workers and the
ability of social workers to contact those folks and

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3 refer them to care is, I think active prevention,
4 lifve-saving work. And so I think that on those
5 levels we have contributed on the part of the DIIG
6 team. And the DIIG team has so also now an even
7 higher level of engagement with families. Now, over
8 80 percent of the families that we reach, 80 percent,
9 over 80 percent are now accepting services of some
10 sort, be that even grief and bereavement support
11 ranging up to, you know, referral to health care for
12 mental health services or substance use treatment.

11 CHAIRPERSON SCHULMAN: What trends is
12 DIIG currently observing in overdose deaths including
13 changes in substances involved or demographic
14 patterns, anything?

14 CHIEF MEDICAL EXAMINER GRAHAM: Well,
15 while we're very pleased that we've seen a reduction
16 in the number of overdose deaths in the city over the
17 past couple of years. That trend is certainly moving
18 in the right direction.

18 CHAIRPERSON SCHULMAN: Right.

19 CHIEF MEDICAL EXAMINER GRAHAM: However,
20 the overdose crisis is not over. The opioid crisis
21 is not over. We're still seeing over 2,000 deaths in

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3 the city due to unintentional drug overdose. There
4 has been- and I would defer to the Health Department
5 of the official statistics. But it's been seeing
6 clearly that areas of the City that are impoverished
7 have disproportionately been impacted. Older Black
8 men have been disproportionately impacted, and while
9 this crisis is still being driven by fentanyl-

CHAIRPERSON SCHULMAN: [interposing]

Right.

10 CHIEF MEDICAL EXAMINER GRAHAM: We are
11 also continuing to have to monitor what drugs are on
12 the street, what drug combinations are with fentanyl
13 causing these fatalities, and the appearance of new
14 drugs in- on the illicit drug landscape are of
15 consistent concern. The novel benzodiazepines, the
16 synthetic opioids, novel psychoactive substances,
17 we're continuously monitoring for those and sharing
18 that data with our partners so people can be aware of
19 what's going on, on the street, and what combinations
20 of drugs are killing people.

CHAIRPERSON SCHULMAN: Okay, no, thank
you. Council Member Ossé, you have questions?

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3 COUNCIL MEMBER OSSÉ: Thank you so much,
4 Chair, and good morning. Thank you so much for your
5 testimony. My constituents are concerned about the
6 closure of the Crown Heights clinic. I know that
7 this happened last year, but there's still persistent
8 concerns around its closure. This clinic provided a
9 variety of key health care services that my-

10 CHAIRPERSON SCHULMAN: [interposing]
11 Council Member, this is Office of Chief Medical
12 Examiner, not DOHMH.

13 COUNCIL MEMBER OSSÉ: Oh, DOHMH is not
14 here.

15 CHAIRPERSON SCHULMAN: Is later.

16 COUNCIL MEMBER OSSÉ: My apologies. I
17 saw the confusion on your face. I will forward my
18 questions.

19 CHAIRPERSON SCHULMAN: I can ask them for
20 you if you'd like.

21 COUNCIL MEMBER OSSÉ: Thank you very
much. I appreciate that.

CHAIRPERSON SCHULMAN: No worries.

COUNCIL MEMBER OSSÉ: Thank you.

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3 CHAIRPERSON SCHULMAN: Okay. Any other
4 Council Members have questions? No? Thank you very
5 much. Very thoughtful responses. We really
6 appreciate all the work that you do, and I still- you
7 know, I know that you've asked us to come out, and we
8 will come out to take a tour at some point. So,
9 thank you.

10 CHIEF MEDICAL EXAMINER GRAHAM: Anytime.
11 Thank you very much, Chair. Thank you all.

12 CHAIRPERSON SCHULMAN: We're going to be
13 taking a five-minute break, and then we're going to
14 be doing Department of Health and Mental Hygiene.
15 Thank you.

16 [break]

17 [gavel]

18 CHAIRPERSON SCHULMAN: Now, I would like
19 to welcome the Department of Health and Mental
20 Hygiene and its Commissioner Dr. Alister Martin.
21 DOHMH's Fiscal 2027 Preliminary Budget totals \$2.51
billion which represents approximately 1.9 percent of
the city's budget. Funding for public health
services totals \$1.54 billion, a net increase of \$57
million compared to last year's adopted budget. Of

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3 this amount, \$503.2 million is for personnel services
4 and just over \$1 billion for other than personnel
5 services. However, to echo our concerns with OCME's
6 budget, the potential impact of federal funding cuts
7 remains significant. The plan as presented reflects
8 a \$32.8 million reduction in federal funding compared
9 to the Fiscal 2026 Adopted Budget. We understand
10 that DOHMH typically receives federal grant
11 allocations closer to the middle of the fiscal year
12 which is why these funds are not yet reflected in the
13 Fiscal 2027 Preliminary Budget. However, because
14 federal funding supports a wide range of the city's
15 public health activities, including disease
16 surveillance, public health infrastructure and
17 prevention programs, we remain concerned about the
18 possibility that some of these funds may not
19 materialize by adoption. Given the ongoing
20 uncertainty surrounding federal public health
21 funding, it is important that the city carefully
assess potential funding gaps and consider how
reductions could affect programs that New Yorkers
rely on every day. Several of the most concerning
reductions appear in the disease prevention and

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3 treatment program area, which includes funding for
4 communicable diseases, HIV, immunization,
5 sexually-transferred infections, and tuberculosis
6 programs. The Preliminary Plan reflects a net
7 reduction of \$36.7 million compared to Fiscal 2026
8 adoption. These reductions come at a time when the
9 city is seeing increases in certain communicable
10 diseases. According to the Preliminary Mayor's
11 Management Report, PMMR, tuberculosis cases rose by
12 24 percent from 679 cases in calendar year 2023 to
13 839 in 2024, while new HIV diagnoses increased for
14 the second consecutive year from 1,700 in calendar
15 year 2023 to 1,791 in 2024. The rise in new HIV
16 diagnoses is particularly concerning in light of
17 recent reductions and access to sexual and
18 reproductive health centers in Manhattan closed,
19 potentially limiting access to routine HIV testing
20 and prevention services. Additionally, in late 2024,
21 nonprofit organizations reported shortages of condoms
and other safe sex products through the city's Condom
Availability program. Reduced access to both
prevention services and protective resources could
weaken the city's HIV prevention efforts at a time

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3 when diagnoses are already increasing. That is why
4 maintaining a strong capacity for disease
5 surveillance, testing and case management remains
6 essential to protecting our public health. We're
7 also concerned about reductions to programs focused
8 on preventing chronic disease. In the Preliminary
9 Plan, funding for chronic disease preservation within
10 the Center for Health Equity and Community Wellness
11 declined including a \$6.4 million reduction in city
12 funding compared to the Fiscal 2026 Adopted Budget
13 and approximately \$1 million less in federal funds.
14 Chronic disease remains one of the leading drivers of
15 premature mortality in New York city and sustained
16 investment is critical to improving health outcomes
17 and addressing persistent health inequities across
18 neighborhoods. Vaccination efforts are another area
19 where continued investment will be essential.
20 Vaccination coverage among young children remains
21 below the City's 70 percent target. According to the
PMMR, 63.5 percent of children ages 24 to 35 months
were up to date on immunizations in the first quarter
of Fiscal 2026. This represents a slight decline
from the same period in Fiscal 2025. Ensuring that

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3 the city has sufficient resources for outreach,
4 education, and vaccination access will be imperative
5 ot improving immunization rates. I want to commend
6 you, Commissioner, for the newly-launched media
7 campaign to address vaccine hesitancy. Given the
8 rapid development at the federal level, it is
9 important that DOHMH prepare for a range of potential
10 scenarios. Careful planning will help ensure that
11 the Healthy NYC Initiative to Expand Life Expectancy
12 can continue to move forward and that the city's
13 public health infrastructure remains strong. Once
14 again, I would like to thank the committees staff and
15 my own staff for this work on this hearing. I also
16 want to acknowledge that we've been joined by- I'm
17 going to start over. Okay. We've been joined by
18 Council Member Finance Chair Lee, Council Member
19 Ariola, Council Member Felder, Council Member Ossé,
20 Council Member Aldebol, Council Member Cabán, Council
21 Member Hanks, Gennaro virtual, Narcisse virtual.
Okay. I will now turn it over to the Committee
Counsel to administer the oath to members of the
administration.

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3 COMMITTEE COUNSEL: Thank you, Chair.

4 Good morning. Please raise your right hands. Do you
5 swear to tell the truth, the whole truth and nothing
6 but the truth before this committee and to respond
7 honestly to Council Member questions?

8 UNIDENTIFIED: Yes.

9 UNIDENTIFIED: Yes.

10 COMMITTEE COUNSEL: You may proceed with
11 your testimony.

12 COMMISSIONER MARTIN: Thank you very much
13 and good morning, Chair Schulman, and good morning
14 Chair Cabán, and Chair Lee and to all the members of
15 the Committee. I'm Dr. Alister Martin, Commissioner
16 of Health at the New York City Health Department and
17 I'm joined today by our Chief Financial Officer Aaron
18 Anderson and members of my senior leadership team.
19 Thank you for the opportunity to testify today on our
20 Preliminary Budget as it relates to public health.
21 I'm proud to represent the Mamdani administration
which puts forward a vision of a New York City we can
all afford. That agenda is not secondary to public
health. It is central to it. In our city, one in
four New Yorkers are living in poverty. We know that

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3 that has a devastating impact on health. On average,
4 New Yorkers in the poorest parts of our city die
5 nearly seven years earlier than those in our
6 wealthiest neighborhoods. That is seven fewer years
7 to spend with those they love. As we work to design
8 a budget that supports a prosperous New York City, we
9 do that- we do all this work with that in mind. We
10 have our work cut out for us. The data makes it
11 clear that the problems of health and wealth and
12 equity are intimately related, and the good news is
13 that the solutions are, too. Mayor Mamdani's
14 affordability agenda and our health agenda are
15 aligned. We are focused on buying New Yorkers more
16 time, more health, and more joy in the city we call
17 home. At the New York City Health Department, that
18 work is not new. For decades we have been working at
19 the hyper local level to meet New Yorkers where they
20 are. Every single day we are making systemic changes
21 by building individual connections. In order to
change the material conditions of people's lives at
scale, we have to move one conversation at a time.
Many of our programs are built on that foundational
understanding. For example, the city recently put

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3 \$20 million towards the Strong Foundations Initiative
4 which will grow perinatal and early childhood mental
5 health services and expand the Nurse Family

6 Partnership program. I personally have seen firsthand
7 just how meaningful that program in particular is.

8 My mother worked as an NFP nurse for nearly 15 years.

9 I know the impact of that program not by the
10 statistics, but by the children's books and toys that

11 would pile up in the back of my mom's old gold Chevy

12 and the stories she told me about mentoring new moms

13 who were considering going back to school or changing
14 careers like she did. A few weeks ago I got to be

15 part of making that announcement about the expansion

16 of services in New York City with my mom in the front

17 row. Public health happens in a million small ways,

18 and it is grounded in relationships we build across

19 our city. All that work taken together contributed

20 to New York City reaching its highest life expectancy

21 in recorded history. That did not happen by

22 accident. Our most recent data shows that 2024 the

23 citywide life expectancy was 83.2 years. That's

24 higher than pre-pandemic numbers and it's a testament

25 to a whole of government response to the COVID-19

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3 pandemic, years' long efforts on overdose prevention
4 and longstanding community work to move the needle on
5 chronic disease. The increase in life span did not
6 happen by accident and it represents a monumental
7 success. That said, we are far from finished. We are
8 still- there are still devastating inequities and
9 life expectancy by race, by neighborhood and by
10 income. We are working to improve health outcomes
11 for New Yorkers harmed by the consequences of
12 historic disinvestment. We know too that we have to
13 interpret these numbers in context. Today's
14 landscape is entirely different than it was back in
15 2024. Our latest data show none of the impact of the
16 federal administration's efforts to sow distrust,
17 revoke life-saving benefits, and send health care
18 costs soaring. Public health and public services are
19 being dismantled. Yet, we are working here to maintain
20 our progress in health and longevity of New Yorkers.
21 We stand as a bulwark against misinformation spewing
out of Washington, D.C. We have done so since the
inauguration of this administration, and we will
continue to do so in the months and years ahead. For
decades, the New York City Health Department was

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3 closely tethered to national and international public
4 health infrastructure. But in the past year, the
5 United States has adopted an increasingly
6 isolationist approach to international work and a
7 fractured public health strategy domestically. We're
8 left to fill in gaps as much as possible here in the
9 city. Earlier this year, the United States withdrew
10 from the World Health Organization. In the wake of
11 that decision, we became the first municipal health
12 Department in the country to join the WHO Global
13 Outbreak Alert and Response Network or GOARN.

14 Following an unprecedented overhaul of the
15 federally-recommended childhood vaccination schedule,
16 continue to distribute more than 2.5 million doses of
17 pediatric vaccines to health care providers across
18 our city and to offer clear guidance where the
19 federal government creates confusion. On Monday, a
20 federal court temporarily blocked the CDC's attempt
21 to change the longstanding childhood vaccination
schedule. That is a public health win, but also
speaks to the gravity of the federal misinformation
we are currently up against without reliable
leadership at the CDC, we are creating new avenues

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3 for collaboration and new avenues for information.

4 We continue to work with our regional partners as
5 part of the recently formed Northeast Public Health
6 Collaborative. We're living in a time of heightened
7 risk and our team is working around the clock to
8 protect the health of New Yorkers and everyone who
9 travels through our great city. That takes a
10 sustained investment from all levels of government
11 and the private sector. I'm now going to turn to the
12 funding that makes all of this work possible. The
13 New York City Health Department has approximately
14 7,000 employees, all of whom serve more than 8.5
15 million New Yorkers, 24 hours a day, seven days a
16 week. 2025 marked the third consecutive year in
17 which hiring outpaced staff departures. We are
18 successfully rebuilding our team to full capacity and
19 recovering from staffing shortages caused by pandemic
20 burnout. We have an operating budget of \$2 billion
21 for Fiscal Year 2027, about \$1 billion of that in
City Tax Levy. The remaining billion dollars was
sourced from federal and state and private funding.
At the city level, we're grateful to see a continued
commitment to public health as we discuss the 2027

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3 Preliminary Budget. In particular, we are encouraged
4 to see resources dedicated to child care site
5 inspections and funding which was also added for
6 outreach and education for early intervention
7 services at 2K sites. In response to the outbreak of
8 legionella in Harlem last summer, additional
9 resources have been appropriated to support more
10 cooling tower inspections, disease surveillance and
11 testing, and community outreach and education. We
12 appreciate the new funding to avert future
13 legionnaire's disease community clusters as much as
14 possible. Additionally, we are happy to provide
15 funding for community-based organizations that serve
16 LGBTQ New Yorkers, especially as federal tax on queer
17 communities continue. And lastly, as a kid from
18 Queens, I'm particularly excited to see start-up
19 funding for a Jamaica Neighborhood Health Action
20 Center to invest in the health of this community.
21 Our brick and mortar presence in priority
neighborhoods is a critical part of our work, and I'm
encouraged by the resources to expand that model to
Queens. At the state level, the Governor's Fiscal
Year 2027 Executive Budget for New York State

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3 provides crucial support for public health. I want to
4 personally thank Governor Kathy Hochul and
5 Commissioner Dr. James McDonald for restoring the
6 Article 6 matching funds of 36 percent to New York
7 City. This reverses several years of cuts when New
8 York City was the only jurisdiction in the state
9 receiving lower state reimbursement for core public
10 health services, despite the fact that we are home to
11 the most individuals with low incomes and the
12 majority of Medicaid recipients in this state. This
13 year, New York State will finally restore parity
14 between New York City and the rest of the state, and
15 I'm deeply grateful for the Governor's actions on
16 that. I also want to thank Senator Rivera,
17 Assemblymember Gonzalez-Rojas for championing this
18 issue in Albany, and we're pleased to see the
19 Assembly and Senate include us in their budgets.
20 Finally, thank you to Speaker Menin, to you Chair
21 Schulman, and the entire council for your continued
advocacy on this issue. The Health Department also
supports Governor Hochul's proposed plan for
universal child care, taxes on tobacco products, and
a continued commitment to reproductive health care.

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3 Finally, I'll speak to the federal budget. About 20
4 percent of our budget is federally funded. That
5 amounts to approximately \$500 million. The majority
6 of that funding goes towards emergency preparedness
7 and infectious disease control. We expect the
8 federal government to honor its commitment and
9 maintain that funding, but if history is any
10 indication, we cannot rely on federal resources.
11 Last spring, the Trump administration unlawfully
12 rescinded \$11.4 billion in public health funding.
13 Within that massive cut, approximately \$100 million
14 was earmarked for critical disease control and
15 outbreak prevention infrastructure right here at the
16 New York City Health Department. Thankfully, our
17 funding was retained due to a successful lawsuit led
18 by New York State Attorney General Letitia James.
19 That said, we must brace for possible future cuts.
20 We are enduring coordinated and large-scale attacks
21 on public health, and we do not foresee them letting
up anytime soon. And so we have a dual
responsibility to care for New Yorkers and to serve
as a national leader and a universal trusted source
in public health. We remain committed to do just

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3 that. I'm very grateful for the support at the state
4 and city levels as we continue to defend public
5 health every single day. I'm confident that even
6 amidst all of these challenges, a healthier more
7 affordable New York City is on the horizon. Thank
8 you for your attention, and we're happy to take your
9 questions.

10 CHAIRPERSON SCHULMAN: Okay, before I ask
11 questions, I'm going to ask Finance Chair Lee for her
12 questions.

13 CHAIRPERSON LEE: Thank you. Good
14 morning. I was going to say afternoon. Sorry. And
15 it's great to see you, Commissioner, and to see you
16 in person versus just a picture. So, thank you so
17 much for joining us today. So, I'm just going to go
18 right into the Chief Savings Officer plans which I
19 know that we've been asking every agency and the
20 Mayor's Executive Order to undertake a Chief Savings
21 Officer and place one at each agency. What was-
first, have you identified someone? Who's the person
that you've identified, and what was the process to
conduct the required review of spending and
operations within the 45-day timeframe?

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3 COMMISSIONER MARTIN: Thank you for that
4 question, Chair. Yeah, we are committed to doing
5 everything we can to comply with this Executive Order
6 and to follow through on the mayor's vision for the
7 Chief Savings Officer role. Our Chief Savings
8 Officer at this agency is Emiko Otsubo who's our
9 Chief Operating Officer. To share a little bit more
10 about the specifics on what we're doing on the Chief
11 Savings Officer, I'm going to hand it over to Aaron
12 Anderson.

13 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
14 good morning, and thanks Chair Lee for the question.
15 Right, so CSOs- and I've been working very closely
16 with CSO Emiko. They've been tasked with identifying
17 recurring savings through efficiencies, program
18 consolidations and sourcing and eliminating or
19 sunseting programs. We've been tasked as a city
20 with achieving 1.5 percent in savings for the current
21 year and 2.5 percent in the out-years starting in 27,
and the Mayor's been pretty clear that vital services
will not be cut. So, we've continued to go through
that. It's been a long and detailed process over the
past month and a half or so, and we're just

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3 finalizing our work on that and preparing for
4 submission tomorrow, in fact.

5 CHAIRPERSON LEE: Yes, due to tomorrow.

6 And if you could go into which unit of appropriations
7 and program areas within the Fiscal Year 27. Prelim
8 Budget are expected to be reviewed which I know you
9 sort of touched upon. And how will the agency
10 determine which services deliver the strongest public
11 health outcomes for New Yorkers? And with that
12 question, I just want to emphasize that obviously in
13 our conversations about savings and efficiencies on
14 the Council side, we definitely want to make sure
15 that that is not going to sacrifice the services that
16 New Yorkers are receiving, because what you guys are
17 doing is super critical work. So, I just wanted to
18 preface it by saying that as well.

19 COMMISSIONER MARTIN: Yeah, thank you for
20 that. I think we certainly share that sense of
21 ensuring that we're preserving critical services
while looking for, you know, realistic and achievable
efficiencies and savings. I mean, we've looked
across the entire agency, right? We're a big
complicated agency that has lots of lines of work

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3 from animal care control to disease protection to
4 school health and lots of other things. So, you
5 know, we're still finalizing what our proposals are
6 and looking at all those areas, but we're really
7 looking across the entire agency writ large from
8 in-sourcing, you know, contracts. We're looking at
9 IT contracts, other contracts just across the board.
10 So, it's hard to say at this particular moment
11 exactly what the final proposal will be, but we look
12 forward to having further conversations once it's-

CHAIRPERSON LEE: [interposing] Great.

11 Thank you. And as you mentioned, yes, DOHMH is
12 definitely a big agency. So it'd be great to see
13 where those savings can be, especially things
14 internally operationally, contracts that could maybe
15 be shared like resources that could be shared as well
16 would be great to look at. Do you anticipate any
17 consolidation or restructuring of programs as part of
18 the review or- I mean, I know you're looking into it.
19 Reports are due tomorrow. But just if you could
20 speak to any of that.

COMMISSIONER MARTIN: Yeah, I mean, I
21 think- everything's on the table. We're casting a

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3 very wide net and looking across all of our program
4 and also the administrative side of the work that we
5 do.

6 CHAIRPERSON LEE: And how have you been
7 evaluating those programs that you're looking at?

8 COMMISSIONER MARTIN: I mean, I think
9 each program is different. Each program has
10 different metrics and KPIs and measures of success.
11 And so I think it's a different evaluation for each
12 program, and they're so diverse it's hard to apply a
13 one-size-fits-all model, but we're certainly casting
14 a wide net and looking carefully at everything.

15 CHAIRPERSON LEE: I appreciate that,
16 because as you mentioned, the programs that you all
17 have under your portfolio are very different. So,
18 it's great that you're looking at different metrics
19 and outcomes to see what makes sense in each of those
20 program areas. So, I appreciate that. And how
21 moving forward in the out-years, because I know it's
2.5 percent in the outyears- so once you guys
identify those savings, what are some of the systems
I guess that you'll have in place to sort of follow
that?

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3 COMMISSIONER MARTIN: I mean, I think it-
4 it depends on how it all plays out. I mean, we're-
5 this a, you know, City Hall, specifically First
6 Deputy Mayor-led initiative, so we're in regular and
7 close contact with both the city hall teams and the
8 OMB teams about what this will actually look like.
9 But this is the first phase and the first step of
10 that which is just casting a wide net, looking at
11 options, and then evaluating what might actually be
12 feasible.

13 CHAIRPERSON LEE: OKay, and we look
14 forward to looking at the report. So, thank you. I
15 know it's not easy work. So, appreciate it. And
16 then just moving onto medical debt, because this is a
17 topic that we had talked about briefly at the Health
18 + Hospitals hearing as well. And having worked under
19 the head of a social worker at a previous, you know,
20 at a hospital, a private hospital, I know that the
21 way that they approach the medical debt relief is
different depending on the hospital, depending on
who's in charge. Some are more patient-oriented.
Some are not as much patient-oriented, so. But DOHMH
has partnered with Undue Medical Debt, formerly known

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3 as RAP Medical debt, to clear New Yorkers of \$2
4 billion of medical debt, and the program was first
5 announced in January 2024 and was first funded in
6 fiscal year 25 , executive plan for \$15 million
7 dispersed between fiscal years 25 through 27. So,
8 just wanted to check. Is the city on track to
9 relieve the full promised number of people and amount
10 of medical debt by the beginning of next year?

11 COMMISSIONER MARTIN: Thank you for that
12 question. This is an incredibly important subject
13 that you can't remove from the conversation around
14 affordability.

15 CHAIRPERSON LEE: Right.

16 COMMISSIONER MARTIN: You know, as we
17 know, medical debt is the biggest driver of personal
18 bankruptcy in the city for New Yorkers. And the work
19 that we've done has been a tremendous start. We've
20 been able to erase about \$135 million in medical debt
21 so far. Just over half of the individuals who have
received those envelopes in the mail, relieving them
of their debt are in tree neighborhoods. And so, you
know, we see this as an incredibly important tool in
our tool kit when it comes to addressing health care

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3 affordability. With regard to the future of the
4 program, yeah, we're working very close with Undue
5 Medical Debt to identify how we can leverage that \$18
6 million and really make sure that we make a dent on
7 that issue. And so, you know, the conversations are
8 ongoing and this is a personal place of personal
9 interest of mine.

10 CHAIRPERSON LEE: Thank you. And just
11 out of curiosity, how are communities and individuals
12 identified for inclusion in the program as a, you
13 know, first step, and then are there geographic or
14 income-based targeting criteria. And then the second
15 part of my question which is not in here which is
16 something close to me is how are those people being
17 reached out to? Because I know you said mail. But
18 in different languages? Because as we know, we're a
19 very diverse city, and some folks may look at it. If
20 it's English, they might just discard it and not
21 realize. So, just wondering what the outreach
efforts are as well, once those folks are identified?

COMMISSIONER MARTIN: Yeah. it's a
really good question. So, first of all, we are
working to cancel debt citywide. Now, the

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3 individuals who do receive the interventions
4 typically end up being from communities that have
5 rates of- legacies of historic disinvestment. As I
6 mentioned, over 50 percent of those who have received
7 intervention are in those tree neighborhoods. And so
8 there is targeting to make sure that we are helping
9 folks who are low-income, communities of color,
10 individuals who are underinsured, uninsured, and
11 we're building that sort of broader monitoring
12 infrastructure to make sure that we can really target
13 this intervention.

14 CHAIRPERSON LEE: Great. And then I
15 guess roughly in your estimates, how much support
16 would that amount to dollar-wise as well?

17 COMMISSIONER MARTIN: It's a great
18 question. You know, we, Chair, are taking advantage
19 of the ability to buy debt cheaply here, and so that
20 \$18 million, if we add that up, you know, as we think
21 about how we can go on the market and buy that debt
from participating hospitals, we can get into the
billions. You know, the numbers range between \$1.5
and \$2 billion, and so you know, we're aiming to hit
those targets. And I'll say one other piece and that

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3 is that the issue of medical debt can be addressed in
4 different ways. And so we are looking at all the
5 different levers that are possible, and this
6 partnership with Undue [sic] is essential part of
7 that plan.

8 CHAIRPERSON LEE: Okay, great. And how
9 much of that \$18 million invested is reflected in the
10 budget for DOHMH?

11 COMMISSIONER MARTIN: That's a good
12 question. Let me hand it over to Aaron Anderson to
13 shed a little more on that.

14 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
15 so it's \$6 million per year. So, there's \$6 million
16 included in FY27.

17 CHAIRPERSON LEE: Okay, perfect. And I
18 think I know the answer to this, but is the
19 allocation sufficient to meet the \$2 billion relief
20 goal?

21 COMMISSIONER MARTIN: You know, so the
22 goal of this work is to really work closely with
23 Undue Medical Debt to make sure that that funding
24 that we have can be used as effectively and as
25 efficient as possible. And so we're working closely

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3 with them to try and identify how to do that, how to
4 maximize the money that we have.

5 CHAIRPERSON LEE: Okay. Thank you so
6 much. And that's why I just want to reiterate
7 definitely and issue in terms of communities of
8 color, for sure where it negatively impacts them a
9 great deal, and this is why prevention is so
10 important. Because we need to make sure that we're
11 keeping people healthy which saves the city and state
12 dollars in the long run. So, thank you so much for
13 your work, and that's it. Thank you, Chair.

14 COMMISSIONER MARTIN: Thanks, Chair.

15 CHAIRPERSON SCHULMAN: Thank you, Chair.
16 So, I also want to be- I'm going to ask somebody, one
17 of my colleagues to ask questions so that they can
18 move on to their next hearing. But I also want to
19 mention in terms of Undue Medical Debt that the CEO
20 of Undue Medical Debt is a friend and constituent of
21 mine, so and she's- her program is being done across
the country. She's met with the governors of almost
every state. So, I'm very glad that we're doing work
with her and that we can relieve people of their
medical debt which I think the President just said

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3 that they're not going to let people take that off of
4 their credit reports anymore. So, that's- so it's
5 even more needed. I'm going to ask Council Member
6 Ossé to ask some questions, and then I'll get to
7 mine.

8 COUNCIL MEMBER OSSÉ: Thank you so much,
9 Chair, and congratulations and welcome to the new
10 Commissioner. My constituents are concerned about
11 the closure of the Crown Heights Clinic. This clinic
12 provided a variety of key health care services to my
13 constituents that they truly depended on, including
14 rapid COVID, Flu, RSV rapid testing, as well as STI
15 testing. Constituents are concerned that with the
16 closure of this clinic, many will lose access to
17 accessible rapid testing, especially those with
18 chronic illnesses who need to know their COVID status
19 sooner rather than later to ensure they can get
20 Paxlovid or other COVID prevention treatment on time.
21 My first question is why did the Department of Health
decide to close down this clinic? And I know that
this took place prior to you being in this position,
but many are requesting this question from my office.

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3 COMMISSIONER MARTIN: Yeah. First of
4 all, thank you for your leadership on this issue,
5 Council Member. As you know, we offer a range of
6 clinics which are low-cost to no-cost clinics. We
7 have six sexual health clinics, three TB chest
8 centers, and then one immunization clinic, and what
9 we see coming through these clinics is because we're
10 providing low barrier of care services for folks, we
11 see that about 87 percent of the individuals that are
12 coming in are historically disenfranchised with
13 regard to the clinics that have been closed. Three
14 of those clinics were closed during COVID. So, we
15 have, you know, a priority around trying to reopen
16 the Washington Heights and the Crown Heights clinic
17 which you mentioned. And so, that is absolutely a
18 priority of ours. At present moment we don't have
19 the ability to do that, but we are absolutely
20 intending to move in that direction.

21 COUNCIL MEMBER OSSÉ: So, you said- I
really do appreciate that there is a plan to reopen
those clinics. What are the obstacles in getting to
the reopening of this specific clinic?

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3 COMMISSIONER MARTIN: Yeah. Let me
4 clarify. We certainly are interested in doing so.

5 COUNCIL MEMBER OSSÉ: Sure.

6 COMMISSIONER MARTIN: And the ability to
7 do so is going to be contingent on the funding and
8 the resources to be able to do that. And so we're in
9 constant conversations with our colleagues at OMB and
10 across City Hall to do this, and we look forward to
11 working with you and continue that conversation
12 around what the future holds.

13 COUNCIL MEMBER OSSÉ: Do you have any
14 idea in terms of how much it would cost to open one
15 of these clinics? Like, if I were to advocate for
16 the reopening of this specific Crown Heights clinic,
17 how much should I be advocating to the mayor to
18 include within the budget?

19 COMMISSIONER MARTIN: Yeah. Good
20 question. Let me hand it over to Aaron.

21 CHIEF FINANCIAL OFFICER ANDERSON: Thanks
for the question. We're actively working on estimates
and potential projections and continuing those
conversations with OMB. So, there's not a specific
number at this time.

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3 COUNCIL MEMBER OSSÉ: Okay. I appreciate
4 hearing that. Another- may I ask one more question?
5 My constituents are also concerned about the lack of
6 gender-affirming care in the city. We're also aware
7 of NYC Langone's decision to close its transgender
8 youth health program. As the federal administration
9 continues to threaten health care facilities and roll
10 back funding from LGBTQ+ health organizations, as I'm
11 sure you know, health care that is accessible and
12 safe for queer and trans New Yorkers is now a
13 pressing issue for our city. How can the Department
14 of Health ensure that gender affirming care services
15 and other health resources for LGBTQ+ New Yorkers
16 continue to remain available in H+H clinics, and the
17 other DOHMH sites?

18 COMMISSIONER MARTIN: Thank you again for
19 your leadership on this issue, counselor. We are
20 very much invested in the care for individuals in the
21 trans community and non-binary community, and think
it's a priority of ours to make sure that we can
provide the services that this community needs. We
recently met with the Commissioner on Gender Equity
to begin really thinking through how we can do a

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3 better job prioritizing the needs of this community,
4 but this is something that we'll continue pressing
5 on, you know, working with you and your team on
6 making sure this is reality.

6 COUNCIL MEMBER OSSÉ: Sure. I love to
7 hear from both of you especially when it comes to
8 budgetary costs of how much of these issues would
9 cost, right? I think it would help on our side of
10 things being able to advocate for this funding. So,
11 whenever you do have those numbers, I would love to
12 hear back from your office. Thank you, Chair.

11 COMMISSIONER MARTIN: We can follow up.

12 CHAIRPERSON SCHULMAN: Thank you. I just
13 want to acknowledge we've been joined by Council
14 Member Nurse. So, now we'll have- I have a bunch of
15 questions for you, Commissioner. In the Preliminary
16 Plan, DOHMH has federal funding decreased by \$32.8
17 million in Fiscal 2027, compared to the Fiscal 2026
18 Adopted Budget. The city primarily receives federal
19 funding for the disease prevention and treatment
20 program area in which communicable diseases had the
21 highest decrease in funding, followed by sexually
transmitted infections and tuberculosis. We remain

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3 concerned that the city might lose part or even all
4 its federal dollars for health services. Is the
5 reduction of \$32.8 million due to the federal
6 government's new policies or is it due to external
7 factors?

8 COMMISSIONER MARTIN: Yeah, thank you for
9 that question, Chair. You know, we share your
10 concern with what we're seeing at the federal
11 government and the way they've threatened public
12 health funding, the way that they're communicating
13 with regard to public health messaging. You know, we
14 are in an unprecedented era here. And also, we are
15 not going to wait for the federal government to come
16 in, swoop in and save us here in the city. We are
17 leading. We are stepping in and we are making sure
18 that New Yorkers have what they need to be safe and
19 healthy. With regard to the \$32.8 million that you
20 discussed. That reduction is actually not due to the
21 federal government clawing back funding. That's due
to the fact that these federal grants have not fully
been loaded yet in the Preliminary Budget, and so we
think that once those are loaded, the expected
federal funds will be about 20 percent of our total

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3 budget or around \$500 million a year. And that's
4 sort of the standard budget timing, and these are not
5 confirmed cuts.

6 CHAIRPERSON SCHULMAN: Okay.

7 CHIEF FINANCIAL OFFICER ANDERSON: And
8 Chair Schulman, I'm sorry. Just to add to that, it's
9 true a lot of our funding, as you acknowledged in the
10 opening is loaded over time with one exception. So,
11 it's not a cut, but there is the expiration of
12 federal COVID funding, supplemental funding. That's
13 ending this July. And so actually when we sat here,
14 this hearing last year exactly one year ago and said
15 that \$100 million was what we had left, the day after
16 that hearing it was rescinded and replaced. But
17 we're basically in the final stages of spending that
18 last amount down.

19 CHAIRPERSON SCHULMAN: So, that'll be-
20 that'll be how much less for next fiscal year?

21 CHIEF FINANCIAL OFFICER ANDERSON: So,
the final amount currently of that supplemental
funding is about \$32-\$35 million. So, that's-

CHAIRPERSON SCHULMAN: [interposing] Okay.

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3 CHIEF FINANCIAL OFFICER ANDERSON: one of
4 the reasons that's contributing here.

5 CHAIRPERSON SCHULMAN: Alright. What are
6 the major federal grants that DOHMH received for
7 health care in fiscal year 2026?

8 COMMISSIONER MARTIN: Thank you for that
9 question, Chair. In FY 2026 we received \$453 million
10 in federal funding. More than half of that supports
11 disease control. We're talking about surveillance,
12 labs, HIV support, childhood vaccinations. Just
13 double-clicking on the HIV and STI funding which is
14 about \$225 million, 87 percent of that budget comes
15 from federal funding sources. I'll hand it over to
16 Aaron to share anything else he's got.

17 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
18 thanks for the question. So, some of the major
19 federal grants that we receive include Ryan White
20 which is probably the biggest, epidemiology and
21 laboratory capacity, housing opportunity for people's
with AIDS which we split with the Department of
Social Services, public health emergency
preparedness, and then we have our core cooperative
awards for TB control and immunization. Those are

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3 sort of the biggest ticket pieces of our federal
4 portfolio.

5 CHAIRPERSON SCHULMAN: Right. Yeah.
6 Has- have you- for Fiscal 2026, has DOHMH received
7 reimbursement for all its programs as anticipated?
8 It sounds like.

9 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
10 we have not experienced any significant changes this
11 year and we remain-

12 CHAIRPERSON SCHULMAN: [interposing] And
13 do you expect any of the federal grants to be reduced
14 or eliminated. I mean, I know it goes back and
15 forth, but-

16 CHIEF FINANCIAL OFFICER ANDERSON: I
17 mean, based on our best reading of the tea leaves and
18 the budget that the feds passed, the continuing
19 resolution, it appears to be okay at the moment, but
20 we've certainly experienced whiplash over the past
21 year, but we're in an okay place right now.

22 CHAIRPERSON SCHULMAN: Excluding any
23 COVID-19-related funding which you just mentioned,
24 how much funding do you anticipate that DOHMH will
25 receive from the federal government by adoption?

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3 CHIEF FINANCIAL OFFICER ANDERSON: So, we
4 expect the total to be around \$500 million, around 20
5 percent of our budget. It's hard to know exactly
6 until then.

7 CHAIRPERSON SCHULMAN: Okay, alright.
8 Does DOHMH have a contingency plan if the federal
9 government withholds funding?

10 COMMISSIONER MARTIN: Yeah, thank you for
11 that, Chair Schulman. We are closely monitoring the
12 situation. We're trying to really, as Aaron said,
13 read the tea leaves and predict what might be coming
14 down the path, but we are currently in active
15 discussion with OMB, with the Law Department and the
16 Mayor's Office to come up with plans. If there are
17 cuts to specific activities, we will assess and make
18 decision around what will protect New Yorker's health
19 and safety the best in those moments.

20 CHAIRPERSON SCHULMAN: Okay. the New
21 York State Fiscal 2027 Executive Budget proposed
total spending of \$260 billion compared to \$252
billion in Fiscal 2026. Within the city's budget,
DOHMH's Fiscal 2027 Preliminary Budget includes
\$311.5 million in state funding for health services,

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3 an increase of nearly \$65 million compared to last
4 year's adopted budget. How much funding do you
5 anticipate DOHMH will receive from New York State
6 Fiscal 2027 enacted budget for public health
7 programs?

8 COMMISSIONER MARTIN: Thank you for that
9 question, Chair. As you know, the funding that comes
10 into this department is really broken up in three
11 different sections, City Tax Levy, the feds, and the
12 state. And so we work very closely with our state
13 colleagues and we're encouraged by what we're seeing
14 in the Governor's commitment to restoring critical
15 public health. We're going to talk about Article 6
16 in a bit, but you know, what we're seeing in the FY
17 27 state funds is that the funding that we'll get
18 from the state is about \$722 million which represents
19 approximately 30 percent of our total budget. I'm
20 going to hand it over to Aaron to share more.

21 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
22 thanks, Commissioner. Right. So, that's the total
23 state amount for the entire Department. On the
24 public health side alone, we're expecting probably
25 around the order of \$400 million, and a big piece of

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3 that is of course the Article 6 restoration which
4 we're delighted to have.

5 CHAIRPERSON SCHULMAN: Which DOHMH
6 programs are expected to receive the largest share of
7 state funding?

8 COMMISSIONER MARTIN: I'm going to hand
9 it to you, Aaron.

10 CHIEF FINANCIAL OFFICER ANDERSON:
11 Thanks. The single largest program on the state side
12 is early intervention.

13 CHAIRPERSON SCHULMAN: Okay, that's
14 great. The state's Medicaid program serves 6.8
15 million New Yorkers and the Executive Budget includes
16 changes to the essential plan and Medicaid
17 eligibility due to federal policy changes and funding
18 reductions under HR1. How will the proposed
19 transition from the Section 1332 waiver back to the
20 basic health program under Section 1331 impact New
21 York residents, particularly the more than 460,000
essential plane enrollees expected to lose coverage
when the income eligibility threshold is reduced from
250 and 200 percent of the federal poverty level?

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3 COMMISSIONER MARTIN: Yeah, thank you for
4 that question. We share your concern, Chair. The
5 transition from Section 1332 to 1331 is- put simply
6 going to mean that more people will lose their health
7 coverage. And as we know, 460,000 of those folks who
8 will likely be affected by this change, the majority
9 of those people are here in this city.

10 CHAIRPERSON SCHULMAN: Right.

11 COMMISSIONER MARTIN: And so, the
12 ultimate estimates around DOH at the state is
13 thinking about is about 713,000 New Yorkers will
14 potentially lose their coverage through a combination
15 of all of these different federal policy changes.
16 And so we have not remained stagnant on this. We are
17 not sitting back. We've submitted, you know, public
18 comment to limit the essential impact, essential plan
19 impact. We're planning public education, provider
20 outreach, advocacy, to try to meet the moment and
21 help keep people covered.

CHAIRPERSON SCHULMAN: Yeah, I mean, it's
interesting because none of this was in any of the
one state assembly or senate, their budgets that they
put out. So, which was to be, but okay. So, we have

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3 to keep advocating for that. Federal changes will
4 eliminate eligibility for certain non-citizens
5 populations and federal medicaid support for some
6 legally present immigrants beginning in October of
7 2026. How many New York City residents could be
8 affected and what steps are being taken to ensure
9 they maintain access to coverage.

10 COMMISSIONER MARTIN: Yeah. Thank you
11 for that question, Chair. We are, again, alarmed.
12 We share your concern with what the federal
13 administration is doing. In effect, they are abusing
14 immigration law in ways that are dangerous to
15 resident's health, to their wellbeing. And this is
16 going to quite frankly going to mean that not only
17 will there be a chilling effect across, you know,
18 individuals coming to our sites, but also health care
19 sites throughout the city, and then on top of that
20 you add the fact that coverage will also be
21 threatened for these communities. And so, what we
are doing- we launched the Every New Yorker without
Exception campaign and adopted policies restricting
cooperation with ICE on DOHMH property, but we know
the fight is not over. We know we have to continue

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3 to push and to advocate and to make sure that we
4 protect folks in the city.

5 CHAIRPERSON SCHULMAN: But how many New
6 York City residents you think could be affected by
7 those changes?

8 COMMISSIONER MARTIN: The state estimates
9 that we have from New York State is in total about
10 713,000 New Yorkers.

11 CHAIRPERSON SCHULMAN: That's for the
12 state, right?

13 COMMISSIONER MARTIN: for the state, yah.

14 CHAIRPERSON SCHULMAN: What about the
15 city?

16 COMMISSIONER MARTIN: We can get back to
17 you in terms of, you know, sort of the slice of that
18 are city and the slice that are-

19 CHAIRPERSON SCHULMAN: [interposing] Would
20 like to have that. Aaron, you don't have those
21 figures? Okay, alright. The Executive Budget notes
that federal policy changes will significantly reduce
federal funding for the Essential Plan or the health
services. What fiscal and coverage impact could

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3 these changes have on New York City residents and the
4 providers- and the providers that serve them?

5 COMMISSIONER MARTIN: Yeah. I mean, the
6 overall impact here, Chair, is that we're going to
7 likely see an increase in uncompensated care. You
8 know folks are not going to be covered, because not
9 only did- not only will we see the changes which will
10 hit in July to essential and basic plan, but we're
11 also going to see these new changes which will hit in
12 January of 2027 around Medicaid specifically. But we
13 also have to acknowledge what happened in December of
14 2025 with congress' failure to sustain the ACA
15 subsidies which has meant that premiums have
16 increased by quite a bit, 38 percent.

17 CHAIRPERSON SCHULMAN: Right.

18 COMMISSIONER MARTIN: So we have a number
19 of different things that are happening here which are
20 leading to individuals not being covered. So we
21 think that ultimately we're going to have more
individuals who are going to likely need
uncompensated care going to places like H+H, our
partners across the city and other safety net

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3 providers, and we are helping New Yorkers explore
4 alternative coverage and affordable care options.

5 CHAIRPERSON SCHULMAN: What coordination
6 is occurring between the state and city to prepare
7 providers and enrollees for these policy changes?

8 COMMISSIONER MARTIN: So, you know, I can
9 speak, you know, from the perspective of the Health
10 Department. We are committed to using every single
11 lever we have to help individuals stay covered, to
12 know that they have to do these work requirements
13 which now have to happen every single month, helping
14 them do their renewals which now will have to happen
15 twice a year. And so we're committed to trying to
16 find every single intervention we can do to that
17 work.

18 CHAIRPERSON SCHULMAN: In New York State,
19 total medicaid and essential plan spending is
20 projected to reach \$122.9 billion in fiscal 2027,
21 including \$65 billion in federal funding and \$48.5
22 billion in state funding. In Fiscal 2027, the state
23 will also assume nearly \$9.2 billion in costs that
24 could have otherwise had been incurred by localities.
25 How much Medicaid funding does DOHMH currently

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3 receive, and how might that change in the Fiscal 2027
4 Executive State Budget?

5 COMMISSIONER MARTIN: Yeah, thank you for
6 that question, Chair. Medicaid is a critical funding
7 source for so much of the core programs that allow
8 New Yorkers in this city to get the care they need.
9 And so we have a number of Medicaid-dependent
10 programs, our early intervention program, our mental
11 hygiene contracted services like supportive housing,
12 ACT team, IMT team, and our public health clinics.
13 And so we're working with our colleagues at OMB to
14 really assess the full exposure and what might be
15 coming down the pike here. So, let me hand it over
16 to Aaron to see if he has something else to add.

17 CHIEF FINANCIAL OFFICER ANDERSON: Sure.
18 Just to add to that, so we receive approximately \$68
19 million-

20 CHAIRPERSON SCHULMAN: [interposing] Okay.

21 CHIEF FINANCIAL OFFICER ANDERSON: in
22 Medicaid funding. And that's a combination. It's
23 really two parts. There's the direct services we get
24 reimbursed for, and then there's Medicaid admin. So,
25 depending on the programs, it's one of those two

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3 things. But we do expect a similar amount for the
4 next year.

5 CHAIRPERSON SCHULMAN: Which DOHMH
6 programs rely most heavily on that Medicaid funding?

7 COMMISSIONER MARTIN: I can share and
8 then have Aaron add on. So, as I mentioned a couple
9 of the programs that rely very heavily are early
10 intervention. And so that is very much part of-
11 Medicaid is very much a part of the revenue that we
12 rely on for patients to get the care, New Yorkers to
13 get the care they need through the early intervention
14 program, our sexual health clinics, TB chest centers,
15 school-based health centers, and the mental hygiene
16 contracted services. So, all of these different
17 programs serve Medicaid-enrolled individuals. Let me
18 hand it over to-

19 CHAIRPERSON SCHULMAN: [interposing] Can
20 you get us what- you may not have it now- what
21 percentage of those program budgets are supported by
22 Medicaid, a breakdown. Alright, if you can get that
23 to us, that would be great. Because like I said, we
24 want to advocate, so we want to figure this out. The
25 state budget provides an additional \$75 million for

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3 the medical indemnity fund in addition to it's \$52
4 million base. How many New York City are currently
5 supported through the indemnity fund?

6 COMMISSIONER MARTIN: Yeah, thank you for
7 that. We're committed to ensuring that children with
8 birth-related neurological injuries receive all the
9 support that they need. As you know, the medical
10 indemnity fund is state administered program, and so
11 we're working to support that, support the state in
12 their efforts, but we don't directly manage
13 enrollment or distribute those funds.

14 CHAIRPERSON SCHULMAN: Okay.

15 COMMISSIONER MARTIN: Let me hand it over
16 to Aaron to see if there's anything else to add.

17 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
18 just to add that as with so many of these state
19 initiatives, we're closely monitoring what's going on
20 with the state budget, and you know, we'll see what's
21 agreed to in the Executive Budget.

CHAIRPERSON SCHULMAN: Right.

CHIEF FINANCIAL OFFICER ANDERSON: And
the enacted budget in April, and take it from there.

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3 CHAIRPERSON SCHULMAN: With what's been
4 stated as potential additional funding, will that
5 expand coverage for New York City children? We don't
6 know yet, right?

7 COMMISSIONER MARTIN: Which additional
8 funding?

9 CHAIRPERSON SCHULMAN: The state budget
10 is giving \$75 million more for the fund. We don't
11 know, okay. Article 6 which I took on as soon as I
12 took office in 2022 and we've been advocating ever
13 since and then was joined last year by Assemblymember
14 Gonzalez-Rojas and State Senator Gustavo Rivera, and
15 we were finally able to get that done, and I'm very
16 appreciative of that, and we've been pushing. It's
17 been on the agenda, with the council's agenda, with
18 the state for all those years, and I had the
19 privilege this past weekend to meet with the Governor
20 and thank her personally for that. So, I'm very
21 happy that we have that. So, with that additional
restoration of \$60 million for Fiscal 2027, what
programs and services are going to be- are we going
to be able to restore funding to or what programs and
services will be supported with that \$60 million?

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3 COMMISSIONER MARTIN: Yeah. First,
4 before I answer that, just to say thank you for your
5 leadership and for your advocacy on that issue. This
6 is a hugely important equity issue as you know.

7 CHAIRPERSON SCHULMAN: Yep.

8 COMMISSIONER MARTIN: You know, that
9 disproportionate share of individuals who are on
10 Medicaid are here in the city, so we need every
11 single dollar in the city to-

12 CHAIRPERSON SCHULMAN: [interposing]
13 Right.

14 COMMISSIONER MARTIN: be able to carry
15 out the core public health mission of the work. I'm
16 going to hand it over to Aaron to talk a little bit
17 about the specifics of how the money's flowing.

18 CHAIRPERSON SCHULMAN: Did we get that
19 yet, or we didn't? We're going to get it when the
20 budget passes, is that the way it-

21 CHIEF FINANCIAL OFFICER ANDERSON:
[interposing] We're optimistic and confident that it
will appear in the final budget. It's in the initial
budget. So, it's-

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3 CHAIRPERSON SCHULMAN: [interposing] Well,
4 if it doesn't, you tell- we'll figure it out. But-

5 CHIEF FINANCIAL OFFICER ANDERSON:
6 [interposing] Yeah, and just echoing the
7 Commissioner's thank you to the rest of the council.

8 CHAIRPERSON SCHULMAN: Yeah.

9 CHIEF FINANCIAL OFFICER ANDERSON: So,
10 this sort of reverses a major cost-shift from the
11 state to the city that occurred under prior admins
12 dating back to 2019.

13 CHAIRPERSON SCHULMAN: Yeah.

14 CHIEF FINANCIAL OFFICER ANDERSON: The
15 biggest change now is that we will no longer need to
16 cover with city funds the difference between the 20
17 percent reimbursement-

18 CHAIRPERSON SCHULMAN: [interposing]
19 Right. That was the issue.

20 CHIEF FINANCIAL OFFICER ANDERSON: which
21 is what it was and now it's 36 percent. So, it's
really- this is about core public health services.
It's family health. It's communicable disease
control, it's chronic disease prevention. It's
environmental health, emergency response and then it

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3 goes on and on. So, this is a huge change, and it's
4 really reversing this cost shift that had been in
5 place for so many years.

6 CHAIRPERSON SCHULMAN: We should- when we
7 get that money, maybe we should do something publicly
8 around what we're going to be funding so that they-

9 COMMISSIONER MARTIN: [interposing] Love
10 that.

11 CHAIRPERSON SCHULMAN: so the state can
12 see what the- the Governor can see firsthand like
13 what we did. Maybe invite her or something. If
14 Article- let's see. Do you anticipate that a full
15 restoration of Article 6 funding would allow the city
16 to reinvest local dollars into other public health
17 priorities?

18 COMMISSIONER MARTIN: You know, Chair, we
19 think that a full restoration would certainly free up
20 additional city resources. And so with those extra
21 resources, you know, I think the core public health
functions of the Department and all of the contracted
CBOs that we work with will be made more effective
and reach more people.

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3 CHAIRPERSON SCHULMAN: Okay, the- by the
4 way, I want to acknowledge we've been joined by
5 Majority Leader Shaun Abreu. The Mayor's
6 Preliminary- Mayor's Management Report metrics
7 indicates that 1,791 people were newly diagnosed with
8 HIV in calendar year 2024, up from 1,700 in 2023,
9 1,591 in 2022. This marks the second consecutive
10 annual increase following a decade of steady declines
11 prior to 2020. The PMMR also notes persistent
12 inequities with the majority of new diagnoses among
13 Black and Latino New Yorkers, men and people ages 20
14 to 39. At the same time, 90 percent of people with
15 HIV or in care have achieved viral suppression. What
16 factors may be contributing to the recent increase in
17 new HIV diagnoses?

18 COMMISSIONER MARTIN: Thank you for that
19 question, Chair. So, we use a multipronged approach
20 to improving access to testing, to treatment, and to
21 prevention. This is a complicated question in terms
of what's driving these rates, but some of the
factors include things like increased testing
engagement, population changes, possible increased
transmission, but also some of the structural more

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3 difficult social determinants of health issues,
4 poverty, housing stability, lack of insurance, and
5 unmet service needs. And so, we know that this is an
6 area that we need to watch closely to make sure that
7 these trends don't continue, and we're committed to
8 investing every single resource we can to reversing
9 that trend.

8 CHAIRPERSON SCHULMAN: What outreach and
9 testing strategies is DOHMH using to reach
10 communities most affected by HIV, particularly Black
11 and Latino New Yorkers?

12 COMMISSIONER MARTIN: Thank you. I'll say
13 a few words, and then I would love to Dr. Braunstein
14 join me. But we have a number of sexual health
15 clinics that we currently operate, six sexual health
16 clinics, a tele-health hotline, the Play Sure [sic]
17 Network 2.0, one-stop model, our considerable
18 resources around Ryan White, and so we have a number
19 of tools at our disposal to really tackle this
20 problem head-on, but let me hand it over to Dr.
21 Braunstein.

20 CHAIRPERSON SCHULMAN: We have to swear
21 you in first.

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3 COMMITTEE COUNSEL: Please raise your
4 right hand. Do you swear to tell the truth, the
5 whole truth and nothing but the truth before this
6 committee and to respond honestly to Council Member
7 questions? You may proceed.

8 DIRECTOR BRAUNSTEIN: Thank you, Chair,
9 and thank you, Commissioner, for the opportunity to
10 speak about what is a persistent concern about the
11 persistent inequities we see in the impacted HIV on
12 New Yorkers. As you noted, there's been- in fact,
13 it's the fourth consecutive year that we've seen an
14 uptick in new HIV diagnoses in the city, and we're
15 very concerned. We do, though, use the very robust
16 information we capture in our HIV surveillance system
17 to design an array of programs that are responsive to
18 the epidemiologic trends and the- our knowledge of
19 community's needs related to HIV. And many of these
20 are really aimed at supporting communities most
21 affected. We know that we have to tailor our
resources accordingly. So, the Commissioner mentioned
our Play Sure Network 2.0 wherein we fund nearly 20
clinical and nonclinical agencies to provide an array
of sexual health services including related to HIV,

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3 really in a one-stop-shop model, and a whole person
4 centered approach to give people all the services
5 they need when they have that touchpoint with the
6 health care system. And Play Sure providers are
7 required to focus their efforts on serving
8 communities most affected including Black and Latinx
9 communities. Another good example of this
10 programming is our Be Into Health program which is
11 designed to support people living with HIV and really
12 ensure that specifically members of these populations
13 and communities we know are most disproportionately
14 affected by HIV are achieving the HIV outcomes, that
15 the tools and technologies exist to achieve, so that
16 they are achieving viral suppression, that they are
17 firmly engaged in high-quality HIV care so that their
18 own health is protected and the public's health is
19 protected. We certainly also have our sexual health
20 clinics which provide really critical HIV and sexual
21 health services, again, to communities we know aren't
able to or aren't willing to access services
elsewhere.

CHAIRPERSON SCHULMAN: I appreciate that,
and by the way, just mentioning the sexual health

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3 clinics, my office also gets complaints about the one
4 in Crown Heights that's not there. So, particularly
5 there was a need that was being filled there. So, we
6 should really take a look at that. Why does DOHMH
7 report new HIV diagnoses rather than estimated new
8 infections as a PMMR metric?

9 COMMISSIONER MARTIN: Dr. Braunstein?

10 DIRECTOR BRAUNSTEIN: Sure. Thank you
11 for that question. It's a complex one, actually.
12 But we- I mentioned our robust HIV surveillance
13 system which we are very proud of how robust that
14 system is and in that system we're able to capture
15 new HIV diagnoses which are based on laboratory and
16 provider reports of positive HIV tests and new
17 positive HIV tests. The metric that you mentioned,
18 Chair Schulman, the estimated HIV incidents is really
19 an estimate. It is based on a pretty complex model
20 that CDC develops and that all Health Department
21 jurisdictions use to estimate incident or new HIV
infections. And so data on new HIV diagnoses which
we can actually count and measure in our surveillance
system are more reliable, more robust for tracking
the epidemic here in New York City. So, that's why

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3 we report on new diagnoses in the PMMR, but we
4 certainly do report on estimated incidents in our
5 annual surveillance reports.

6 CHAIRPERSON SCHULMAN: Okay. Given that
7 the Trump administration has cut funding for HIV
8 prevention programs, including access to PrEP, how is
9 DOHMH planning to sustain HIV prevention and
10 treatment services?

11 COMMISSIONER MARTIN: Yeah, thank you for
12 that, Chair. We are closely monitoring the situation
13 with regard to- bless you, Majority Leader- closely
14 monitoring our exposure. As you know, \$225 million
15 in our budget goes to HIV and STI funding and 87
16 percent of that funding is exposed. And so we're in
17 constant conversations with OMB, with the Law
18 Department and with the Mayor's Office to shore up
19 our defenses and make sure that we have a contingency
20 plan in place. But I'll hand it over to Aaron to see
21 if he has more to add.

18 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
19 just to add that over the last year we've watched-
20 we've had this whiplash with the federal
21 administration, right, around what's going to happen.

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3 There was a House proposal. There was the Senate
4 proposal. There was the President's budget. Each of
5 them differed in the risk associated with what was
6 going to happen with HIV funding. Ultimately, as it
7 stands today, knock on wood, we're in an okay place,
8 but obviously, we remain vigilant always.

9 CHAIRPERSON SCHULMAN: Access to sexual
10 health prevention resources remains a critical
11 component of the city's HIV prevention strategy as
12 new HIV diagnoses have increased in recent years.
13 Nonprofit organizations reported in late 2024 that
14 New York City's Condom Availability Program which
15 distributes free condoms through community partners
16 was experiencing supply shortages. At the same time,
17 recent clinic closures, including the Planned
18 Parenthood of Greater New York Manhattan Health
19 Center and two Brooklyn Sexual and Reproductive
20 Health Centers operated by Public Health Solutions in
21 Fort Greene and Brownsville raised concerns about
access to testing, prevention resources, and sexual
health services. Together these developments raised
questions about whether New Yorkers have sufficient
access to the prevention tools needed to reduce HIV

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3 transmission. What is the current status of the
4 reported condom shortage?

5 COMMISSIONER MARTIN: Thank you for that
6 question, Chair. So, the NYCAP program or the Condom
7 Access Program-

8 CHAIRPERSON SCHULMAN: [interposing]
9 Right.

10 COMMISSIONER MARTIN: is- our Condom
11 Availability Program is one of the largest free safer
12 sex programs in the country, and we take any
13 disruptions in that supply seriously. We did
14 experience a temporary supply shortage in 2024.

15 CHAIRPERSON SCHULMAN: Okay.

16 COMMISSIONER MARTIN: We worked quickly
17 with our vendors, with our distribution partners to
18 make sure that we restored the inventory levels
19 across our community partner network, and we have
20 monitoring systems in place to make sure that we're
21 tracking distribution volume. We're confident that
our current supply can meet the demand.

CHAIRPERSON SCHULMAN: Okay. That's
great. Given that the PMMR shows new HIV diagnoses
have increased in the past two years, you know, does

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3 DOHM believe that limited access to condoms or other
4 prevention resources may have contributed to the
5 trend?

6 COMMISSIONER MARTIN: Yeah. Thank you
7 for that. No, we don't think that-

8 CHAIRPERSON SCHULMAN: [interposing] Okay.

9 COMMISSIONER MARTIN: limited shortage
10 caused that increase in HIV. So we think it's a much
11 more complicated picture than just that.

12 CHAIRPERSON SCHULMAN: Right. And you
13 have monitoring systems, I assume, to figure out the
14 condom distribution and all of that.

15 COMMISSIONER MARTIN: That's right.

16 CHAIRPERSON SCHULMAN: Okay.

17 COMMISSIONER MARTIN: That's right.

18 CHAIRPERSON SCHULMAN: How has the loss
19 of sexual and reproductive health clinics in
20 Manhattan and Brooklyn affected the availability of
21 sexual health services including HIV testing, STI
screening, and condom distribution in these
neighborhoods? Similar to what Council Member Ossé
was asking.

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3 COMMISSIONER MARTIN: Yeah. Thank you.
4 You know, I'm going to say a few words and then
5 invite Dr. Braunstein back up. You know, we think
6 that the sexual health clinics are a critical part of
7 our infrastructure when it comes to protecting New
8 Yorkers and providing this low to no-cost alternative
9 for New Yorkers, and we also understand that for many
10 New Yorkers, it's better for them to come into one of
11 our clinics than to go to see their doctor. There's
12 a level of- it's just a better environment for them
13 to do so. And so for those New Yorkers, we really
14 want to make sure that we're providing this resource.
15 Let me hand it over to Dr. Braunstein to share a
16 little bit more.

17 DIRECTOR BRAUNSTEIN: Thank you,
18 Commissioner and Chair. We are really proud of our
19 sexual health clinics. We are really a leader in the
20 types of services, the breadth of services and the
21 culturally responsiveness of the services that we
offer in these clinics, and we know they reach the
communities that need them most. So, the six sexual
health clinics that are operating now, you know,
offer a huge range of services, right? We are

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3 offering sexual health services, HIV testing, STI
4 testing including also linkage or provision of
5 post-exposure prophylaxis for HIV, pre-exposure
6 prophylaxis for HIV, reproductive health services
7 including medication abortion, vaccination services
8 for STIs. And then increasingly, as we developed
9 more and more partnerships with community
10 organizations in the areas that our clinics are
11 located in, referrals for additional services that
12 community members might need.

11 CHAIRPERSON SCHULMAN: So, how are you
12 maintaining or expanding access to sexual health
13 services and prevention resources in the areas where
14 the clinics were closed?

14 DIRECTOR BRAUNSTEIN: We do have- in
15 addition to the sexual health clinics, we do have our
16 funded community partners, both clinical and
17 non-clinical who are located throughout the boroughs,
18 and again, in high needs areas, including some of the
19 ones that where our clinic closures have occurred.
20 So, between the sexual health clinics, our
21 programming, our condom distribution that happens,
again, in high-priority areas, we are confident that

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3 we are covering the needs of communities with our
4 sexual health services.

5 CHAIRPERSON SCHULMAN: Okay. DOHMH
6 administers several- I'm done with HIV. You can-
7 DOHMH administers several maternal health programs
8 aimed at approving pregnancy outcomes and reducing
9 infant mortality including Maternity Infant
10 Reproduction, newborn home visiting, Nurse Family
11 Partnership, and Universal Home Visiting programs.
12 The Fiscal 2027 Preliminary Plan includes \$49.9
13 million for these programs. At the same time,
14 pregnancy-associated mortality continues to show
15 significant racial disparities, particularly among
16 Black women and birthing people. In the Preliminary
17 Plan, the Maternal Infant Reproduction program was
18 allocated \$7.3 million, a nine percent reduction from
19 \$8.1 million in the Fiscal 2026 adopted plan. What
20 specific services will be reduced as a result of this
21 cut?

18 COMMISSIONER MARTIN: Thank you for that
19 question, Chair. You know this is an incredibly
20 important issue that we must remain focused on
21 addressing and trying to close the racial and ethnic

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3 gap. What we know from our data is that for Black
4 birthing people, 75 percent of maternal deaths are
5 preventable, and many of those happen in the
6 post-discharge period which makes the work of
7 community based and clinical support after birth
8 very, very, very critical. We also know that Black
9 women are four times more likely to die from
10 pregnancy-associated death and six times more likely
11 to die from pregnancy-related deaths versus their
12 white counterparts. And so we have a number of
13 different initiatives to try and meaningfully address
14 this. One of the programs that I'm most proud of and
15 take pride in is the Citywide Doula initiative which
16 we will talk more about, but also, you know,
17 interventions like the Stress Free Zone in
18 Brownsville, and the nation's largest Nurse Family
19 Partnership program which does home visiting services
20 to new parents. And so this is an issue that we
21 remain committed to addressing. We have a number of
tools in our tool kit, and we will not let up until
we make an impact on this issue.

CHAIRPERSON SCHULMAN: You going to
address the cut?

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3 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
4 and just to add to that, Chair Schulman, so there has
5 been no cut or reduction in the maternal health
6 world. I think what you may be referring to is that
7 the City Council funds are not baselined, so the
8 amount that you're seeing perhaps in the current year
9 is a little bit higher than the funding that's going
10 to be in FY 27.

11 CHAIRPERSON SCHULMAN: Okay, so what
12 portion of the \$49.9 million in maternal and child
13 health funding is dedicated specifically to
14 addressing racial disparities in pregnancy-associated
15 mortality?

16 COMMISSIONER MARTIN: Thank you for that
17 question. I'm going to hand it over to Aaron to
18 share more on that.

19 CHIEF FINANCIAL OFFICER ANDERSON: So, I
20 mean, I would say that all of our maternal work is
21 driven by that goal. You know, one of the Healthy NYC
goals, we aim to reduce the rate of
pregnancy-associated death among Black, non-Hispanic
women by 10 percent by 2030. It's a central goal for

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3 the agency. There's no specific dedicated funding
4 stream because the agency-

5 CHAIRPERSON SCHULMAN: [interposing] Okay.

6 CHIEF FINANCIAL OFFICER ANDERSON: is
7 oriented as a whole to addressing racial disparities
8 in our work, and that is public health.

9 CHAIRPERSON SCHULMAN: What metrics are
10 being used to evaluate the impact? Of the \$49.9
11 million to address racial disparities?

12 COMMISSIONER MARTIN: Yeah, thank you for
13 that question. So, the metrics that we're using are
14 pregnancy-associated events, adverse events, pre-term
15 labor, emergency C-sections, and of course, mortality
16 after birth. We have other important metrics that we
17 could share more, but those are some of the most
18 important indicators that we look at.

19 CHAIRPERSON SCHULMAN: How did DOHMH and
20 H+H collaborate in improving maternal health efforts,
21 and how do the services differ between the two?

COMMISSIONER MARTIN: Yeah, thank you.
We work very closely with our partners at H+H to make
sure that we are offering a synergistic approach and
making sure that we do the best we can to provide

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3 comprehensive maternal mental health- maternal health
4 services. We are developing the Maternal Home
5 Collaborative which is a delivery and payment model
6 which helps to reduce mortality by supporting
7 birthing people in both clinical and in community
8 settings. And we're exploring and moving forward
9 with the 1115 Medicaid waiver to fund that work. We
10 also have a number of other programs including the
11 Home Visiting programs which provide this sort of
12 community to clinical continuum, and H+H really is
13 able to intervene in the health care setting in the
14 hospital and health center setting. And so it's
15 really this sort of combined approach there in the
16 traditional kind of brick and mortar, and we are in
17 the community doing the work, but both of our teams
18 have a role to play in making sure that we address
19 this issue.

16 CHAIRPERSON SCHULMAN: Are current
17 funding levels sufficient to meet the city's maternal
18 health goals?

19 COMMISSIONER MARTIN: Thank you for that
20 question. I'm going to hand it to Aaron to talk a
21 little bit about the budget there.

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3 CHIEF FINANCIAL OFFICER ANDERSON: One
4 thing I would say is actually the number that you
5 said earlier, the \$49 million, is actually one piece,
6 it's the largest piece. But actually, when you think
7 about the maternal health work that happens across
8 the agency which happens in at least three different
9 divisions-

10 CHAIRPERSON SCHULMAN: [interposing] Okay.

11 CHIEF FINANCIAL OFFICER ANDERSON: It's
12 actually \$69 million. So, it's a substantially
13 higher amount. I mean, we're always thinking about
14 resource levels and what we need to achieve goals,
15 but I think we're continuing those conversations.

16 CHAIRPERSON SCHULMAN: Okay. I mean, we
17 haven't been able, at least since I've been in the
18 council, to break this pattern, so I'm hoping that
19 you with all of your different expertise and
20 background can help to break through here, because
21 it's difficult, and I worked-

COMMISSIONER MARTIN: [interposing] Yeah.

CHAIRPERSON SCHULMAN: I worked at
Woodhall where they had a large number of maternal
deaths. So, it's an issue. So whatever we can do to

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3 be helpful, and I don't know the, you know- I don't
4 have the resolution, but-

5 COMMISSIONER MARTIN: [interposing] Yeah.
6 Well, we're committed to making an impact on this
7 issue and we're committed to working with you.

8 CHAIRPERSON SCHULMAN: And you know, some
9 of it is the training of the docs, some of it is- you
10 know, it's all different ways that we- and the way
11 that we interact with patients- the way docs interact
12 with patients, and you know, there's all different
13 kinds of things. But hopefully, you'll be able to
14 break through that. I have confidence in you.

15 COMMISSIONER MARTIN: Thanks, Chair
16 Schulman.

17 CHAIRPERSON SCHULMAN: Following changes
18 to- one second. Shaun, do you want to ask, because I
19 have a number of questions? Do you want to?
20 Alright. So, I'm going to break for a second. I'm
21 going to ask Majority Leader Abreu to ask his
22 questions, and then we'll come back.

23 COMMISSIONER MARTIN: Great.

24 COUNCIL MEMBER ABREU: Thank you, Chair,
25 and congratulations, Commissioner, to your

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3 appointment, and I'm confident you're going to do a
4 great job for New York City. I have a set of
5 questions on the sleep apnea pilot program that we
6 passed last year. In April 2025, the Council passed
7 Local Law 52 requiring DOHMH to establish a sleep
8 apnea pilot program and public education outreach
9 campaign. The Local Law established a three-year
10 pilot program to provide access to sleep apnea
11 screenings at no-cost, as well as access to home
12 sleep apnea tests. This law required DOHMH to
13 conduct a public education and outreach campaign on
14 sleep apnea. For me, this is a very important
15 personal bill. I suffer from sleep apnea. I know a
16 lot of New Yorkers who suffer from it. DOHMH
17 communicated to the Council that the pilot program
18 started on October 13th of last year. However, we
19 have been told as of- as recently as December 12 that
20 the public education and outreach component was still
21 "in development." This morning, I visited the Sleep
Disorder Lab page on DOHMH's website which provides
information on sleep apnea. However, there was no
mention of the free sleep apnea screening pilot

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3 program. How are New Yorkers supposed to access a
4 free program that has received zero public outreach?

5 COMMISSIONER MARTIN: Yeah. Thank you
6 for your leadership on this issue, Majority Leader.
7 We are working closely with H+H to get information on
8 this program, and we hope to be able to provide
9 specifics after we convene with them and get back to
10 you with how things are going with the program.

11 COUNCIL MEMBER ABREU: How fast are-
12 what's the turnaround you're thinking here, because
13 obviously we're already beyond the deadline when this
14 public outreach was supposed to begin? And can you
15 speak to the mediums of public communication that
16 your agency is looking into?

17 COMMISSIONER MARTIN: Yeah. Thank you
18 very much. We hope to have this posted in the next
19 few weeks, and we're looking at every single option
20 that we can to get outreach out to community members.
21 We take this issue very seriously, and I think that
there's a lot that we can do to join you and your
leadership in moving this issue forward and making
sure that we work with community members on this.

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3 COUNCIL MEMBER ABREU: Thank you. And
4 just lastly, the law requires DOHMH to conduct an
5 outreach campaign through social media, the internet,
6 digital kiosks, and other appropriate mediums in
7 citywide designated languages. DOHMH is required to
8 inform the public on health risks associated with
9 sleep apnea, common signs and symptoms of sleep
10 apnea, and how to access health care for sleep apnea
11 including the screening pilot program. It would be
12 great for, you know, all of these criteria within the
13 law to be satisfied and not just one of these
14 requirements. And so I hope that when you look into,
15 you know, posting this and conducting this campaign,
16 we're able to do the wide array of mediums that are
17 available to you, including getting the mayor to do a
18 social media. You know, he's very- he has a big
19 following. It would be great to see some kind of
20 work there.

21 COMMISSIONER MARTIN: Thank you very
much, Majority Leader. We are committed to making
sure that this information gets out to individuals
who have sleep apnea, and we're looking at all the
options. We're looking forward to working with you

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3 on this issue to identify what the best media are for
4 getting that out.

5 COUNCIL MEMBER ABREU: Thank you so much,
6 Mr. Commissioner, and congratulations again. I'm sure
7 you're going to do a fantastic job. Thank you,
8 Chair.

9 COMMISSIONER MARTIN: Thank you.

10 CHAIRPERSON SCHULMAN: You're welcome.
11 And I want to echo Council Member Abreu's questions
12 and say if you can get back to us with a specific
13 timeline of when this will be implemented, that would
14 be- I was a co-sponsor of the legislation. It's very
15 important for- particularly for people who are
16 affected, and there's so much that's been coming out
17 since the legislation was passed about this issue,
18 and the interventions that are available and all of
19 that. So, just give us- just come back to us with a
20 specific timeline that, you know, so we can know.

21 COMMISSIONER MARTIN: You got it.

22 CHAIRPERSON SCHULMAN: Thank you. Okay,
23 Healthy NYC- I'm going to ask, like, a few more
24 questions. So, in- so, Healthy NYC, it's a five-year
25 health agenda aimed at increasing life expectancy, 83

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3 years, which we've met, but there are inequities
4 still around that. What is Healthy NYC's current
5 operating budget, and how are funds allocated across
6 the seven priority areas?

6 COMMISSIONER MARTIN: Yeah. Thank you,
7 first of all, for your leadership on this issue on
8 Healthy NYC, and we are, you know, elated that we
9 have reached the goal of 83.2 years- of 83 years and
10 passing it 83.2 years. We also know that work is not
11 done. And so we remain committed to making an impact
12 not just on this life expectancy goal, but also to
13 continue to push forward on our work on each of these
14 seven key drivers. So, the dedicated budget is \$1.7
15 million which supports staff. It also supports- for
16 health care improvement who we have on contract
17 really helping to move the work that we're doing each
18 of these key drivers, on many of these key drivers,
19 even more deeply into the work that we do. But I
20 will say that this is really an all of agency
21 approach. This is not just-

19 CHAIRPERSON SCHULMAN: [interposing]
20 Right.

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3 COMMISSIONER MARTIN: people who report
4 to me in my office. Every single staff member in our
5 agency is working towards in some way hitting one of
6 these drivers, and so we're all rowing in the same
7 direction. Let me hand it over to Aaron to see if
8 there's anything else to add on this.

9 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
10 not much to add. Just to say that I mean arguably our
11 whole budget could be considered, you know, an effort
12 to advance the goals of Healthy NYC.

13 CHAIRPERSON SCHULMAN: Yeah, because we-
14 I mean, I think that there are ways that- I want to
15 see- do you believe that we can meet all the
16 indicators by 2030, the 2030 targets?

17 COMMISSIONER MARTIN: Yeah. Thank you
18 for that. We are continuing to drive meaningful
19 progress on each of these seven drivers, and you
20 know, these drivers are not going to change-

21 CHAIRPERSON SCHULMAN: [interposing]
Right.

COMMISSIONER MARTIN: Chair Schulman, in
terms of we're not moving the goal post. And so we
are committed to continuing to try and hit each one

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3 of those. We've had a considerable amount of success
4 on a couple of these. As you know, with COVID deaths
5 being down about 93 percent, overdose deaths down
6 about 28 percent, but there's so much more work to do
7 on the other drivers, and so I'm committed to
8 mobilizing our agency to go after-

9 CHAIRPERSON SCHULMAN: [interposing] And I
10 would encourage- you and I have spoke about this- of
11 getting your champion partners behind this as well.

12 COMMISSIONER MARTIN: Yeah.

13 CHAIRPERSON SCHULMAN: Because they have
14 a stake in it, because it affects their entities as
15 well. So, and then we can talk offline about some
16 other ideas around that, too, so.

17 COMMISSIONER MARTIN: That's great.

18 CHAIRPERSON SCHULMAN: The PMMR reports
19 that 832 patients were diagnosed with tuberculosis in
20 calendar year 2024, a 23 percent increase from 679
21 cases in 2023. The report notes that staffing
shortages and limited funding have affected the
Department's ability to carry out key tuberculosis
control activities including contact investigations
and case management. The city's TB response also

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3 relies heavily on federal funding which you had
4 mentioned earlier which may be subject to reductions.
5 So, what factors are driving the increase in
6 tuberculosis cases? And my second question to that,
7 is there any correlation with an increase in
8 homelessness?

9 COMMISSIONER MARTIN: Yeah. Thank you
10 for that. First of all, to say, you know, we have
11 one of the strongest TB programs in the country, and
12 we know that TB is preventable. It's a treatable
13 disease.

14 CHAIRPERSON SCHULMAN: Right.

15 COMMISSIONER MARTIN: There are a number
16 of factors, Chair. You know, we can start locally,
17 you know, with the federal government's posture
18 towards immigration activities and the chilling
19 effect that that's causing here locally, individuals
20 not going to get care, not coming into our clinics,
21 not going to Health + Hospitals, not going to other
hospitals and health centers throughout the city. We
can also think about it, you know, nationally. You
know, we have- we're living in an era where the
federal government is strangling people's access to

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3 health coverage, and so people are uninsured,
4 under-insured at higher rates. And then we can think
5 about it globally, as well. You know, we think about
6 the federal government's defunding USAID. And so-
7 and that's one of the defensive tools that we use to
8 internationally and globally, you know, provide the
9 treatment that stems tuberculosis cases. We know
10 that 90 percent of the people who we have seen as
11 newly diagnosed with TB are non-U.S. born.

12 CHAIRPERSON SCHULMAN: Okay.

13 COMMISSIONER MARTIN: And so, yeah,
14 there's a number of different factors that we think
15 are contributing.

16 CHAIRPERSON SCHULMAN: What strategies
17 are we implementing to prevent further increases in
18 TB cases, particularly in high risk communities?

19 COMMISSIONER MARTIN: Yeah. Thank you.
20 I'm going to go ahead and ask Dr. Braunstein to come
21 up, but as she's doing so, we have recently received
22 new support with regard to staffing to be able to do
23 the work of prevention-

24 CHAIRPERSON SCHULMAN: [interposing]
25 Great.

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3 COMMISSIONER MARTIN: do the work of
4 treatment. But let me hand it over to Dr.
5 Braunstein.

6 DIRECTOR BRAUNSTEIN: Thank you,
7 Commissioner. And we, as you've cited, we've been
8 very concerned about recent trends in tuberculosis
9 numbers, just incredible upticks. I will share,
10 though, our 2025 TB report, annual TB report that's
11 coming out in a few days, is actually going to cite
12 an 11 percent decrease in TB cases last year which is
13 really incredible news. And we are very hopeful that
14 this decline will be sustained, but absolutely,
15 though, remain vigilant and concerned to make sure
16 that it is- it continues beyond just 2025. Yeah, as
17 the Commissioner cited, there are really a
18 combination of factors that have led to what we've
19 seen recently in terms of trends, and I just want to
20 speak to the point about homelessness. That has long
21 been a factor, of course, in the-

18 CHAIRPERSON SCHULMAN: [interposing] But
19 there's been a substantial increase in homelessness.

20 DIRECTOR BRAUNSTEIN: Absolutely,
21 absolutely. But I will just cite that as you might

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3 be aware, since 2022 the Health Department has
4 collaborated with various city and state agencies to
5 really enhance TB screening and services and shelters
6 and the HERRCs, and other temporary housing sites,
7 and these numbers are pretty incredible in terms of
8 the reach we've been able to make. So between 2022
9 and 2025, over 30,000 individuals received on-site
10 TB-related services through this initiative,
11 including things like TB testing, chest x-ray
12 services, directly observed therapy. So really,
13 really impactful. And I will also note that you'll
14 see in our upcoming report that the number of people
15 with TB who experience homelessness fell by 56
16 percent in 2025 compared to 2024. So, hopeful that
17 we're really making a dent here due to our really-

18 CHAIRPERSON SCHULMAN: [interposing]
19 that's great.

20 DIRECTOR BRAUNSTEIN: incredible TB
21 program, but certainly something we'll remain
vigilant around.

CHAIRPERSON SCHULMAN: Thank you.

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3 COMMISSIONER MARTIN: And Chair, I
4 mentioned the new staff that we got. I want to hand
5 it over to Aaron to unpack that a little bit.

6 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
7 just to add, I mean, you mentioned federal dollars
8 always being at risk including in this area. I mean,
9 one of the optimistic things that happened recently
10 is last year we got new funding for 79 new staff.

11 CHAIRPERSON SCHULMAN: Oh, wow.

12 CHIEF FINANCIAL OFFICER ANDERSON: And
13 over \$7 million, and so that brings our total TB
14 budget to just over \$20 million with like 250 heads.
15 So, I mean, I think while federal funding is always,
16 you know, a concern-

17 CHAIRPERSON SCHULMAN: [interposing]
18 Right.

19 CHIEF FINANCIAL OFFICER ANDERSON: the
20 fact that the city's made this historic investment
21 really decreases our reliance on federal funding and
22 paves the path towards stability, so.

23 CHAIRPERSON SCHULMAN: So, now I'm going
24 to ask my last questions. So, on December- this has
25 to do with the Health Care Price Comparison Tool. On

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3 December 23rd, 2025, DOHMH launched New York City's
4 Health Care Price Comparison Tool which allows
5 individuals to search and compare prices for 33
6 common health care services across the city
7 regardless of whether they have health insurance.
8 The tool was developed pursuant to the Health Care
9 Accountability and Consumer Protection Act, Local Law
10 78 legislation introduced by Speaker Menin and is
11 intended to increase transparency around health care
12 costs and help New Yorkers make more informed
13 decisions about where to seek care. Since the launch
14 of the Health Care Price Comparison Tool in December
15 2025, how many users have accessed the platform and
16 what trends has the Department observed in how
17 residents are using the tool?

18 COMMISSIONER MARTIN: Thank you for that
19 question, and thank you to Speaker Menin for her
20 leadership and advocacy on this issue. You know, we
21 think that you can't have a conversation about
22 affordability without having a conversation about
23 accountable pricing, and-

24 CHAIRPERSON SCHULMAN: Right.

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3 COMMISSIONER MARTIN: just the lack of
4 transparency that New Yorkers are suffering when it
5 comes to deciding where to get their health care.
6 With regard to the price comparison tool, we are
7 tracking usage and working to expand the number of
8 services and making sure that we increase public
9 awareness. We can get back to you with regard to the
10 specifics and the metrics.

11 CHAIRPERSON SCHULMAN: Okay.

12 COMMISSIONER MARTIN: And follow up with
13 you on what the use has been.

14 CHAIRPERSON SCHULMAN: No, that's fine,
15 and you know, we have- I see that your social media
16 has really done an uptick since you've joined us. But
17 if we can do some-

18 COMMISSIONER MARTIN: [interposing]
19 Trying, trying.

20 CHAIRPERSON SCHULMAN: If we can do some
21 around that, because it's important. How does the
22 depart- and it goes to the mayor's, also, agenda as
23 well. So we have a mutual agenda there. How does
24 the Department collect and verify the pricing data

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3 included in the tool to ensure the information is
4 accurate and regularly updated?

5 COMMISSIONER MARTIN: Yeah, so we have
6 pricing that is sourced through a partner at
7 Turquoise Health.

8 CHAIRPERSON SCHULMAN: Okay.

9 COMMISSIONER MARTIN: And so they're
10 aggregating price transparency data, and we're
11 awaiting updated contractor reports on this including
12 pricing data and city claims as well. And so working
13 with our partners at Turquoise as well as OLR and
14 Milliman [sic] for that.

15 CHAIRPERSON SCHULMAN: Yeah. And we
16 talked about this already. So, we want to expand-
17 when you come back with the metrics, we want to see-
18 we really want to expand that out, so once we have
19 that, then we should come up with a plan of how we're
20 going to expand that out so that people are using it,
21 because I don't think a lot of people know about it.
I mean, we know about it because it was passed by the
Council, but-

COMMISSIONER MARTIN: Exactly.

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3 CHAIRPERSON SCHULMAN: Give me one
4 second. I'm now going to hand it over to my colleague
5 Council Member Cabán. She has some questions.

6 COUNCIL MEMBER CABÁN: Thank you. Good
7 to see you. Congrats. Really excited to be working
8 together. I'm going to ask you a few questions,
9 specifically on early intervention. Early
10 intervention offers special needs educational
11 services for children with developmental delays, and
12 the Preliminary Plan includes \$367 million in FY 27,
13 and that's a 34 percent increase from the \$277
14 million in the adopted plan from FY 26. So, can you
15 just start by talking us through the services that
16 are provided for early intervention, specially the
17 health care services provided for early intervention?

18 COMMISSIONER MARTIN: Yeah. Thank you.
19 And I'm going to start us off and then ask Deputy
20 Commissioner Lidiya Lednyak to share more. But this
21 program is a marvel. It's a program that's
incredibly effective. We, in a recent Journal of the
American Medical Association study, found that for
children who are receiving these services, they have
higher test scores in reading and in math by third

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3 grade. And so we have a number of different
4 intervention points and services that we use to carry
5 out this program, and I'm going to hand it over to
6 Deputy Commissioner Lednyak to share more.

7 COUNCIL MEMBER CABÁN: Yeah, and in
8 talking about those different intervention points, I
9 think we're also specifically interested in sort of,
10 you know, like, what is uniquely DOHMH's role in that
11 intervention as opposed- you know, as it differs to
12 ACS, DOE.

13 COMMITTEE COUNSEL: Please raise your
14 right hand. Do you swear to tell the truth, the
15 whole truth and nothing but the truth before this
16 committee and to respond honestly to Council Member
17 questions?

18 LIDIYA LEDNYAK: Yes.

19 COMMITTEE COUNSEL: You may proceed.

20 LIDIYA LEDNYAK: Okay, thank you for your
21 question. So, early intervention services and the
22 program is a federal entitlement program for children
23 birth to three with developmental delays and
24 disabilities. So, early intervention services are
25 provided without regard to race, ethnicity, income or

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3 immigration status. Early intervention services
4 broadly are available to eligible children, and the
5 most typical services delivered by early intervention
6 are service coordination which is case management,
7 evaluation, physical therapy, occupational therapy,
8 speech language pathology. Those are sort of the
9 most common services. We serve 30,000 children a
10 year. Early intervention as a program is fully
11 administered and coordinated by the New York City
12 Health Department. It is a separate program from any
13 service that is offered by the New York City Public
14 Schools or ACS, but New York City Public Schools and
15 ACS are important referral partners to the early
16 intervention program.

17 COUNCIL MEMBER CABÁN: Also, I guess, in
18 terms of the referral relationship, what happens with
19 kind of the cross-records? How are they sort of
20 negotiated or- like how is the information taken
21 together and then sort of a plan made?

COMMISSIONER MARTIN: I'm going to pass
it over to Deputy Commissioner Lidiya Lednyak on
that.

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3 DEPUTY COMMISSIONER LEDNYAK: Sure. so,
4 thank you for your question. Early intervention is a
5 completely confidential program. So, we will only
6 share information with a system like the New York
7 City Public Schools when we have written parental
8 consent. So-

9 COUNCIL MEMBER CABÁN: [interposing] A
10 HIPAA release?

11 DEPUTY COMMISSIONER LEDNYAK: Kind of
12 like that. We're bound by both HIPAA and FERPA. So,
13 which makes us-

14 COUNCIL MEMBER CABÁN: [interposing] Okay,
15 got it.

16 DEPUTY COMMISSIONER LEDNYAK: unique in
17 that way for early intervention. But when we do have
18 consent to share information, we will share
19 information with New York City Public Schools,
20 particularly when a child is preparing to leave early
21 intervention right around the time they turn three
and are beginning to enter, you know, New York City
Public School Services, particularly the Committees
on Preschool Special Education.

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3 COUNCIL MEMBER CABÁN: Okay. So, you're
4 working with a family and a child. You do a
5 screening and, you know, you're in the process of
6 doing this referral to the appropriate care workers,
7 right, to support the child. Can you just break down
8 sort of the steps for children that have been
9 identified to have disabilities and also how long
10 that process takes, and then from there, do y'all
11 have enough staff to do that? Or like, do you need
12 more?

13 DEPUTY COMMISSIONER LEDNYAK: Thank you
14 for your question, and also thank you for your
15 interest in early intervention. So, when a child is
16 identified as having say a concern about their
17 development- and again, early intervention is a type
18 of system where there's no wrong door, meaning that
19 anybody can make a referral to EI when there's a
20 concern about a child's development. So, once we-
21 once a concern is identified, they're referred to us
at the New York City Health Department. We will take
the referral and assign a case manager. Every family
that is referred to early intervention gets assigned
a service coordinator which makes it very unique.

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3 COUNCIL MEMBER CABÁN: What's the ratio,
4 by the way? Like, what is the case load for a case
5 manager?

6 DEPUTY COMMISSIONER LEDNYAK: There is no
7 established state requirement for a ratio for a case
8 manager, but it's about 65 children to a case
9 manager. We have in early intervention- and I have
10 this number. We have over 1,200 service
11 coordinators. They are not all employed by the New
12 York City Health Department. They are- all early
13 intervention services are delivered by a network of
14 over 168 service provider agencies.

15 COUNCIL MEMBER CABÁN: Would you be able
16 to testify anything about sort of what best practice
17 might be in terms of case loads? I don't know what
18 that is? You know, nurses will know what safe
19 staffing is. I was a defender, and I was like holy
20 shit, you know, my caseload of 100 is way too many.
21 So, I just am curious of like- understanding we're
always asked to do a lot with a little. The need
always outpaces sort of what we have. But can you
tell me kind of what would be best practice in terms
of a ratio?

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3 DEPUTY COMMISSIONER LEDNYAK: I think
4 that, you know- let us come back to you with that
5 figure.

6 COUNCIL MEMBER CABÁN: Thanks. Sorry I
7 interrupted you, and [inaudible] finish, yeah.

8 DEPUTY COMMISSIONER LEDNYAK: So, I just
9 wanted to sort of finish the process for you, right?
10 So, once a child is identified we assign a service
11 coordinator. Then, that service coordinator helps
12 the child receive an evaluation to determine whether
13 the child is eligible for services, meaning whether
14 there is a developmental delay or a disability. If a
15 child is eligible, and around 68 percent of children
16 are eligible who are referred, right? We have an
17 individualized service planning meeting where we
18 authorize a plan of care in partnership with the
19 evaluator, case manager and the family. So, that's
20 sort of the whole process, and that process ideally
21 between- from referral to the time that we have a
22 plan is approximately 45 days. So, we-

23 COUNCIL MEMBER CABÁN: [interposing] You
24 said ideally, but how long is it typically taking?

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3 DEPUTY COMMISSIONER LEDNYAK: So, I have
4 that number.

5 COMMISSIONER MARTIN: And Chair, while
6 Deputy Commissioner Lednyak is finding that, I want
7 to turn it over to Aaron to share a little bit more
8 about the staffing that we have, because part of your
9 question is are we staffed up to do this work, right?
10 So let me hand it over.

11 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
12 I mean, from a funding perspective, I would say one
13 of the most important things that's happened in a
14 number of years happened in the Prelim budget, and
15 that is that the- this administration addressed a
16 long-standing fiscal cliff for the early intervention
17 program. So, we now have baseline funding of \$79
18 million this year-

19 COUNCIL MEMBER CABÁN: [interposing]
20 Right.

21 CHIEF FINANCIAL OFFICER ANDERSON:
growing to \$144 million five years from now for the
first time in a number of years which is a huge, huge
win. So, that in itself stabilizes the city's
commitment to this program.

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3 COUNCIL MEMBER CABÁN: And for that
4 increase that we're seeing in the FY 27 budget, I
5 mean, in terms of staff lines for example, what do
6 you anticipate that might be possible in terms of
7 growth?

8 CHIEF FINANCIAL OFFICER ANDERSON: I
9 mean, the funding that was added here was really to-
10 a recognition of the true cost of the program that
11 had been sort of under budgeted.

12 COUNCIL MEMBER CABÁN: Yeah, that happens
13 way too often.

14 CHIEF FINANCIAL OFFICER ANDERSON: Right.

15 COUNCIL MEMBER CABÁN: Okay, got it.

16 COMMISSIONER MARTIN: I'll turn it back it
17 over.

18 DEPUTY COMMISSIONER LEDNYAK: Sure. So,
19 81 percent of initial ISFP meetings are held within
20 45 days of referral.

21 COUNCIL MEMBER CABÁN: Sorry, what was
the percentage?

DEPUTY COMMISSIONER LEDNYAK: 81 percent.

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3 COUNCIL MEMBER CABÁN: Okay, thank you.
4 Yeah. [inaudible] Okay, alright. I'll hand it back
5 to the Chair.

6 CHAIRPERSON SCHULMAN: So I have- so I'm
7 going to ask a few more questions. Some of the
8 questions are from a colleague and member of the
9 committee who is not here, because she's virtual, but
10 because we don't have a quorum, I have to ask them on
11 her behalf. So, this is from Council Member
12 Narcisse. We've seen spikes in measles and other
13 preventable diseases nationally. What is New York
14 City's current risk level, and are vaccination rates
15 where they need to be?

16 COMMISSIONER MARTIN: Thank you for that
17 question, Chair, and thank you, Council Member
18 Narcisse. We think it's incredibly important that
19 our children's- our city's children have access to
20 effective vaccines, and through the Vaccine for
21 Children's program, we are currently able to work
with over 1,200 providers. We're vaccinated 2.5
million children every single year. And you know, we
do this work every single day to make sure that we
are keeping our children safe. With regard to

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3 measles, there is at this moment, no heightened cause
4 for alarm. We are aware that because of the federal
5 policy shifts around vaccinations and some of the
6 mesaging that's coming out from the federal
7 government, we are aware that, you know, families are
8 getting different, you know, pieces of information
9 and it is causing confusion, sowing doubt, eroding
10 public trust.

11 CHAIRPERSON SCHULMAN: Right.

12 COMMISSIONER MARTIN: And so last week we
13 launched a brand new campaign, a paid media campaign
14 aimed directly at this issue with regard to childhood
15 vaccinations. And the goal of that campaign is to
16 really get families to talk to the most trusted
17 messengers in their lives, and these are the
18 pediatricians.

19 CHAIRPERSON SCHULMAN: Right.

20 COMMISSIONER MARTIN: And so, that's
21 some of the work that we're doing and as it relates
22 to the measles work.

23 CHAIRPERSON SCHULMAN: Good. How are we
24 measuring whether interventions are actually lowering
25 rates of diabetes, hypertension and heart disease?

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3 COMMISSIONER MARTIN: Thank you very
4 much. I'm going to ask Dr. Zahirah to join me. You
5 know, this is part of our routine work that we are
6 focused on through delivering for the Healthy NYC-

7 CHAIRPERSON SCHULMAN: [interposing]
8 Right.

9 COMMISSIONER MARTIN: framework. As you
10 know, cardio metabolic risk factors is a driver that
11 we're continuing to address here. The number of
12 different interventions that we are focused on. I'm
13 going to hand it over to Dr. McNatt to share more.

14 COMMITTEE COUNSEL: Please raise your
15 right hand. Do you swear to tell the truth, the
16 whole truth and nothing but the truth before this
17 committee and to respond honestly to Council Member
18 questions?

19 DOCTOR MCNATT: Yes.

20 COMMITTEE COUNSEL: You may proceed.

21 DOCTOR MCNATT: Thank you so much for the
question. Appreciate the opportunity to highlight
some of the work around the diabetes prevention and
self-management in the city. The diabetes prevention
efforts are very focused on food and physical

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3 activity across the five boroughs, and so we do a
4 great dela of work around food and security and food
5 affordability. Namely, we have three citywide
6 programs in this regard that help to work on food
7 affordability and food security as a method of
8 prevention in diabetes and other chronic diseases.
9 Those include Get the Good Stuff, Groceries to Go,
10 and Health Bucks, and we'd be happy to elaborate on
11 them. We also focus on diabetes self-management.

12 So, once someone is diagnosed with diabetes or
13 another chronic disease we have numerous
14 evidence-based programs that are aimed at supporting
15 residents once they're diagnosed through that
16 journey. Those programs are anywhere from five weeks
17 to six weeks, and some are even oen year long. And
18 they offer robust services that help folks with
19 behavior change. They also are support groups. So,
20 they spend a lot of time together with other people
21 with the same diagnoses. And also our- these
workshops and classes are taught by community health
workers or registered dieticians and other actors,
and so it's also an opportunity to receive a great
deal of education about how to speak to your health

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3 care provider and what types of questions might help
4 you learn more about your disease state. This
5 evidence-based intervention is actually taking place
6 nationwide and has really great outcomes and
7 relationship to diabetes self-management and the
8 prevention of loss of eyesight, amputation, kidney
9 disease and other potential outcomes. So lots of
10 work in prevention and self-management on diabetes.

11 CHAIRPERSON SCHULMAN: Where are we with
12 diabetes? Because I passed the Diabetes Reduction
13 Act a couple of years ago, so where- what's the
14 status of where we are just in general?

15 DOCTOR MCNATT: Sure. Thank you so much.
16 So, diabetes prevalence has increased over the past
17 10 years. As a- and as a result we have a lot of
18 efforts, including the Diabetes Reduction Plan. And
19 as of 2023, diabetes remains a pressing public health
20 challenge in New York City, affecting about 850,000
21 adults which is about one in eight in the adult
population. And as you know, Chair Schulman,
diabetes disproportionately impacts folks living in
the lowest income environments and Black and Latinx
communities. And so in part, that's why our

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3 prevention and self-management efforts are really
4 focused on tree neighborhoods, but then very
5 specifically on the south Bronx, east Harlem and
6 central Brooklyn.

7 CHAIRPERSON SCHULMAN: Are we seeing a
8 lowering of the incidents at any point, or?

9 DOCTOR MCNATT: So, we are seeing some
10 early signs that the work-

11 CHAIRPERSON SCHULMAN: [interposing] Okay.

12 DOCTOR MCNATT: is impactful, but we are
13 still-

14 CHAIRPERSON SCHULMAN: [interposing]
15 Alright.

16 DOCTOR MCNATT: dealing with a major
17 challenge.

18 CHAIRPERSON SCHULMAN: Okay. We'll talk
19 more about that.

20 DOCTOR MCNATT: Thank you so much.

21 CHAIRPERSON SCHULMAN: Thank you very
much. The CDC has faced challenges with employee
turnover including firings and reinstatements,
particularly under the current administration. Have

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3 federally funded CDC positions been backfilled in the
4 city?

5 COMMISSIONER MARTIN: Yeah. Thank you
6 for that question. We are certainly alarmed by what
7 we're seeing at the CDC, not just with regard to the
8 confusing public health messaging that we're hearing,
9 but also the way that the conversation has really
10 devolved and eroded public trust around public
11 health. I'm going to hand it over to-

12 CHAIRPERSON SCHULMAN: [interposing] Yeah,
13 I'm talking about the CDC positions at DOHMH.

14 COMMISSIONER MARTIN: Yeah, I'm going to
15 hand it over to Aaron to talk about.

16 CHIEF FINANCIAL OFFICER ANDERSON: Yeah.
17 Thank you, Chair Schulman. So, we have 14 CDC staff
18 that are assigned to the Health Department.
19 Fortunately, none of them were RIF'd, reduction in
20 force, which is the term for the government. The
21 feds laid them off. And none of them are currently
furloughed. So, it's a-

CHAIRPERSON SCHULMAN: [interposing] Okay.

CHIEF FINANCIAL OFFICER ANDERSON: good-
stable right now.

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3 CHAIRPERSON SCHULMAN: Didn't we have
4 somebody that was sent to Arizona, the- wasn't that a
5 CDC employee?

6 CHIEF FINANCIAL OFFICER ANDERSON: Our
7 former Deputy Commissioner of Disease Control.

8 CHAIRPERSON SCHULMAN: Yes.

9 CHIEF FINANCIAL OFFICER ANDERSON: Celia
10 Quinn [sp?] is back from Arizona.

11 CHAIRPERSON SCHULMAN: Oh, okay, great.

12 CHIEF FINANCIAL OFFICER ANDERSON: Happy
13 to report.

14 CHAIRPERSON SCHULMAN: Okay. Now, my
15 very last questions are about legionnaire's disease.
16 At the September 19th, 2025 oversight hearing on
17 legionnaire's disease, the administration testified
18 that additional inspectors were needed to strengthen
19 oversight and enforcement. Last year's legionnaire's
20 disease outbreaks highlighted the importance of
21 inspection capacity, timely compliance, and strong
enforcement of cooling tower regulations. The
November Plan included a baseline of \$14 million in
city funds and 93 new positions. The Preliminary Plan
reflects \$3.5 million in city and state funding in

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3 Fiscal 2026 and \$3.2 million in Fiscal 2027 and the
4 out-years legionella response efforts. Why was
5 funding reduced by \$250,000 in Fiscal 2027 and the
6 out years?

7 COMMISSIONER MARTIN: Thank you for that
8 question, Chair Schulman. You know, first of all, we
9 learned quite a bit from last summer's outbreak-

10 CHAIRPERSON SCHULMAN: [interposing] I
11 hope so.

12 COMMISSIONER MARTIN: in 2025 in Harlem.
13 And as you know, the legionella sampling window has
14 been shortened and reduced from 90 days to 30 days.
15 We also have new staffing that we're going to be
16 leveraging to really attack this issue head-on and
17 make sure that we keep New Yorkers safe. I'm going to
18 hand it over to Aaron to talk a little bit about the
19 budget pieces of the conversation.

20 CHIEF FINANCIAL OFFICER ANDERSON: Yeah.
21 Thanks, Chair Schulman. So, yes, we're very excited
to get this baselined new funding. It's very
important. What you guys are seeing as the \$3.5 and

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3 the \$3.2 is just a technical adjustment. That's about
4 us-

5 CHAIRPERSON SCHULMAN: [interposing] Okay.

6 CHIEF FINANCIAL OFFICER ANDERSON:
7 drawing down state funds. So, that's not actually a
8 reduction.

9 CHAIRPERSON SCHULMAN: Great. And how-
10 how is the legionnaire's disease funding allocated?
11 What portion supports cooling tower inspections
12 versus community outreach, disease surveillance and
13 laboratory testing?

14 CHIEF FINANCIAL OFFICER ANDERSON: Yeah.
15 So, there's- right, so there's the three buckets.
16 So, in disease control- so it's really surveillance
17 and testing. We have \$9 million and 50 headcount
18 starting in FY 27, and the environmental health world
19 which is the cooling tower inspections, we have \$2.5
20 million and 28 staff in FY 27, and in Center for
21 Health Equity and Community Wellness, which is really
where the community outreach and education work
lives, it's \$1.1 million and 15 staff.

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3 CHAIRPERSON SCHULMAN: Very good. Why
4 does the Fiscal 2027 Preliminary Plan reflect no
5 additional positions compared to the November Plan?

6 CHIEF FINANCIAL OFFICER ANDERSON: Sorry,
7 I'm not sure I follow the question.

8 CHAIRPERSON SCHULMAN: Have all- let me
9 ask the follow-up. Have all 93 positions been hired?
10 What is the current headcount and vacancy rate?

11 CHIEF FINANCIAL OFFICER ANDERSON: We're
12 working to hire up as quickly as possible. I can
13 speak right now for the environmental health piece at
14 least which is, you know, 14 folks have been named of
15 the 28.

16 CHAIRPERSON SCHULMAN: Okay.

17 CHIEF FINANCIAL OFFICER ANDERSON: And
18 we're in the process of ramping up across the board
19 in all three areas.

20 CHAIRPERSON SCHULMAN: Alright. You'll
21 keep us posted? Because I- we passed legislation- I
22 passed legislation around that and making inspections
23 more frequent and all that. Does DOHMH have
24 sufficient inspection capacity to oversee all
25 registered cooling towers?

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3 COMMISSIONER MARTIN: Thank you for that.
4 I'm going to ask Deputy Commissioner Corinne Schiff
5 to join us at the table.

6 CHAIRPERSON SCHULMAN: Okay. So, I'm
7 going to ask- so that's one question. The next
8 question, because- and then when I get through this,
9 I'll be done and we'll go on to the next thing. What
10 is the current inspector to cooling tower ratio?

11 COMMITTEE COUNSEL: Could you please
12 raise your right hand? Do you swear to tell the
13 truth, the whole truth and nothing but the truth
14 before this committee and to respond honestly to
15 Council Member questions?

16 DEPUTY COMMISSIONER SCHIFF: Yes.

17 COMMITTEE COUNSEL: You may proceed.

18 DEPUTY COMMISSIONER SCHIFF: Chair, as
19 you know, the City Council has established really the
20 most rigorous and protective laws for operators of
21 cooling towers in the country and perhaps in the
world, and in your legislation that was enacted this
fall, you strengthened, further strengthened those
requirements so that cooling tower operators will
need to conduct legionella sampling not 90 days, but

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3 every 30 days, and we think that will go a long way
4 to giving owners more information about what's
5 happening in their cooling tower to be able to
6 control that legionella bacteria. The staffing, the
7 additional staffing that we got will enable us to
8 conduct the annual inspection and any follow-up
9 that's needed of every cooling tower in the city
10 which as you know has been our goal. So, we're very
11 pleased about that. And as you heard from Mr.
12 Anderson, we are working very quickly to hire. I've
13 met many of our new staff. They're a great bunch.
14 So we've got a really good team.

15 CHAIRPERSON SCHULMAN: That's great. And
16 what is the current inspector to cooling tower ratio,
17 do you have that, or you-

18 DEPUTY COMMISSIONER SCHIFF:
19 [interposing] So, we- there are about 6,000 cooling
20 towers in the city, and once we are fully staffed,
21 we'll have 50- about 56, I think the number is,
Scientist Water Ecologists out inspecting, doing the
work related to inspections. The question about
ratio, I would say- I would think of it in a more

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3 nuanced way. Some of the buildings have multiple
4 cooling towers.

5 CHAIRPERSON SCHULMAN: Understood.

6 DEPUTY COMMISSIONER SCHIFF: The
7 compliance profile can be different. So, really we
8 asked for what we needed to be able to do those
9 annual inspections, and I'm very pleased that we got
10 them.

11 CHAIRPERSON SCHULMAN: Do you need
12 additional resources to prevent future outbreaks, or
13 you think you're good now for the moment?

14 DEPUTY COMMISSIONER SCHIFF: So, the
15 program is to promote compliance with the rigorous
16 requirements that New York City has, and as we
17 discussed in the fall, that is designed as a
18 prevention measure. We can't commit that nothing bad
19 will ever happen again.

20 CHAIRPERSON SCHULMAN: Right, understood.

21 DEPUTY COMMISSIONER SCHIFF: We do a lot
of education and a lot of outreach and also these
inspections that are designed as a prevention
measure.

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3 CHAIRPERSON SCHULMAN: Okay. Thank you.

4 And Council Member Cabán has a follow-up to the 2K.

5 COUNCIL MEMBER CABÁN: Yes, thank you. I
6 know we talked about the early intervention, but I
7 just wanted to ask about 2K inspections briefly. I
8 know that the Prelim shows 96 positions to be hired.
9 I just want to know how many of those hires would be
10 specifically for background checks and clearances.

11 COMMISSIONER MARTIN: Yeah, that's
12 incredibly important that we get this right and that
13 we don't have huge backlogs of folks who are waiting
14 to get cleared. And so, let me hand it over to Aaron
15 to talk about the staffing piece.

16 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
17 thanks Chair Cabán. Just to clarify, I think there
18 are two pieces related to this in the Prelim Budget.
19 So, one is actually fixing of prior cliff. There's
20 this \$5.4 million and that's related to 3K. The 3K
21 roll out that happened that was funded with temporary
federal dollars some years ago. So, that fixes that
long-standing cliff and that's around inspections and
the regulatory side and the environmental health rule
[sic] for 3K. There's another piece that was added

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3 which is great for 2K and that's really 10 headcount
4 that grow to 23 headcount and a couple million
5 dollars around the 2K rollout. So, I'll defer to
6 Deputy Commissioner-

7 COUNCIL MEMBER CABÁN: [interposing] Yeah,
8 and then also, what would the overall numbers be then
9 for staff dedicated to those background checks?

10 DEPUTY COMMISSIONER LEDNYAK: So, let me
11 get back to you with exactly the numbers of staff we
12 will add for background clearances, but I would just
13 say that, you know, as the city moves towards
14 universal child care, I think the mayor has made it
15 very clear that meeting health and safety standards
16 is going to be a key part of that, and that is our
17 role in that system, including to conduct those
18 background clearances. So we were pleased to get
19 those additional staff even as this expansion is just
20 starting to roll out.

21 COUNCIL MEMBER CABÁN: Great. So, it's-
for 2K, at least, it's 10 to 23. And then you'll
follow up with any additional numbers.

DEPUTY COMMISSIONER LEDNYAK: And that
includes- some piece of that is specifically for the

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3 background clearance work. Part of our health and
4 safety work includes-

5 COUNCIL MEMBER CABÁN: [interposing] Yeah.

6 DEPUTY COMMISSIONER LEDNYAK: conducting
7 those background clearances, doing those inspections,
8 doing follow-up.

9 COUNCIL MEMBER CABÁN: And that's what-
10 that is what I'm particularly interested in is
11 breaking that up and being like, okay, what's number
12 of staff dedicated to specifically the background
13 checks, the staff background checks.

14 COMMISSIONER MARTIN: Got it.

15 COUNCIL MEMBER CABÁN: Thank you.

16 COMMISSIONER MARTIN: We'll follow up.

17 CHAIRPERSON SCHULMAN: Okay, so that is-
18 that's the end of this portion of the hearing. We're
19 going to take a five-minute break and then Chair
20 Cabán and I are going to trade places- 10-minute
21 break, okay. She wants 10 minutes. That sounds good
to me. 10-minute break and then she and I are going
to trade places-

COMMISSIONER MARTIN: [interposing] Thank
you, Chair.

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3 CHAIRPERSON SCHULMAN: and then we'll do
4 the Mental Health and Substance Use part of the
5 hearing. Thank you to everybody. Before we end, I
6 want to acknowledge we were joined by Council Member
7 Althea Stevens.

8 [break]

9 CHAIRPERSON CABÁN: Do you need to
10 restart anything, or am I good? Yeah? Alright.

11 [gavel] Good afternoon everyone. I'm Council Member
12 Tiffany Cabán, Chair of the New York City Committee
13 on Mental Health and Substance Use. Thank you for
14 attending today's hearing on the city's Fiscal 2027
15 Preliminary Budget for the Mental Hygiene portion of
16 the Department of Health and Mental Hygiene or DOHMH.
17 I'd like to thank my- I'd like to thank nobody. I'd
18 like to thank the wonderful staff who are here.

19 There we go. I would also like to thank Dr. Martin
20 and his team for staying to testify today. They're
21 going to be here. They're downstairs for that very
exciting announcement that's taking place. In the
Fiscal 2027 Prelim Budget, DOHMH Mental Hygiene's
proposed operating budget is \$855.4 million of which
\$60.8 million is spent on personnel services covering

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3 591 budgeted positions. The budget also includes
4 \$794.6 million and other than personnel services,
5 most of which cover 388 mental hygiene contracts.

6 The changes to the agency's mental hygiene budget in
7 the Prelim Plan are mainly driven by about \$82

8 million in additional baseline funding, starting in
9 Fiscal Year 2026 to support our supportive housing

10 units. DOHMH's mental hygiene's OTPS budget of

11 \$794.6 million covers key mental health programs and
12 services, including assertive community treatment,

13 intensive mobile treatment, New York City 988,

14 assisted outpatient treatment, justice-involved

15 supportive housing, and many more, and I'm eager to

16 discuss these programs and their budgets today. As I

17 mentioned at our oversight hearing on March 4th,

18 connecting New Yorkers to mental health services is

19 not just a public safety issue. It is a matter of

20 dignity. The city is in the midst of a mental health

21 crisis and we want to ensure that these programs are

adequately funded to allow DOHMH to connect people

dealing with mental health issues to the services

they need. So, before we begin, I'd like to thank

the finance staff, Aman Mahadevon [sp?]--- got to put

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3 respect on the name- Florentine Cabor [sp?], Aisha
4 Wright [sp?] for their work on this hearing, and the
5 committee staff Sarah Suture [sp?] and Justin Campos
6 [sp?] for their support. I'd also like to thank my
7 staff, the Legislative Director Jona Burch [sp?], and
8 I'm going to turn it over to the Committee Counsel to
9 administer the oath to the members of the
10 administration.

11 COMMITTEE COUNSEL: Thank you. Will you
12 please raise your right and respond verbally? Do you
13 affirm to tell the truth, nothing but the truth
14 before these committees and to respond honestly to
15 Council Member questions?

16 UNIDENTIFIED: I do.

17 UNIDENTIFIED: I do.

18 UNIDENTIFIED: Yes.

19 UNIDENTIFIED: I do.

20 COMMITTEE COUNSEL: Thank you. You may
21 begin your testimony when ready.

22 COMMISSIONER MARTIN: Good afternoon,
23 Chair Cabán. Good afternoon, staff and forthcoming
24 members of the Committee. I'm Doctor Alister Martin,
25 Commissioner of Health at the New York Department of

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3 Health and Mental Hygiene. I'm joined today by our
4 Chief Financial Officer Aaron Anderson, Executive
5 Deputy Commissioner Dr. Jean Wright, Assistant

6 Commissioner Dr. Rebecca Linn-Walton, and Assistant
7 Commissioner Jamie Neckles. Thank you for the- it

8 is. Thank you for the opportunity to testify today
9 on our Preliminary Budget as it relates to mental

10 health. This is my first time testifying before the
11 Committee on Mental Health and Substance Use, and so

12 I would like to briefly introduce myself. I found
13 public health by working in the emergency department.

14 It soon became clear to me that many of my patients
15 were in the ER not because of an acute health

16 emergency, but because every other system had failed
17 them. The ER was the last place for them to turn. I

18 learned how much upstream systems matter by watching
19 them fail again and again. There's one particular

20 story in particular I'd like to share with you. On
21 the sixth day of my emergency medicine training as an

intern, a woman came into the ER at 2:30 a.m. She was
wheeling a suitcase behind her. My patient sat before
me with smudged mascara, shoulders curved inward, and
hands knotted in the sleeves of her sweatshirt. She

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3 told me her story. After surgery to fix a shattered
4 ankle, she came home with a row of neat white pills
5 for the pain. When her oxy prescription ran out, she
6 turned to her husband's old bottles in the bathroom
7 cabinet. When that, too, ran dry, she found herself
8 accepting pills through a half-opened car window
9 behind a CVS. The night she came into the ER, she
10 showed up because she wanted her life back. She asked
11 me for help, and I naively thought that I could help
12 her. But when I asked my attending, the supervising
13 doctor, about next steps, he told me something
14 simple, discharge her. There was nothing we could do
15 to help: in his words, it was "just not what we do
16 here." I did what I was told. I sent her away. I
17 would like to think she got the help she needed, but
18 the truth is I don't know what happened to that
19 woman. What I knew was that I didn't want that to
20 happen again to her, or to anyone else. Driven by
21 that experience with my patient, I founded Get
Waivered to help ER clinicians obtain the waivers
they need to treat substance use disorder on the
spot. The program grew into a national movement,
helping thousands of providers re-envision the

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3 emergency department as a front door for addiction
4 treatment. Above all else, this patient showed me
5 that there are so many larger systems we need to
6 invest in to change the circumstances that bring
7 people to the ER in the first place. That is the
8 kind of upstream work happening at the New York City
9 Health Department, each and every day. Our mental
10 health programming spans substance use, serious
11 mental illness, support for justice-involved
12 populations, youth mental health, supportive housing,
13 and so much more. All of it is making a meaningful
14 difference in the lives of New Yorkers every day.
15 What I share with you today are just a few of the
16 highlights. One of our most encouraging metrics of
17 success is that in 2024, overdose deaths in New York
18 City fell by 28 percent, and that's the first decline
19 that we've seen- significant decline that we've seen
20 in nearly a decade. That did not happen by accident.
21 It happened because of sustained public health
investments and programs that meet New Yorkers where
they are worked, without judgement and with resources
that save lives. It happened because of community
health workers like Ava and Miriam on our Response

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3 and Engagement Teams. They walk the streets every
4 single day and engage with New Yorkers one on one. I
5 was out with them near Penn Station a few weekends
6 ago, and Ava told me the story of a shift that she
7 worked last summer. She and Miriam were working in
8 the South Bronx when she came upon an unconscious man
9 surrounded by bystanders. She administered Narcan,
10 and she revived this man. She called EMS, and he
11 made it to the hospital. Were it not for Ava, that
12 man would not be here today. Again, that 28 percent
13 decline is not passive. It is the result of years of
14 deliberate investment in naloxone distribution, in
15 harm reduction, and in programs like Relay. Relay is
16 our hospital-based, peer-led overdose prevention
17 program. Peer wellness advocates are sent into
18 emergency departments to meet patients who wake up
19 from a nonfatal overdose. As these patients recover,
20 they are met with compassion, with connection, with
21 care. Relay reached nearly 1,600 patients in 2025
alone; 95 percent of them accepted services in the
ER. Relay is a monumental success. We recently
expanded to Wyckoff Heights Medical Center in
Brooklyn, which is now the 16th hospital that is

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3 included in this program. Again, that 28 percent
4 decline is not an accident and is not caused by any
5 one program. It is only because of a broader network
6 of harm reduction, resources, and community-based
7 care. It is the result of the naloxone we help put
8 into the hands of some 300,000 New Yorkers just last
9 year. It is the result of Response and Engagement
10 Team members like Ava and Miriam, who do the quiet,
11 unsung work of representing this agency every single
12 day, connecting New Yorkers to care, and sometimes
13 reviving them in the field. It is also the result of
14 coordinated engagement with you all at City Council,
15 with community organizations, and with peers all
16 rowing in the same direction. What we are seeing is
17 an impact not just in the citywide data, but in
18 alleviating the racial inequities too. For the first
19 time since 2018, we saw overdose deaths decline among
20 Black and Latino New Yorkers as well. That is what
21 public health funding does. It saves lives. And the
progress is continuing. Early 2025 data show the
lowest quarterly death count since 2020. Of course,
none of these challenges happen in a vacuum. For so
many of our neighbors, medical issues are not the

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3 underlying drivers of their mental health struggles
4 and substance use disorders. It's structural. Often,
5 what New Yorkers need most is solid ground to stand
6 on. They need a safe place to come home to.
7 Everything else can follow from there. The most
8 tangible way we can provide that is through
9 supportive housing. We remain committed to the goal
10 of the 15 over 15 program to develop 15,000 units of
11 supportive housing, which provide affordable,
12 independent, and permanent homes to New Yorkers who
13 are unhoused and either have or are at risk of a
14 serious mental illness or a substance use disorder.
15 This year, we surpassed 13,000 units total of both
16 15/15 units and State-City partnership program units.
17 We are well on our way to meeting or exceeding our
18 goal. Especially in one of the most expensive cities
19 in the world, these units are a lifeline for
20 thousands of our neighbors. We also continue to
21 invest in our crisis hotline: through 988, we provide
confidential support services at all hours of the day
and night, and 90 percent of calls are answered
within 30 seconds, and we offer services in English
and Spanish with interpretation services available in

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3 over 200 languages. Our callers are trained to refer
4 New Yorkers to the appropriate services and make sure
5 that whatever their concerns are, they know they
6 don't have to face them alone. We want every person
7 in our city to know that help is available. So
8 earlier this week, we launched a social and digital
9 988 campaign in English, Spanish, and Chinese. That
10 campaign is reaching New Yorkers right now and will
11 continue through April. Now, I will turn to the
12 funding that makes all of this work possible. At the
13 New York City Health Department, mental hygiene care
14 is critical to our overarching vision to achieve
15 longer, healthier lives for all New Yorkers. Our
16 Division of Mental Hygiene leads that work and
17 employs about 600 people with an operating budget of
18 \$850 million for Fiscal Year 2027, as of the
19 Preliminary Budget. We are grateful for that
20 continued funding and are particularly encouraged to
21 see a sustained city investment in our supportive
housing portfolio and our Outreach and Syringe Litter
teams. At the state level, we're grateful for several
investments in critical mental health programming,
including \$17.5 million to expand teen mental health

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3 first aid for all tenth graders statewide. Finally,
4 at the federal level, we are watching the
5 administration's actions very closely and have been
6 gravely concerned to see national mental health
7 infrastructure devalued over the last year. At the
8 New York City Health Department, our federal funding
9 is concentrated in our disease control and emergency
10 preparedness divisions, and our Division of Mental
11 Hygiene is not heavily reliant on federal funding,
12 but every part of our agency is impacted by the
13 rapidly changing public health landscape. Here in New
14 York City, we will continue to meet mental health
15 challenges of New Yorkers with compassion rather than
16 criminalization, and I'm proud to lead an agency in a
17 way that puts that into practice every single day. I
18 am grateful for support at the state and city levels
19 that allow us to do this life-saving work. Thank you
20 for your attention, and we're happy to take your
21 questions.

CHAIRPERSON CABÁN: Thank you. And we
have also been joined by Council Member Narcisse on
Zoom. She wanted to make sure that we knew.

COMMISSIONER MARTIN: Thank you.

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3 CHAIRPERSON CABÁN: Okay. Great. I would
4 like to start with the ACT and IMT teams and just a
5 line of questioning there. So, we know the ACT
6 teams, the treatment program for folks with serious
7 mental illness who have high-service needs that are
8 not being met in traditional settings. The ACT
9 program provides essential team base high-intensity
10 treatment and wraparound support services for
11 individuals with SMI challenges, substance use
12 disorders, frequent contact with the criminal legal
13 system, experience with homelessness, etcetera,
14 etcetera. What are the current Fiscal 2026 and
15 Fiscal 2027 projected budgets for ACT, and how much
16 of the current funding is contracted out?

17 COMMISSIONER MARTIN: Yeah, thank you for
18 that question, and thank you for your leadership on
19 this issue, Chair Cabán. You know, we see the ACT
20 program as a critical part of our spectrum of
21 services that we can provide for folks who are
dealing with mental health crises, and so this is
incredibly important tool in our tool kit, providing
highly-specialized long-term care for New Yorkers who
are struggling with mental health issues. I'm going

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3 to hand it over to Aaron Anderson to talk a little
4 bit about the budget to answer that question
5 directly.

6 CHIEF FINANCIAL OFFICER ANDERSON: Sure.
7 thanks for that question, Chair.

8 CHAIRPERSON CABÁN: Yeah, and if you
9 could hit headcount also when you talk about the
10 budget, too.

11 CHIEF FINANCIAL OFFICER ANDERSON: Sure.
12 Sure.

13 CHAIRPERSON CABÁN: Yeah.

14 CHIEF FINANCIAL OFFICER ANDERSON: So,
15 for ACT and FACT together, the FY 26 budget for the-

16 CHAIRPERSON CABÁN: [interposing] Yeah.

17 CHIEF FINANCIAL OFFICER ANDERSON: current
18 year is \$27.8 million, and the FY 27 budget is \$23.3
19 million.

20 CHAIRPERSON CABÁN: Is there a reason why
21 you lumped the amounts together for ACT and FACT?
Can you separate it out?

CHIEF FINANCIAL OFFICER ANDERSON: Sure,
I can get you the separate numbers for that, yeah.

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3 CHAIRPERSON CABÁN: Okay.

4 CHIEF FINANCIAL OFFICER ANDERSON: But
5 aside from that, so all of the teams are contracted
6 out to-

7 CHAIRPERSON CABÁN: [interposing] Okay.

8 CHIEF FINANCIAL OFFICER ANDERSON: mental
9 health service providers, so there's no headcount,
10 department headcount.

11 CHAIRPERSON CABÁN: What I mean, even
12 contracted headcount I guess is what I'm trying to
13 say. Just because it helps us think about what the
14 need is in relationship to the referral list and all
15 those kinds of things.

16 ASSISTANT COMMISSIONER NECKLES: I'll
17 just add here that an ACT team has a staffing pattern
18 that's established by state licensure. So it's
19 really- there's excruciating detail on the New York
20 State Office of Mental Health website. The staffing
21 pattern ranges from about nine to 11 or 12 FTEs, with
the FACT team having extra staffing to address the
forensic issues.

CHAIRPERSON CABÁN: And ACT teams, in
particular, they're operating in all five boroughs?

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3 ASSISTANT COMMISSIONER NECKLES: Yeah.

4 CHAIRPERSON CABÁN: Okay. What are the
5 days and operation for those teams?

6 COMMISSIONER MARTIN: I'll pass it to
7 Assistant Commissioner Jamie Neckles.

8 ASSISTANT COMMISSIONER NECKLES: Yeah, so
9 ACT teams are required to be available to their
10 clients 24/7. Every client upon enrollment is given
11 the emergency contact numbers, and they're always
12 on-call and available. They're seeing clients
13 typically, you know, during regular hours, but are
14 expected to be available during other hours as
15 needed.

16 CHAIRPERSON CABÁN: Got it. And can you
17 just list the providers that are contracted with for
18 ACT teams?

19 ASSISTANT COMMISSIONER NECKLES: Sure. I
20 think we provided that in writing. I don't have- I
21 can pull it up. There's about 20 or so different
22 provider organizations.

23 CHAIRPERSON CABÁN: Okay.

24 ASSISTANT COMMISSIONER NECKLES: So, it's
25 a long list of-

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CHAIRPERSON CABÁN: Great, thank you.

3 So, that's been submitted. Thank you. How many
4 people are currently on the referral list for ACT,
5 and then from that list, how are they prioritized?

6 COMMISSIONER MARTIN: Can I ask a follow-

7 CHAIRPERSON CABÁN: [interposing] And I
8 know- again, I know we talked about this at the last
9 hearing that sometimes folks will qualify for ACT and
10 IMT and, you know, figuring out those things. But
11 curious how they are prioritized.

12 COMMISSIONER MARTIN: Are you asking
13 about the waist list or the referral list, which-

14 CHAIRPERSON CABÁN: [interposing] The wait
15 list, yeah.

16 COMMISSIONER MARTIN: Okay, great. Well,
17 first of all, we know that having a wait list is not
18 the ideal scenario for what we'd like to-

19 CHAIRPERSON CABÁN: [interposing] I know.
20 I want you to have more money.

21 COMMISSIONER MARTIN: That's right. And
ultimately, folks who are on the waist list have the
ability to be engaged by a care coordinator while
they're waiting, and so people have that right as

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3 soon as they jump on that wait list. There's a
4 pretty large variation in terms of the numbers of the
5 wait list. I'll turn it over to Assistant
6 Commissioner Jamie Neckles to talk a little bit about
7 each one of those programs.

8 ASSISTANT COMMISSIONER NECKLES: Thank
9 you. We list our- it's an important issue, so I'm
10 glad you're, you know, shining light on it. We've
11 got 312 people on the waiting list and referral list-
12 we use those terms interchangeably sometimes- at this
13 point in time. And as the Commissioner said,
14 everybody's offered a care coordinator while waiting
15 for a higher level of care. Some people are in other
16 treatment programs while they're waiting to be
17 stepped up to an ACT team.

18 CHAIRPERSON CABÁN: Yeah. I mean, I'd be
19 curious if there's a breakdown on sort of like who's
20 engaged in programming while they're waiting. What
21 kinds of services people are getting. How many of
22 those folks on a wait list maybe aren't getting any
23 services? And yeah, this is really important because
24 in my mind the way I see it is, if there's somebody
25 on a wait list or referral list, their options then

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3 become an emergency room or Rikers Island, and I
4 think that's what's at stake. How long does an
5 applicant wait in each stage of the process, from
6 operation to approval, and then from approval to
7 placement?

8 COMMISSIONER MARTIN: Hand it to Jamie to
9 share more there.

10 ASSISTANT COMMISSIONER NECKLES: Yeah.
11 So, applications, too, are single point of access are
12 submitted a treatment provider typically, most
13 commonly as a part of a hospital. Discharge plan
14 from community-based treatment providers on behalf of
15 the person. The person themselves may not always
16 fully realize that an application has been submitted
17 on their behalf. I just want to point that out. And
18 so they may or may not know that we-

19 CHAIRPERSON CABÁN: [interposing] How do
20 they find out? How do they find out when somebody
21 else refers them? Is it just by the contact, or?

22 ASSISTANT COMMISSIONER NECKLES: So, when
23 we receive the application-

24 CHAIRPERSON CABÁN: [interposing] Yeah.

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3 ASSISTANT COMMISSIONER NECKLES: and find
4 a person eligible, we'll connect them with an ACT
5 team, and that ACT team goes out and finds the
6 person.

7 CHAIRPERSON CABÁN: Okay.

8 ASSISTANT COMMISSIONER NECKLES: And
9 sometimes that's how the individual finds out. And
10 sometimes that's a surprise to them.

11 CHAIRPERSON CABÁN: Yeah.

12 ASSISTANT COMMISSIONER NECKLES: The time
13 at which they were referred, they may not have been-
14 you know, they have been in a difficult position and
15 not, you know, paying attention or fully, you know,
16 absorbing or remembering everything that was going
17 on. Totally understandable. So, the ACT teams are-
18 it's a difficult position, right, to show up at
19 somebody's door and you say hi, I know a lot about
20 you. Would you- I'd like to, you know, help you.
21 Sometimes that's troubling to anybody, right, to have
22 somebody knock on your door. So, it takes time for
23 them to engage folks in care.

24 CHAIRPERSON CABÁN: But could you give a
25 timeline?

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3 ASSISTANT COMMISSIONER NECKLES:

4 Timeline?

5 CHAIRPERSON CABÁN: Yeah.

6 ASSISTANT COMMISSIONER NECKLES: So,
7 yeah. So, the referrals are- that was your original
8 question.

9 CHAIRPERSON CABÁN: Yeah, sorry.

10 ASSISTANT COMMISSIONER NECKLES: An
11 application comes in- I got list in the human story.
12 So, the application comes in, gets reviewed in a
13 couple of business days. Depending on a number of
14 factors, may influence the timeline to assignment to
15 care. The most- the first priority goes to people
16 who are mandated to mental health treatment through
17 assisted outpatient treatment.

18 CHAIRPERSON CABÁN: Okay.

19 ASSISTANT COMMISSIONER NECKLES: So,
20 we're required by, you know, New York State law to
21 prioritize access for those folks. And so they may
get connected to a treatment team, you know, within a
few days. Other folks may wait longer, may wait I
think it's up to about three months is the average

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3 time from referral to enrollment in the program when
4 that ACT team shows up at their door.

5 CHAIRPERSON CABÁN: And if you- so I
6 understand you prioritize the mandated folks but for
7 that other grouping of people. What does the
8 prioritization look like? Sort of, what are the
9 things that you're looking for? I'm just going to
10 throw out an example. Is it like, do you see if they
11 have- they live with family, or like what are the
12 things that you look at to figure out prioritization?

13 ASSISTANT COMMISSIONER NECKLES: Sure.
14 some of the things you mentioned earlier, you're
15 wondering about, you know, what's going on with those
16 folks on the referral list. Are they in treatment?
17 So, if they're in treatment, and it's not optimal,
18 but they're somewhat connected, we would see that as
19 less prioritized than somebody who's not connected to
20 any care without a mandate. So, it'll be a factor
21 like that, risk factors as well. If there's, you
22 know, more frequent hospitalizations, if we see a
23 risk of harmful behavior towards self or others, that
24 could also elevate the clinician's decision.

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3 CHAIRPERSON CABÁN: Thank you. And ACT
4 is eligible for Medicaid.

5 ASSISTANT COMMISSIONER NECKLES: Yes.

6 CHAIRPERSON CABÁN: Do you have any
7 concerns on the outlook in terms of Medicaid
8 reimbursement and the- are you concerned about that
9 right now?

10 COMMISSIONER MARTIN: I can- yeah.

11 CHAIRPERSON CABÁN: I just want it on the
12 record. I mean, obviously, it's an obvious answer,
13 but we want it on the record.

14 COMMISSIONER MARTIN: Yeah, we are very
15 concerned as an agency writ large. The federal
16 administration's posture towards health coverage for
17 individuals who are- who have a history of being
18 marginalized or disenfranchises is dangerous. It's
19 unfounded and something that, you know, we are
20 fighting back on here in the [inaudible]. It
21 certainly relates to the work that we do in mental
22 hygiene, but it's across the entire agency.

23 CHAIRPERSON CABÁN: Totally. Can you
24 talk briefly about specifically how ACT teams support
25 the LGBTQIA+ community?

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3 COMMISSIONER MARTIN: Yeah, I can start
4 us off and then hand it over to Commissioner Neckles.
5 You know, the ACT teams we provide individualized
6 assessments and person-centered intervention for
7 folks. And we really make sure that we meet the
8 unique needs of each and every participant that comes
9 onto our list, and that includes individuals in the
10 LGBTQIA+ community. Let me hand it over to Assistant
11 Commissioner Jamie Neckles to see if she has more to
12 add.

13 ASSISTANT COMMISSIONER NECKLES: I think
14 that covered it well, right. The criteria are adults
15 with serious mental illness, but everybody- all of us
16 have sort of intersecting identities. And so
17 certainly a person's sexual orientation or gender
18 identity may be one of those and that needs to be
19 supported by the team in person-centered service
20 planning.

21 COMMISSIONER MARTIN: And what I'll say
is we are 100 percent open to partnership and taking
advice and guidance, you know, on this. So, looking
forward to continuing those conversations.

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3 CHAIRPERSON CABÁN: Thank you. And I
4 know that obviously the span of health care support,
5 mental health care support for specifically queer,
6 trans, and gender-expansive communities is a hard
7 environment, especially with private hospitals that
8 they aren't going to deliver care. And so yeah, I'm
9 wondering- you know, we've talked a lot about, like,
10 is H+H prepared to take on more clients? But I also
11 wonder if there's room for gaps to be filled in this
12 way. So, I'm just curious about that. But I'm going
13 to move more directly to funding again. I'm really
14 happy about the \$4.5 million that was added to FY26
15 the Adopted Budget for the expansion of the ACT teams
16 to kind of start clearing out some of that weight.
17 How much funding needs to be added and baselined to
18 expand ACT, specifically also to just like to clear
19 the wait list?

20 COMMISSIONER MARTIN: Yeah, let me start
21 and then I'd love to hand it to Aaron.

CHAIRPERSON CABÁN: And I really want a
number.

COMMISSIONER MARTIN: Yeah. First of
all, we share your commitment on trying to make sure

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3 that we lean in as much as possible for these
4 progrms. It's a progrma that works. It's a program
5 that is effective and meets people where they are
6 literally. And so we, you know, want to do
7 everything we can to try and bring as many resources
8 in to expand program. Let me hand it to Aaron to
9 share more.

8 CHIEF FINANCIAL OFFICER ANDERSON:

9 Thanks, Commissioner. Thanks, Chair. First, just to
10 state on the record the breakdown from earlier for
11 ACT and FACT. So, FACT is \$4 million per year
12 budget.

12 CHAIRPERSON CABÁN: Okay.

13 CHIEF FINANCIAL OFFICER ANDERSON: And
14 ACT, the current budget is \$23.8 million.

15 CHAIRPERSON CABÁN: Okay, thank you.

16 CHIEF FINANCIAL OFFICER ANDERSON: Yeah.
17 So, for the \$4.5 million, thank you for the advocacy.
18 I don't know that there's a specific number in terms
19 of the baseline in conversation, but I can say that
20 we continue to work with the Council finance team,
21 with OMB,--

20 CHAIRPERSON CABÁN: [interposing] Yeah.

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3 CHIEF FINANCIAL OFFICER ANDERSON: and
4 City Hall on the best way to expand these services.

5 CHAIRPERSON CABÁN: Yeah. I mean, we're
6 eager to hear what you need so that we can like
7 champion that cry. Like I just- it is really, really
8 important effective work, and y'all are doing an
9 incredible job with it. According to the PMMR, the
10 number of individuals who receive services from
11 long-term mobile community-based treatment providers
12 increased quite a bit, right? From close to 5,300 in
13 the first four months of Fiscal 2025 to approximately
14 5,500 in the first four months Fiscal of 2026. So,
15 just curious what you think are the factors that are
16 contributing to the increased number.

17 COMMISSIONER MARTIN: Can I ask just to
18 follow up, are you referring to AOT, [inaudible]
19 treatment, or which program in particular?

20 CHAIRPERSON CABÁN: For- I mean, yeah. I
21 think we can- well, can you break it down?

COMMISSIONER MARTIN: Yeah. I'm going to
hand it to-

CHAIRPERSON CABÁN: [interposing] Sure.

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3 COMMISSIONER MARTIN: Assistant
4 Commissioner Jamie Neckles to share more on that.

5 ASSISTANT COMMISSIONER NECKLES: Yeah. I
6 think what you're referencing are the folks who are
7 enrolled in ACT and FACT and the IMT teams, the
8 mobile treatment services accessible through our
9 single point of access. I'm glad to see it's
10 increased. The cause of that is the expanded
11 capacity. So, New York State Office of Mental Health
12 awarded a number of new treatment teams that flow
13 through our single point of access, including Flex
14 Act which is a step-down model for ACT to expand
15 those case loads. So, there's four of those new
16 teams in New York City. That funding flows through
17 us and the access comes through our single point of
18 access. Additionally, New York State Office of
19 Mental Health established a new forensic ACT team.
20 It's operating in Brooklyn, and those spots come
21 through us and we're able to make- all those people
coming in, we're able to connect more people to care
with those new resources.

CHAIRPERSON CABÁN: Thank you. I'm going
to move specifically to the IMT teams, and I said

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3 this again at the last hearing, especially
4 appreciative of them because of the flexibility. I
5 mean, given that obviously they aren't relying on the
6 Medicaid funding, it allows the teams to just be more
7 nimble and really meet people's needs. Can you tell
8 me the projected budgets for- the current budget
9 FY26, projected for FY27, just for IMT and then the
10 headcount associated with it?

11 COMMISSIONER MARTIN: Yeah.

12 CHAIRPERSON CABÁN: Including contracted
13 positions.

14 COMMISSIONER MARTIN: Yeah. Completely
15 agree with where you land on this as well. This is
16 hugely important tool that we have in our toolkit to
17 provide an extra level of support for individuals who
18 are dealing with serious behavioral health concerns
19 in complex life situations. And so in FY 26, the
20 budget is \$53 million and in FY 27 it's \$12 million.
21 Let me hand it over to Aaron to share more about the
headcount.

CHIEF FINANCIAL OFFICER ANDERSON:

Actually, if we're talking about contracted
headcount, I think I'll hand it over to-

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3 CHAIRPERSON CABÁN: [interposing] Okay.

4 CHIEF FINANCIAL OFFICER ANDERSON:
5 Commissioner Neckles. All of this is contracted out.

6 CHAIRPERSON CABÁN: Got it.

7 ASSISTANT COMMISSIONER NECKLES: There's-
8 it is 8.5 FTEs per IMT teams. So, that works out to
9 a three to one client to staff ratio.

10 CHAIRPERSON CABÁN: Okay. But what's the
11 total number? Sorry, [inaudible].

12 ASSISTANT COMMISSIONER NECKLES: 8.5 times
13 36.

14 CHAIRPERSON CABÁN: Okay.

15 ASSISTANT COMMISSIONER NECKLES:
16 [inaudible] do that math.

17 CHAIRPERSON CABÁN: You got the
18 calculator? Whatever that number is.

19 ASSISTANT COMMISSIONER NECKLES: Yeah.

20 CHAIRPERSON CABÁN: I went to law school,
21 not math school. IMTs operating in all five
boroughs?

ASSISTANT COMMISSIONER NECKLES: Yes.

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3 CHAIRPERSON CABÁN: And they're- those
4 teams are 10 to eight, right? Is that correct, the
5 hours of operation?

6 ASSISTANT COMMISSIONER NECKLES: No,
7 their hours are flexible.

8 CHAIRPERSON CABÁN: Okay.

9 ASSISTANT COMMISSIONER NECKLES: So, they
10 are responsive. We require them to be available to
11 their clients 24 hours a day, all staff, not just,
12 you know, that includes a psychiatrist. They don't
13 sleep at night.

14 CHAIRPERSON CABÁN: Yep.

15 ASSISTANT COMMISSIONER NECKLES: And
16 their hours, their business hours are flexible. We
17 require them to offer services and to be proactive in
18 their outreach in non-traditional hours.

19 CHAIRPERSON CABÁN: And you send us the
20 list of those providers also?

21 ASSISTANT COMMISSIONER NECKLES: Yes,
yep.

CHAIRPERSON CABÁN: Great. How many
people are currently on the wait list for IMT?

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3 COMMISSIONER MARTIN: Thank you for that
4 question, Chair. So, what we have on the wait list
5 as of the end of February 27, so February 2027 is 575
6 individuals who are on the wait list.

7 CHAIRPERSON CABÁN: Okay. What do you
8 need? How much money do you need? Again, you had
9 the one-time \$11 million that was added to expand
10 IMT. So, same question, what additional resources
11 are needed to expand this program?

12 COMMISSIONER MARTIN: Yeah, first off,
13 thank you for asking the question. Thank you for
14 your advocacy and helping us to make sure that we can
15 provide this service. As you know, this service
16 unlike some of our other programs is not billable by
17 Medicaid, so we're constantly looking for alternative
18 ways to fund this very important work. I'll hand it
19 over to Aaron to talk a little bit more about the
20 funding piece.

21 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
22 thanks. I mean, I think the conversation on this is
23 similar to the conversation around ACT and the money
24 that was added last adopt.

25 CHAIRPERSON CABÁN: Yeah.

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3 CHIEF FINANCIAL OFFICER ANDERSON: So, I
4 mean, I- those conversations are continuing with
5 Council Finance team and our partners in City Hall.

6 CHAIRPERSON CABÁN: Great. My last
7 question on the IMT teams is- and I'm going to ask it
8 with a caveat. Again, I mentioned this at the last
9 hearing, but what steps is DOHMH taking to address
10 the issues with IMT identified and former Comptroller
11 Lander's 2024 audit of the program with the caveat
12 that actually I do not agree with all of the
13 criticisms, because I think that when you have
14 something that is driven by so much need doesn't have
15 these different requirements in terms of Medicaid
16 reimbursement. Those are things maybe that can't be
17 quantified as easily when you're putting out those
18 reports. So, like, with that said, were there issues
19 in there that you said well, these are valid.
20 They're concerns. We should build on them. And what
21 are those?

COMMISSIONER MARTIN: Yeah. We agree
with your position on this, and look, we welcome
oversight. We welcome accountability. We welcome
opportunities to continue to improve our process, and

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3 we are taking those steps to make sure we're not just
4 shirking off the recommendations and the pieces that
5 were useful for us. And so we're continuing to move
6 forward with the process improvements to the IMT.

7 CHAIRPERSON CABÁN: Could you name what
8 some of those are? Were there particular
9 recommendations that you've taken under advisement
10 and plan on doing some work on?

11 COMMISSIONER MARTIN: Yep. Yep. So, let
12 me hand it over to Commissioner Jamie Neckles on
13 that.

14 ASSISTANT COMMISSIONER NECKLES: Sure.
15 The Comptroller's audit and the auditor is really
16 focused on client contact with the psychiatrist or
17 the prescriber, nurse practitioners sometimes as
18 well, and the clients adherence to prescribed
19 medications rather than sort of the full breadth of
20 their contact with the multidisciplinary team. Of
21 course, contact with the prescribers is important,
but there's a lot more to the IMT treatment than
that. And so time spend searching for clients,
engaging collateral contacts, indirect
communications, all these variations in the intensity

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3 and duration of the service, and sometimes periods of
4 not finding the person, but keeping at it. All that
5 demonstration of commitment and persistence is a part
6 of the treatment, right? That shows that the team
7 cares and builds trust for folks who have been really
8 traumatized. I don't think that was really
9 appreciated by the auditors who were doing their
10 best, and I think they made some really important
11 points about the data collection and reporting out.

12 So we've refined that process, right? The program
13 has grown and matured substantially since that audit.

14 We're looking at a period of time during the
15 pandemic. Right now, we're well beyond that, and so
16 we have three main performance measures that we're
17 looking at for IMT, including retention and care.

18 These are folks who have been really poorly engaged
19 by everything else, housing stability, and reduction
20 in jail time. So, we're seeing- tracking that,
21 reporting out on it, seeing good outcomes, sharing
that with the providers and that's a big lesson
learned from that audit.

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3 CHAIRPERSON CABÁN: Thank you. I
4 appreciate that. I'm going to move over to
5 co-response, no co-response teams, but I want to take
6 a second to sort of clarify what we're talking about,
7 because I think a lot of people conflate the two. A
8 non-co-response team does not mean that the NYPD is
9 not a part of or involved in the response. It just
10 means that they are not the first point of contact
11 with another person as part of that initial team. I
12 think it's important, because I know you guys know
13 the difference, but I think generally there's a lot
14 of the public that sometimes will conflate them. Can
15 you talk a little bit about what DOHMH's current FY
16 26 and predicted FY 27 budgets are for co-response
17 teams?

18 COMMISSIONER MARTIN: Yeah. Let me start
19 with just a couple of words at the top on this. We
20 think the co-response teams absolutely have a role to
21 play. They're another tool in our toolkit. They're
not the tool for, you know, all situations, but
they're certainly a part of the puzzle. In terms of
FY-

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3 CHAIRPERSON CABÁN: [interposing] That's
4 probably where we disagree, but that's okay.

5 COMMISSIONER MARTIN: Okay. Alright.
6 Well, look, we welcome the conversation, you know,
7 and the continued collaboration to figure this out
8 together.

9 CHAIRPERSON CABÁN: Totally.

10 COMMISSIONER MARTIN: Our FY 26 budget is
11 \$3.1 million, and-

12 CHAIRPERSON CABÁN: [interposing] Okay.

13 COMMISSIONER MARTIN: FY 27 budget is
14 \$3.2.

15 CHAIRPERSON CABÁN: Alright. And do you
16 have data on co-response versus non-co-response teams
17 involved in mental health crisis calls in New York?

18 COMMISSIONER MARTIN: Yeah. So, we do
19 track data across things like demographics, referral
20 sources, services provided. We are going to have to
21 follow up with you to get you the exact information
with regard to co-response versus not, but let me
hand it over to Dr. Wright to see if he has-

CHAIRPERSON CABÁN: [interposing] Yeah, I
mean, I would love like at the very least a listing

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3 of what the data's that kept and what kinds of
4 comparisons that are made, especially since we- I
5 know we sent- I think we sent them yesterday. So,
6 give you a little bit of grace there, but we did send
7 it ahead.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT:

7 Yeah, thank you for your question, Chair, and thank
8 you, Commissioner. In terms of the comparison, we'll
9 have to get back to you on that, but since 2025 we-
10 the CRT served about 500 individuals, and as the
11 Commissioner stated before, as one tool in our
12 toolkit, I think it's important to really focus on
13 the partnership between police officers and the
14 mental health professionals in terms of what they do
15 and how they go together. They do trainings
16 together. They don't just do CIT trainings together,
17 but they also do de-escalation trainings and all
18 those things. And so getting you the number in terms
19 of the comparison would be great, but I think it's
20 important to really understand the sensitivity and
21 thoughtfulness that goes into those partnerships and
the fact that, you know, even when they do a referral
or something like that, they follow individuals from

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3 45 to 60 days afterwards just to make sure that they
4 get connected to their first appointment, that
5 they're able to really follow through on the
6 recommended treatment. So I think that's important
7 to add in to that partnership.

8 CHAIRPERSON CABÁN: Thank you. I mean,
9 I'd love to keep talking about it. I know- B-HEARD
10 would be a discreet example, and while it's a program
11 that I love, we're seeing that police are being
12 called in to respond at far, far higher rates than in
13 other cities around the country, and that is not
14 because people that have SMIs or experience acute
15 crises are fundamentally different in New York City
16 than they are elsewhere. And I think that there's a
17 lot of broad overall data around sort of the efficacy
18 of non-co-response versus co-response. So, like
19 eager to have that conversation more in the future.
20 Can you talk to me a little bit about the intake
21 process for individuals that are contacted by a
22 co-response team? You started with a little bit of
23 that detail, but if you could dive a little deeper
24 into that, that would be great. Because you said

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3 that like there was a new- my understanding is
4 there's like a new intake process-

5 COMMISSIONER MARTIN: [interposing] Yeah.

6 CHAIRPERSON CABÁN: in May 2025 and then
7 onboarding of new staff in July of 2025.

8 COMMISSIONER MARTIN: That's exactly
9 right. There have been some improvements to the
10 process, mostly with regard to streamlining the
11 intake process. And so, in the past, you know, we
12 had intake staff that were essentially not located
13 within the CRT teams and so, what we do now is we do
14 have an embedded model where the intake staff are
15 with the co-response teams. And so I think that part
16 of what we're seeing in terms of the intake numbers
17 and individuals contacted is partly us streamlining
18 the approach.

19 CHAIRPERSON CABÁN: Alright. Thank you.
20 We have been joined by Council Member Hanif and again
21 by Council Members Nurse and Stevens. Do any of
y'all have questions? Yeah? What's that? Okay.
Council Member Nurse? Are you ready? We don't have
to. Okay.

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3 COUNCIL MEMBER NURSE: Sorry, my station
4 over here is chaotic. We were not ready. I just had
5 some questions around clubhouses and syringe
6 programs, maybe the mental health continuum as well.
7 One of the things that we've been really fighting for
8 as a council is to get the- all of the smaller
9 clubhouses that were operational in a lot of
10 neighborhoods to be, you know, continued to have
11 operational funding from the city and support for
12 serving those communities. In 2023, you all did the
13 RFP for \$30 million, and seven smaller clubhouses
14 lost funding. In June 2024, the Council began
15 funding five of those clubhouses under our own
16 initiative. What is the- what's the plan this year
17 for funding these clubhouses?

18 COMMISSIONER MARTIN: Let me say a few
19 words about the program overall and then hand it over
20 to Assistant Commissioner Jamie Neckles. So, yeah,
21 we think this is an incredibly important tool that we
have for individuals to get the care they need in
settings that are not the traditional hospitalized
sterile environments. And so, this offers us an
opportunity to help individuals in a different way.

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3 And so let me hand it over to Assistant Commissioner
4 Jamie Neckles to talk a little bit more about it.

5 ASSISTANT COMMISSIONER NECKLES: Yeah, I
6 appreciate your interest in clubhouses. They're an
7 essential part of our public health approach to
8 supporting people with serious mental illness, right?
9 If you need treatment, need housing, you need a
10 community, a place to belong and support one another,
11 and participate in meaningful activities, right? For
12 your own health and wellness part of your recovery.
13 We procured them as you know a couple of years ago.
14 At this point, we don't have another re-procurement
15 plan. So we're a few years into that contract, and
16 the programs are, you know, expanding with new
17 membership every day, and we're sticking with the
18 procurement that we launched two years ago.

19 COUNCIL MEMBER NURSE: And are you all in
20 touch with some of the smaller ones that lost
21 funding?

22 ASSISTANT COMMISSIONER NECKLES: I think
23 that-

24 COUNCIL MEMBER NURSE: [interposing] I
25 think it was seven, unless I'm wrong. It was seven

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3 that lost- five? Okay, five. Do you all- are you
4 all in touch with them? Do you stay in contact with
5 them?

6 ASSISTANT COMMISSIONER NECKLES: Sure.

7 The City Council funding flows through our agency, so
8 we have some modest amount of contact with them in
9 that capacity.

10 COUNCIL MEMBER NURSE: Okay. I mean, I

11 have a small one on Hallisy [sp?] and Broadway. I
12 visit every year. I can't remember if they got
13 included or not. Feel free to correct me if I'm
14 wrong. But, you know, it's- we're aware of what the
15 programs do, that's why we picked up the tab in the
16 past, and we want to continue to see even the smaller
17 ones receive some level of support. You know, these
18 places are also an opportunity for families to have
19 support as well and a place for folks to go and have
20 things to do, and also to allow families to take a
21 break for a little bit. And so, I don't know. I
really hope that we can come to a better solution for
how to pick up these small ones. And then I'm going
to move on to the syringe redemption pilot. Local

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3 Law 124 of 2022 which was sponsored by our former
4 Deputy Speaker, Diana Ayala, involved the collection
5 of syringes. The program offers participants up to
6 \$10 a day to collect used syringes to help keep their
7 neighborhoods clean. There are eight sites across
8 Brooklyn, Bronx, Manhattan, and Queens. There was \$3
9 million added at Fiscal Year 26 adoption to support
10 this. This was in our- one of our priorities last
11 year. It was also a huge priority for the
12 Progressive Caucus. Does this \$3 million represent
13 the total budget for the program, and if not, what is
14 the budget moving forward?

12 COMMISSIONER MARTIN: Yeah. Let me say a
13 few words. This is absolutely- this absolutely has
14 been a successful pilot. You know, over a million
15 syringes have been redeemed. You know, as you know,
16 the funding that individuals can get, you know,
17 typically goes towards them taking care of themselves
18 and buying things like food. This also offers an
19 opportunity for individuals to be engaged in a harm
20 reduction way. So, this program wins on a number of
21 different dimensions. I'm going to hand it over to
Aaron to share a little bit more around the budget.

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3 CHIEF FINANCIAL OFFICER ANDERSON: Thank
4 you so much, Council Member. So, the current budget
5 is \$3 million. That's the total budget for the
6 program. There is not a budget at this time in FY
7 27, but we're in constant conversation with our
8 partners at OMB about our needs.

9 COUNCIL MEMBER NURSE: Yeah. I mean, if
10 this is a successful pilot, I think we should put
11 money in there to continue it going. I'd love to
12 hear more in the follow-up, if we could get more
13 information. How many- you said \$10 million has
14 been-

15 COMMISSIONER MARTIN: [interposing] A
16 million syringes.

17 COUNCIL MEMBER NURSE: A million
18 syringes, I mean, that's something we should be
19 communicating to New Yorkers, right, especially in
20 neighborhoods where there's a lot of complaints about
21 syringe garbage and things like that. We should be
doubling down on things where we have high success
rates. So it'd be great to, you know, find out how
many parts- how many does that million syringes
represent? Is it 100 individuals? Like, how many

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3 people are utilizing this program and coming back?

4 And let's put some money in it for this year. If
5 it's successful, let's not break it if it's working.

6 Thank you, Chair.

7 CHAIRPERSON CABÁN: Yeah, I just want to
8 double down on that. I think especially since it's
9 such a material thing that people feel and see when
10 they walk in their neighborhoods. Before passing it
11 to Council Member Hanif, I just wanted to relay a
12 comment by Council Member Pierina Sanchez who was
13 with us on Zoom. She's worried about the lack of new
14 lines at DOHMH to process new street vending
15 licenses. She wanted me to-

16 COMMISSIONER MARTIN: [interposing] Is
17 that like mobile vending, is that right?

18 CHAIRPERSON CABÁN: Yes.

19 COMMISSIONER MARTIN: Food mobile
20 vending?

21 CHAIRPERSON CABÁN: Yeah, yeah.

COMMISSIONER MARTIN: So, thank you for
that question. We are certainly aware of the
increase, you know, engagement that we're going to
need to be doing with regard to licensing and

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3 inspecting pursuant to local law which was passed
4 recently. And we're working with our colleagues at
5 OMB to make sure that we have everything that we need
6 to be able to staff that team up and make sure that
7 we are ready to provide that service.

8 CHAIRPERSON CABÁN: Thank you. I'm going
9 to pass it over to Council Member Hanif.

10 COUNCIL MEMBER HANIF: Thank you, Chair,
11 and hi, good afternoon and welcome, Commissioner Dr.
12 Martin.

13 COMMISSIONER MARTIN: Thank you, Chair.

14 COUNCIL MEMBER HANIF: I would like to
15 dig in about developmental disabilities programming.
16 The Fiscal 2027 Preliminary Budget for the agency's
17 developmental disabilities program area is \$9.6
18 million of which personnel services spending is
19 \$924,000 for 10 positions, and OTPS spending is \$8.6
20 million, mostly for 68 contracts. Of those 10
21 budgeted position in FY 27, only five are active as
of January, which brings the vacancy rate to 50
percent. What are the roles and responsibilities
associated with those positions?

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3 COMMISSIONER MARTIN: Thank you very
4 much for that question. First, let's start with
5 where the funding comes from for this program. So,
6 in terms of helping individuals who have intellectual
7 and developmental disabilities, the majority of that
8 funding comes from the state through Medicaid. We
9 absolutely supplement, and we serve as a backstop and
10 gap filler and make sure that-

11 COUNCIL MEMBER HANIF: [interposing]
12 You're talking about the \$9.6 million?

13 COMMISSIONER MARTIN: Well, I'm speaking
14 about the program overall. We are there to provide
15 the service for individuals who are not covered by
16 the state. In terms of the budget, I'm going to hand
17 it over to Aaron to share a little bit more there.

18 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
19 thank you, Council Member Hanif. So, right, the
20 budget is split roughly half and half between city
21 and state funding. In terms of the positions, you
know, this- the developmental disability related
services are contracted out. So, you know, the staff
line represent dedicated oversight positions and

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3 program consultants, specialists for the contracted
4 services.

5 COUNCIL MEMBER HANIF: And are you able
6 to share who provides those contracted services?
7 Like, who are the vendors?

8 COMMISSIONER MARTIN: We can follow up
9 with you to get you a list of the contracted service
10 providers.

11 COUNCIL MEMBER HANIF: And what are the
12 68 contracts related to?

13 COMMISSIONER MARTIN: So, you know, what
14 we do with this program is we oversee the local
15 programming and working with those vendors, but in
16 general what those contractors do is provide services
17 across a number of different domains. So,--

18 COUNCIL MEMBER HANIF: [interposing] Could
19 you provide an example?

20 COMMISSIONER MARTIN: Yep, yep. So,
21 like, recreational and socialization, Article 16
22 clinical services, vocational services, home maker
23 and classroom education. And so across a full range
24 of different intervention points. It's about 1,200

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3 New Yorkers who are served annually through these
4 various venues.

5 COUNCIL MEMBER HANIF: Got it. And then
6 the contractors, are they New York City based?

7 COMMISSIONER MARTIN: Now, this is a very
8 good question. I'm going to pass it to Dr. Wright to
9 share more on that, and if we don't have more, we can
10 get back to you.

11 COUNCIL MEMBER HANIF: Thank you.

12 EXECUTIVE DEPUTY COMMISSIONER WRIGHT: As
13 the Commissioner stated that the city vendors fill
14 the gap between what's going on with the state, and
15 so those individuals that we have in the city, yes,
16 work with those individuals that fall into those
17 categories. And so yes, my understanding- unless we
18 can-

19 COMMISSIONER MARTIN: [interposing] And
20 yeah, we'd like to also call up Assistant
21 Commissioner Marnie Davidoff to share a little bit
more.

COUNCIL MEMBER HANIF: Yeah, I'd just
like to get a brief summary on how you all supporting

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3 people with developmental disabilities and from start
4 to end how this program works.

5 COMMISSIONER MARTIN: Yep.

6 COMMITTEE COUNSEL: Before you begin, I
7 just need to swear you in. One second, while I pull
8 it up. Do you promise to tell the truth, the whole
9 truth in front of this committee and Council Members?

10 ASSISTANT COMMISSIONER DAVIDOFF: I do.

11 COMMITTEE COUNSEL: Thank you. You may
12 begin.

13 ASSISTANT COMMISSIONER DAVIDOFF: Hi,
14 good afternoon. My name is Marnie Davidoff and I
15 serve as the Assistant Commissioner for the Bureau of
16 Children, Youth and Families and Developmental
17 Disabilities at the Health Department. So, the
18 programs that we contract for roughly fall into three
19 categories. We fund services at licensed Article 16
20 clinics, so there's clinical services for individuals
21 with developmental disabilities. That's one
category. Another category is we fund recreational
and socialization programs. And the third is that we
offer contracts for vocational services for people
with developmental disabilities.

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3 COUNCIL MEMBER HANIF: Got it. And are
4 those contractors New York City based?

5 ASSISTANT COMMISSIONER DAVIDOFF: Yes,
6 those are New York City based contractors.

7 COUNCIL MEMBER HANIF: Got it. Are you
8 able to give us an example of one and sort of provide
9 what they do and how they're reaching their clients?

10 ASSISTANT COMMISSIONER DAVIDOFF: Sure.
11 Sure, yeah. So, our- for example, the recreational
12 and socialization programs offer services to
13 residents who are between the ages of three and 21.
14 So, it goes up to young adulthood, and those are
15 focused on individuals with autism spectrum
16 disorders, and they do a wide range of activities and
17 services with these individuals. So, they may have
18 field trips. They may do creative arts, cooking,
19 sports, social skills, homework assistance, obviously
20 depending on the age and also recreational programs
21 and educational programs with families as well. So,
that's one example. And we have about- we have
recreational socializaiton programs throughout all
five boroughs.

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3 COUNCIL MEMBER HANIF: And how are New
4 Yorkers learning about these programs?

5 ASSISTANT COMMISSIONER DAVIDOFF: Yeah. I
6 mean, I think there's a variety of ways. There's not
7 one central point of entry into the DD programs. I
8 think that referrals can be made through, you know,
9 educational programs, for example, right, especially
10 if there's a recreational after school program that
11 could be of benefit. Also, if individuals have
12 applied for OPWDS [sic] services and to qualify for
13 those, they can be referred to our services as well.

14 COUNCIL MEMBER HANIF: Got it. And then
15 you mentioned for one of the programs as an example
16 that's New Yorkers three to 21 years of age.

17 ASSISTANT COMMISSIONER DAVIDOFF: Yes.

18 COUNCIL MEMBER HANIF: Are they- are the
19 various programs age-bound, or could you share if
20 there's-

21 ASSISTANT COMMISSIONER DAVIDOFF:

[interposing] Yes.

COUNCIL MEMBER HANIF: What other ages
you all are reaching.

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3 ASSISTANT COMMISSIONER DAVIDOFF: Right.

4 So, maybe what we can do is send you a follow-up.

5 COUNCIL MEMBER HANIF: Sorry, I missed
6 that.

7 ASSISTANT COMMISSIONER DAVIDOFF: There's
8 different- no, not a problem. There's different age
9 breakdowns for each of the categories, so we'd be
10 happy to send you, you know, a follow-up with the
11 exact ages for the various programs.

12 COUNCIL MEMBER HANIF: Okay, that'd be
13 great. I'm going to pass it back to the Chair and
14 then come back for round two.

15 CHAIRPERSON CABÁN: Yeah, we'll come
16 back, because me and you, we going to be here a
17 while. Council Member Stevens?

18 COUNCIL MEMBER STEVENS: Hello. Good
19 afternoon. I just have a couple of questions. I'm
20 going to ask some of the school-based questions, but
21 I just had a question, because last year we passed
Intro 997A where the Department of Mental Health
would create a training program for peer-based mental
health, and I just wanted to know have we already
started to like distribute that information? And

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3 wanted to update to see how that was going. I know
4 there has been a number of young people who have
5 reached out to myself and my office to get more
6 information about this, and so I just wanted to just
7 have a quick check-in to see where we were with that
8 program.

9 COMMISSIONER MARTIN: Yeah. Thank you
10 for your leadership on this, Council Member. This is
11 an incredibly important resource. You know, many of
12 our youngest New Yorkers can't make it to see a
13 psychiatrist or a social worker or a licensed mental
14 health clinician. So, having their peer in the high
15 school in that seat next to them is an incredibly
16 important resource. So, I'm going to hand it over to
17 Assistant Commissioner Jamie Neckles to share a
18 little bit more about this work. Oh, sorry.

19 ASSISTANT COMMISSIONER NECKLES: Hi, I'll
20 be happy to speak to that. So, for the Local Law we
21 are really working very closely with our partners at
the Office of School Health and then by extension
with New York City Public Schools in active planning
the implementation. As far as I am aware, we haven't

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3 begun implementation yet, but we are, as I said, in
4 active conversations with them about it.

5 COUNCIL MEMBER STEVENS: So, do you know
6 when it will be implemented? Like, how far are we
7 out? Do we have a timeline? Again, like, I'm the
8 Chair to [inaudible] services young people. This is
9 one of the things they are constantly talking about
10 around mental health services, and this is one of the
11 ones that they actually came in and advocated for for
12 themselves. So, it is important to me to have like a
13 clear timeline, because I know even with the
14 legislation it was supposed to be implemented right
15 after we passed it. So, I would love to just get a
16 timeline and update.

17 ASSISTANT COMMISSIONER NECKLES: Yeah,
18 what we can do is collaborate- sorry, communicate
19 with our partners at New York City Public Schools and
20 follow up with you to give you some precise timelines
21 for roll out.

22 COUNCIL MEMBER STEVENS: Definitely. I
23 will be monitoring this closely and I look forward to
24 following up about this. I'm going to ask a couple
25 questions around school-based health centers. The

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3 Preliminary Plan included a one-time city-funded \$1.1
4 million in Fiscal 2026 transferred to DOE to support
5 two school-based health centers with high population
6 of students in shelter, and the hiring of vision
7 program manager, one district implementation
8 supervisor, and five mental health implementation
9 specialists. What are the locations of those two
10 school-based health centers covered by this funding,
11 and what is the breakdown for this funding between
12 the two school-based centers?

11 COMMISSIONER MARTIN: Thank you, Council
12 Member, for that. The two school-based health
13 centers are John F. Kennedy High School and the
14 George Wingate campus.

14 COUNCIL MEMBER STEVENS: Sorry, what was
15 the other one?

15 COMMISSIONER MARTIN: It's John F.
16 Kennedy High School and George Wingate.

17 COUNCIL MEMBER STEVENS: Oh, Wingate.

18 COMMISSIONER MARTIN: Yep. And in terms
19 of the- I think you asked another question around the
20 budget.
21

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3 COUNCIL MEMBER STEVENS: Yeah, what was
4 the breakdown of funding between the two school-based
5 centers?

6 COMMISSIONER MARTIN: Yep, yep. I'll
7 hand it over to Aaron to see if he has more on that
8 to share.

9 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
10 happy to get back to you on the specific breakdown
11 between the two, but yes, this is \$1.1 that comes
12 from DOE, New York City Public Schools to the Health
13 Department.

14 COUNCIL MEMBER STEVENS: I'm sorry, could
15 you say- I'm sorry, I can't hear. Can you say that
16 again?

17 CHIEF FINANCIAL OFFICER ANDERSON: My
18 apologies. Yeah, so it's- we'll get back to you on
19 the specific breakdown of that \$1.1, how it's
20 distributed between the two sites.

21 COUNCIL MEMBER STEVENS: It's not split
evenly?

CHIEF FINANCIAL OFFICER ANDERSON: I'll
have to get back to you on the specifics.

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3 COUNCIL MEMBER STEVENS: Okay. I just
4 want to say, especially when we're coming to
5 hearings, please have specifics, because I know
6 myself, I know I'm new to this committee, but I like
7 details. So, I- or if you can ask someone to get
8 this information to you because we'll be here for a
9 bit. But I think that it's important that you have
10 like kind of details, because I'm always in the weeds
11 of things. So, I'm just [inaudible] committee. How
12 many total school-based health centers are in
13 operation?

14 COMMISSIONER MARTIN: In terms of total
15 school-based health centers, Council Member, we have
16 139 school-based health centers, and this allows to
17 serve over 140,000 New Yorkers across- students
18 across 323 different public schools.

19 COUNCIL MEMBER STEVENS: What is DOHMH's
20 total budget in Fiscal 2026 and 2027 for school-based
21 health centers?

COMMISSIONER MARTIN: I'm going to turn
it over to Aaron to share more there.

CHIEF FINANCIAL OFFICER ANDERSON: Sure.
The current budget is \$8.7 million, and it's the same

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3 for fiscal year 27, and that supports 22 schools.
4 Those are the 22 school-based health centers that we
5 support financially directly as a city.

6 COUNCIL MEMBER STEVENS: Do you happen to
7 have a list of DOHMH funded staff and school-based
8 centers? Do you have a list that you could share
9 with the committee?

10 CHIEF FINANCIAL OFFICER ANDERSON: We can
11 get back to you on the specifics.

12 COUNCIL MEMBER STEVENS: What is- what is
13 the average amount-

14 CHAIRPERSON CABÁN: [interposing] Couple
15 more, Council Member.

16 COUNCIL MEMBER STEVENS: of staff in
17 school-based- amount of staff in school-based
18 centers?

19 COMMISSIONER MARTIN: Can you repeat that
20 question? I'm sorry.

21 COUNCIL MEMBER STEVENS: What is the
average amount of staff in school-based health
centers? How many staff is typically on staff?

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3 COMMISSIONER MARTIN: Yeah, great. Let
4 me call up Commissioner Lidiya Lednyak share a little
5 bit more on the details of the program.

6 COUNCIL MEMBER STEVENS: How is the
7 LGBTQIA+ students specifically supported by
8 school-based health centers?

9 COMMITTEE COUNSEL: Before you answer, I
10 just need to swear you in. Will you please raise
11 your right hand and respond verbally? Do you affirm
12 to the tell truth, the whole truth and nothing but
13 the truth before these committees and to respond
14 honestly to Council Member questions?

15 DEPUTY COMMISSIONER LEDNYAK: Yes.

16 COMMITTEE COUNSEL: Okay, you may begin.

17 DEPUTY COMMISSIONER LEDNYAK: So, to your
18 LGBTQ+ question, with regard to school-based health
19 centers- so, school-based health centers provide care
20 to all students regardless of gender or gender
21 identity. The Health Department provides specific
training to school-based health center providers on
working with this population. And specifically, in
addition, school-based health centers also provide
referrals to gender-affirming care.

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3 COUNCIL MEMBER STEVENS: Thank you. I
4 look forward to the follow up for the questions that
5 I asked that you didn't have information for. Thank
6 you.

7 CHAIRPERSON CABÁN: Thank you so much. I
8 want to ask a few questions about JISH. The past two
9 budget cycles, the Council advocated to protect the
10 existing units of JISH and expand to meet the
11 commitments outlined in the points of agreement for
12 closing Rikers. So, could you just tell me how many
13 JISH units are there currently? How much does it
14 cost annually to operate a JISH unit, and how much
15 does it cost to bring a new JISH unit online?

16 COMMISSIONER MARTIN: Yeah. Thank you
17 for that question, Chair. Currently, we have 120
18 units of JISH units which are spread across a number
19 of contracts. That's CAMBA [sic], the Fortune
20 Society and Urban Pathways. We have recently
21 re-procured or we've released an updated RFP to
increase the number of JISH units and we're doing so
because-

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3 CHAIRPERSON CABÁN: [interposing] That's
4 from the money from last fiscal year, right? The
5 added money.

6 COMMISSIONER MARTIN: I want to make sure
7 I'm answering that question correctly. Is that-

8 CHIEF FINANCIAL OFFICER ANDERSON: Yes,
9 the \$4.8 million is for the new-

10 CHAIRPERSON CABÁN: [interposing] Okay.

11 CHIEF FINANCIAL OFFICER ANDERSON:
12 Revised RFP. And then so, you know, that is really
13 because we want to put those JISH units out there at
14 a market rate that's going to move the units. And so
15 we have a plan to get to get 190 new JISH units. Let
16 me share- let me ask Assistant Commissioner Jamie
17 Neckles to see if she has more to share on this.

18 CHAIRPERSON CABÁN: Yeah. I want to know
19 the cost annually to operate an existing unit. The
20 cost to bring on a new one, and then as to the- since
21 you brought up the RFP, I'm also curious because you
released that amendment to the 2019 JISH RFP and that
the original one covered 380 units. The amendment
only covers 190. And so I'm also curious, like, why
doesn't it cover the full \$380?

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3 COMMISSIONER MARTIN: Yeah. Let me hand
4 it to Aaron to talk a little bit about the budget
5 there.

6 CHIEF FINANCIAL OFFICER ANDERSON: Yeah.
7 Sorry, for the uestoin, chair. Right, so the \$4.8
8 million is the amount that we are able to- up to 190
9 is what we're able to support with that.

10 CHAIRPERSON CABÁN: With the \$4.--

11 CHIEF FINANCIAL OFFICER ANDERSON:
12 [interposing] With the 4., exactly.

13 CHAIRPERSON CABÁN: I see, okay. So, the
14 RFP to bring the units online, am I correct?

15 CHIEF FINANCIAL OFFICER ANDERSON: with
16 the enhanced rates that are similar to the rates that
17 match what council enhanced through its contribution.

18 CHAIRPERSON CABÁN: But can you give the
19 cost per unit to bring a new one online and to
20 operate an existing unit per year per unit.

21 CHIEF FINANCIAL OFFICER ANDERSON: I
think roughly it's around \$25-\$26,000 a year for the
service component to bring it online. The capital
finance is a separate issue.

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3 ASSISTANT COMMISSIONER NECKLES: Yeah,
4 the amended RFP did two things. It raised the rates
5 to be reflective of current market crisis, right, and
6 it added a congregate option. So, the rate are
7 detailed in the RFP. There's a rate for congregate
8 and then also scattered. And then the scattered site
9 rate are dependent upon the size of the unit. Is it
10 a studio, one-bedroom, two-bedroom? So, it matches
11 as FMR. So, I don't have a simple answer to that
12 question.

13 CHAIRPERSON CABÁN: Sure.

14 ASSISTANT COMMISSIONER NECKLES: But it's
15 all detailed in the RFP.

16 CHAIRPERSON CABÁN: The last question oin
17 this that I want to ask about is just what's your
18 target for JISH units? Like, dream world, you're
19 like this is how many we want and need. Will you be
20 able to reach that target and how much more funding
21 would you need to meet that target?

COMMISSIONER MARTIN: Yeah, I can maybe
share a little bit about that. Currently, as we
mentioned, we have these 190 units that we're
targeting, but we do have a plan to get to 350 total

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3 units. But let me hand it over to Jamie to share
4 more.

4 ASSISTANT COMMISSIONER NECKLES: Sure.
5 So, we've had 120 scatter site units since 2015. I
6 want to get to 121, 122, right. We need to add more.
7 It's a really valuable service. So, I think it'll be
8 120 plus 190, and if that's going well, I look
9 forward to advocating for-

9 CHAIRPERSON CABÁN: [interposing] Yeah,
10 and then you want to get to that 380? Did you say
11 380?

11 ASSISTANT COMMISSIONER NECKLES: Yeah.

12 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
13 the 350, really, I mean that's- you know, there's the
14 units that we're doing and then there's also the Just
15 Home units that were announced-

15 CHAIRPERSON CABÁN: [interposing] Yes,
16 very excited about the Just Home units, but how much
17 money do you guys need?

18 CHIEF FINANCIAL OFFICER ANDERSON: I
19 think the how much money question, as Jamie said, I
20 mean, we're-

20 CHAIRPERSON CABÁN: [interposing] Yeah.

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3 CHIEF FINANCIAL OFFICER ANDERSON: There
4 were- I mean, how long is that RFP? It's for years,
5 right, and there was zero response.

6 ASSISTANT COMMISSIONER NECKLES: Seven
7 years.

8 CHIEF FINANCIAL OFFICER ANDERSON: Seven
9 years.

10 CHAIRPERSON CABÁN: Okay.

11 CHIEF FINANCIAL OFFICER ANDERSON: So, I
12 think we're really looking forward to seeing what
13 comes of this recently released one and just
14 continuing the conversations with both council and
15 the administration.

16 CHAIRPERSON CABÁN: So, I want to just
17 shift and ask about supportive housing. The Prelim
18 Plan includes baseline city funding for \$81.9 million
19 in Fiscal Year 2026 with inflationary increases in
20 the out-years as a funding re-estimate to support
21 existing units, approximately 61 for the 1515
22 supportive housing units and the remaining 21 to
23 support the pre-1515 program units. I just- how many
24 total units of the 1515 supportive housing are there
25 in New York City?

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3 COMMISSIONER MARTIN: Yeah, so-

4 CHAIRPERSON CABÁN: [interposing] And how
5 many are vacant, and what's the timeline to fill
6 those vacancies?

7 COMMISSIONER MARTIN: Yeah. so I can
8 start things off and then kick it over to Assistant
9 Commissioner Jamie Neckles. So, we currently
10 contract for over 13,000 units. Our current vacancy
11 rate is about seven percent. So, we have a fill rate
12 of about 93 percent. And so-

13 CHAIRPERSON CABÁN: [interposing] Well,
14 what's the number? Seven percent is how many units?
15 How many homes?

16 COMMISSIONER MARTIN: Seven percent of
17 13,300.

18 CHAIRPERSON CABÁN: Y'all keep asking me
19 to do math. Like, you bring your calculator next
20 time.

21 COMMISSIONER MARTIN: Assistant
22 Commissioner Jamie Neckles on that.

23 ASSISTANT COMMISSIONER NECKLES: Yeah.
24 So, thanks to-

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3 CHAIRPERSON CABÁN: [interposing] I'll
4 bring my calculator next time. It is a budget
5 hearing.

6 ASSISTANT COMMISSIONER NECKLES: Local
7 Law Three 2025-

8 CHAIRPERSON CABÁN: Yeah.

9 ASSISTANT COMMISSIONER NECKLES: So, thank
10 you. We have a great report with that precise
11 number. It's 876 out of 13,000 units, but 417 of
12 those have been linked to a person, right? So, that
13 person is found- gone to the program, seen it, said
14 yes, I want to sign a lease and is in the process of
15 moving into that unit.

16 CHAIRPERSON CABÁN: Okay, how long does
17 that take?

18 ASSISTANT COMMISSIONER NECKLES: So, that
19 can take- it depends on a number of factors, right?
20 When the person wants to move, when the building is
21 safe for human occupancy, right? We have to have a
temporary certificate of occupancy to make sure it's
safe, and make sure that their vouchers are in place.
It could take a couple minutes.

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3 CHAIRPERSON CABÁN: So, in putting aside
4 the folks that have like had applications approved,
5 they've looked at apartments, those other vacancies,
6 what's the timeline to fill those other vacancies?

7 ASSISTANT COMMISSIONER NECKLES: So,
8 there are- it's about- I'm doing quick math- 76 other
9 vacancies where there's just not yet a person. This
10 is happening every day, right?

11 CHAIRPERSON CABÁN: Yeah.

12 ASSISTANT COMMISSIONER NECKLES: The HRA
13 is making referrals and placing people daily.

14 CHAIRPERSON CABÁN: No, but totally. But
15 I just think it's-

16 ASSISTANT COMMISSIONER NECKLES:
17 [interposing] [inaudible] more time.

18 CHAIRPERSON CABÁN: Yeah, we're-

19 ASSISTANT COMMISSIONER NECKLES:
20 [interposing] until the person finds-

21 CHAIRPERSON CABÁN: [interposing] No,
22 totally, but I want to know what that matter of time
23 is, if there's an estimate around like when we can
24 expect that.

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3 COMMISSIONER MARTIN: We can get back to
4 you on that, Chair.

5 CHAIRPERSON CABÁN: Okay, that'd be
6 helpful. And then, I mean, this is a similar
7 question looking out further, but is the city on
8 track to build 15,000 of those 1515 units by 2030?

9 COMMISSIONER MARTIN: Yeah, so I think I
10 can start off and then hand it over to Assistant
11 Commissioner Jamie Neckles. We- we're on track to
12 hit that on the congregate housing side, but things
13 get a little bit more tricky when we think about
14 scatter site housing, and so as you might imagine,
15 the idea of our staff members having to travel across
16 the city and spending half the day on the subway, so
17 it makes it more challenging. So, that's why we are
18 pursuing the congregate housing option. But we'll
19 hand it over to Jamie.

20 ASSISTANT COMMISSIONER NECKLES: Sure.
21 So, the original 1515 RFP was split evenly between
congregate and scatter sites. It's 7,500 congregate,
7,500 scattered. It was initial success with the
scattered site procurement. We got a number of
awards in the beginning, but that plateaued as the

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3 housing market prices went up. And so last year, we
4 reallocated money that originally intended as scatter
5 sites towards more congregate. So we added more
6 opportunity for providers to submit proposals for
7 more congregate buildings to build last year. We got
8 a ton of proposals. Those are all being reviewed,
9 and as we see how these awards shake out, right, what
10 are the awards- what are the size of any one
11 development and the construction timeline, we'll be
12 in a better position to talk about when those units
13 actually come to fruition.

14 CHAIRPERSON CABÁN: Okay. I'm going to
15 move over to crisis respite centers. These centers,
16 they provide alternatives to hospital stays for
17 people experiencing an emotional crisis. The centers
18 offer stays in home-like setting and have an open
19 door policy for folks who- to be able to continue
20 their daily activities. So, can you just say, you
21 know, the current budget and projected for FY 2027
for these centers, and how many of the crisis respite
centers are funded by DOHMH?

22 COMMISSIONER MARTIN: Yeah, thank you for
23 that question. We- you know, we think that crisis

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3 respite centers offer an important extra intervention
4 to provide individuals who need care, and so this is
5 an important part of our spectrum of tools to
6 provide. With regard to the budget, let me hand it
over to Aaron.

7 CHIEF FINANCIAL OFFICER ANDERSON:

8 Thanks, Commissioner. So, the FY 26 current year
9 budget is \$5.3 million and the FY 27 budget is \$2.8
million.

10 CHAIRPERSON CABÁN: That's a big
11 difference. I mean, I just- obviously, we want to see
12 not just stay the same, but increase, especially
13 considering the climate in the city. How many of the
14 crisis respite centers are funded by DOHMH? And do
you fund crisis respite centers in all five boroughs?

15 COMMISSIONER MARTIN: Yeah. So, we
16 currently have four- are we talking about the crisis
residences or crisis respite centers?

17 CHAIRPERSON CABÁN: Respite centers,
18 specifically.

19 COMMISSIONER MARTIN: Okay. Yeah, yeah.
20 So let me comment on that. So, we currently have four
21 contracts for four crisis residences and these allow

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3 for individuals to stay up to one week in an
4 open-door setting where folks can be cared for in
5 that way. And so we are always looking for ways to
6 expand-

7 CHAIRPERSON CABÁN: [interposing] Sorry,
8 I just- just for the- you know, I want to be able to
9 pass it over to my Chair soon. I just want to know
10 how many? So, it's the four?

11 COMMISSIONER MARTIN: Yep.

12 CHAIRPERSON CABÁN: Okay. I'm just going
13 to- I'm not trying to be rude, I just want to be
14 mindful of the public and the Chair over here. And
15 you sent us a list of the contracted vendors for
16 those crisis respite centers? If you haven't, please
17 do.

18 ASSISTANT COMMISSIONER NECKLES: I can
19 tell you right now. I don't think we sent the list.
20 It's Community Access-

21 CHAIRPERSON CABÁN: [interposing] Okay.

ASSISTANT COMMISSIONER NECKLES: Mosaic
Mental Health, SUS Services for the Underserved, and
Transitional Services for New York.

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CHAIRPERSON CABÁN: Great. Thank you.

3 And then my last question on this, is there was an
4 additional \$2.5 million added at FY 26 adoption to
5 support crisis respite centers, and this was one of
6 the Council's budget response requests last year.
7 So, how specifically will that \$2.5 million support
8 the crisis respite centers?

9 COMMISSIONER MARTIN: Yeah, you know, we
10 are committed to continuing to do this work of
11 exploring all options with regard to advancing the
12 crisis respite centers, and we're having
13 conversations with OMB and our colleagues across City
14 Hall to explore what's possible to expand.

15 CHAIRPERSON CABÁN: I'm going to move
16 over to capital funding for a second. DOHMH has a
17 capital budget of \$553.5 million in the FY 26 to 2030
18 Capital Commitment Plan, but it doesn't provide a
19 clear picture of how much the city is investing in
20 public health capital projects versus mental hygiene
21 projects. Can you divide it? Like is there a way to
divide it into future plans? And what are the main
mental health related capital projects, and what are
their total budgets.

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3 COMMISSIONER MARTIN: Yeah. We do have
4 an exciting few months coming up here with regard to
5 capital announcements. We have a brand new public
6 health lab, 240,000 square feet, 10-story building.
7 It's going to be opening up in Harlem. In order to-

8 CHAIRPERSON CABÁN: [interposing] What's
9 the price tag?

10 COMMISSIONER MARTIN: That's a good
11 question. We're going to have to get back to you.

12 CHIEF FINANCIAL OFFICER ANDERSON: It's
13 about \$650- between \$650 and \$700 million dollars.

14 CHAIRPERSON CABÁN: Got it. Thank you.

15 COMMISSIONER MARTIN: And then in terms
16 of breakdown between public health and mental health,
17 I think we're going to probably have to get back to
18 you on that.

19 CHIEF FINANCIAL OFFICER ANDERSON: I
20 mean, the one thing we can say now is the majority of
21 our agency's capital funds are really about
22 facilities which is health centers and offices which
23 are located throughout the city and the other piece
24 is really IT infrastructure. So, that's the vast
25 majority. I mean, we're happy to get back to you

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3 with specifics, but the bulk of it is in those two
4 areas.

5 CHAIRPERSON CABÁN: Thank you.
6 Department of- well, I shouldn't say department.
7 Office of Community Safety, the Mayor has just
8 announced the creation of the office. We know that
9 it's going to house programs and services at the
10 intersection of mental health and public safety. Is
11 DOHMH involved in the planning for the office?

12 COMMISSIONER MARTIN: Yeah. Look, Chair,
13 we have been doing this work of community mental
14 health for decades, and we are committed to
15 continuing to do that work. We're also excited to
16 have conversations with folks across City Hall, at
17 City Council, advocates, anyone who's interested in
18 addressing the issue of community mental health,
19 we're a part of.

20 CHAIRPERSON CABÁN: As of now, have you
21 identified any mental hygiene programs that are going
to be transferred into that office?

COMMISSIONER MARTIN: Yeah, we're still
in conversations with City Hall and OMB about what
the future will look like, and I'm eager to talk to

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3 and build a relationship with the new Deputy Mayor
4 for-

5 CHAIRPERSON CABÁN: [interposing] So,
6 under the assumption that we don't have the answers
7 to this yet, I'm going to put these questions out
8 there and would love follow-up. In addition to what
9 programs might be transferred, I'd love to know how
10 much of the DOHMH mental hygiene budget and headcount
11 would be transferred to the office. And then just
12 like here's a general question of like do you believe
13 the creation of this office will improve mental
14 health and public safety outcomes in New York City?

15 COMMISSIONER MARTIN: Yeah. Well,
16 first, let me speak to the broader question and that
17 is to say that we are eager to work with our
18 counterparts at the Office of Community Safety and we
19 see them as partners in doing this work. We're going
20 to have to get back to you on specifics of the
21 programming and the budgets, and all of these are
22 conversations that we're currently having across the
23 agencies.

24 CHAIRPERSON CABÁN: Great. And I'm just
25 going to ask a couple questions on behalf of Finance

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3 Chair Lee. then I'm going to hand it over to my
4 colleague who's going to run the show from here on
5 out. On 988, there's a total budget of \$46.8 million
6 including city funding of \$34.3, Council
7 discretionary funding at \$5 million, state funds of
8 \$7.5 million- a lot of people are invested in 988.
9 Talk to me about what the projected funding for
10 fiscal year 2027 is and then also, you know, do you
11 have data on the total call volume, including calls
12 not answered, the current headcount that you have,
13 and then just could you tell me if that staffing
14 level is sufficient to meet the demand for services
15 and improve wait times? The caveat on this is
16 obviously we're not seeing as much call volume as we
17 would like to, and a big part of the work is getting
18 the word out about 988 and like preparing for there
19 to be larger carve out of volumes.

20 COMMISSIONER MARTIN: Super important
21 program and one of the most important resources that
we have to offer cared individuals that are need- you
know, this is a 24/7 hotline, you know, 365 days a
year. We're currently staffed to reach about
420-something thousand individual calls throughout the

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3 year. That's where we are now. In terms of your
4 question of our FY27 budget, we're at \$30.8 million,
5 and so that's what we're looking at moving forward in
6 terms of the budget. There were other questions
7 baked in there. Did I answer all them?

8 CHAIRPERSON CABÁN: Oh, just the data on
9 the call volume and the current headcount. I think
10 based on what you're telling me, I think it's fair to
11 say that the staffing and the funding isn't
12 sufficient and we need more.

13 COMMISSIONER MARTIN: Well, let me talk
14 about the headcount.

15 CHAIRPERSON CABÁN: Well, especially
16 because you have plans- sorry, just want to finish.
17 The- I mean, we also heard at the last hearing that
18 you have plans to do PR campaigns and that's-

19 COMMISSIONER MARTIN: [interposing] Which
20 we are actually this year.

21 CHAIRPERSON CABÁN: not cheap. So,
that's like in addition to the work that you're
already funding for 988. It's an added layer of cost
that's obviously very necessary.

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3 COMMISSIONER MARTIN: Yeah, so let me
4 speak to a couple of those points, and I'd love to
5 hand it over to Assistant Commissioner Jamie Neckles.
6 So, you're right. We do have plans to popularize and
7 to make sure folks are aware of 988. We actually
8 just recently launched a paid [sic] PD [sic] campaign
9 on that subject. In terms of the headcount it's a
10 little tricky, because this is contracted providers,
11 so these are not individuals that we staff or that,
12 you know, work for us. This is a contract provider
13 who is doing the work. But let me hand it to Jamie
14 Neckles to see if she has more to share.

15 ASSISTANT COMMISSIONER NECKLES: Yeah,
16 the most important metric we look at to understand if
17 we're staffed adequately is the average speed of
18 answer, how quickly our 988 counselor is picking up
19 the phone, responding to a text or a chat. And
20 they're doing that- 90 percent of contacts are
21 answered in 20 seconds or less. So that's really
22 fast, and that shows us that their staffing pattern
23 is responsive to the demand.

24 CHAIRPERSON CABÁN: Yeah. I mean, again,
25 my point will continue to be that nearly enough

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3 people know about 988. It's a critical resources,
4 and if y'all do your job, the call volume is going to
5 rise exponentially, and we want to be prepared for
6 that so that people continue to only wait 20 seconds
7 for that. So, just, you know, you have partners in
8 us advocating for more money being put into that
9 space.

8 COMMISSIONER MARTIN: Well, I'll tell you
9 this, Chair, I was just at Queensbridge Houses just
10 this past weekend and was doing some work with our
11 community health workers in the community, and you
12 know, an individual who was part of the housing
13 complex came up to me and said, you know, the real
14 issue that I have is that, you know, I have folks in
15 my- on my floor, in my family who need help. And I
16 said, do you know about 988? You can call. You can
17 have your family or friends call. This is a service
18 that is here for you. And so we do need more people
19 to know about this, and we share your concern and
20 your interest around how to get this right.

19 CHAIRPERSON CABÁN: Yeah. And it's
20 life-saving, too. We've seen what happens when, you
21 know, unfortunately the wrong responder shows up and

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3 it can be deadly. So, thank you. And I'm going to
4 pass it over to Chair Hanif.

5 CHAIRPERSON HANIF: Thank you. I just
6 have a few more questions. Do you have dedicated
7 staff specializing in developmental disabilities?

8 COMMISSIONER MARTIN: Yeah, thank you for
9 that question. I'm going to have Assistant
10 Commissioner Marnie Davis [sic] come back to share.

11 CHAIRPERSON HANIF: And then if you could
12 also share what the funding or budgeted allocation is
13 for dedicated staff.

14 ASSISTANT COMMISSIONER DAVIDOFF: Yes.
15 We do have staff dedicated to developmental
16 disabilities work. And just to clarify if we didn't
17 say this earlier that the staff- our staff are not
18 providing direct services. So all of our services
19 are provided via contracts with community-based
20 organizations. Staff are there to really provide
21 support, oversight, and support for those contracted
programs and providers.

CHAIRPERSON HANIF: So, then in terms of
oversight, what is DOHMH collecting or assessing?

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3 ASSISTANT COMMISSIONER DAVIDOFF: Yeah,
4 we do collect data monthly from all the contracted
5 providers on individuals served, and you know, other
6 facets of their program's operations. It sort of
7 depends on the type of program, but yeah.

8 CHAIRPERSON HANIF: And then outside of
9 the contractors, does DOHMH provide anything else as
10 services are being provided or are you all just a
11 conduit to the contractors?

12 ASSISTANT COMMISSIONER DAVIDOFF: For
13 direct services, we are doing that through the
14 contracts, exactly.

15 CHAIRPERSON HANIF: Okay. And then I'd
16 like to know what other disabilities-related services
17 DOHMH provides directly?

18 ASSISTANT COMMISSIONER DAVIDOFF: I would
19 have to turn that back to-

20 CHAIRPERSON HANIF: [interposing] Oh, and
21 I also had a- I also wanted to know with 68
contracts, how many New Yorkers are being served
right now, and is there a wait time or people unable
to get into the program? What are the obstacles?

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3 COMMISSIONER MARTIN: So, Chair, yeah,
4 we're able to serve about 1,200 New Yorkers every
5 single year, and that, you know, is across the
6 spectrum of the different venues that we've discussed
7 in the past, the clinical services, the recreational
8 and vocational. And yeah, in terms of the question
9 around disability, yeah, this is part- yes, we do
10 have contracted providers who do this work of helping
11 individuals with intellectual and developmental
12 disabilities, but this is baked into our culture and
13 baked into the work that we do across the entire
14 agency, and something that we take pride in.

15 CHAIRPERSON HANIF: Could you share a
16 little bit more about what you mean by that?

17 COMMISSIONER MARTIN: Yeah. So, we are
18 making sure that we offer individualized,
19 person-centered care, you know, across every single
20 agency, and that includes people intellectual and
21 developmental disabilities.

CHAIRPERSON HANIF: And you mentioned
every year 1,200 New Yorkers. What's the budget line
for this? And is there any plan to expand the reach
to more than 1,200?

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3 COMMISSIONER MARTIN: Yeah, so I can
4 share briefly with the FY 27 budget line is. That's
5 \$2.-- sorry, that's \$9.6 million for this work. But
6 let me hand it over to-

7 CHAIRPERSON HANIF: [interposing] I mean,
8 is that more than last fiscal year?

9 COMMISSIONER MARTIN: Let me hand it to
10 Aaron to talk a little bit about the specifics of the
11 budget, but that's what we're looking at in terms of
12 the coming year.

13 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
14 thanks for the question. So, that \$9.6 is the budget
15 for the developmental disabilities area specifically.
16 I think if we think a little bit broader, I mean,
17 there's early intervention which is one of the
18 single-largest programs in our entire agency's
19 portfolio.

20 CHAIRPERSON HANIF: Right.

21 CHIEF FINANCIAL OFFICER ANDERSON: And
that's \$300-something million. So, I think that's
another place to think about this type of work.

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3 CHAIRPERSON HANIF: And in the early
4 intervention work, are you all providing direct
5 services, or is it also a contract-driven model?

6 COMMISSIONER MARTIN: I mean, it's a
7 combination. I'll call up Deputy Commissioner
8 Lednyak, EI expert.

9 DEPUTY COMMISSIONER LEDNYAK: Hi, so
10 thank you for your question. It's a combination of
11 both. So, we provide direct services from the
12 perspective of receiving referrals, convening
13 meetings with families to authorize plans of care.
14 And then the actual services, the therapeutic
15 interventions, the evaluations and the case
16 management are delivered by a network of 168 provider
17 agencies who employ or subcontract with over 8,000
18 therapists and teachers who are actually delivering
19 the care.

20 CHAIRPERSON HANIF: Understood. And in
21 the early intervention programming, how many New
Yorkers are being served?

DEPUTY COMMISSIONER LEDNYAK: We serve
30,000 children a year.

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3 CHAIRPERSON HANIF: And has that number
4 increased, decreased?

5 DEPUTY COMMISSIONER LEDNYAK: It tends to
6 be pretty stable year over year. However, in terms of
7 the number of children served, we've been seeing a
8 slight decline because the number birth to three, the
9 birth to three population has declined a bit.
10 However, uptake in EI has not declined as much,
11 because we're very successful at establishing
12 partnerships and ensuring that we are appropriately
13 capturing the children. In addition, we're really
14 excited about the 2-Care expansion because it's going
15 to facilitate, right, additional identification of
16 children for early intervention.

17 CHAIRPERSON HANIF: And among the 30,000,
18 could you break it down by demographic? Who are-
19 which communities are you seeing the most in need of
20 support?

21 DEPUTY COMMISSIONER LEDNYAK: So, the
prevalence of disability in this population is about
10 percent. It - and so it does not vary, right,
based on, you know, race/ethnicity. If you want- we

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3 can definitely follow up with you on the specific
4 breakdowns by borough and race/ethnicity group after.

5 CHAIRPERSON HANIF: That would be great.

6 I know my colleague, Council Member Riley is very
7 interested in autism in the Black community, and I
8 think we would love to just learn more about what
9 DOHMH is doing. And then how many people with
10 disabilities did DOHMH work with in the calendar year
11 of 2025?

12 COMMISSIONER MARTIN: We can, you know,
13 tell you that from the perspective of the work that
14 we do to supplement the state, we helped about 1,200
15 individuals in the last year, but that's really just
16 in the sort of narrow framing of the work that we do
17 with regard to that bureau, but it's hard to put the
18 number broader in terms of all of the agency touch
19 points with individuals with intellectual and
20 developmental disabilities, but we can try and figure
21 that out for you.

22 CHAIRPERSON HANIF: Yeah, I'd definitely
23 like to go into a deeper dive-

24 COMMISSIONER MARTIN: [interposing]
25 Absolutely.

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3 CHAIRPERSON HANIF: on just how many
4 people with disabilities. I mean, I think between
5 DOHMH and MOPD, I'm still sort of teasing out how
6 exactly our city is providing services or is allowing
7 people with disabilities to reach us for resources.
8 So, this is good to know. And certainly, that 1,200
9 number seems like it could be much bigger, and I
10 think the funding for that is critical. The budget
11 for disabilities is significantly lower than the
12 budgets for mental health services, addiction
13 services, and administration. Why is the budget for
14 disabilities so low comparatively.

15 COMMISSIONER MARTIN: Yeah, thank you for
16 that question, Chair. So, as you know, when we think
17 about the services that are provided to individuals
18 who have intellectual and developmental disabilities,
19 the large majority of that funding comes from the
20 state from OPWDD, and so the state is providing much
21 of that support. Now, we do have a role to play for
individuals that are not covered by the state. So,
we see ourselves as supplemental, as sort of helping
to buttress the state budget.

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3 CHAIRPERSON HANIF: So, you're saying
4 that the state provides the funding for people with
5 developmental disabilities or intellectual
6 disabilities.

7 COMMISSIONER MARTIN: Through the
8 Medicaid program.

9 CHAIRPERSON HANIF: Through the Medicaid
10 program.

11 COMMISSIONER MARTIN: That's right.
12 That's right.

13 CHAIRPERSON HANIF: And then you all- are
14 there any initiatives or program areas where you are
15 directly reaching people with intellectual and
16 developmental and, of course, other disabilities?

17 COMMISSIONER MARTIN: Yeah, thank you for
18 that. And the answer there is that there are
19 individuals who are either waiting for Medicaid or
20 who don't qualify, and for those individuals we are
21 helping to sort of be the safety net of the safety
net for those folks.

CHAIRPERSON HANIF: Got it. And then
what's your relationship with MOPD?

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3 COMMISSIONER MARTIN: I'm going to call
4 up Assistant Commissioner Marnie to share more on
5 that.

6 ASSISTANT COMMISSIONER DAVIDOFF: So,
7 we're very excited that one of our colleagues, Nisha
8 Agarawal [sp?], was just appointed to lead MOPD, and
9 we'll definitely be working closely with her to
10 continue to plan services. I'll allow her to speak
11 directly to what MOPD offers, but I know that they do
12 a lot of great work and we're excited about the
13 opportunity to collaborate as we go forward.

14 CHAIRPERSON HANIF: And what kind of
15 collaborations have already happened in the past?

16 ASSISTANT COMMISSIONER DAVIDOFF: We have
17 engaged with them about really to just really
18 understand the landscape of where their vocational
19 services in particular, like they do- they also offer
20 some vocational services, and to really engage with
21 them about, you know, what those looks like, what
ours look like, and to think about how we can work
more closely together going forward. So that's a
conversation that has started, but is underway.

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3 CHAIRPERSON HANIF: That's good to know,
4 because I would love to have some reps from DOHMH at
5 our next disabilities and accessibility hearing.
6 Having both agencies would be really, really
7 wonderful.

8 COMMISSIONER MARTIN: You got it.

9 CHAIRPERSON HANIF: So, just to wrap up,
10 I- we're going to reach back out to you to receive
11 the names of the 68 vendors and the ages per program
12 that are benign served and reached, and I think
13 that's about it for now, or all that I remember.
14 Thank you all so much. And I also just want to
15 briefly note for all of the public that are here-
16 thanks for your patience. We are running very
17 behind, and public testimony was supposed to begin at
18 2:30, but we are going to take a few minutes break
19 and then go to disabilities with MOPD, and then we
20 will have public testimony. Thank you.

21 CHAIRPERSON CABÁN: Thank you guys.
We're all set.

COMMISSIONER MARTIN: Thank you very
much, Chair. Thank you, Chair.

[break]

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3 CHAIRPERSON HANIF: Good afternoon,
4 everyone. Welcome back. I'm Council Member Shahana
5 Hanif, Chair of the City Council Committee on
6 Disabilities. Thank you for attending today's
7 hearing on the City's Fiscal 2027 Preliminary Budget
8 for the Mayor's Office for People with Disabilities,
9 or MOPD. I would like to note that assistive
10 listening devices and an induction hearing loop are
11 available in Council Chambers. If you would like a
12 device, please see the Sergeant at ARMs.

13 Additionally, committee materials are available
14 digitally via a QR code posted on a board outside of
15 chambers. American Sign Language, live captioning,
16 language interpretation services and materials in
17 alternative formats including large print are
18 available with advance notice. For future hearings
19 to request these or any other accommodations, please
20 contact the Council's EE office at

21 eeofficer@council.nyc.gov. We'll make sure that you
have that. Or 212-788-6936, or

emailtranslationservice@council.nyc.gov for language
services at least three business days in advance. I
would like to thank Commissioner Nisha Agarawal and

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3 Chief of Staff Sara Rawshanara from MOPD for coming
4 in today to testify in the first budget hearing for
5 this committee. MOPD's Fiscal 2027 Preliminary
6 Budget is \$678,657, mainly for personnel services,
7 covering six budget positions of which three are
8 vacant. This budget has not changed since last
9 year's Adopted Budget. For too long the needs of
10 disabled New Yorkers have been sidelined. The
11 creation of this committee is long overdue, and I'm
12 looking forward to working with MOPD to ensure that
13 the disabled community is served adequately. At
14 today's hearing, we will seek details on MOPD's
15 programs that support the disabled community and
16 we'll hear about its partnerships with city agencies
17 on disability issues in all areas of urban life. I
18 would like to recognize that we've been joined by
19 Council Member Lee, our Finance Chair.

20 COMMITTEE COUNSEL: I will now administer
21 the oath to members of the administration. Will you
please raise your right hand and respond verbally?
Do you affirm to tell the truth, the whole truth and
nothing but the truth before these committees and to

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3 respond honestly to Council Member questions? Thank
4 you. You may begin your testimony when ready.

5 COMMISSIONER AGARWAL: Okay. Can you
6 hear me alright? Okay, great. Good afternoon, Chair
7 Hanif and members of the committee. Thank you for
8 the first ever opportunity to testify today at the
9 Fiscal Year Budget for the Mayor's Office of People
10 with Disabilities. My name is Nisha Agarwal, and I
11 have short black hair and brown skin. I'm wearing a
12 black top and black trousers and a multicolor
13 necklace. I have aphasia and I have my handy cane at
14 my side. I am honored to serve as the Commissioner
15 of the Mayor's Office for People with Disabilities,
16 also known as MOPD, also known as MOPD. First, I
17 will share about the role of MOPD. MOPD's mission is
18 to ensure that New York City is accessible and
19 inclusive for the more than one million New Yorkers
20 with disabilities who live and work in our city. We
21 believe that accessibility is not limited to one
program or one agency. It is a citywide
responsibility. MOPD's work closely- works closely
with partners across government and external
stakeholders to ensure that policies, services and

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3 programs consider the needs of New Yorkers with
4 disabilities from the start. I want to be- I would
5 like to share the vision for MOPD under the
6 leadership of Mayor Mamdani, but to understand the
7 importance of this work, it is helpful to look at
8 some of the challenges faced on New Yorkers with
9 disabilities. In employment, for example, just 40
10 percent of New Yorkers with disabilities of working
11 age are employed, compared to 73 percent of the
12 city's overall working age population. And for those
13 who are in the labor force, the unemployment is
14 nearly double, 13 percent of people with disabilities
15 compared with seven percent citywide. In education,
16 almost 30 percent of adult New Yorkers with
17 disabilities receive less than a high school
18 education compared to 16 percent of the city's
19 overall population, and the opposite is true as well.
20 While over 41 percent of city's overall population
21 received a bachelor's degree or higher, only 23
percent of people with disabilities had the same.
These inequities persist, not because of lack of
skill or motivation, but because of structural
barriers, inaccessible practices and limited

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3 awareness of available support. So, recognizing
4 these challenges, MOPD's vision is to strengthen,
5 partner and expand our services and policies for
6 people with disabilities. I'll start with the
7 strengths. The key priorities from the Mayor:
8 affordable housing, access to health and mental
9 health, accessible transportation, education equity,
10 and employment opportunities are critical to people
11 with disabilities and to most New Yorkers. Given
12 that, part of our strategy is to strengthen some of
13 the existing work we already have. For example, NYC
14 At Work program does continuing of individual
15 services to both job-seekers and employers. For
16 job-seekers, we offer career advice, resume and
17 individual preparedness, guidance on disclosure, and
18 reasonable accommodations, retention services and
19 support for those who apply for city government. On
20 the employment side, we work with employers on
21 recruitment support, pre-screening candidate
referrals and personalizing hiring events, among
other things. This has been very successful, but
MOPD wants to strengthen and expand NYC At Work by
doing digital literacy training or mental health

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3 supports as people with disabilities rebuild
4 confidence and reenter the workforce. There are also
5 administrative hurdles and legal- lengthy approvals
6 for getting a city job. That can discourage both job
7 seekers and the hiring managers. To accomplish this,
8 we need to work with external stakeholders and
9 internal stakeholders, our other city agencies, to do
10 it, and to do it well. We also want to grow and
11 strengthen the systemic change side of this equation.
12 Using policy research and communications
13 strategically, we can start to influence the
14 decision-makers at the city, state and federal level,
15 and have an impact on people with disabilities
16 systemically. To expand our existing programs or to
17 work on new priorities, building and expanding our
18 partnerships is key. So, first I'll talk about the
19 disability communities. Disability advocates, our
20 trusted community messengers, have deep community
21 ties, and the ability to focus on specific issues
in-depth. MOPD covers the range of disability
services and accessibility, has convening power and
also has access to City Hall and other city agencies.
MOPD should be in constant partnership with

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3 disability advocates, working together on our shared
4 priorities. And when we have a disagreement, have an
5 open discussion and next steps for resolution. I will
6 also add that MOPD should also ensure that
7 lesser-known disabilities, for example, language
8 learning and mental health disabilities, should be
9 incorporated into these discussions. Next, our city
10 agencies. Historically, people with disability were
11 brought into- and the end of any project, not at the
12 start. This was frustrating for people with
13 disabilities and it was a disservice to those
14 agencies that were involved in that project, because
15 in the end we chose the faster design instead of the
16 best design. In the new administration, however, the
17 heads of agencies that were chosen including me are
18 into collaboration and problem-solving. And that is
19 really exciting. MOPD is nimble and knowledgeable on
20 accessibility and inclusion for people with
21 disabilities. The agencies have deep expertise in
their issues, and can incorporate in accessibility
and inclusion into their projects with MOPD
assisting. It's a win/win. It ensures that the city
government is efficient and has a whole approach

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3 model. And New Yorkers, people with disabilities and
4 the broader public will recognize that this city
5 works for them. Next would be broader social
6 movements. In the 1960s and 1970s disability
7 advocates were in conversations with the civil rights
8 movement, women's rights, LGBT rights, immigrant
9 rights and the anti-war movement. Now, in 2026, it
10 feels more fragmented and siloed. It is important to
11 pollinate those seeds again and using MOPD's
12 convening power to cultivate the interconnectedness
13 that we all do. And finally, elected officials.
14 Everyone including people in elected office have
15 people in disabilities in their lives. It may be
16 themselves, their friends, their neighbors, or their
17 constituencies. MOPD wants to work, with elected,
18 all of you, to share resources and information and
19 overtime build our relationship and partnerships with
20 all of you. MODP's vision is bold, but doable. Like,
21 New York City, we don't want to do the bare minimum.
We want to be the best in the country, creating
innovative ideas that will have a ripple effect on
other cities and states. We don't want to create
programs and policies that impact some and exclude

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3 others. The goal for is if it is helpful- it helps
4 us, it can help others, So, we appreciate the
5 Council's commitment to accessibility and inclusion,
6 and its focus on the needs of New Yorkers with
7 disabilities. We look forward to working with the
8 community members and city agencies to strengthen
9 accessibility across the government. Thank you all
10 for the opportunity to testify today, And I would
11 love to have more- to answer questions from you.

12 Thank you.

13 CHAIRPERSON HANIF: Thank you,
14 Commissioner, and congratulations again. I'm super
15 excited and excited really to hear your testimony and
16 your vision about MOPD. And given this is the first
17 inaugural Disabilities Committee, I think we are
18 going to be a power team.

19 COMMISSIONER AGARWAL: I agree.

20 CHAIRPERSON HANIF: Okay. So, you went
21 into this a little bit around the city agency's
partnerships. I want to understand if you believe
New York City is currently meeting its legal
obligations under the Americans with Disabilities Act
across agencies, and if not, where are we falling

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3 short, and what specific investments are needed to
4 come into compliance?

5 COMMISSIONER AGARWAL: Yeah. So, MOPD
6 provides oversight, guidance, and technical
7 expertise, and we work closely with agencies to
8 ensure compliance with ADA and local laws. While
9 MOPD does not directly- it doesn't have the direct
10 enforcement authority as of we're not a regulatory
11 authority, but we play a central role in identifying
12 issues elevating concerns, setting accessible
13 standards, and ensuring that agencies will follow
14 through.

15 CHAIRPERSON HANIF: And how are you all
16 assessing whether or not agencies are complying, and
17 what mechanisms do you have to work with the
18 agencies?

19 COMMISSIONER AGARWAL: Yeah. So, we have
20 Disability Service Facilitators, or DSF. Our agency
21 representatives who are committed to making their
city, that city agencies more inclusive. DSFs
coordinate city agency's efforts to comply with and
carry out laws related to ADA and other federal,
state and local laws and regulations, and they are-

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3 they work with other agencies and services, but with
4 people with disabilities.

5 CHAIRPERSON HANIF: And are you able to
6 share maybe an example how MOPD in the past supported
7 a city agency?

8 COMMISSIONER AGARWAL: Yeah. I mean, so
9 many examples, but a good example would be the work
10 that we did with the Mayor's Office of Entertainment-
11 Media and Entertainment. And so let me- give me a
12 second to find that, because we have that. So, in-
13 hold on, give me a second. Okay. So, movie theaters
14 in New York City must provide open captions in some
15 of the movie showings due to a law, and MOPD
16 collaborated with the Department of Consumer and
17 Worker Protections and the Mayor's Office of Media
18 and Entertainment on this issue. The consumer and
19 worker protections is the enforcer, and MOPD and MOME
20 worked to inform of the issues and MOME provided the
21 website. So, that's like working with agencies to
create a law that passed.

22 CHAIRPERSON HANIF: Got it. So, there
23 isn't a sort of blanket policy across all agencies
24 around ADA accessibility, but rather- or could you

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3 describe what that- what's standardized? And of
4 course, what you described is very important and it's
5 unique and we're grateful.

6 COMMISSIONER AGARWAL: Yeah, so there's
7 the- DSFs in every agency, and the DSFs can also be
8 the same as the agency ADA Coordinator. So, they have
9 an ADA coordinator who manages the accessibility for
10 the ADA laws.

11 CHAIRPERSON HANIF: And the DSF is
12 someone who is a fulltime employee, or do they have
13 other roles, and in addition to their other role they
14 are DSF?

15 COMMISSIONER AGARWAL: Yeah. So, most
16 DSF is in- are people who are in DSF, that is on top
17 of their primary job responsibilities. But another
18 thing I wanted to mention is that we also do the
19 five-year accessibility plan, and we ask all agencies
20 to do that on ways that we can- everything from their
21 building to other disability and inclusion
activities. So, we do that for all of the agencies
as well.

CHAIRPERSON HANIF: You give them
feedback?

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3 COMMISSIONER AGARWAL: No, we ask them to
4 create five-year accessibility plan so every agency
5 has that plan.

6 CHAIRPERSON HANIF: Got it. And who
7 looks that over, and-

8 COMMISSIONER AGARWAL: [interposing] We
9 do.

10 CHAIRPERSON HANIF: Okay.

11 COMMISSIONER AGARWAL: And also, I was
12 working in the Health Department, they have staff who
13 also review it and do that. So I think it's
14 important that not just MOPD receive that and comment
15 on that, but the agency leadership also do that.

16 CHAIRPERSON HANIF: Understood. So, each
17 agency has a DSF.

18 COMMISSIONER AGARWAL: Yes.

19 CHAIRPERSON HANIF: Are there any
20 specific trainings that MOPD provides, and what are
21 they?

COMMISSIONER AGARWAL: Yeah. So, there
are- we meet with them monthly, and also MOPD staff
do biweekly office hours for the DSF people if they

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3 have questions, concerns, etcetera. So we try to
4 keep an open dialogue.

5 CHAIRPERSON HANIF: And does it seem like
6 this piece of support could use more funding? I mean,
7 you mentioned that DSFs have other jobs that they're
8 doing and this is in addition to their portfolio.

9 COMMISSIONER AGARWAL: Yeah. So, I'm in
10 communication with City Hall administrative office
11 and OMB, and I have a plan to restructure MOPD I
12 shared in my testimony. So, I don't have the details
13 at the moment, but I'm three weeks starting, so.

14 CHAIRPERSON HANIF: No, totally. Well, I
15 look forward to learning more about the
16 restructuring. And how is a DSF appointed by the
17 agency? What qualifications do they need?

18 COMMISSIONER AGARWAL: Yeah. So, the-
19 all of the agencies pick a designated employee to be
20 a DSF individual, and they have a assistance on the
21 ADA laws and background on that so that they are
well-equipped for ADA and other laws that happen.

CHAIRPERSON HANIF: So, essentially this
is a staff person who through training becomes a DSF.

COMMISSIONER AGARWAL: Yes.

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3 CHAIRPERSON HANIF: But they don't need
4 any other qualifications or there aren't other
5 eligibility requirements?

6 COMMISSIONER AGARWAL: It's just a- the
7 DSF is important for them to have knowledgeable about
8 ADA and other laws and regulations for people with
9 disabilities.

10 CHAIRPERSON HANIF: And how much is MOPD
11 spending on its efforts to coordinate DSFs?

12 COMMISSIONER AGARWAL: I don't know, but
13 I can find out.

14 CHAIRPERSON HANIF: That would be great.
15 And then would it be beneficial for every agency to a
16 disability-specific budget?

17 COMMISSIONER AGARWAL: Yeah. So, this is
18 a good question and there's pros and cons. The
19 benefits might be dedicated funding for accessible
20 upgrades, etcetera, more consistent compliance,
21 strong support for DSFs, many positives. But there
are also potential negatives, inconsistent agency
size and needs, oversight- administrative oversight,
and risk of siloing rather than integrating

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3 accessible plans. So, we both have to be really
4 thought about it, and I think that's important for me
5 and our team to discuss it.

6 CHAIRPERSON HANIF: Absolutely. So, it's
7 not a one-size-fits-all model.

8 COMMISSIONER AGARWAL: Definitely not.

9 CHAIRPERSON HANIF: I agree with you that
10 the positives are also so critically important.

11 COMMISSIONER AGARWAL: Yes.

12 CHAIRPERSON HANIF: And then how do you
13 think the city can improve its disability information
14 resources across all agencies?

15 COMMISSIONER AGARWAL: Yeah. So, I think
16 there's a lot of priorities that can be done.

17 Standardizing accessibility pages, plain language,
18 and accessible forms, citywide accessible dashboard
19 would be great, but again, I'm reviewing all these
20 great suggestions that MOPD staff shared and others
21 have shared, and I- once I do that, I would love to
22 talk to staff and others on that.

23 CHAIRPERSON HANIF: Wonderful. I would
24 like to turn it over to Finance Chair, Council Member
25 Lee.

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3 COUNCIL MEMBER LEE: Thank you so much,
4 Chair, and it's so great to see you, Commissioner
5 Agarwal.

6 COMMISSIONER AGARWAL: It's so good to
7 see you.

8 COUNCIL MEMBER LEE: Going back to when
9 you were Commissioner at MOIA and I was at my
10 nonprofit before, it is so great to see you, and
11 thank you for always being a champion for us. My
12 name is Linda Lee. I have dark brown hair. I'm
13 wearing a black jacket, blue blouse. I have really
14 dark circles under my eyes right now because it's
15 budget season. So, yes, and I'm Korean-American.
16 So, for folks- and I've always argued that we should
17 be giving you guys more funding when I was chair.
18 And by the way, I just want to acknowledge the fact
19 that I think it's great that we have a completely
20 separate Disabilities Committee and we have an
21 amazing Chair is going to be helping to champion
this. But as we know, a lot of our issues in the
disabilities community impact every aspect of our
city government. And so I'm super, super excited
that this committee was able to be separated out and

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3 get its due recognition and attention to be quite
4 honest. So, just wanted to ask a little bit about
5 the Preliminary Budget. I'll be quick. In the FY 27
6 Preliminary Plan, MOPD has a Fiscal 2027 budgeted
7 headcount of six positions. And so how are you-
8 first of all, and I'd like to talk about where you
9 think the needs need to grow, because I always felt
10 like the budget for MOPD was extremely low
11 considering the number of people you have to service
12 in the city. And so out of the six budgeted
13 positions, I believe three are vacant, or is it-

14 COMMISSIONER AGARWAL: So, it actually is
15 four headcount, and two position are unfunded.

16 COUNCIL MEMBER LEE: Where's it funded
17 from, then? How is it?

18 COMMISSIONER AGARWAL: I'll explain.

19 COUNCIL MEMBER LEE: Okay.

20 COMMISSIONER AGARWAL: So, the four
21 titles are Commissioner, Executive Assistant, Chief
of Staff, and Assistant Commissioner. The two
unfunded positioned were PEG'd in Fiscal Year 25, the
November Plan. And however, we have staff of 20
people. Of the four, our position from the Office of

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3 the Mayor. The remaining staff lines are four
4 disability experts who are working on agency- parter
5 agencies, but work indirectly with the coordination
6 of MOPD. So, I'll give you an example. I just talked
7 about, At Work. At Work has six employees, and the
8 partner agency is SBS. So, this cross-agency model
9 actually allows disability experts to be embedded in
10 MOPD, and it is a model that expands our impact
11 without duplicating costs. So, it's actually pretty-
12 a good model.

11 COUNCIL MEMBER LEE: I was going to say,
12 so does that mean that there's shared costs not just
13 in staffing, but also in the other operational
14 administrative costs as well?

14 COMMISSIONER AGARWAL: Yes.

15 COUNCIL MEMBER LEE: Okay, good to know,
16 and thank you for that clarification. And I'm
17 assuming that you've received the same letter of
18 instructions asking agencies to look at different
19 efficiencies, and is it- for you all at MOPD, is it
20 the same percentage that you guys have to abide by
21 with the 1.5-

20 COMMISSIONER AGARWAL: [interposing] No.

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3 COUNCIL MEMBER LEE: No, it's not, right?
4 Okay. Just wanted to make sure. And actually, the
5 other questions I'll forgo just because you answered
6 it with the staffing part. So, thank you. And just
7 I know that the Chair is going to be asking more
8 questions, but it would be great if you can inform us
9 on- you know, and I see through your testimony,
10 inform of us on some of your new needs and areas
11 where you want to see growth. So thank you.

12 COMMISSIONER AGARWAL: Will do.

13 COUNCIL MEMBER LEE: Thank you, Chair.

14 CHAIRPERSON HANIF: Alright, wonderful.
15 So, in Fiscal 2026, November Plan, \$25,000 in other
16 categorical funding was added to MOPD's budget for
17 handicapped parking education, and only with an
18 additional budgeted headcount of one. Could you
19 explain specifically what this funding is going to be
20 used for and why it's added as a one-time funding,
21 and what's the title of the additional position
associated, and has this position been hired yet?

COMMISSIONER AGARWAL: Yeah. So, the
one-time funding comes from revenue collected through
summons issued to individuals who wrongly parked in

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3 the spaces designated for people with disabilities,
4 and this funding is OTPS, so there is no additional
5 funding asked. It's just a one-time \$25,000. And I am
6 planning for this funding for my new mission and
7 vision, and so I'm thinking through that as well.

8
9 CHAIRPERSON HANIF: Got it. And did this
10 exist in the past as well?

11
12 COMMISSIONER AGARWAL: It has. So, we
13 frequently receive this money when people decide to
14 put their cars in other than the spaces that are
15 designated for people with disabilities. So, it
16 fluctuates.

17 CHAIRPERSON HANIF: Got it. And is
18 Fiscal 26 budget higher than the previous fiscal
19 year?

20 COMMISSIONER AGARWAL: I don't know. Do
21 you know?

CHAIRPERSON HANIF: And I know it's
contingent on somebody getting ticketed.

CHIEF OF STAFF RAWSHANARA: Yeah, right,
right. So, the revenues come from the summons issued
by NYPD, and then the funds are transferred from DOF

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3 to Mayor's Office. And this fiscal year's revenue was
4 \$25,000. It's actually lower than before, only
5 because we've been effective at ad campaigns for
6 stopping people from parking in spaces that are
7 designated for people with disabilities. So, there's
8 less summons which means less revenue.

9 CHAIRPERSON HANIF: Got it. And then
10 this program, this education program, is this a
11 signature workshop that you all provide? What is it,
12 and can it- if you have zero dollars, let's say
13 nobody's received a summons, this program can exist
14 without that?

15 COMMISSIONER AGARWAL: Well, if people-
16 if that is zero, that would be fantastic, and we do
17 trainings and education material on various topics
18 including this. So, that would be consistent on our
19 work.

20 CHAIRPERSON HANIF: And could you just
21 describe what the handicapped parking education looks
22 like?

23 COMMISSIONER AGARWAL: The- it's not an
24 education thing. It's just called Handicap Parking
25 Education.

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3 CHAIRPERSON HANIF: The funding that
4 comes from the summons.

5 COMMISSIONER AGARWAL: Oh yeah. Okay.
6 Hold one. Why don't you share?

7 CHAIRPERSON HANIF: I'm talking about if
8 that funding is being used for this program-

9 CHIEF OF STAFF RAWSHANARA: [interposing]
10 Yeah, so-

11 CHAIRPERSON HANIF: [interposing] but you
12 can clarify if I'm not-

13 CHIEF OF STAFF RAWSHANARA: [interposing]
14 Yeah, just to clarify, I think Commissioner Agarawal
15 had mentioned that this was a one-time OTPS funding
16 that comes through MOPD on an annual basis, only
17 because it's contingent on the number of summonses
18 issued. It historically is used- the funding that
19 came was used to then advertise to the community
20 about not parking in spaces designated for people
21 with disabilities.

CHAIRPERSON HANIF: Got it. So, this
funding is specifically related still to the parking
issue.

COMMISSIONER AGARWAL: Yes.

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CHAIRPERSON HANIF: Okay, understood.

3 COMMISSIONER AGARWAL: And my apologies.

4 CHAIRPERSON HANIF: No, no worries. And
5 has this position been hired?

6 COMMISSIONER AGARWAL: There's no-

7 CHAIRPERSON HANIF: [interposing] There's
8 no position.

9 COMMISSIONER AGARWAL: Yes.

10 CHAIRPERSON HANIF: So, this is just a
11 one-shot deal for parking education. Okay. So, the
12 Preliminary Plan lists one contract in MOPD's budget
13 for roughly \$16,000 in FY 27. Could you share the
14 details of this contract?

15 COMMISSIONER AGARWAL: Yeah. So, this
16 money is designated to ASL interpreters, and that's
17 the primary, and then we have- that's about \$16,000,
18 and then we have another \$7,000 OTPS.

19 CHAIRPERSON HANIF: That's within the
20 \$16K or in addition?

21 COMMISSIONER AGARWAL: Yes.

CHAIRPERSON HANIF: Okay. And is the
contractor a provider from New York City, or is it
in-house?

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3 COMMISSIONER AGARWAL: Yeah, the
4 contractor Sign Nexus.

5 CHAIRPERSON HANIF: Do you mind spelling
6 that? And do you provide- or do they provide tactile
7 interpretation as well?

8 COMMISSIONER AGARWAL: I assume they do,
9 but we can double check. And the- it's S-i-g-n,
10 Sign, Nexus, N-e-x-u-s.

11 CHAIRPERSON HANIF: And is this a vendor
12 that the city has been using consistently?

13 COMMISSIONER AGARWAL: Yes.

14 CHAIRPERSON HANIF: And do you all
15 evaluate them or do you hear feedback from New
16 Yorkers?

17 COMMISSIONER AGARWAL: Yeah. So,
18 advocates and members of the MOPD actually like
19 working with Sign Nexus. So, we haven't received any
20 complaints about them.

21 CHAIRPERSON HANIF: What percentage of
MOPD and DOHMH contracts go to disability-led
organizations?

COMMISSIONER AGARWAL: We don't provide
like contracting services.

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3 CHAIRPERSON HANIF: So, you don't serve
4 as like a conduit or as a grant or-

5 COMMISSIONER AGARWAL: [interposing] Yeah,
6 exactly.

7 CHAIRPERSON HANIF: And then, are MWBE
8 and disability-owned businesses prioritized in city
9 procurement?

10 COMMISSIONER AGARWAL: Yes. And we work
11 with the city of- the Mayor's Office to procure that.

12 CHAIRPERSON HANIF: And are you able to
13 share how many vendors that are disability-owned or
14 providing services to New York City?

15 COMMISSIONER AGARWAL: We can't now, but
16 we will find out and share it with you later.

17 CHAIRPERSON HANIF: Yeah, I'd really love
18 to know. I mean, this is- it's critical that we're
19 not only just talking about access, but we're also
20 empowering people with disabilities to be
21 entrepreneurs.

COMMISSIONER AGARWAL: And I think one
of- yeah. And one of the highlights that I mentioned
in the testimony is our work on At Work, and that

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3 impacts people with disabilities to get employment,
4 and that's been very successful in the past, and
5 something that I hope it will be able to grow.

6 CHAIRPERSON HANIF: Moving on to other
7 budget needs. Following the conclusion of FY 27
8 hearings, the Council will release its Preliminary
9 Budget response where we will outline budget priority
10 items which would be included in future financial
11 plans. What are MOPD's most pressing budget needs?

12 COMMISSIONER AGARWAL: Again, we will
13 talk to City Hall and OMB in this discussion.

14 CHAIRPERSON HANIF: You're not able to
15 say what might be the priorities? You have to-

16 COMMISSIONER AGARWAL: [interposing] I
17 mean, we're- I'm restructuring and so we don't have
18 ideas at the moment, but I'm working with City Hall
19 and OMB. The goal is to create a new structure.

20 CHAIRPERSON HANIF: Got it. And then at
21 the moment, how many more budget positions does MOPD
need?

COMMISSIONER AGARWAL: For now, we don't
have that request, but we'll let you know if that
changes.

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3 CHAIRPERSON HANIF: So, there are no
4 other staff lines that are vacant?

5 COMMISSIONER AGARWAL: We have one line
6 that's vacant, and I'm interviewing those people.

7 CHAIRPERSON HANIF: Okay, got it. Coming
8 back to the workforce. As a disabled city worker who
9 has required accommodations in my own work place, I
10 want to turn to questions about disabled city
11 workers. What percentage of the city workforce
12 identifies as having a disability?

13 COMMISSIONER AGARWAL: That- so, I can
14 say- people in the workforce. I have figured that
15 out. Let me see. The headcount, we had shared that
16 there are- hold on. Give me one second. In the- we
17 have 40 percent of New Yorkers with disabilities of
18 working age are employed. So, figuring that math out
19 really rapidly, it would be say a million, 40 percent
20 of a million if that makes sense.

21 CHAIRPERSON HANIF: Well, I'm not good at
22 math.

23 COMMISSIONER AGARWAL: I know, I'm really
24 bad at math, too. We can tell you later and- if that
25 helps.

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3 CHAIRPERSON HANIF: And does MOPD provide
4 additional support for those who want to get a city
5 job?

6 COMMISSIONER AGARWAL: Absolutely, and
7 that's the reason At Work, New York City At Work is-
8 helps individually people who are seeking jobs and
9 people who are employers, and they connect that in
10 place. And so, I find that the work done of New York
11 City At Work is successfully- is successful, and it
12 could grow as well. And it has been done so well. And
13 then- yeah.

14 CHAIRPERSON HANIF: I would still love to
15 get the math-

16 COMMISSIONER AGARWAL: [interposing] Yeah.

17 CHAIRPERSON HANIF: of the amount of city
18 workers who identify as having a disability, and you
19 know, I want to make sure that New Yorkers feel
20 empowered.

21 COMMISSIONER AGARWAL: Yep.

CHAIRPERSON HANIF: That they don't just
have to apply for positions that relate to addressing
disabilities in New York City.

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3 COMMISSIONER AGARWAL: Yes, for sure.

4 CHAIRPERSON HANIF: And so how are we
5 recruiting and retaining, and are there plans for
6 promotions and advancements in their roles?

7 COMMISSIONER AGARWAL: And I'm going to
8 meet with the Commissioner of DCAS, because she runs,
9 or they run 55A program that helps people with
10 disabilities to get jobs without having to go through
11 the examination process. And currently, we have
12 about half. It's like 700 jobs by people with
13 disabilities, but only half are filled, and so we
14 want to talk to the Commissioner of ways that we can
15 address that or- and ensure that more people with
16 disabilities get jobs.

17 CHAIRPERSON HANIF: Could you just repeat
18 that one more time? 700 people-

19 COMMISSIONER AGARWAL: [interposing]
20 There's 700 people- job slots, and only half are
21 filled by people with disabilities.

22 CHAIRPERSON HANIF: Got it. What
23 accommodations exist for city employees, and how
24 quickly are they provided?

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3 COMMISSIONER AGARWAL: Yeah. So,
4 broadly, every agency has ADA requirements, EEO staff
5 involved, and so using that- like, when I was in the
6 Health Department, I knew that if I had any problems
7 related to my disability, I could talk to people in
8 EEO. We also had DSF people engaged on that topic,
9 and so we have the people in staff. It's how do we
10 create jobs that transition, that new jobs or
11 existing jobs to people with disabilities to ensure
12 that the job that they're most excited for that can
13 get access to that.

14 CHAIRPERSON HANIF: And then, you know,
15 during COVID or the thick of COVID, there was a
16 campaign by city workers to be able to work remote or
17 have a remote accommodation that is written into our
18 policy.

19 COMMISSIONER AGARWAL: Yeah.

20 CHAIRPERSON HANIF: And the
21 administration did not support that, and that really
22 created harm for many, many families who had been
23 either taking care of a loved one with long COVID or
24 were still getting sick, did not want to come into
25 the office as a result of that, and other issues. Do

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3 you believe that we should have a remote work option
4 that's not just negotiated between the director and
5 the staff person?

6 COMMISSIONER AGARWAL: I mean, I- I can't
7 speak in general, but I think it's like for MOPD we
8 have hybrid work environments. So, people when
9 they'll come to the office we have a list of that and
10 when they're going to stay home. And I think that
11 works fine. Also, I think that based on the agency,
12 based on the company, it varies in case to case. I
13 can't say in full that I like remote, because I just
14 don't know about every job that's happening.

15 CHAIRPERSON HANIF: Again, during COVID,
16 MOPD partnered with DCAS and H+H to distribute 10,000
17 at-home test kits designed specifically for people
18 who are vision impaired. For recent emergencies like
19 snowstorms and hurricanes, what other work has MOPD
20 done to help the disability community receive
21 necessary services or supplies?

22 COMMISSIONER AGARWAL: Yeah. Yeah. So,
23 MOPD works closely with NYCEM, the NYC Emergency
24 Management, to ensure disabled New Yorkers are
25 integral on emergency planning. So, we do accessible

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3 alerts and the communications planning for
4 accessibility evacuation centers and shelters. We
5 participate in emergency work activity meetings, and
6 ensure ISL, captions, and plain language are
7 available on emergency alerts, among others.

8 CHAIRPERSON HANIF: Could you talk a
9 little bit more about the accessible evaluation
10 centers, I think you mentioned?

11 COMMISSIONER AGARWAL: Yeah. So,
12 there's- I have not been to one yet, but I think they
13 are regularly are involved in many agencies getting
14 together about- for example, snow removal- and that
15 is an area that MOPD is also engaged in that topic.
16 We share the impact that that may have with people
17 with disabilities.

18 CHAIRPERSON HANIF: Now, do you all lean
19 on NYCEM for the supplies and resources, or are you
20 informing what supplies and resources they should be
21 procuring?

COMMISSIONER AGARWAL: Yeah, so it's
really a coordination effort. So, if we think about
COVID and the accessible test kits, we worked with
MOPD, H+H and DCAS to create these kits, and MOPD

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3 were identifying organizations across the city,
4 including independent living centers, providers with
5 blind or low-vision priorities, etcetera. DCAS did
6 the logistics and provided support on that when MOPD
7 coordinated the other organizations to use the kits
8 and to deliver it to people who are blind and
9 low-vision New Yorkers. So, the idea is coordination
10 with other city agencies, moving that forward.

11 CHAIRPERSON HANIF: Got it. So, as I'm
12 understanding it, MOPD is bringing together the
13 disability-led organizations, assisted living
14 centers, etcetera and getting them the resources.

15 COMMISSIONER AGARWAL: Yes, exactly.

16 CHAIRPERSON HANIF: And is there an
17 evaluation process, or do you hear from these groups
18 about what more they could use or how has the
19 response been during emergencies?

20 COMMISSIONER AGARWAL: Yeah. First of
21 all, I wasn't involved in MOPD at the time, but the
numbers are outstanding. So, we- they secured
175,000 masks and 170 gloves to 64 disability-serving
organizations, and directly to 6,500 individuals. We
also facilitated a donation of 25,000 masks for D73.

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3 And so all the stuff we do, I think that what I've
4 learned for the last three weeks is that MOPD does a
5 lot and they don't get enough credit, and they're so
6 engaged and able to do these things, and so I think
7 that's very important to note.

8 CHAIRPERSON HANIF: And then with the
9 disability groups, are you all meeting with them
10 regularly? What is the relationship beyond providing
11 [inaudible].

12 COMMISSIONER AGARWAL: Yeah. So, in the
13 past, they did quarterly community calls, and I can
14 go into the details on that, but from my perspective
15 we should meet constantly and not just quarterly. And
16 so we are having a meeting in the next week or two,
17 a group of community members and partnering with
18 them. It is actually key to me on how we can work
19 with MOPD and the communities that are affected.

20 CHAIRPERSON HANIF: And is the budget
21 that you all have enough for expanding the engagement
with the organizations you work with? So the money
that you already have allotted is-

COMMISSIONER AGARWAL: [interposing] Yeah.

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3 CHAIRPERSON HANIF: going to be used for
4 that work.

5 COMMISSIONER AGARWAL: Yes.

6 CHAIRPERSON HANIF: Even though you are
7 going to expand engagement with them?

8 COMMISSIONER AGARWAL: Yes, exactly.

9 CHAIRPERSON HANIF: Coming back to At
10 Work, how many workers have been- New Yorkers with
11 disabilities been connected to jobs or internships
12 through At Work?

13 COMMISSIONER AGARWAL: Yeah. So between
14 July 2023 and June 2025, the program provided
15 services to 130 people with disabilities and helped
16 99 individuals obtain employment. And then the
17 program also hosted 62 workshops for job-seekers and
18 community members, participated in 200- 20- my number
19 is like aphasia- 200 mock interviews, and hosted
20 seven job trainings. And then citywide, New York City
21 Talent did 373 individuals with disability connection
in 24 to 25. And I apologize. It's my aphasia, so if
I have- I can share the numbers that are accurate if
you- if that's helpful.

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3 CHAIRPERSON HANIF: Absolutely. Thank
4 you. Are those numbers, were they goals? Did you
5 all have a plan in terms of like here's how many
6 people want to reach and reach them and delivered?

7 COMMISSIONER AGARWAL: Yeah, so in the
8 last administration I think the goal was 2,500 and we
9 surpassed that by much more, and so that's been
10 really-

11 CHAIRPERSON HANIF: [interposing] That's
12 to provide trainings or who received jobs?

13 COMMISSIONER AGARWAL: Training and
14 received jobs. Right? Yeah.

15 CHAIRPERSON HANIF: So, 2,500 people with
16 disabilities were employed?

17 CHIEF OF STAFF RAWSHANARA: Yes. In the
18 last administration the goal was to connect 2,500
19 job-seekers with disabilities connected to jobs, and
20 as of this year- the three-year anniversary of that
21 program is this July, but we've so far surpassed that
goal. We're at 3,737 individuals that have been
connected to jobs, but this number is in partnership
to MOPD and SBS and NYC Talent and DCAS.

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3 CHAIRPERSON HANIF: Got it. And do you
4 all know if that number still remains? Are folks
5 still in their positions?

6 CHIEF OF STAFF RAWSHANARA: We can get
7 that information to you. There is a team that
8 analyzes the retention services of the individuals
9 who have been connected. So, after this hearing, we
10 can get you the numbers of how many people have
11 still- are in those positions.

12 CHAIRPERSON HANIF: Yeah. It would be
13 good to know about the retention around this program.
14 And could you also just share what the budget for NYC
15 At Work is, this cycle and the last fiscal cycle?

16 COMMISSIONER AGARWAL: So, in 2024 and
17 2025 it was \$543,000, and then 2026 and 2027 is
18 \$584,000, approximately.

19 CHAIRPERSON HANIF: Okay, a little bit of
20 a bump.

21 COMMISSIONER AGARWAL: Yeah.

CHAIRPERSON HANIF: A little bit of a
bump. And for the retention piece, does MOPD then
provide support to those who may not be able to
continue working or are having challenges?

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3 COMMISSIONER AGARWAL: Yeah. So, the
4 staff has a year for retention services. If people
5 want to find a new job, etcetera, and I think that's
6 fantastic, because retention is important and having
7 that timeline is really helpful.

8 CHAIRPERSON HANIF: And have retention
9 services been used?

10 COMMISSIONER AGARWAL: Yes, used all the
11 time by employees.

12 CHAIRPERSON HANIF: Got it. And the
13 budget for this projected fiscal cycle, is that
14 enough?

15 COMMISSIONER AGARWAL: It- yeah. I think
16 that if we want to expand then we may want- the way
17 this began, At Work, was for private funding, and
18 then it was so successful that we got City Tax Levy.
19 And so if we need to, we can go to private funders
20 and explore expanding that money.

21 CHAIRPERSON HANIF: And then is there
22 funding specifically within that bucket for community
23 outreach and engagement? I'd love to know just the
24 demographic breakdown of who you all are serving.

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3 COMMISSIONER AGARWAL: Yeah. We can get
4 more in those- that information, but the work that
5 the six people do is immense, and they do trainings,
6 outreach, so many stuff, and so I'll share the
7 details afterwards.

8 CHAIRPERSON HANIF: Got it. And has
9 there been specific outreach plans made to ensure
10 that the pool of New Yorkers is diverse.

11 COMMISSIONER AGARWAL: I think so.

12 CHAIRPERSON HANIF: Can you share a
13 little bit more?

14 CHIEF OF STAFF RAWSHANARA: So, on an
15 annual basis we anonymize the data of job-seekers
16 with disabilities and sort of analyze the demographic
17 of the job-seekers that have been connected through
18 NYC At Work. So, after this hearing, we're happy to
19 share that data with you.

20 CHAIRPERSON HANIF: Yeah. I wish you
21 were prepared to share that right now, because it is
I think very important to understand who within the
disability community is being served and not being
served and why they're not and how we can reach them
and make sure that they're not left out. So, we will

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wait for those details. Coming to education now.

3 Local Law 18 passed in 2023 mandated that the city
4 create an electronic system for New York City Public
5 Schools to share documentation to help special needs
6 students secure their necessary accommodations when
7 they move on to higher education. New York City
8 public schools created this system in collaboration
9 with MOPD. Could you describe MOPD's role in
developing this system?

10 COMMISSIONER AGARWAL: Yeah, so the New
11 York Public Schools already had the technical
12 infrastructure in place to implement the electronic
13 systems required of the law, and because of that,
14 Mayor's Office of People with Disabilities deferred
15 to public schools on the design, build-out, and
16 day-to-day implementation of the platform. Our role
17 was focused on providing guidance to ensure that the
18 systems align with people with disabilities,
principals, and comply with all of our relevant
federal, state, city requirements.

19 CHAIRPERSON HANIF: So, the funding
20 associated in developing this system was all New York
21 City Public Schools?

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3 COMMISSIONER AGARWAL: Yes. But our end,
4 we also provided a dedicated digital resource page on
5 our website titled resource for students with
6 disabilities transitioning to high school or higher
7 education, and this page provided students and
8 families with clear information about their
9 resources, the documents that they may need and how
10 to navigate the accommodations process when they move
11 on to post secondary education.

12 CHAIRPERSON HANIF: And so for supporting
13 education work and students across elementary,
14 middle, high school, colleges, does MOPD have any
15 additional funding for that work, or are you all
16 relying on CUNY, public schools?

17 COMMISSIONER AGARWAL: Yeah. I mean, I
18 think again, we work with other agencies or CUNY to
19 impact that coordinating with each other helps a lot.
20 So, the public schools had the logistical avenues.
21 We had the resources and training. So, working with
agencies moves the ball more forward than with us
just doing it alone.

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3 CHAIRPERSON HANIF: Got it. But
4 specifically on education, there isn't any separate
5 allocation to support that work.

6 COMMISSIONER AGARWAL: No.

7 CHAIRPERSON HANIF: Got it. And that's
8 why you all don't get credit. You all don't get
9 credit. It seems to me like you all should play even
10 a much more influential role in partnerships with the
11 public schools and CUNY, and not just the giving some
12 feedback and be hidden in the background. And so I'd
13 be really interested to know how you take on this
14 work moving forward. And then what other
15 collaborations are taking place with the DOE?

16 COMMISSIONER AGARWAL: Yeah. So-

17 CHAIRPERSON HANIF: [interposing] And SCA.

18 COMMISSIONER AGARWAL: And SCA. So, CUNY
19 we do internship opportunities for CUNY students,
20 promote hiring opportunities for CUNY and their
21 alums. For DOE we work with D75 transition services
to explore collaboration to get from transition
students connected to opportunities through At Work,
New York City At Work, and those are some of the ways
that we are working with other agencies.

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3 CHAIRPERSON HANIF: And then for the
4 School Construction Authority, is there anything
5 specific that you all are guiding them through when
6 capital projects around accessibility-

7 COMMISSIONER AGARWAL: Yeah, I don't-

8 CHIEF OF STAFF RAWSHANARA: Well, it's
9 through the five-year accessibility plans. The
10 physical- what we have every agency fill out their
11 commitment to making sure that all their agency
12 programs and services are accessible. So, one work
13 stream is through the Five-Year Accessibility Plan,
14 but also on a case-by-case basis. If we get any
15 information about schools that are not accessible,
16 then we work with the relevant agencies to, like,
17 remediate those issues, including SCA.

18 CHAIRPERSON HANIF: But the work has to
19 start with SCA before it comes to MOPD.

20 CHIEF OF STAFF RAWSHANARA: Correct.

21 COMMISSIONER AGARWAL: Yes.

CHAIRPERSON HANIF: Because so many of
our schools are inaccessible, and getting them to
become accessible has been a huge challenge for many
of the locations. I know that my colleagues and I

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3 have been funding accessible playgrounds and play
4 yards, and they're very, very costly. And similarly
5 with adding ramps to schools and an elevator.

6 Elevator costs millions of dollars, and it is really-
7 it puts us behind. I think New York City must lead in
8 disability justice, and if our schools are
9 inaccessible and MOPD doesn't play the influential
10 role of really pushing for that policy, I think
11 that's a- it's a disservice. I would like to see
12 MOPD play a much more energetic role in pushing for
13 accessible schools.

14 COMMISSIONER AGARWAL: Yeah. And I
15 agree, and also, information concerning accessible
16 schools buildings is contained in a division-wide
17 built accessible profile, or BAP, list on the DOE
18 website. And so I would encourage you to read that
19 out, but one of my goals is to meet with the
20 chancellor and explore ideas that we can do together
21 to expand children.

CHAIRPERSON HANIF: Wonderful. You all
work with HPD as well to ensure that folks with
disabilities are able to use Housing Connect and the
housing lottery. The report from 2025 Accessible NYC

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3 states that MOPD worked with HPD to ensure that the
4 Housing Connect 2.0 platform is compatible for screen
5 reader users. Could you talk about MOPD's Housing
6 Connect compatibility efforts and is their funding
7 associated with that work, or are you relying again
8 on HPD's funding to move this forward?

9 COMMISSIONER AGARWAL: Yeah. So, our
10 wonderful MOPD Digital Accessibility Coordinator
11 worked with HPD to identify digital accessibility
12 issues and provided recommendation solutions to HPD
13 from the launch of the Housing Connect 2.0 until
14 about fall of 2023. And the labor costs for this,
15 MOPD, is just one individual who worked on that. And
16 with- so I'll just end there.

17 CHAIRPERSON HANIF: Got it. So, one
18 staff person from MOPD has this in their portfolio,
19 but I'm assuming that this person also has other
20 relationships with agencies in their portfolios?

21 COMMISSIONER AGARWAL: Yes.

22 CHAIRPERSON HANIF: And that staff
23 person's salary, does that take into account the work
24 that's happening with HPD or how is that determined?

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3 COMMISSIONER AGARWAL: I guess MOPD works
4 with all agencies, and we- our role is coordinating
5 agencies to do this work, accessibility and
6 inclusion. And so that's- our core area is
7 coordinating, providing our expertise which is on
8 accessibility and inclusion. We don't want the- all
9 of the agencies to do that work. We want agencies to
10 do that work, and I have found that this with
11 administration people are really excited to work with
12 us and figure out a way to move it forward.

13 CHAIRPERSON HANIF: For the Housing
14 Connect 2.0, what's the budget dedicated to that
15 effort?

16 COMMISSIONER AGARWAL: I'm not sure about
17 the exact budget. Do you know? We can find out.

18 CHAIRPERSON HANIF: But none of that
19 funding would be coming from MOPD?

20 COMMISSIONER AGARWAL: Yeah.

21 CHAIRPERSON HANIF: I just want to make
it- make very clear-

COMMISSIONER AGARWAL: [interposing] Yeah.

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3 CHAIRPERSON HANIF: I understand the role
4 that MOPD has. And then what additional housing
5 support does MOPD provide?

6 COMMISSIONER AGARWAL: Yeah. So, when
7 constituents contact MOPD regarding housing-related
8 matters, we refer to community-based organizations,
9 DSS, PEU, HPD, DOB, all of the city services and
10 nonprofits that are relevant for that individual. We
11 have housing resources on our website, including
12 resources- we have worked with other agencies on
13 developing that. And some of these pamphlets,
14 etcetera, I plan to review and update them as-needed.

15 CHAIRPERSON HANIF: And are you all
16 keeping data on the folks who keep- who get in touch
17 with you all around housing issues to make sure that
18 they remain housed, or are able to find permanent
19 housing?

20 COMMISSIONER AGARWAL: We do, but if it's
21 somebody with supportive housing, we connect them to
Health Department, but many times they call MOPD
first, and then we direct where to go if they are
needed.

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3 CHAIRPERSON HANIF: Got it. So, in this
4 instance, as well, MOPD is providing guidance on- or
5 giving a referral, giving them a referral to reach
6 out to HPD or the-

7 COMMISSIONER AGARWAL: [interposing] Yes.

8 CHAIRPERSON HANIF: agency that would be
9 tasked with completing their specific issue. And so
10 I think- I'm just trying to understand, like, you
11 know, you all have a very tiny budget, and you're
12 doing a lot of connecting. You're doing a lot of
13 connecting and it seems like the other agencies are
14 following ADA guidelines. However, it's not as
15 though you all are the ones kind of identifying the
16 problem or saying all of our schools should have
17 elevators, or like a sort of accessibility policies
18 or advocacy. Am I right to say that?

19 COMMISSIONER AGARWAL: I would- so, in my
20 vision, we do a lot of programs, but also impact.
21 So, using laws, using relationships and using
communications to message our thoughts out, that we
do a little, but we want to do a lot more, and that's
the goal of my vision is having MOPD- MOPD's ideas
and vision available to agencies, but also to the

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3 broader public so that they can refer to us, but I do
4 not want our office to be another agency.

5 CHAIRPERSON HANIF: Yeah.

6 COMMISSIONER AGARWAL: Because that means
7 all that will be put into disabilities, and I think
8 that we should have- we should work with agencies to
9 ensure that they take their job. They don't do like
10 bare minimum, they do it the best of the class and
11 style.

12 CHAIRPERSON HANIF: Understood. What
13 steps has MOPD taken to ensure city agency websites
14 and mobile applications are compliant with ADA
15 digital disability standards ahead of the April 2026
16 federal rule-making, and does MOPD have a plan to
17 enforce compliance across agencies that are currently
18 out of compliance?

19 COMMISSIONER AGARWAL: We are- we do the
20 compliance and the Five-year Accessibility Plan, but
21 I'll find out anything more after this call- after
this meeting.

CHAIRPERSON HANIF: And are you able to
provide an assessment of which city agencies websites
are currently compliant?

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3 COMMISSIONER AGARWAL: We can- I think we
4 will tell you after this meeting.

5 CHAIRPERSON HANIF: Got it. And so that
6 is something that you all are keeping track of.

7 COMMISSIONER AGARWAL: Yes. Yes.

8 CHAIRPERSON HANIF: And then what is the
9 timeline for the agencies that are not compliant,
10 bringing them to compliance?

11 CHIEF OF STAFF RAWSHANARA: I can answer
12 that. So, one of our staff resources is responsible
13 for liaising with a lot of the IT departments of
14 various agencies and making sure their agency's
15 websites and digital portals that are used to
16 interact with the public are made accessible to the
17 WCAG standards. And every two years, MOPD has a
18 responsibility to publish the work that we do in that
19 regard.

20 CHAIRPERSON HANIF: So, in that report-

21 CHIEF OF STAFF RAWSHANARA: [interposing]
In that report, we don't list out the agencies, but
we list out the work that has been remediated, and
it's a little technical, but we can get you the list
of agencies we work with, and we're remediating a lot

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3 of the digital assets that agencies have that
4 interact with the public.

5 CHAIRPERSON HANIF: Got it. And for
6 agencies that are not compliant, what are the
7 obstacles?

8 CHIEF OF STAFF RAWSHANARA: Sometimes
9 it's technical, sometimes it's financial. So, to
10 reference Commissioner Agarawal when she mentioned
11 that if we don't get started on an agency's project
12 from the get-go as, like, advisors, then a lot of the
13 agencies may roll out with a tool that after it's put
14 out to the public, the community comes and evaluates
15 and provides feedback. And we take that feedback
16 mechanism in- take that and then work with our
17 partners to remediate those issues.

18 CHAIRPERSON HANIF: Got it. And you
19 mentioned financial.

20 CHIEF OF STAFF RAWSHANARA: A lot of
21 times when either a good or a service is procured
that's interacting with the public and it's not
accessible, it's costly to retrofit them to make them
accessible later. So, that's the financial burdens
that come into play once we get involved.

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3 CHAIRPERSON HANIF: Got it. Are
4 financial burdens going to prevent any of the
5 agencies to not be in compliance?

6 CHIEF OF STAFF RAWSHANARA: It's hard to
7 say. It would depend on the agency or product or
8 tool that we're talking about.

9 CHAIRPERSON HANIF: Does each agency have
10 their own funds towards accessible communications?

11 CHIEF OF STAFF RAWSHANARA: Not to our
12 knowledge.

13 CHAIRPERSON HANIF: Would you know for
14 the website, specifically, or the apps that they use,
15 if there are separate budgets for that?

16 COMMISSIONER AGARWAL: I'm not- I don't
17 know. We don't know, but we'll find out. I think
18 it's important also that this administration and the
19 agencies that lead are- want to work with the Mayor's
20 Office of People with Disabilities. And so maybe in
21 three months we'll see some changes that will impact
people with disabilities and the broader public.
Because the reality is elevators impact me in a
positive way, but impact people with kids, impact

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3 older adults. It helps everyone and that's the goal
4 that we want to see for New York City.

5 CHAIRPERSON HANIF: Absolutely. And I
6 would love to know which vendor is being used for the
7 website, if there is one. Because all the- I'm
8 assuming all the city agencies websites are one
9 contractor, or are they different?

10 COMMISSIONER AGARWAL: They're probably
11 different.

12 CHAIRPERSON HANIF: Okay. So, yeah, I
13 think- you know, it would be interesting for me to
14 just better understand given you all are providing
15 this sort of oversight and compliance, that all of
16 these agencies have a responsibility to ensure
17 accessible website, and that they're following the
18 guidelines. And if there is a financial burden, what
19 is that financial burden? And how can we remediate
20 that so that we're not- we're not saying that funds
21 are the reason why we can't make something accessible
for a city agency. You mentioned elevators. I want
to talk about Access-A-Ride. What is your
relationship with MTA?

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3 COMMISSIONER AGARWAL: Well, we are in
4 constant consultation with MTA to improve
5 Access-a-Ride, including on services reliant to
6 people with disabilities. So, we advocate for the
7 expansion fo Access-A-Ride on demand pilot. So,
8 riders have more flexibility and independence. We
9 provide- we direct rider feedback to the MTA through
10 advisory meetings and general escalation. And we
11 advise on accessibility improvements to Access-A-Ride
12 vehicles and the digital tool called AAR App.

13 CHAIRPERSON HANIF: Got it. So that's a
14 pretty good chunk of work that you all are doing with
15 MTA. Are you hearing from New Yorkers or
16 organizations that you all work with about obstacles
17 they're experiencing with MTA and Access-A-Ride?

18 COMMISSIONER AGARWAL: Yeah. Some
19 problems are- issues are unreliable, access-A-Ride
20 pick-ups, and long unpredictable travel routes,
21 limited subway accessibility, including elevators,
etcetera, and gaps in accessible pedestrian
infrastructure including the lack of curb cuts and
insufficient crossing times. So, all that is like
broader than Access-A-Ride, but that impacts people.

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3 CHAIRPERSON HANIF: Is there other
4 transportation-related work that MOPD is involved in?

5 COMMISSIONER AGARWAL: Yeah. So, we work
6 with DOT and we provide- we partner with DOT on
7 monitoring issues related to accessible pedestrian
8 signals, curb cuts, and accessible street design. We
9 also work with TLC on expanding wheelchair accessible
10 taxi services. And we work in interagency groups on
11 transportation equity and pedestrian safety, and we
12 review accessible in the mobile technology and pilot
13 infrastructure.

14 CHAIRPERSON HANIF: And all that work
15 also does not have a specific budget allocation?

16 COMMISSIONER AGARWAL: Yes.

17 CHAIRPERSON HANIF: Got it. What
18 additional transportation support do you hear about
19 that New Yorkers need which MOPD could provide with
20 some for funding?

21 COMMISSIONER AGARWAL: Well, you know,
again, for MOPD itself, I'll talk to you, OMB, and
City Hall, but we would like to collaborate with MTA
on driver trainings for the para transit system to
ensure drivers with mobility, sensory or cognitive

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3 disabilities are better served. We also expand
4 outreach and driver education, including
5 disability-specific navigation tools, and we support
6 for research and pilots and accessible new mobile
7 technologies. So, those are some of the things we
8 do.

9 CHAIRPERSON HANIF: That's very helpful.
10 Yeah, and that seems like it's all really what we
11 need to be up to date with these requirements. Could
12 you share how many city employees are employed under
13 55A and under how many agencies?

14 CHIEF OF STAFF RAWSHANARA: As
15 Commissioner Agarawal mentioned previously, there's
16 about 700 slots dedicated to the 55A program, and
17 about half of them are filled currently.

18 CHAIRPERSON HANIF: And then what are you
19 all doing to help the city reach the 700 goal?

20 COMMISSIONER AGARWAL: Yeah. So, I'm
21 meeting with the Commissioner of DCAS, and she and I
both want to work on the impact with disabilities and
having more people do 55A programs than half. We
want to increase that.

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3 CHAIRPERSON HANIF: And is there a
4 timeline for-

5 COMMISSIONER AGARWAL: [interposing] I'm
6 meeting with her two weeks from now, so I'll let you
7 know.

8 CHAIRPERSON HANIF: Got it. Okay. I'm
9 going to do one last review of my questions and see
10 if I have anything else, but we might be at the end.

11 COMMISSIONER AGARWAL: Oh.

12 CHAIRPERSON HANIF: Okay. I have maybe
13 one final set of questions. In July 2023, former
14 Mayor Adams released a plan to support career
15 advancement for people with disabilities. \$6 million
16 was allocated for the issuance of an RFP called
17 Co-Designing and Delivering Inclusive Employment
18 Programs with and for People with Disabilities. This
19 RFP provides funding for awardees to design and
20 implement new training and programs to help employers
21 make their workplaces more accessible for employees
with disabilities. They have to do this work in
collaboration with New Yorkers with Disabilities.
The RFP was released in March 2025 by the Workforce
Department Corporation in collaboration with MOPD and

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3 SBS. Awardees were scheduled to be chosen by the end
4 of 2025. Could you share who the vendors are and
5 details about their proposals?

6 COMMISSIONER AGARWAL: The city can't
7 publicly disclose the winners yet, but however, we
8 will be announcing that soon.

9 CHAIRPERSON HANIF: Got it. So would you
10 say that you all are a little delayed?

11 COMMISSIONER AGARWAL: No, it's just that
12 they're finalizing the winners and that will be
13 released soon.

14 CHAIRPERSON HANIF: And what's the
15 timeline of the RFP? Is it a two-year, three-year?

16 COMMISSIONER AGARWAL: Yeah, so it's
17 actually four years. About the first year for the
18 co-design process, pulse three years on the
19 implementation.

20 CHAIRPERSON HANIF: Got it. And then are
21 vendors part of the disability community?

COMMISSIONER AGARWAL: Yeah. So,
specifically we prioritize this type of experience
and relationships in the scoring of the selection
process. And the selection process who demonstrates

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3 strong access to and work with people with
4 disabilities with a clear plan to recruit members of
5 the community to serve as a co-design process.

6 CHAIRPERSON HANIF: Got it. And do you
7 think RFPs are an effective tool to incentivize
8 innovation in the disability space?

9 COMMISSIONER AGARWAL: I mean, for this
10 at least I feel like it's very effective in the sense
11 that- so, you are involved in- like the co-design
12 process is bottom up and values the lived experience
13 of those people closer to the ground compared to
14 other models which are top down and prescriptive, and
15 so I think that has been successful at least for this
16 one example.

17 CHAIRPERSON HANIF: And then are there
18 other municipalities or state governments which have
19 issued similar RFPs?

20 COMMISSIONER AGARWAL: Not that we know
21 of.

22 CHAIRPERSON HANIF: Got it. And are
23 there other policies or programs that other
24 municipalities are providing or have launched that we
25 are looking at to replicate?

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3 COMMISSIONER AGARWAL: Yeah, so we have
4 country-wide MOPDs and I'm meeting them for the first
5 time next week, and it's exciting because we can talk
6 about these issues and if they do something that we
7 can steal, and we do something that they can steal,
8 we'll make the country better.

9 CHAIRPERSON HANIF: Amazing. That's
10 great. Alright, well, that was my final set of
11 questions. Thank you, Commissioner Agarwal and Sara
12 for being here and being prepared. Super appreciate
13 it, and I'm looking forward.

14 COMMISSIONER AGARWAL: Thank you very
15 much.

16 CHIEF OF STAFF RAWSHANARA: Thank you.

17 CHAIRPERSON HANIF: Thank you. We're
18 taking a five-minute break. We'll be back and begin
19 public testimony.

20 [break]

21 CHAIRPERSON SCHULMAN: I now open the
hearing for public testimony. I remind members of
the public that this a government proceeding and that
decorum shall be observed at all times. As such,
members of the public shall remain silent at all

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3 times. The witness table is reserved for people who
4 wish to testify. No video recording or photography
5 is allowed from the witness table. Further, members
6 of the public may not present audio or video
7 recordings as testimony, but may submit transcripts
8 of such recordings to the Sergeant at Arms for
9 inclusion in the hearing record. If you wish to speak
10 at today's hearing, please fill out an appearance
11 card with the Sergeant at Arms and wait to be
12 recognized. When recognized, you will have two
13 minutes to speak on today's topic of the Fiscal 2026
14 Preliminary Budget for DOHMH and OCME. I just want to
15 say something. There's over 100 people signed up
16 today. So, in order for us to get to everyone,
17 because we have to be out of the chambers at a
18 certain point in time, I'm going to really ask people
19 to please keep to the two minutes. If you have
20 longer testimony, you can submit it to us, and then
21 we'll make sure it gets into the record. If you have
written statement or additional written 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

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3 testimony@council.nyc.gov within 72 hours of this
4 hearing. Audio and video recordings will not be
5 accepted. Okay, the first panel is Trina Preor
6 [sic], Prior, I'm sorry. I've been here since 8:30
7 this morning, so I'm lucky I know my name. There you
8 go. Meghan Peterson, Meghan Peterson, okie dokie.
9 And Ryan- I'm going to not do this the right way-
10 Manganelli [sp?]. Close enough? Okay. Alright, get
11 settled. Okay, we ready? Trina, you want to go?
12 Great. You got to put the mic on. Okay, great.

11 TRINA PRIOR: Good afternoon, everyone.
12 My name is Trina Pryor. First, let me address
13 Chairman Lynn Schulman-

13 CHAIRPERSON SCHULMAN: [interposing] Yep.

14 TRINA PRIOR: Chairwoman Tiffany Cabán,
15 and distinguished members of the committee. I'm
16 Trina Pryor, Secretary Treasurer of Local 372, New
17 York City Board of Education Employees of District
18 Council 37, AFSCME. It is an honor of Local 372 to
19 present this testimony on behalf of the 24,000
20 members we represent, including 256 SAPIS, which is
21 an acronym for Substance Abuse Prevention
Intervention Specialists. Under the leadership of

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3 our President, John D. Francois I, Local 372, we
4 respectfully request the City of New York to fund the
5 SAPIS program through a dollar for dollar match with
6 the state legislature. Since 1971, SAPIS workers
7 have provided a range of mental health and
8 intervention services to the largest school system in
9 the nation. Through teaching social/emotional
10 strategies and providing behavioral support, SAPIS
11 workers ensure that the students in New York City
12 Public Schools are ready to learn. In a group or
13 individual settings, SAPIS uses evidence-based
14 programs approved by Office of Addiction Services and
15 Supports, also known as OASAS as positive
16 alternatives for New York City Public School students
17 in need. SAPIS services grades K through 12
18 throughout all of New York City's 32 school
19 districts, including special education. Okay. Let
20 me go quickly here.

17 CHAIRPERSON SCHULMAN: I'm just going to
18 ask you to summarize the rest of it and then submit
19 it. Okay.

20 TRINA PRIOR: That's what I'm trying to
21 do. Summarize here. Okay. Local 372's goal is to

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3 partner with you and your colleagues in the City
4 Council along with the mayor in making a smart
5 investment towards the quality of life for New York
6 City students, their families and communities at
7 large. It remains our shared responsibility to
8 ensure that our children meet and exceed their
9 potential. Without SAPIS we are robbing struggling
10 students of their opportunity to quality, competitive
11 education, and untimely changing the trajectory of
12 their futures. This is why local 372 again requests
13 that the City of New York assists our efforts in
14 pushing for a dollar for dollar match with the state
15 legislature in this year's budget. Right now, our
16 budget-

17 CHAIRPERSON SCHULMAN: [interposing] We
18 have to-

19 TRINA PRIOR: [inaudible] Okay.

20 CHAIRPERSON SCHULMAN: Sorry.

21 TRINA PRIOR: It's okay.

CHAIRPERSON SCHULMAN: Yeah, no. We got
the gist of it, and please make sure you submit the
rest of what you have.

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3 TRINA PRIOR: Yes, it was going to be
4 emailed.

5 CHAIRPERSON SCHULMAN: Okay, great.
6 Alright, thank you very much. Okay, Meghan?

7 MEGHAN PETERSON: Hi, thank you for
8 having me. My name is Meghan Peterson. I am a Health
9 Department Research Scientist and I am also the
10 President of local 3005 as part of DC 37. We
11 represent scientific and technical workers at the
12 Health Department and Medical Examiner's Office. I
13 am concerned that when we need to make budgetary cuts
14 as we're being asked to do now through the Chief
15 Savings Officer, we always cut staff lines and
16 vacancies. But if we're going to serve the public,
17 we need to have staff, and I would urge the city to
18 look holistically at our contract portfolios. One
19 example that comes up for us in the union is that we
20 have really struggled to hire nurses and
21 administrative public health nurses which we
represent in good union jobs, but we spend a lot of
money on contracts to costly temp agencies for
nursing staff. So, that's one example. I also want
to bring up the water ecologists who are also

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3 represented by our local and sort of the struggles in
4 staffing, and I just want to make the point that we
5 can increase the number of positions and the number
6 of staff lines that we have, but so long as those
7 positions are being paid the wages that they are
8 right now, we're going to continue to suffer from
9 high turnover, difficulty hiring, and by extension a
10 lack of public services. That's is all I had. Thank
11 you.

12 CHAIRPERSON SCHULMAN: Thank you very
13 much. Go ahead.

14 RYAN MANGANELLI: Good afternoon. Thank
15 you, Chairs Schulman, Cabán, Hanif, and committee
16 members, for the opportunity to testify. My name is
17 Ryan Manganelli. I'm a Senior Manager of Policy at
18 the 32 BJ Health Fund. Our fund provides health care
19 benefits to more than 200,000 32 BJ members and their
20 families through contributions from over 5,000
21 employers. For years we've seen rising hospital
prices in New York City drive up the cost of health
benefits and squeeze wages. I'm here today to urge
the Council to prioritize health care affordability
in the city's budget by fueling funding and staffing

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3 Office of Health Care Accountability and by working
4 with the administration to address the ongoing impact
5 of rising hospital prices in New York City. As the
6 city faces a budget deficit and rising health care
7 costs, it's important more than ever to lean on the
8 Office of Healthcare Accountability which is tasked
9 with providing the Council with recommendations on
10 the portion of health care costs spent on hospital
11 care and convening key stakeholders to examine the
12 cost of health care services in a city. Last year,
13 the office published its first report on health care
14 cost drivers affirming that the city plan also faces
15 health care cost growth driven by high and rising
16 hospital prices. Similar to other commercial payers
17 from 2022 to 2024, the city employee's PPO health
18 plan paid New York City area hospitals more than two
19 and a half times the price of Medicare on average.
20 Hospital prices varied widely by system from under
21 two times Medicare at Mount Sinai compared to three
times Medicare at Montefiore Health System. We urge
the Council to act by asking the largest hospital
systems to explain these prices and their impact on
employers and wages. The city and all New Yorkers

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3 need relief from unaffordable hospital prices at our
4 leading hospitals, and the relief cannot wait any
5 longer. Thank you.

6 CHAIRPERSON SCHULMAN: Ryan, I have a
7 question for you. So, I don't know if you saw the
8 testimony earlier, but I asked a question about the
9 transparency portal on the website.

10 RYAN MANGANELLI: Yes.

11 CHAIRPERSON SCHULMAN: So, if- at another
12 point in time, if you could call my office and get
13 back to me about what you see there, I want to follow
14 up on that.

15 RYAN MANGANELLI: Absolutely, we'd love
16 to follow up on the price comparison tool.

17 CHAIRPERSON SCHULMAN: Okay, great.
18 Thank you very much. This panel is excused. Thank
19 you. Alright, next panel is Robert Acevedo, Elizabeth
20 Valdez, Mike Schweinsberg [sp?], Dr. Robert- oh, I'm
21 sorry- Robert- Robin, I'm sorry. I can't read the
writing. Recant, Dr. Robin Recant. Yes? No?
Michael Kush or Michal Kush [sp?]? Jordan Rosenthal
[sp?]? Sure. Juan Pinzum [sp?]. Is Juan here?

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3 Yes, he is, okay. Okay, Robert Acevedo, why don't
4 you go first?

5 ROBERT ACEVEDO: My name is Robert
6 Acevedo and I'm a member of Disabled in Action of
7 Metropolitan New York. A little description. I use
8 a wheelchair and I'm wearing a red shirt with brown
9 pants. The Mayor's Office for People with
10 Disabilities has long been chronically underfunded,
11 limiting its ability to serve as an effective liaison
12 between New Yorkers with disabilities and city
13 agencies. As a result, city services, programs,
14 activities and newly-built facilities like the
15 Hunter's Point Library in Queens had to often been
16 planned and delivered without sufficient
17 accessibility, producing federally non-compliant
18 outcomes and exposing the city to costly litigation.
19 Oh. An increase in the funding today would enable
20 the office to intervene at the earliest stages of
21 program and facility planning, ensuring accessibility
is built in from the outset and preventing
litigation, higher long-term costs. Other major
cities invest significantly more in their disability
offices. It is time for New York City to make a

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3 comparable commitment. We respectfully request a
4 significant and sustained increase in the funding for
5 the Mayor's Office for People with Disabilities so
6 the city can fulfill its legal obligations and ensure
7 full inclusion for all residents. Thank you.

8 CHAIRPERSON SCHULMAN: Thank you very
9 much. Elizabeth?

10 ELIZABETH VALDEZ: Good afternoon. My
11 name is Elizabeth Valdez and I'm the Systems Advocate
12 at the Brooklyn Center for Independence of the
13 Disabled. I'm here today to urge the Council to make
14 a significantly stronger commitment in the city
15 budget to the Mayor's Office for People with
16 Disabilities. For far too long this office has been
17 underfunded since its inception in 1968 and through
18 its various forms over the years. It has never been
19 given the level of investment needed to truly meet
20 the needs of New Yorkers with disabilities. Today,
21 we have an opportunity to change that. With new
Council leadership, the creation of a Disabilities
Committee, a new administration, and a new
Commissioner at MOPD, this is the moment to reverse
decades of neglect. People with disabilities

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3 interact with city government every single day,
4 whether it's living independently, accessing
5 transportation, securing and maintaining accessible
6 housing, or simply participating fully in our
7 communities. We rely on city systems to function
8 effectively and equitably. But when those systems
9 fail us when there are communication breakdowns,
10 accessibility barriers or a lack of understanding
11 about disability services, the consequences are
12 severe. Too often individuals are pushed into
13 nursing homes, shelters, or sub-standard congregate
14 housing. These outcomes are not only devastating for
15 individuals and families, they're also far more
16 costly for the city and state. Despite the growing
17 needs of our community, MODP's budget has not kept
18 pace with the city's overall budget. In fact, in the
19 proposed 2026/2027 budget MOPD would see no increase
20 from the \$678,657 it received last year unless
21 council takes action. Increased funding for MOPD is
not just necessary, it is also an investment in
equity, efficiency and dignity.

CHAIRPERSON SCHULMAN: Thank you very
much. Mike Schweinsburg.

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3 MIKE SCHWEINSBURG: Kindly. My name's
4 Mike Schweinsburg. I'm the President of the 504
5 Democratic Club. I am an old man with graying brown
6 hair and glasses and a checked rust-colored suit and
7 a blue shirt. Okay. We are the largest minority by
8 far. Yet, today, I've heard 10 percent of the
9 population, a million of us, don't go by the
10 decennial census which deliberately undercounts us.
11 Check out the CDC website that did an extensive
12 survey every year. And the last year they were
13 allowed to publish their findings was 24, and they
14 pegged us at 28.7 percent of the population. Excuse
15 me, 28.7 percent of adults. So they're not counting
16 our kids. None of our kids were over 30 percent of
17 the population. We are totally intersectional and
18 found in every single segment of society. We are the
19 most marginalized of every marginalized group and 60
20 percent of our population come from communities of
21 color. We maintain when you lift up the disability
community you are raising all marginalized
communities from the bottom up. You need to
understand that, because here comes our budget ask.
With regards to the budget for MOPD, When we came up

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3 with a figure of \$100 million for the first year for
4 MOPD. it of course, seemed quite reasonable to us,
5 \$5 a head. Those who have seen MOPD's offices know
6 there are a great many unused cubicles in spaces that
7 could be utilized by masses of interns and incubator
8 projects to develop concepts and solutions in the
9 crisis areas of employment, housing, education,
10 health care, transportation, mental health,
11 disability culture, and voting.

12 CHAIRPERSON SCHULMAN: Just round it up.

13 MIKE SCHWEINSBURG: I'm just going to
14 round it up and say- nothing about us without us, our
15 clarion call, and next year I'm coming back. We're
16 going to ask for \$15 million. The year after that
17 \$20, and the year after that \$25. But MOPD has to
18 forcefully act on behalf of the largest minority, not
19 depend on other every agency in the city to do it.
20 Thank you.

21 CHAIRPERSON SCHULMAN: Thank you.

Jordyn?

JORDYN ROSENTHAL: Hi. My name is Jordyn
Rosenthal. I am a social worker. I am the Director
of Advocacy at Community Access, a supportive housing

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3 nonprofit. I'm a peer, a person with lived mental
4 health experience, and I'm the lead organizer for
5 Correct Crisis Intervention today which is about a
6 coalition trying to have non-police mental health
7 [inaudible] response systems. I just want to say
8 thank you so much to all of the Chairs for staying
9 here and listening to all the testimony. Power to
10 you guys. I couldn't do it. And I just- the things
11 that I want to highlight that are in my testimony
12 that are bulleted are the most important- or the most
13 important things are. Last year, with help of the
14 Progressive Caucus, we were able to get a \$4.5
15 million investment in peer behavior health workforce.
16 I want that up to \$6 million, and I want the
17 eligibility strengthened to only be things that are
18 in the crisis continuum, whether it's posts or pre or
19 post or during, right? Specifically, Community
20 Access where I work is asking for \$540,000 of that \$6
21 million and that's to create interdisciplinary teams
that we can have internally to our housing sites.
And the other ask of this that's really relevant is-
as the mayor announced the Office of Community Safety
today, I really urge the council to hold a joint

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3 oversight hearing between mental health and workforce
4 development about peer behavior workforce
5 development. Because we need more peers and more
6 community health workers to actually make OCS have
7 teeth. With that, you can look at my testimony.
8 Thank you.

9 CHAIRPERSON SCHULMAN: Thank you. Dr.
10 Recant, right?

11 ROBIN RECANT: I'm here actually on
12 behalf of myself and other people who have suffered
13 from being on accelerated outpatient treatment teams
14 which I believe are illegal according to the Supreme
15 Court decisions and federal law. Forced psychiatric
16 commitment whether in-patient or out-patient is
17 illegal. And the out-patient treatment teams are
18 funded partly by the state and partly by the New York
19 City Department of Health and Mental Hygiene, and if
20 you're going to give money to a- now, there are some
21 people who may be dangerous, but Kathy Hochul just
strengthened the law and made it very clear you don't
have to be dangerous. Anyone can commit you, and it
has to be- but by law it has to be the least
restrictive alternative. You're given no

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3 alternatives, and they kept me on there for 14 years.
4 I called the person who wrote the law in Albany, and
5 he told me all you have to do is tell them you don't
6 want it. No, it didn't happen that way. And they
7 keep you in your home. They don't tell you when
8 they're coming. They abuse you when they come. They
9 bang- they try to bang your door down and say if you
10 don't come right away we're calling the police. They
11 have called the police. And they- if you don't take
12 medicine and force medication according to a Supreme
13 Court decision from a long time again, River City
14 Cats [sic], it's just not allowed unless it's the
15 only way to control very, very seriously violent
16 behavior. They give it everyone, and they have the
17 hearings every six months in the city- in the New
18 York State- it's called the ex parte room which means
19 that you can't be there, but the law says that the
20 person receiving the treatment has to be part of the
21 decision. And what's wrong is that this is funded
partly by the New York City Department of Health and
Mental Hygiene. They're going to fund such a
program- it really needs to be changed, and the New
York City- oh, okay.

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3 CHAIRPERSON SCHULMAN: No, round- just
4 summarize it. Go ahead.

5 ROBIN RECANT: New York City Lawyers for
6 the Public Health- Public Interest and the NYCLU and
7 Legal Aid, they all oppose this law in many, many
8 ways.

9 CHAIRPERSON SCHULMAN: Alright. Thank
10 you. Juan? Hi, Juan. How are you?

11 JUAN PINZON: Hi. How are you? Thank
12 you so much for the opportunity to testify. I'm Juan
13 Pinzon. I'm the Senior Director of Government
14 Relations at the Community Services Society. In my
15 written testimony I lay out three things that New
16 York City can do to for the access to health
17 coverage. As federal changes, the HR1 bill, put
18 thousands of New Yorkers at risk of losing of care.
19 So, I'm going to highlight one of those things which
20 is investing in trusted community-based programs like
21 the Managed Care Consumer Assistance Program and
Access Health NYC. Programs like MCCAP and Access
Health are lifelines that connect New Yorkers through
coverage, help them resolve insurance problems,
ensure that they understand their rights. This

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3 support is especially critical for immigrant
4 communities at this time when fear and language
5 barriers often prevent people from seeking help
6 through government channels. The impact of MCCAP is
7 clear. Since 2020, the program has handled more than
8 21,000 cases, secured over \$1 million in savings for
9 consumers and achieve a 90 percent success rate. The
10 program is also reaching those most in need. Seven
11 in ten clients are people of color and must speak a
12 language other than English at home. Thanks for the
13 Council investment last year, MCCAP expanded from 12
14 to 20 community-based organizations and that
15 expansion is already working. We have seen nearly a
16 40 percent increase in cases in just the past few
17 months, showing both a growing need and the programs
18 affecting this. So, at this time when federal
19 changes are creating confusion, fear, and new areas
20 of coverage, this is exactly the kind of
21 infrastructure that we need to protect. This is why
we urge the Council to maintain MCCAP's \$2 million
allocation in FY27 and to invest \$4.5 million in
Access Health NYC to support outreach and public
education. Thank you.

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3 CHAIRPERSON SCHULMAN: Thank you. Before
4 you go, there are questions by the other members.
5 So, Chair Hanif?

6 CHAIRPERSON HANIF: Thank you, Chair, and
7 thank you all for your testimony. I have questions
8 for Robert, Elizabeth, and Mike. I'd love to know
9 what your relationship has been with MOPD, the
10 interface, and organizationally- personally or
11 organizationally, and what you would like to see MOPD
12 provide that they're not providing right now, or what
13 more do you want them to see.

14 MIKE SCHWEINSBURG: Okay. So, my
15 interaction with MOPD goes back to when I organized
16 New York City's first disability pride parade with
17 Victor Calise [sp?], that then Commissioner, making
18 it such an easy and wonderful event. It turned out
19 very, very well. Thanks to him and- he was succeeded
20 by someone who I never had communication with, except
21 out in public. And I'm really delighted with the new
Commissioner who had an early meeting with me.
However, I believe that MOPD has always been
underfunded and their funding has just gone down and
down and down. And so now I believe it requires a

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3 dramatic- I've always thought it required a dramatic
4 increase to deal with the myriad problems that face
5 our community. You know, we are, as I said, totally
6 intersectional, but that means we have lots of- from
7 mental health issues to mobility problems, to
8 breathing problems. You know, I mean, we can't have
9 that interspersed through a bunch of different
10 agencies dealt with by non-disabled people who just
11 don't get us. It really has to come under the
12 auspices of one office which I'd have be a department
13 really, but okay, all things in good time. Really
14 would love to see MOPD better funded. It'll be fully
15 funded, as I said, after four years at \$25 million.
16 But compare that with all the other agencies. That's
17 not even comparable. So, we're not asking for a lot.
18 We're asking for a big increase, but it's not a lot
19 of money in terms of what should be.

20 CHAIRPERSON HANIF: Thank you, Mike.

21 MIKE SCHWEINSBURG: I think it can be a
great agency and I look forward to your supporting
our \$10 million ask. Thank you.

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CHAIRPERSON HANIF: Of course.

3 Appreciate it. I'd like to hear from Robert and
4 Elizabeth, if you have any comments.

5 ROBERT ACEVEDO: Well, one of my earliest
6 interactions with MOPD was watching them give these-
7 their videos to teach me how to build an accessible
8 website, and that's- that really- yeah. That was a
9 great thing and I think they could extend those kind
10 of videos to younger students in the schools. It'd be
11 a great thing, but remember, they need money. They
12 need money. So, yeah, but that's-

CHAIRPERSON HANIF: [interposing] Thank
13 you.

14 ELIZABETH VALDEZ: My interaction with
15 MOPD has been ever since I became an advocate for
16 people with disabilities. And we need money just
17 like we're all here saying that everything's
18 underfunded for people with disabilities. You know,
19 we're the largest minority, but we are the least
20 funded.

CHAIRPERSON HANIF: Thank you.

CHAIRPERSON SCHULMAN: Chair Cabán has
21 some questions, also.

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3 CHAIRPERSON CABÁN: Thank you. I just
4 want to thank Dr. Recant for your testimony. Agree
5 that there are a ton of problems with the laws around
6 involuntary commitment and compulsive treatment,
7 especially about how we define behavior. There's a
8 large disconnect between I think what mental health
9 professionals, peers, doctors will define as
10 dangerous and what others who are asked to go out
11 into the community and enforce that law would define
12 as dangerous. So, thank you for bringing light to
13 that. Jordyn, I love that you brought up the
14 workforce question. I know that I have reached out or
15 we have reached out to the Committee on Economic
16 Development, because I do want to hold a joint
17 hearing on exactly that issue, not just a pipeline
18 for peers, but also a pipeline for street workers. I
19 think we've talked about this before, but not every
20 professional has got the thing to do street work. You
21 could be a social worker and say I want to do
forensic social work, I want to do clinical social
work, or I want to do work in our streets, and those
are entirely different things. So, I want to thank
you for that. I know we had the announcement on the

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3 Office of Community Safety today, and from your
4 perspective, just wanted to hear briefly what you
5 think is going to be really key for being included in
6 sort of like the organizational structure there.

7 JORDYN ROSENTHAL: Great question. Thank
8 you so much, Council Member Cabán or Chairwoman
9 Cabán. I would say the number one thing for me when
10 I'm thinking about B-HEARD in terms of changes is not
11 only structure of the teams of who is the responding,
12 but upping the ratio of teams. I think if you look
13 at the expansion of B-HEARD and the number of teams
14 as it's gone over like expanded to precincts, it
15 hasn't kept up pace. So, basically because there are
16 so many eligible calls and not enough teams, even if
17 we were to make it citywide or 24/7, we'd still come
18 up against the same problems, because that ratio is
19 so off. And with the fact of- circling back to
20 hiring practices, there has been lots of discussion
21 about the difficulty of hiring social workers for the
B-HEARD teams, and my pitch to Council and Renita
Francois [sp?] if she hears me is peers should
replace the social worker on B-HEARD teams. You can
have someone who is like me who holds both

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3 identities. I am a social worker and a peer. And
4 I'm just going to say, as Jordyn Rosenthal private
5 citizen, I can say that my MSW education would not
6 have primed me to do that street work of being a
7 B-HEARD responder. I think that, you know, learning
8 and peer work and a specific training that would need
9 to be developed through H+H or now the Office of
10 Community Safety would have to be developed to make
11 this workforce. But being just a social worker
12 doesn't give you the check to have those skills.

13 CHAIRPERSON CABÁN: Thank you so much,
14 and thank you, Chair.

15 CHAIRPERSON SCHULMAN: Thank you very
16 much. This panel is dismissed. Thank you so much
17 for being here and for testifying. Okay. So, the
18 next panel will be Anna Kril, Laura Jean Hawkins,
19 Rosa- okay, I'm going to butcher it, but anyway-
20 James Bristo [sp?]. Anna, you want to go first?

21 LAURA JEAN HAWKINS: Good afternoon.

CHAIRPERSON SCHULMAN: Oh, you're going
to go first? Okay.

LAURA JEAN HAWKINS: My name is Laura
Jean Hawkins and I am the Advisory Board Chair of

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3 Astoria, Queens SHAREing and CAREing, DBA SHAREing
4 and CAREing. I am also a member of Elmhurst
5 Hospital's Community Advisory Board and Chair of the
6 Patient Care Committee. I am here today as a woman
7 who has been an advocate and ally of the cancer
8 community for over 20 years. I am also a woman who
9 has had her own health journey with thyroid disease
10 and endometrial hyperplasia, undergoing years of
11 biopsies and ultrasounds. Fortunately, all of my
12 tests through the years have come back negative.
13 That is not the case for many, however. There is
14 currently a cancer epidemic in our state, our country
15 and our city. Cancer is occurring in younger and
16 younger adults. These are called early onset cancers
17 which are diagnosed in adults between the ages of 18
18 and 49. A very public example of this is the recent
19 death of actor James Van Der Beek who died of stage
20 three colon cancer in February, just one month before
21 his 49th birthday. No one knows why this is
happening, but what I can tell you is that more and
more people in our community are being diagnosed with
cancer and they are turning to us for help, help that
is getting harder and harder to do with our limited

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3 funds. Since 2020, we have experienced a 25 percent
4 increase in the demand for our services. Funding
5 under the Council's Cancer Services Initiative has
6 stayed flat since the initiative was created. The
7 time for increased funding is now. On behalf of my
8 board, I thank you for the Council's many years of
9 support and for your funding. You've been very
10 generous, but now is the time that we ask you to
11 please increase funding for the Cancer Services
12 Initiative and support our request of \$250,000.
13 Every dollar increased is a life benefitted and
14 possibly saved. Thank you.

15 CHAIRPERSON SCHULMAN: Thank you. Rosa?

16 ROSA SARMIENTO: Good afternoon. My name
17 is Rosa Sarmiento and I am one of the SHAREing and
18 CAREing's bilingual Spanish navigators. I'm also the
19 wife of a cancer survivor, a Community Advisory Board
20 member at Elmhurst Hospital. As a patient navigator
21 I have focused on increasing SHAREing and CAREing
community outreach efforts in my community, the
Spanish-speaking community through Queens, educating
them about cancer awareness and the importance of
yearly and timely cancer screening. As an immigrant

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3 myself, I understand the fears the new arrivals to
4 our city may experience. At SHAREing and CAREing we
5 have to strive to build trust, reduce fear, and
6 eliminate cultural and financial barriers in order to
7 promote early detection and treatment, as well as to
8 improve access to life-saving services. Over the
9 past two years, I have assisted many Spanish-speaking
10 survivors, helping them to apply for public benefits,
11 secure access right, and other transportation
12 services, and I have authorized emerging needs
13 assistance for medical bills, rent, utilities, and
14 food. My team and I have also gone out into the
15 community educating vulnerable at-risk population and
16 encourage cancer screening, and the more that we do,
17 the more that is the need. Since 2020, the demand
18 for our services have increased 25 percent. Our
19 funding from the Council, however, has stayed flat.
20 On behalf of the Queens cancer community survivors
21 across the city, I urge you to support our request
for increased funding. Thank you.

CHAIRPERSON SCHULMAN: Thank you. Anna?

ANNA KRIL: Good afternoon. My name is
Anna Kril. I am a two-time breast cancer survivor and

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3 Founder and President of SHAREing and CAREing. It
4 brings to mind 33 years ago when I was initially
5 diagnosed with breast cancer. I pray to God to grant
6 me life, because I wanted to raise my two little
7 girls. With that prayer also came my commitment that
8 I would give back every single day. From that point
9 on, that's how SHAREing and CAREing was created. We
10 address the disparities in Queens County. We provide
11 support services for those who are newly diagnosed
12 and in treatment. We help people in every single
13 aspect of their road with cancer. We are the face of
14 hope. We're the face of survivorship, and we are
15 their life link. So, with that, I have to say in
16 2020, again, I was diagnosed with breast cancer, and
17 during my treatment process, I also realized a very
18 alarming fact. Younger and younger people are being
19 diagnosed. Their needs are greater and greater. And
20 we need your help in order to be able to help them
21 survive. On behalf of the cancer community, I truly
urge you, please support our funding request of
\$250,000. It will mean everything to those who are
struggling with this horrific disease. Thank you for
your time and your support.

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3 CHAIRPERSON SCHULMAN: Thank you. James?

4 JAMES BRISTOW: Good afternoon, Chair
5 Schulman, Chair Cabán, Chair Hanif, and members of
6 the committees. I'm James Bristow, Vice President of
7 Public Policy and Government Affairs for Vibrant
8 Emotional Health. Thank you for the opportunity to
9 testify today. Vibrant is widely recognized as a
10 national leader in crisis response. As the
11 administrator of the 988 suicide and crisis lifeline,
12 we oversee and strengthen a nationwide network
13 providing life-saving support 24 hours a day, seven
14 days a week. At the same time, we operate NYC 988
15 locally, giving us both macro and micro level insight
16 into suicide preventino operations. Beyond crisis
17 response, Vibrant Emotional Health has spent decades
18 building deep trust in communities across the five
19 boroughs and pioneering New York City's first family
20 support program in 1989, to managing one of the
21 city's most robust youth and family peer support
networks. We've consistently led with innovation,
compassion, and cultural humility. Our programs
serve New Yorkers from all walks of life, including
youth and young adults, families navigating complex

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3 systems, older adults seeking to remain in community,
4 and individuals living with co-occurring challenges.
5 Turning to the fiscal year 27 Preliminary Budget. It
6 is encouraging to see an attempt being made to
7 address structural programmatic deficits,
8 particularly as it pertains to right-sizing the out
9 year budgets for supportive housing early
10 intervention. It is also positive to see investment
11 in the new public health lab, as well as the much
12 needed cost of living adjustment. Additionally,
13 Vibrant Emotional Health greatly appreciates the
14 Council administration's current support for NYC 988
15 operations due to provision of an additional \$5
16 million in Fiscal Year 26 which was added in the
17 adopted budget and is implemented via council
18 discretionary dollars. This additional funding
19 facilitates increased capacity for NYC 988. The
20 criticality of this funding has only resumed the past
21 year as contact volume has continued to go up year
after year, and the additional support allowed us to
reduce wait times for all New York City contacts,
ensuring quicker access to a trained crisis counselor
for health seekers. We are confident the Council and

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3 the administration's ability to see the continuation
4 of this vital funding stream into Fiscal Year 27.

5 Furthermore, we are optimistic about the

6 administration and council's commitment to mental

7 health and want to point out additional areas that

8 are ripe for enhanced investment. For example, youth

9 peer services are an important tool in reducing

10 barriers in mental health care. Yeah, just one more

11 sentence.

12 CHAIRPERSON SCHULMAN: Summarize.

13 JAMES BISTROW: Yeah. Young people today

14 face unprecedented mental health challenges.

15 Research consistently demonstrates that youth are

16 more likely to open up to peers who share similar

17 life experiences and speak their language, targeting

18 investment towards robust youth peer services such as

19 a help line as a way to see instant benefit. Thank

20 you.

21 CHAIRPERSON SCHULMAN: Okay. So, wait,

before you go, Chair Cabán has some questions and

Chair Hanif. So, Chair Cabán?

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3 CHAIRPERSON CABÁN: Great. Should we
4 expect an increase in the cost of administering the
5 988 system in future years?

6 JAMES BRISTOW: Well, the contact volume
7 continues to go up year over year. So, I would say
8 there is going to be eventually- there's going to be
9 a need for additional funding to maintain pace and to
10 be able to ensure we have the appropriate capacity to
11 address all help-seekers that contact us.

12 CHAIRPERSON CABÁN: And in April 2025,
13 Gothamist reported discrepancies between how Vibrant
14 Emotional Health and the city- sorry- and the city-
15 thank you- calculate 988 calls and contact volume,
16 and these are discrepancies that appear to have
17 contributed to a reduction in city funding for the
18 988 help line program. Can you clarify the nature of
19 these discrepancies? WERE you able to hear the front
20 part of my question?

21 JAMES BRISTOW: Yes. You're talking
22 about-

23 CHAIRPERSON CABÁN: [interposing] Okay,
24 great.

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3 JAMES BRISTOW: discrepancies in data
4 reporting?

5 CHAIRPERSON CABÁN: Yes.

6 JAMES BRISTOW: I mean, yeah. So, I'm
7 happy to say that the- you know, our contract with
8 DOHMH has been right-sized since then, and so it's,
9 you know, at a level along with the other sources of
10 funding including the Council discretionary dollars
11 to where we're able to, you know, meet capacity this
12 time. Though, it is important to see that funding
13 continued. You'll have to forgive me, I did just
14 start less than two months ago with Vibrant, and so
15 I'm happy to follow up with you with more specific
16 details. But my understanding is that the
17 discrepancy related to how metrics were tracked as it
18 related to health-seekers who also were then referred
19 to peer specialists and also to mobile crisis teams
20 and how those were counted in the overall tally, and
21 I know we had a series of meetings with DOHMH to
reconcile that data and to be on the same page. So,
you know, going forward I think we're very much in
line, and like I said before, we were able to address

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3 the previous kind of contractual issues that had
4 arisen.

5 CHAIRPERSON CABÁN: Yeah. And then
6 actually going to the contract itself, what portion
7 of the operations are not fully covered by city or
8 state funding, and then how are you current- like,
9 how are the other costs being absorbed?

10 JAMES BRISTOW: Are you including
11 discretionary dollars in the city funding?

12 CHAIRPERSON CABÁN: Maybe split it up
13 and-

14 JAMES BRISTOW: Well, I would- I mean, I
15 can get you the exact breakdown.

16 CHAIRPERSON CABÁN: Yeah.

17 JAMES BRISTOW: The- I mean, the city
18 and state funding, some of that is passed through
19 from the federal government, that encompasses the
20 whole NYC 988 operations.

21 CHAIRPERSON CABÁN: Okay. So, there is
currently not costs that are being absorbed by
outside funding, non-governmental funding?

JAMES BRISTOW: Not to my knowledge, but
I will get back to you on that.

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3 CHAIRPERSON CABÁN: Yeah, and then if you
4 could follow up with the breakdown on the federal,
5 state, city funding-

6 JAMS BRISTOW: [interposing] Yep.

7 CHAIRPERSON CABÁN: that would be great.
8 And then my last question for you. What are your
9 current staffing turnover rates within 988
10 operations? LIke to what extent are compensation
11 levels tied to available funding affecting your
12 ability to recruit, to retain qualified counselors.

13 JAMES BRISTOW: I appreciate that
14 question. Thank you. I mean retention and
15 recruitment is always an issue, and you know, the
16 more you're able to provide as compensation, it
17 enhances both of those aspects. We have been able to
18 hire up pretty aggressively in the recent years, but
19 we do see a need to increase the salary floor to be
20 able to maintain- to retain our staff. So, that's
21 something that we would like to discuss further with
22 you and-

23 CHAIRPERSON CABÁN: What's the counselor
24 get paid?

25 JAMES BRISTOW: Say that again?

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3 CHAIRPERSON CABÁN: What does a counselor
4 get paid?

5 JAMES BRISTOW: Let me follow up with you
6 on that. I don't want to mispeak. I'm sorry. I
7 don't have that in front of me.

8 CHAIRPERSON CABÁN: Great. Thank you.
9 Thanks, Chair.

10 CHAIRPERSON SCHULMAN: Okay. Chair Hanif.

11 CHAIRPERSON HANIF: Thank you. I wanted
12 to know from the panel if you've had interactions
13 through your organization with MOPD, and if so what
14 kind of interaction have you had?

15 UNIDENTIFIED: We haven't.

16 CHAIRPERSON HANIF: Got it. And you know,
17 everything that was described in your testimonies-
18 and thank you so much for sharing your story. It
19 takes a lot of courage to not just heal from the
20 pain, but then to get up every single day wanting to
21 do this work for the rest of us and for generations
to come. So, thank you. Breast cancer, some of the
mental health issues that 988 responds to certainly
include short-term or long-term disabilities. So,

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3 I'm curious which city agencies you've interacted
4 with the most?

5 As far as agencies-

6 CHAIRPERSON CABÁN: [interposing] Or
7 offices.

8 UNIDENTIFIED: with the offices, we
9 basically work very closely with our public hospitals
10 in Queens county.

11 CHAIRPERSON CABÁN: Okay.

12 UNIDENTIFIED: So, that's who we
13 primarily deal with. I have not dealt with other
14 agencies other than perhaps Rosa who deals with
15 getting, you know, services for the individuals that
16 may qualify for let's say food stamps or other
17 services, assess-A-Ride or even public assistance. I
18 mean, she's better qualified to answer the questions,
19 but she deals with those agencies. So, if you-

20 CHAIRPERSON CABÁN: [interposing] Got It.

21 UNIDENTIFIED: And I will just say of
course the Department of Health administers our
contracts. So we work closely with them, but vis a
vis our contract.

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3 CHAIRPERSON CABÁN: Okay. And then so,
4 is it right to say that if someone you know is
5 basically long-term disabled and will have to take
6 off from work, that you all are primarily working
7 with your public hospital in Queens?

8 ANNA KRIL: Well, with the hospital and
9 also with processing or helping them process their
10 disability papers, you know, working through what
11 they require in order to be entitled to the benefits
12 that they should be getting.

13 CHAIRPERSON CABÁN: And how much of- how
14 many, like, cancer patients are disabled in terms of
15 unable to work after diagnosis?

16 ANNA KRIL: Alright. I could mention to
17 you with the younger population that I've recently
18 been working with. Most of them need to be not
19 working while they're in treatments, because the
20 treatments are really quite aggressive. So it limits
21 their ability to work. Possibly, they may be able to
work remotely. It depends on their employer, again.
So, I would say many of our younger ones are the ones
who have to go on whether it be short-term or
long-term disability. And unfortunately, with the

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3 young ones, their cancer recurs. No sooner did they-
4 let's say it's breast cancer. No sooner do they have
5 a diagnosis of breast cancer and finish that
6 treatment, within six months all of a sudden now it
7 went to the bones or it went to the colon. So, their
8 road is a continual unfortunately.

9 CHAIRPERSON CABÁN: Thanks for sharing
10 that. That's terrible, but good to know. And you're
11 not asking for a lot of money.

12 CHAIRPERSON SCHULMAN: Thank you. Thank
13 you to- panel is dismissed. Thank you. Okay, next
14 panel: Casey Starr [sp?], Fiona O'Grady [sp?], Kamari
15 Cruz [sp?], Laura Savino, Omar Cao [sp?], and Bill
16 Gross. Okay, Bill is here, okay. Faith Baham [sp?],
17 Jihoon Kim, Deirdre De Leo, and Doctor David Appel
18 [sp?]. Geordana Weber and Maryam Mohammad-Miller, or
19 Maryam, I'm sorry, misread it. Omar Cao? Alright,
20 why don't you start- we'll start from the left.

21 JIHOON KIM: Chair Schulman, Cabán, Hanif,
and members of the Council, thank you for the
opportunity to testify. My name is Jihoon Kim. I
serve as President and CEO of InUnity Alliance. I'm
also a social worker and peer professional by

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3 training and a person in long-term recovery for
4 co-occurring substance use and mental health
5 disorders. It's an honor to be here today
6 representing 150 substance use and mental health
7 providers. In addition to advocacy, we provide
8 training and serve as the exclusive certifying body
9 for peer recovery credentialing in New York. Our
10 members formed InUnity Alliance to strengthened,
11 coordinated person-centered care while preserving the
12 specialized expertise of each service system.

13 Substance use disorders and mental health conditions
14 remain leading contributors to disability and
15 preventable death. They're also closely tied to
16 housing instability, child welfare involvement and
17 legal system contact. Structural pressures of
18 reducing capacity and delaying access to care when
19 early intervention is most protective and cost
20 effective. Rates do not cover the actual cost of
21 delivering services and unpredictable grant payments
make it difficult for programs to plan and operate
with stability. New York City cannot reduce crises
including homelessness without addressing the
conditions that limit the capacity of community-based

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3 services designed to prevent them. We urge you to
4 implement the \$15.5 million IMT expansion investment
5 including the Step Down Program which was included in
6 the budget last year, invest \$65.3 million in
7 supportive housing to preserve existing units,
8 continue to fund a three percent COLA for human
9 services workers, and provide increased funding for
10 New York City Council's substance use disorder and
11 mental health initiatives as included in our written
12 testimony. Lastly, vocational treatment services
13 have seen a sharp increase in referrals from HRA due
14 to work requirements for SNAP and soon for Medicaid.
15 An assessment of need with funding to support the
16 increase in service recipients is necessary to
17 sustain these programs. Thank you to the New York
18 City Council for championing these life-saving
19 initiatives. I appreciate the committee's time and
20 consideration of these requests.

17 CHAIRPERSON SCHULMAN: Thank you. Next.

18 DEIRDRE DE LEO: Good afternoon, Chairs
19 Cabán, Schulman, Hanif, and members of the committee.
20 Thank you for having me and your leadership in
21 strengthening health services in New York. I'm

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3 Deirdre De Leo, Director of Behavioral Health Crisis
4 and Assessment Programs at VNS Health. For over 130
5 years our teams have helped New Yorkers live, age and
6 heal in their homes and communities. Today, we serve
7 more than 95,000 people across the city, older
8 adults, people living with serious mental illness,
9 and people with physical disabilities. To reduce
10 crises and improve safety, we need strong sustained
11 investment in community-based behavioral health care
12 and in the partnerships that make this work possible.
13 We see the impact of these partnerships daily.

14 During the recent code blue emergency our teams
15 worked alongside DOHMH to help people get to shelter
16 and services during dangerous winter conditions. This
17 same kind of work, our Mobile Crisis ACT and IMT
18 teams do year round, meeting people right in their
19 neighborhoods responding to crises and helping them
20 stay connected to care and housing. But crisis
21 response alone isn't enough. Reaching people earlier
makes a tremendous difference. With support from
City Council discretionary funds, our Older Adult
Mental Health initiative brings primary care directly
into people's homes. One couple we worked with

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3 struggling with isolation and depression told us,
4 please keep checking up on us. What you do may seem
5 small, but it's not small to us. We see the same
6 impact with young people. Through the
7 Council-supported Promise Zone program we provide
8 counseling in schools so challenges don't become
9 crises. As the city continues its behavioral health
10 efforts and the new Office of Community Safety, we
11 have a real opportunity to build on programs that are
12 already working, centering the voices and experiences
13 of frontline clinicians will be essential as we move
14 forward. Thank you again for supporting our Older
15 Adult Mental Health Initiative and Promise Zone
16 programs which help New Yorkers get care before
17 crisis occurs.

18 CHAIRPERSON SCHULMAN: Thank you. Next.

19 BILL GROSS: Good afternoon, Chairs and
20 members of the Council. My name is Bill Gross. I
21 serve as the Chief Services Officer at SAGE which is
the nation's largest and oldest organization
dedicated to improving the lives of LGBTQ+ older
adults. Since our founding in 1978, SAGE has worked
tirelessly to advocate for policies and programs that

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3 empower LGBTQ+ elders, ensuring that they can age
4 with dignity and security and support. The people
5 that SAGE serves have unique and often complex health
6 care issues. For example, approximately 14 percent
7 of LGBTQ+ New Yorkers over age 50 report frequent
8 poor physical health. Many of our constituents [sic]
9 delay or avoid seeking care in mainstream settings
10 since LGBTQ+ adults are twice as likely as their
11 non-LGBTQ+ counterparts to report experiencing
12 discrimination from a health care provider. In
13 addition as of 2024, 56 percent of all New Yorkers
14 living with HIV are age 50 or over, and nearly one in
15 six new HIV diagnoses occur within this age group.
16 Our SAGE Center Network serves as a safety net for
17 LGBTQ+ elders and older elders living with HIV. We
18 connect them to affirming providers and we provide
19 programming that reduces isolation, improves access
20 to services by offering benefits counseling, legal
21 and financial planning, educational workshops, health
and wellness programs, support groups, and
nutritional meals. These vital services are made
possible from our partnership with the New York City
Council. Our top priority is maintaining our

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3 funding, ensuring that LGBTQ+ older adults can live
4 with dignity and to call the city home.

5 CHAIRPERSON SCHULMAN: Thank you very
6 much. Next.

7 GEORDANA WEBER: Thank you, Committee
8 Chairs Cabán, Hanif and Schulman, for holding this
9 budget hearing which recognizes the critical issue of
10 supporting the health of New Yorkers. My name is
11 Geordana Weber and I'm Chief Program Officer of
12 Service Program for Older People, or SPOP. We are
13 the only agency in New York City that is exclusively
14 dedicated to community-based mental health care for
15 older adults, and we provide outpatient treatment to
16 1,000 adults each year. We've been doing this work
17 for over 45 years, and we offer services via
18 telehealth, at our offices on the upper west side of
19 Manhattan and at satellite locations in Brooklyn, the
20 Bronx and Manhattan. We're only as strong as our
21 network of community partners and we're grateful for
the opportunity to work with dozens of hospitals,
older adult centers, and aging service providers to
reach out to isolated adults who would otherwise have

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3 no access to mental health care. Older adults
4 represent the fastest growing segment of New York
5 City's population, and they are generally older, more
6 diverse, and more isolated than ever before. An
7 estimated 20 percent of the population will
8 experience a mental health challenge at some point,
9 ranging from mild depression to serious mental
10 illness such as schizophrenia or bipolar disorder
11 which can interfere with their ability to function
12 and live independently, and life can be very
13 difficult for an older adult who's managing physical
14 and behavioral health challenges. Our role at SPOP
15 is to provide mental health services that reduce
16 symptoms, teach coping and problem-solving skills,
17 and support social interaction so that older adults
18 can stay in their communities. We're especially
19 focused on the needs of older adults with serious
20 mental illness. Most SMI mental health care programs
21 are designed for younger adults and don't support
clients who are also managing cognitive changes,
fragile health, and the practical realities of later
life. Aging services, meanwhile, are often not
equipped to provide robust psychiatric care. Older

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3 adults with SMI fall through the cracks until they
4 surface in the most visible and expensive systems we
5 have, emergency rooms, hospitals, shelters, and too
6 often the justice system. I'll wrap up. I therefore
7 urge the committee to advocate for robust funding for
8 programs and services to support community-based,
9 age-affirming mental health care for older adults
10 with serious mental illness. Thanks so much.

11 CHAIRPERSON SCHULMAN: Thank you. Next.

12 DAVID APPEL: Good afternoon. My name is
13 Doctor David Appel and I'm the Coordinator of the New
14 York City School-based Health Alliance. I'd like to
15 thank the Committee Chair Schulman and members of New
16 York City Council's Health Committees for the
17 opportunity to submit testimony on school-based
18 health centers. In my opinion, without baseline
19 funding, the financial viability of New York City's
20 139 school-based health centers are in jeopardy.
21 Increased staffing costs, decreased school
enrollment, and newly migrated children with fewer
options and significant unmet needs all contribute to
placing school-based health centers in financial
jeopardy. School-based health centers are being

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3 forced to cut back a range of services and
4 significant number of school-based health centers
5 around the city have closed being replaced by
6 contract nurses at a cost similar to what we are
7 asking to keep New York City school-based health
8 centers in place, and it contributes to increased
9 long-term health care costs, higher teen pregnancy
10 rates, and lower graduation rates, raised levels of
11 unrelated mental health issues, and drives up ER use
12 and hospitalizations for asthma. I'm here today to
13 urge City Council to use Tax Levy dollars to support
14 school-based health centers at the level of \$100,000
15 per campus and \$100 per student. Through the New
16 York State Department of Health Article 6
17 enhancement, there's a 20 percent match to New York
18 City funding for school-based health centers. So the
19 cost is less than that for a school nurse.
20 School-based health centers are very efficient way to
21 spend Tax Levy dollars. And I included in my
testimony a comparison of services of a school of
2,000 children. It would take two school nurses at a
cost of approximately \$300,000, and they provide
first aid care, can do medication administration.

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3 School-based health centers provide mental health
4 services, dental care, vision care, thousands of
5 immunizations a year, reproductive health, and well
6 child-

7 CHAIRPERSON SCHULMAN: [interposing] Thank
8 you very much. Next.

9 LAURA SAVINO: Good afternoon. My name
10 is Laura Savino. I am the Senior Vice President of
11 Care Management for Institute for Community Living.
12 ICL helps the city address the most serious mental
13 illness crisis by supporting more than 10,000 New
14 Yorkers annually, including housing 4,000 people each
15 night. We successfully support individuals with the
16 most significant problems, and these are people that
17 you might have encountered on the subway or the
18 streets through programs like IMT, Intense Mobile
19 Treatment. IMT works because it provides long-term
20 comprehensive services and is rooted in the
21 community. It helps people stabilize, remain housed,
and avoid costly traumatic system cycling. Today,
nearly 700 New Yorkers sit on an IMT wait list.
Individuals, again, cycling through shelters,
emergency rooms, incarceration while we know that

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3 there is a model that works. There are simply not
4 enough IMT slots, and we are letting people stay on
5 IMT longer than necessary because clients who have
6 stabilized on IMT have no structured bridge to lower
7 levels of care. This is why ICL launched STEPS.

8 This is our Step-down Treatment to Ensure Personal
9 Success which is a recovery-oriented pilot designed
10 to provide structure, lower touch, less intensive
11 traditional support services to help free up these
12 critical IMT spots or slots- I'm sorry. Since
13 launching STEPS in 2023, we've served over 150
14 clients. Of the 73 enrolled, 97 percent of those were
15 housed, 89 percent avoided hospitalization, 86
16 percent avoided ER visits, and 100 percent were not
17 arrested or incarcerated. STEPS is also a fraction
18 of the price or of the cost of IMT. Now, the Council
19 recognized this and allocated \$4.5 million
20 specifically for STEPS, yet this money has not yet
21 been procured. We are urging the release of these
funds, and we are also urging you to hold, please,
joint oversight hearing with the Committee for Mental
Health, Addiction, Disabilities and a committee on
workshop development for the topic of behavioral

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3 workforce development in which is especially
4 pertinent to Mayor Mamdani's promotion with his
5 vision for the Department of Community Safety. If we
6 don't allow these funds to be released, over 100 New
7 Yorkers potentially have nowhere to go back into the
8 community, and they could potentially land back on
9 the streets with no care and no services.

8 CHAIRPERSON SCHULMAN: Okay. Thank you.

9 Next.

10 MARYM MOHAMMED-MILLER: Good afternoon.

11 My name is Maryam Mohammed-Miller and I'm the
12 Director of Government Relations and Policy at
13 Planned Parenthood of Greater New York or PPGNY for
14 short. I would like to thank the Committee Chairs,
15 Council Member Schulman, Cabán, and Hanif, for the
16 opportunity for PPGNY to discuss our programs and
17 services. PPGNY has been a trusted provider of
18 sexual reproductive health care and education
19 programs throughout New York City for over 100 years.
20 In 2025 we conducted over 67,000 patient visits and
21 engaged over 20,000 individuals through our education
and community engagement programs. We provide the
full range of sexual reproductive health care

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3 services at our health care centers. We are deeply
4 committed to providing care no matter what, and we're
5 thankful for the Council's continuous support of our
6 work to ensure New Yorkers access the care they
7 deserve. We also have faced a series of attacks from
8 the federal administration and politicians hostile to
9 sexual reproductive health care, limiting our ability
10 to provide the care New Yorkers rely on. So, that is
11 why today we are asking the Council to continue to
12 support the work we do, but asking for increases in
13 several initiatives including the Reproductive and
14 SEXual Health Initiative that supports our clinical
15 service work and our education programs, specifically
16 our youth health promoters program that engages young
17 people to access the care that they deserve and
18 empowers their ability to navigate health care
19 services. We're also asking for an increase in the
20 New York City Abortion Access Fund which is the first
21 in the nation Abortion Access Fund that the Council
proudly championed to ensure New Yorkers can get
abortion care. We're also asking for an increase in
a dedicated contraceptive fund to support our ability
to provide long-acting reversible contraceptive care

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3 to New Yorkers in need, as well as an increase in the
4 Trans Equity Program initiative to support LGBTQ New
5 Yorkers in need of gender-affirming care throughout
6 our city. We look forward to continue to work with
7 the Council to support this work, make sure that New
8 Yorkers can affordable and quality health care.

9 Thank you.

10 CHAIRPERSON SCHULMAN: Thank you so much.

11 I want to- any questions for the panel?

12 CHAIRPERSON HANIF: Yes.

13 CHAIRPERSON SCHULMAN: Go ahead.

14 CHAIRPERSON HANIF: I would also like to
15 know if your organizations have had interactions with
16 MOPD? I'm just trying to understand given the
17 intersection of disability and all of your
18 testimonies, just how MOPD might be playing a role in
19 the work that you're doing. What do you think of
20 when we say the mayor's got an Office of Disability-
21 for people with disabilities?

GEORDANA WEBER: I can go. SPOC would
love to work with MOPD. We- one of the things the
Commissioner said earlier on about how- when you
make spaces disability-friendly, you're also making

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3 them aging-friendly, not to mention family-friendly.

4 I think there's a lot of opportunity for cross-over.

5 At SPOC we work a lot with people who are blind and

6 visually impaired. We have a satellite at Visions,

7 at Cellas [sic] Manor, and we've not worked directly

8 with MOPD, but we have agencies that are referring to

9 us like Visions or like the Lighthouse come and do

10 trainings with our staff so that we are as

11 disability-affirming as we can be. Understandably,

12 that's only just one type of disability.

13 CHAIRPERSON HANIF: Thank you.

14 MARYAM MOHAMMED-MILLER: Yeah, Planned

15 Parenthood of Greater New York would love the

16 opportunity to work with MOPD. We have launched a

17 series of programs targeting folks with intellectual

18 disabilities, young people specifically in the school

19 system, creating specific programs to provide

20 comprehensive sexual education in ways that meet

21 their educational and IDD needs. So, that program

has been funded by private donors, supporters of

Planned Parenthood, but would love to, you know,

concrete a partnership with the City to make sure

that those resources are still available to folks,

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3 especially given funding cuts that we're seeing for
4 education- from the Trump administration to be frank.

5 CHAIRPERSON HANIF: What's the funding
6 associated with this program?

7 MARYAM MOHAMMED-MILLER: We've gotten
8 private donations. I know that there's some state
9 grant dollars. Not clear on city-level funding, but
10 we've, you know, inquired and would love some clarity
11 on what the pathways are to fund that program.

12 CHAIRPERSON HANIF: Got it. Thank you.

13 CHAIRPERSON SCHULMAN: Thank you. This
14 panel's dismissed. Thank you. Thank you very much.
15 Okay, next panel: Allie Taylor, Candice Kumai-- if
16 I'm pronouncing- hopefully I'm pronouncing that
17 correctly- Meagan Licari, Laura MacAvoy, Kathleen
18 Raab, and Chelsea Domaleski [sp?]. Go ahead, Allie,
19 go for it.

20 ALLIE TAYLOR: My name is Allie Taylor,
21 President of Voters for Animal Rights. In last
year's budget for the first time ever, the city
allocated a half million dollars for spay/neuter
services to Flatbush Cats which funded approximately
3,500 surgeries. 2,200 if those surgeries have been

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3 completed so far, and they are on target to complete
4 the rest by the end of this June. There is no
5 question that Flatbush Cats' program has been a
6 success for the pet parents and rescuers who received
7 these affordable services. However, this investment
8 represents only a small fraction of what is really
9 needed. The number of requests that Flatbush Cats
10 receives for spay/neuter surgeries and wellness
11 appointments far outpaces available spots. Those
12 3,500 surgeries account for roughly two percent of
13 the estimated need. To effectively address the
14 500,000 stray cats on our streets and reduce shelter
15 intake of owned pets at NYC ACC, the city must fund
16 nearly 190,000 spay/neuter surgeries annually.
17 Without scaling these services, we will continue to
18 fall behind. Flatbush Cats has the infrastructure to
19 scale up, but they need far more city funding to
20 provide more surgeries and wellness appointments.
21 That's why we're urging the Council to allocate \$1.5
million in this year's budget for spay/neuter. The
rescue community is stretched beyond capacity.
Volunteers across the city are stepping in to do this
work, often using their own time and money and

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3 resources and this is not a sustainable system. We
4 can't continue to rely on informal unpaid workforce
5 to provide what is essentially a critical municipal
6 service. In addition to spay/neuter, I want to
7 highlight another urgent issue, pet food insecurity.
8 Lst yer's budget included zero funding for pet food
9 pantries despite the growing need. Financial
10 hardship remains one of the leading reasons people
11 surrender their pets. Right now, families are being
12 forced to make impossible choices between feed
13 themselves and feeding their pets. In speaking with
14 human food pantries such as New York Common Pantry,
15 we know that pet food is one of the most frequently
16 requested groceries with the least availability. By
17 providing funding for pet food to existing human
18 pantries, they can provide warehouse and distribute
19 pet food most efficiently. We are calling for \$2
20 million in funding for pet food pantry programs. And
21 in summary, we urge the Council to build on last
year's progress by allocating \$1.5 million for spay
neuter and \$2 million for pet food pantries. The
cost of providing spay/neuter and pet food is
one-third the cost of what it would cost to shelter

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3 an animal at NYC ACC, and by investing in spay/neuter
4 and pet food pantries, the city can take meaningful
5 proactive steps to reduce shelter intake, improve
6 public health, and support working families. These
7 are not just animal welfare issues-

8 CHAIRPERSON SCHULMAN: [interposing] Okay,
9 we- we have to-

10 ALLIE TAYLOR: Sorry.

11 CHAIRPERSON SCHULMAN: That's alright.
12 No worries. Next?

13 CANDICE KUMAI: Thank you so much,
14 Council Members for listening, and Council Member
15 Lynn Schulman, it's great to see you again, and Chair
16 Cabán and Chair Hanif, thank you for listening. I'm
17 Candice Kumai. I am a journalist and writer here in
18 New York City, and I'm one of the hundreds if not
19 thousands of volunteers that goes out onto the
20 streets every week to find cats in need, and
21 sometimes dogs as well. We go out alone to rescue
these animals in distress, and because I'm not a city
worker I get heckled by locals or sometimes harassed,
and I'm put in dangerous situations in the Bronx and
in Harlem when I'm just out trying to help our cats

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3 and dogs. For those of us who step in, we are faced
4 with a multitude of challenges. We care deeply but
5 we are exhausted. Emotionally, we are also suffering
6 just as much as the cats and dogs on the streets.
7 But with proper investment in spay and neuter
8 services and programs like this pet pantry that we
9 speak about. We can change this. Every single week
10 I talk to different members. We're all volunteers
11 completely out-of-pocket, and the common thread that
12 we all share is that are tired and we are exhausted
13 and we are completely out of pocket emotionally and
14 financially. New York State motto is Excelsior which
15 means ever upward. This is a promise to strive for a
16 better future. New York has always been an example
17 that the world has watched, and I please urge you
18 today to put money towards these initiatives for the
19 pets of New York, and I ask you, we should be
20 striving together for excelsior today. Thank you so
21 much for your time.

18 CHAIRPERSON SCHULMAN: Thank you. Next?

19 MEAGAN LICARI: Good afternoon. My name
20 is Meagan Licari and I'm the Executive Director of
21 Puppy Kitty New York City. As most of you know, the

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3 city is facing a quiet crisis, one that lives in our
4 alley ways, under our stoops, in the homes of
5 families struggling to keep up. The overpopulation
6 crisis is not just an animal issue, it's a community
7 issue and it requires real city support. Low-cost,
8 city-funded spay and neuter is most humane and
9 effective way to reduce suffering on our streets. It
10 works. It stabilizes colonies, prevents endless
11 litters and improves neighborhood health. But right
12 now, this burden is falling entirely on small
13 rescuers just like all of us up here, volunteers and
14 other everyday New Yorkers. That is not sustainable.
15 Our organization alone rescued over 800 animals last
16 year, and every one was spayed or neutered through
17 public funds through donations that we have to raise.
18 But for every one that we help, many, many more are
19 turned away due to lack of reseoruces. At the same
20 time, our food bank is overwhelmed. We currently
21 serve about 45 private rescue groups and cannot
expand to the general public despite the growing
need. Families are being forced to choose between
feeding themselves or their pets, paying rent versus
veterinary care. When access to food and vet care

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3 disappears, the consequences ripple, more unaltered
4 animals, more litter, and more strain on the shelters
5 and rescue groups. If we want to solve the
6 overpopulation, we must address the root causes, and
7 that means investing in spay and neuter and
8 supporting community food banks. Prevention is more
9 humane and far more cost-effective. That's why we
10 are asking you to please award \$1.5 million for
11 spay/neuter and \$2 million for food banks. We are
12 already doing the work. We just need the city to
13 stand with us. Thank you.

14 CHAIRPERSON SCHULMAN: Thank you. Next?

15 LAURA MACAVOY: Hi. My name is Laura
16 MacAvoy. I'm the Secretary of the Board and a
17 long-time volunteer for Puppy Kitty New York City.
18 I'm here today asking for support for the funding of
19 spay/neuter and the pet food pantry programs for the
20 fiscal budget of whatever year we're in now. Who
21 knows. We're struggling against massive endless tide
of suffering, doing our best to meet the needs of our
city's animals and people, but there's only so much
we can do as individual organizations. This issue
will take organized systemic change with city support

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3 for spay/neuter, for rescues and owned pets, and for
4 pet food pantries to help keep families together. On
5 a national scale, 5.8 million cats and dogs entered
6 shelters and rescued as reported to shelter animals
7 count by the 13,471 participating organizations in
8 2025. Of those, 9,371 organizations are rescues
9 without a government contract which accounts for 69.5
10 percent of reporting agencies. According to a 2025
11 survey published in Pet Food Industry, Volume 67,
12 issue four, 42 percent of respondents in
13 middle-income brackets of pet owners which would be a
14 household income of \$60-99,000 annually reported
15 significant challenges due to the high cost of pet
16 food, and 46 percent of pet owners in the lower to
17 modest income households reported significant
18 challenges. Funding for pet food pantries would help
19 alleviate some of this burden for New Yorkers, and we
20 do have the infrastructure to run a pet food pantry,
21 we just don't have the funding to support
individuals. On a smaller anecdotal scale, just this
month we've done intake for 11 cats abandoned in
carriers outside. One was on our porch directly
overnight at 5:00 a.m., and 10 were left in Pet Co.

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3 adoption center partners, including a litter of six
4 kittens.

5 CHAIRPERSON SCHULMAN: Just summarize.

6 LAURA MACAVOY: We need help. Thank you.

7 CHAIRPERSON SCHULMAN: Thank you.

8 CHELSEA DOMALESKI: Hello. My name is
9 Chelsea Domaleski [sp?]. I currently work with
10 several organizations across New York City including
11 New York Common Pantry, the Campaign Against Hunger,
12 and Paws New York to provide pet food and essential
13 supplies to vulnerable residents. Every day, New
14 Yorkers face an impossible choice, feed themselves or
15 feed the pet they love like family. It's happening
16 now. We have senior clients right now who are
17 skipping their own Meals on Wheels donations to feed
18 their dogs and cats. At ACC there's thousands of
19 animals entering the shelter every year due to owner
20 surrender with a significant portion driven by
21 preventable financial hardship, including food
insecurity, lack of access to veterinary care, and
housing instability. These surrenders
disproportionately affect marginalized communities
already burdened by systemic inequalities. We can

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3 change this. Investing in shelter prevention
4 initiatives, low and no-cost veterinary services,
5 including spay and neuter and pet pantries, keep
6 families together and reduces strain on the shelter
7 system. We can put funding where it matters most,
8 food, medical care, and essential supplies. These
9 are simple, cost-effective interventions. When
10 families can rely on consistent access to pet food,
11 they no longer have to stretch already limited
12 budgets or go without eating themselves. It's one
13 less burden, one more reason they can stay stable and
14 keep their companions by their side. Pets are not a
15 luxury. They're a family emotional support and often
16 a lifeline. Keeping them out of shelters and with
17 the people who love them is not only humane, it is
18 fiscally responsible and socially just. I urge you to
19 fund these preventative solutions, because no one in
20 New York City should have to surrender a beloved pet
21 just to survive. Right now, at the Campaign against
Hunger, we have a 2,500 person waiting list for pet
food and supplies. This is already something that we
have in motion where we're working alongside human
pantries. It does not require any kind of

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3 infrastructure intervention. It does not require
4 building new buildings or hiring new workers. It just
5 requires a budget so that we can allocate food and
6 resources to our human pantry partners to serve the
7 people who every single day are trying to feed
8 themselves and stay afloat in New York City and it's
9 something that the mayor's office can do. Thank you
10 for your time.

11 CHAIRPERSON SCHULMAN: Thank you. Next?

12 KATHLEEN RAAB: Good afternoon members of
13 the Council. Thank you for this opportunity to speak
14 on behalf of SPCA International about the issue that
15 directly impacts animal welfare, public health and
16 the stability of families across New York City.

17 Every day, animals are born into situations where
18 there are not enough homes, there are not enough
19 resources, and there's not enough support systems to
20 care for them. The result is predictable,
21 overcrowded shelters, increased strain on municipal
services, and unnecessary suffering for animals. We
know how to prevent this. Spaying and neutering is
the single most-effective humane solution to reducing
pet overpopulation. It decreases intake pressure on

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3 shelters, improves animal health outcomes and reduces
4 long-term costs for our city. This work is not about
5 limiting life, it is about protecting it. The
6 prevention is not enough. As both a representative
7 for SPCA International and a New York City pet owner,
8 I know how quickly the cost of care can become
9 overwhelming. For many families, access to
10 affordable pet food through community pet food
11 pantries can make the difference between keeping a
12 beloved pet or losing them. Pet food pantries are a
13 critical low-cost intervention that stabilizes
14 households, prevents unnecessary surrenders and
15 allows people to care for the animals they love. The
16 resources also support the network of rescuers and
17 community caregivers who are already doing this work,
18 often with limited support. Without access to
19 affordable sterilization services and pet food, their
20 ability to respond is severely constrained. Funding
21 accessible trap/neuter/return programs and pet food
pantries is not just an animal welfare decision, it
is a public investment, a smart public investment. It
reduces suffering, prevents unnecessary surrenders
and strengthens our communities. We are not asking

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3 the Council to take on a new problem, we're asking
4 you to invest in solutions that already work.

5 Together-

6 CHAIRPERSON SCHULMAN: [interposing]

7 [inaudible] Oh.

8 KATHLEEN RAAB: Together we can break the
9 cycle of overpopulation and we can keep families and
10 their pets together. Thank you so much for your time
11 and consideration.

12 CHAIRPERSON SCHULMAN: Thank you. And I
13 just want to state for the record that I spearheaded
14 the pilot program for the \$500,000 last year for the
15 spay/neuter. I am an advocate for it. I'm pushing
16 for it myself this year, and also for the pantries.
17 So, I'm pushing on both of those scores [sic].

18 KATHLEEN RAAB: Thank you.

19 CHAIRPERSON SCHULMAN: Just so that you-
20 just so everybody knows. So, we'll see where we wind
21 up, but thank you so much. Panel is dismissed.

Thank you. Okay. Ronni Marks, Jeanine Gurega [sp?],
Robert Dezrelo [sp?]- sorry if I mispronounce that-
Elaine Lepena [sp?], and Wen- Parisome [sp?]. Wen
doesn't need a last name? Okay. Alright, so who do

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3 we have? We have Ronnie. We have Wen. I'm sorry?
4 Okay. He's not here. We're going to call up Hadley
5 Weiss [sp?], Charles De San Pedro, Jr., and Blanca
6 Simmons [sp?]. Okay. You go first. Whoever wants
7 to go first? Jeanine?

8 UNIDENTIFIED: She's going to talk for
9 Robert. He had to leave.

10 CHAIRPERSON SCHULMAN: Okay, fine.

11 UNIDENTIFIED: Thank you for the
12 opportunity to speak to you today. I want to thank
13 Chair Schulman, Council Member Cabán and other
14 Council Members and staff for supporting the
15 hepatitis community in the past. I am here today as
16 a representative of the Hepatitis C Mentoring Support
17 Group. I have been working for 12 years on the
18 ground and with the underserved communities providing
19 training on education and supportive services within
20 syringe exchange programs and drop-in centers. I
21 work closely with the founder and Executive Director
of ACMSG [sic] Ronnie Marks, who in addition to being
a patient has experienced working with both patients
and providers. Educational groups and supportive
patient mentoring services have been shown to be

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3 important elements of successful and cost-effective
4 medical care for patients with hepatitis C and other
5 chronic health conditions. The services improve the
6 quality of life as well as medical outcomes for
7 patients. The training ACMSG provides for health
8 care providers help them to have a better
9 understanding of how to work with all patients with
10 an emphasis on high-risk populations such as people
11 with substance use disorder, those co-infected with
12 HIV, LGBTQ community, youth and women of
13 child-bearing age dealing with hepatitis C. Our hope
14 is to see this provider model for the entire country
15 with New York City as the first city to eliminate
16 hepatitis C. We need increased services for
17 hepatitis, peer navigators, harm reduction, and
18 syringe exchange services. This is why it is
19 critical that we reduce missed opportunities to
20 screen and diagnose patients who seek care in
21 emergency rooms and hospitals, as well as educating
providers and staff on the stigma faced by people who
use drugs. There are opportunities to move towards
elimination by increasing the focus on treating
patients who are in the hospital for extended periods

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3 of time. Education is needed in overdose prevention,
4 hepatitis and HIV. People need to understand this
5 endemic connection between substance use and
6 infectious disease. As an educator in the field and
7 someone who has witnessed the lack of knowledge in
8 communities, I can-

9 CHAIRPERSON SCHULMAN: [interposing] So,
10 just wrap it up. That's Robert's testimony?

11 UNIDENTIFIED: Yeah.

12 CHAIRPERSON SCHULMAN: Yeah. And then
13 I'm going to give you two minutes for yours. So wrap
14 his up.

15 UNIDENTIFIED: Okay. So, please help us
16 ensure that all New York City residents have access
17 to hepatitis C testing, treatment and care regardless
18 of race, gender and economic status. Thank you.

19 CHAIRPERSON SCHULMAN: Okay. Then you
20 will have two minutes on your own?

21 RONNI MARKS: Right, I'm going to go.

CHAIRPERSON SCHULMAN: You're going to go
first?

RONNI MARKS: Yeah. I'm not going to read
this whole thing. I'm just-

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3 CHAIRPERSON SCHULMAN: [interposing] Two
4 minutes, Ronni.

5 RONNI MARKS: Okay, okay. Thank you for
6 the support that you have given us. I am a patient
7 who cured of hepatitis C and my mission is to see and
8 give the opportunity to others to have that no matter
9 who they are or where they come from. The Health
10 Department estimates that 330,000 people are living
11 with hepatitis B and C, and without care and
12 treatment, this can lead to progress to serious liver
13 disease, liver cancer and even death. As a patient
14 who has been cured, I can tell you what a difference
15 it makes in your life. I've seen people turn their
16 lives around from being cured, and it gives them
17 opportunities for other ways in their life to
18 improve. Continued increased support of the viral
19 hepatitis initiative is vital to the health and
20 wellness of New York's most vulnerable. We have the
21 infrastructure. We need more funding to expand these
services. Please help us ensure that all New York
residents have access to hepatitis C education,
testing, treatment and care regardless of race,

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3 gender or economic status. Let's make New York City
4 the first city to eliminate hepatitis.

5 CHAIRPERSON SCHULMAN: Thank you.
6 Jeannine, go ahead.

7 JEANNINE GARRIGA: To Chairperson
8 Schulman and members of the Committee on Health, my
9 name is Jeannine Garriga and I work with the
10 Hepatitis C Mentor and Support Group where I focus on
11 hepatitis C education, training and community
12 engagement as part of the New York City viral
13 hepatitis prevention initiative. Nearly 330,000 New
14 Yorkers are living with chronic hepatitis B or C, and
15 without care and treatment many will progress to
16 serious liver disease, liver cancer or even death.
17 These infections disproportionately impact
18 communities already facing barriers to care,
19 including immigrants, people with low incomes, people
20 who use drugs, men who have sex with men, and those
21 with histories of homelessness or involvement with
the criminal justice system. Every day this
initiative reaches people who are often left out of
traditional health care systems. Through education
and community-based support, we help people

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3 understand hepatitis, get treated and stay engaged in
4 care. The latest data shows both progress and
5 urgency. In 2024, 305 people were newly reported with
6 acute hepatitis B, and 8,029 people were newly
7 reported with a chronic hepatitis B in New York City
8 with ongoing disparities impacting Asian and Pacific
9 Islander and Black communities. For hepatitis C, 398
10 acute cases were reported, and 2,188 people were
11 newly reported with chronic hepatitis C, the lowest
12 level in a decade, showing that our efforts are
13 working, but we cannot stop here. People are still
14 becoming infected, and too many remain undiagnosed or
15 untreated. If we are serious about eliminating
16 hepatitis B and C in New York City, we must continue
17 to invest in the programs that make treatment and
18 cure possible. The viral hepatitis prevention
19 initiative meets people where they are and does not
20 leave them there. We respectfully ask the Council to
21 sustain funding and approve an additional \$2.76
million for a total investment of \$5 million. This
investment will ensure more New Yorkers are tested,
treated and cured. Thank you for your continued

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3 commitment to eliminating hepatitis B and C in New
4 York City.

5 CHAIRPERSON SCHULMAN: Thank you. Wen?

6 CHARLES DE SAN PEDRO: Yes. Alright.

7 Hello members of City Council. My name is Charles De
8 San Pedro, Jr., and I have been a member of TOP
9 Clubhouse for seven years and three months. Thank
10 you for having myself and one of TOP's staff members,
11 Hadley, along with our Director Bianca, and Wen here
12 to testify about our need for funding to keep TOP
13 Clubhouse open. Council Member Cabán,
14 congratulations on your appointment as Chair of the
15 Committee on Mental Health and Substance Use. We
16 have a thrilling invitation for you. We would like
17 you to come to our Clubhouse for an excellent lunch
18 and meet some of our members. Please stop by any
19 week day around 12:30. I have prepared a poem for
20 you and hope that it shows you the love that I have
21 for TOP Clubhouse and proves that I am here for the
right reasons. I love TOP. It means so much. And
the funding from City Council adds an amazing touch.
It allows us to work on the goals we have set and on
us, our members have made a safe bet. We're happy

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we're still open. Us being closed would be sad.

3 When thinking about our members, we know it would
4 make them so mad. Please baseline our funding so we
5 don't have more stress, and help us make TOP
6 Clubhouse a phenomenal success.

7 CHAIRPERSON SCHULMAN: Thank you very
much.

8 CHAIRPERSON CABÁN: Can I just say, I'm
9 in, so long as we get to each lunch together.

10 CHARLES DE SAN PEDRO: Yes, definitely.

11 CHAIRPERSON CABÁN: Excellent.

12 CHAIRPERSON SCHULMAN: Next. Go ahead.

13 HADLEY WEISS: Hello, Council Members,
14 and thank you for the opportunity to testify this
15 afternoon. My name is Hadley Weiss and I'm the
16 Program Coordinator for TOP Clubhouse, a small
17 clubhouse located on the Upper West Side. I've worked
18 at TOP Clubhouse for a little over a year and a half,
19 and in that short period of time I've become a
20 staunch believer in the clubhouse model. I've seen
21 members come out of their shell through time at the
clubhouse, start to smile and laugh, begin to build
relationships and gain confidence in themselves and

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3 their abilities. These transformations are stunning
4 to watch and are a testament to the vitality of the
5 work that clubhouses do. On the other hand, I have
6 spoken to multiple members who express reservations
7 about fully engaging with the clubhouse, because they
8 are deeply afraid that the clubhouse will be taken
9 from them. These members report loneliness and
10 isolation which negatively impacts the state of their
11 mental health. They have told me that they want to
12 participate in the clubhouse, but that it is
13 frightening to allow themselves to rely on a
14 community that might disappear. Clubhouses provide
15 support, purpose and structure to vulnerable New
16 Yorkers, but we cannot do this to the best of our
17 abilities without stability. We are so grateful for
18 the funding City Council has provided to small
19 clubhouses and ask that our funding be baseliend so
20 that we might extend that stability to our community.
21 Thank you for your time.

CHAIRPERSON SCHULMAN: Thank you very
much. Next?

BIANCA SIMMONS: Good afternoon, Chair,
and members of City Council. My name is Bianca

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3 Simmons. I am the Program Director of TOP Clubhouse
4 at Goddard Riverside on the Upper West Side. Thank
5 you for the opportunity to speak today. You already
6 heard from Charles, a dedicated member over seven
7 years, who shared through his poem just how much TOP
8 Clubhouse means to him. His words reflect something
9 we see every day. This is not just a program, it's a
10 community that members deeply rely on. You've also
11 heard from my colleague Hadley who spoke to the
12 powerful transformations that happen within our
13 clubhouse, members building confidence, forming
14 relationships, and rediscovering a sense of purpose.
15 I want to build on both of those perspectives. At
16 TOP Clubhouse we serve individuals living with mental
17 health challenges who come to us for structure,
18 connection and opportunity. Each day, members show
19 up not just to receive support, but to actively
20 participate in a working community where they gain
21 skills, build confidence and move toward employment
and independence, but what we are hearing more and
more and what Hadley referenced is uncertainty.
Members are hesitant to fully engage, not because
they don't want to, but because they're unsure if the

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3 clubhouse will continue to exist, and that
4 uncertainty has real consequences. For individuals
5 in recovery consistency is critical. The progress
6 our members make is built on trust, routine, and
7 daily connection. When that stability is threatened,
8 it can lead to isolation, anxiety, and setbacks in
9 mental health. Members should not have to question
10 whether their community will remain open. They should
11 not have to decide how to invest in their own
12 recovery based on whether funding will be there
13 tomorrow. Stable support ensures that our doors
14 remain open, our services are made consistent, and
15 our members can continue to grow without disruption.
16 TOP Clubhouse like all other small clubhouses across
17 New York City plays a vital role in supporting some
18 of our most vulnerable residents, not only improving
19 quality of life, but strengthening communities as a
20 whole. Thank you for allowing us to share our voices
21 today and our experiences from our members.

18 CHAIRPERSON SCHULMAN: Thank you very
19 much. Next? Wynn?

20 WYNN PERIASAMI: Hi, my name is Wynn. No
21 Last name needed, and I'm the Director of External

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3 Affairs at Goddard Riverside, a multi-service
4 settlement house serving over 22,000 New Yorkers who
5 come to us from across the city, across ages,
6 incomes, health statuses, and more. Grateful to all
7 four Committees, Committee Chairs- congrats on the
8 new Committee on Disabilities- and staff for their
9 work to make more accessible more healthy city for
10 all of us. Goddard has appreciated the leadership of
11 the Council in creating and enhancing the mental
12 health clubhouses initiative. We urge the Council to
13 restore and enhance this funding to \$3.79 million to
14 cover the true cost of clubhouse work in the face and
15 the needs from community members seeking to join and
16 stay in these communities. We are also just one
17 clubhouse across the wider clubhouse movement across
18 New York City, and I urge the admin and the Council
19 to work together with clubhouses of all sizes to
20 invest in this model so that it can stay and grow.
21 We are grateful in addition to the Council for
allocating \$4.5 million for the new citywide
initiative Jordyn spoke about earlier currently
called the Peer Specialist Support Initiative which
funds peer workers across a number of community-based

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3 settings, including our TOP Clubhouse. We're in
4 support of the calls to expand this to \$6 million to
5 emphasize how this criteria works and to really to
6 continue to invest and grow the peer workforce more
7 broadly. Finally, we have a number of other
8 behavioral health programs. All of you are welcome
9 to join us at any time. I'm pretty sure most of you
10 have my contact information. Including IMT, ACT, and
11 Young Adult ACT teams, we join other providers in
12 calling on the city to fully fund the number of
13 mobile response teams necessary to eliminate the wait
14 list for these truly important community resources,
15 including \$11 million for IMT. I'm available for
16 questions. Thank you so much.

14 CHAIRPERSON CABÁN: Thank you. We're all
15 set. Alright. On our next panel we will have
16 Michael Petty, Darren Greenwood, Camilla Samuelsson,
17 Christina Sparrock, Jonathan Chung, and Chantelle
18 Boderó [sp?]. Alright. Free to start. Yeah, go for
19 it.

19 CHRISTINA SPARROCK: Good afternoon,
20 Chair and Committee on Mental Health and Substance
21

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3 Use, Disabilities, and the Committee Members. My
4 name is Christine-

5 CHAIRPERSON CABÁN: [interposing] I'm so
6 sorry, I just want to make sure you get your full two
7 minutes. Can you reset that? They're trying to rob
8 you of 10 seconds.

9 CHRISTINA SPARROCK: As always, thank
10 you. My name is Christina Sparrock and I'm an
11 African-American woman with a head scarf, glasses,
12 and I'm wearing black and a colorful scarf. I'm an
13 alternative crisis response researcher at Disability
14 Justice Program at NYLPI, New York Lawyers for the
15 Public Interest, and we're greatly concerned about
16 the New York City's responding to mental health
17 crisis by sending police. We strongly oppose the
18 current B-HEARD program, as police involvement
19 remains too frequent, contributing to the
20 criminalization of individuals in crisis. As a peer
21 with mental health lived experience, I say no to
22 police. No to police. The city must wholly
23 transform its response to mental health crisis by
24 eliminating police and replacing them with the
25 peer-led health response. During when crisis

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3 response which I've mentioned before [inaudible]. I
4 had police come to my door unannounced, and I didn't
5 know it was police. I wasn't in crisis. I had a
6 wellness check and they banged on my door, and I
7 didn't know who it was. In response, because I was
8 afraid, I grabbed a knife in my own apartment,
9 because I thought it was an intruder trying to kill
10 me or harm me. If my door was unlocked, the police
11 would have come in with their body cam footage. It
12 would have said this allegedly mentally-ill person,
13 an EDP, tried to kill us which would have been false.
14 I would have been the one that would have been
15 killed, because I was in danger in my own house, and
16 I was only protecting myself. So, with that said,
17 the scores of countless people who are dying in New
18 York City from police response to mental health
19 calls, we must stop the B-HEARD program and we must
20 change it into a way where we dispatch peers and
21 emergency responders, EMTs. We must use 988. The
response time must be a reasonable. It needs to be
culturally-responsive and trauma-informed and
establish peer-run oversight mechanism and establish
mental health services including respite centers,

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3 24/7 mental health clinics to minimize first place
4 and serve those who are in crisis to de-esclate the
5 situation. And it has to be 24 hours. NYLPI urges
6 the City Council to ensure that money previously
7 allocated to B-HEARD to be utilized solely for truly
8 non-police responses which includes critical
9 competency. Thank you so much.

8 CHAIRPERSON CABÁN: Thank you.

9 DARREN GREENWOOD: Good afternoon. My
10 name is Darren Greenwood and I've been a member of
11 Chelton Loft Clubhouse for seven years. Before
12 Chelton Loft, I attended a larger clubhouse, but I
13 prefer smaller clubhouse because of the close
14 relationships with staff and members. It feels like
15 a family. It's easy to talk with the staff and get
16 to know people. That one-on-one connection makes a
17 big difference. The clubhouse atmosphere helps me
18 stable and active. They also have with everyday
19 challenges, both emotional and physical. Three years
20 ago I experienced a very difficult time when my
21 father passed away. I was hospitalized during that
period, but with the support of the clubhouse
community, I was able to bounce back. Being part of

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3 Chelton Loft helped me return to activities that give
4 my life structure and purpose. I work at the
5 reception desk, do data entry and computer work. I
6 also help in the clubhouse kitchen. One of my
7 favorite things to do is make coffee for breakfast.
8 It may sound simple, but it feels good to contribute
9 and help start the day for everyone. I also
10 participate in nutrition workshops and Monday Moves
11 which are chair exercises. I even co-hosted a
12 workshop series teaching others how to use technical
13 devices. In 2020, I even tried working. That job
14 didn't turn out to be the right fit for me, but the
15 encouragement from the clubhouse helped me feel
16 confident enough to try. That support matters. Even
17 though I'm currently not looking for employment, the
18 clubhouse continues to help me improve my life.
19 Chelton Loft has made a big difference in my life.
20 Even today, I continue to attend the clubhouse
21 because it keeps me active, connected and supported.
I hope to continue being part of this community and
see what the future brings. Thanks for listening.

CHANTELLE BODERO: Good afternoon, Chair
and members of the committee. My name is Chantelle

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3 Bodero and I am a member of Lantern House Clubhouse
4 in the Bronx. Before I came to the Clubhouse I
5 struggled with my mental health in ways that made
6 everyday life feel overwhelming. I experienced
7 isolation and it was hard to find stability or a
8 sense of purpose. The Clubhouse changed that for me.
9 It gave me a place where I felt welcomed, not judged,
10 a place where I could rebuild my confidence, connect
11 with others and start to believe in myself again.

12 Through the clubhouse, I've been able to develop
13 skills and build relationships and take steps towards
14 employment. It's not just a program. It's a
15 community that supports my recovery every day.

16 Programs like Pros [sic] and Clubhouses are important
17 because they provide ongoing support, not just during
18 a crisis, but throughout recovery. They help people
19 like me stay out of hospitals, stay connected, and
20 start forward with our lives. Without these services
21 many of us would struggle to find stability and
support. I am here today to ask you to continue
investing in programs like these so more people can
have the same opportunities that I had. Recovery is

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3 possible and I am living proof of that. Thank you
4 for listening to my story.

5 MICHAEL PETTY: Good afternoon, Council
6 Members. My name is Michael Petty. I am a member of
7 Life Links Clubhouse which is located in Elmhurst
8 Hospital. I came to the Life Links as a suicide
9 survivor. I tried to take my life after having-
10 enduring abuse from my parents and my father as an
11 alcoholic. I come, like everyone else, to get
12 funding not only for mine but for all clubhouses.
13 The model was started back in 1948. There's a reason
14 why they've been following the same model for almost
15 80 years, because it works. It is a place for people
16 ot have a safe haven. Mental illness is not easy to
17 talk about, and it so much easier when you're around
18 members who have gone through similar or understand
19 where you're from. A lot of people cannot get it
20 from family or friends, because simply they do not
21 understand the illness. Also, people get mistaken
when they hear the word club. They think it's a
place to go play games or cook or just have a free
meal. No, I have see people work and train to go
back to the workforce. Three members of Life Links

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3 are right now peer counselors at Elmhurst Hospital
4 because of the training. I am a retired chef. I have
5 done it for 38 years. I've been able to teach people
6 how to cook who have gone back to the workforce
7 cooking. So, it is- if something's working, you don't
8 break it. You don't fix- take it apart. It's
9 working for people. And like I said, mental illness
10 is not easy to talk about. Thank you.

9 JONATHAN CHUNG: Good evening, Chairs
10 Caban, Hanif, Schulman, members and staff of the
11 committee. My name is Jonathan Chung. I'm the
12 Director of Public Policy for the National Alliance
13 on Mental illness of New York City, or NAMI NYC. We
14 are the only nonprofit providing extensive direct
15 support programs from mental health peers and for New
16 Yorkers caring for a loved one living with mental
17 illness. Our free programs are evidence-based and led
18 both for and by people with lived experience,
19 reflecting the diversity of the communities across
20 the city that we serve. We appreciate that the City
21 Council and the new mayoral administration are
engaging seriously with the urgent need to strengthen
New York City's mental health system. We are

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3 grateful to be part of these conversations. However,
4 significant gaps still remain in the continuum care.
5 One critical concern is the lack of baseline funding
6 for the mental health continuum initiative itself.
7 The Preliminary Budget proposes only \$5 million for
8 this effort which is an amount that is truly
9 insufficient to meet the scale of need across the
10 city. New Yorkers also urgently need greater access
11 to mobile crisis response services. We urge the city
12 to expand the number of Intensive Mobile Treatment
13 teams available to reach individuals with the highest
14 needs. The city must also rapidly scale the B-HEARD
15 program to meet current needs, with a goal of
16 citywide coverage and 24/7 availability. Mental
17 health crises can arise any hour of the day, and
18 individuals in crisis deserve to be met with empathy
19 from professionals who are trained in de-escalation
20 and trauma-informed care. Finally, we respectfully
21 ask the council to restore and invest in critical
peer-led supports for NAMI NYC's programming that we
offer free of charge to the community. This includes
\$250,000 under the Youth Peer Support initiative,
\$500,000 under the newly created Peer Support

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3 Specialist initiative which we also support an
4 increase overall in that funding, and \$150,000 in
5 Speaker initiative funding for NAMI NYC's family
6 support services. These investments will allow us to
7 expand the reach and capacity of our mental health
8 helpline, education classes, more than 30 monthly
9 support groups, outreach presentations, and our
10 family match mentoring program. We really-

11 CHAIRPERSON CABÁN: [interposing] Thank
12 you. Just asking you to wrap up.

13 JONATHAN CHUNG: appreciate the Council
14 and thank you so much for your partnership.

15 CHAIRPERSON CABÁN: Thank you.

16 CAMILLA SAMUELSSON: Good afternoon and
17 thank you to Chair Caban, Chair Schulman, and Chair
18 Hanif and the members of the committees for holding
19 this public hearing. My name is Camilla Samuelsson
20 and I'm a Health Justice Legal Fellow at New York
21 Lawyers for the Public Interest. Thank you for your
continued support of the Immigrant Health Initiative
and Immigrant Opportunity Initiative which saves
lives and improve health across the city. Immigrant
New Yorkers are overburdened by mental health

1 COMMITTEE ON HEALTH WITH COMMITTEE ON MENTAL HEALTH
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3 conditions including from past traumas. Yet, in the
4 last year we've seen a substantial increase in the
5 detention of New Yorkers. In 2025 through
6 mid-October, over 3,000 individuals were arrested by
7 ICE in New York City. These detentions place our
8 immigrant neighbors at risk of heightened harm. We
9 urge the committee to think about the need for
10 trauma-informed pre and post-detention care, as well
11 as programs that help to quickly reconnect these New
12 Yorkers to health care. In the last year, NYLPI
13 provided comprehensive immigration medical support
14 screenings to 85 New Yorkers and direct
15 representation to 60 community members with complex
16 medical and immigration needs. With your support,
17 NYLPI health justice fought for a community by
18 bringing to light the egregious health conditions at
19 Orange County Jail where many New Yorkers are held.
20 A report Denied Care, Denied Dignity which we have
21 shared with you today documents the pervasive and
life-threatening deficiencies in medical care at OCJ.
Our medical providers network is seeing an increased
need as well for psychological evaluations for New
Yorkers in immigration detention. Mental health

1 COMMITTEE ON HEALTH WITH COMMITTEE ON MENTAL HEALTH
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3 support is also critical for non-citizens detained by
4 ICE upon their release from detention. We've
5 recently secured the release of two New Yorkers
6 facing severe medical harm in detention. Back in
7 community, both required urgent access to medical
8 care. These individuals received this critical care
9 through H+H and went through the program for
10 survivors of torture at Bellevue. Outside of
11 detention, confusion with health care navigation and
12 fears of ICE enforcement are barriers to care. As
13 health care advocates, we have worked tirelessly to
14 establish access to health care and health insurance.
15 We've also seen an uptick in people who are wrongly
16 denied medical benefits or believed they no longer
17 qualified for services. Thanks to NYC Care, many of
18 these people are able to fill these gaps at H+H. As
19 you continue to consider your funding allocations, we
20 hope you'll consider the important connection between
21 immigration status and health for all New Yorkers.
Thank you for supporting our work and our clients.
We look forward to continuing to work with you.

CHAIRPERSON CABÁN: Thank you. Before we
dismiss this panel, I just want to thank the folks

1 COMMITTEE ON HEALTH WITH COMMITTEE ON MENTAL HEALTH
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3 that talked about their experiences and community. I
4 am somebody who lives with a mental health diagnosis.
5 I'm also somebody with a disability. I know how
6 important it is for me to have a tight-knit community
7 of other people with mental health diagnoses, with
8 disabilities, who are neurodivergent, whatever it
9 might be, because oftentimes other folks don't get
10 it. And also oftentimes, we're the ones that take
11 care of each other, because we get it. So, I just- I
12 think it's a beautiful thing that there are these
13 spaces where you can go to feel cared for, nurtured,
14 get the services that you're seeking. So, I just
15 want to thank you again for coming out and
16 testifying.

14 UNIDENTIFIED: Thank you.

15 UNIDENTIFIED: Thank you.

16 CHAIRPERSON CABÁN: Yeah. Okay, the next
17 panel: Hector Garcia- I think it says Garcia-
18 Cristina Abbattista, Shlomit Levy, Sofina Tenny
19 [sp?], Toni Smith, and this just says- oh, X Knottage
20 [sp?], is that right? From Act Up New York. Okay,
21 alright. And sorry if I butchered any of your names.

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3 Sorry, I mixed them all up. Alright, feel free to
4 start.

5 HECTOR GARCIA: Good afternoon, Chair
6 and members of the committee. My name is Hector
7 Garcia and I am the Program Director for Lantern
8 House Clubhouse, but I'm here also on behalf of
9 Goodwill Industries of Greater New York, Northern New
10 Jersey. Each year, Goodwill serves more than 30,000
11 New Yorkers, helping individuals overcome barriers to
12 employment through workforce and behavioral health
13 programs, including PROS in our mental health
14 clubhouses. Today, I want to emphasize the
15 importance of investing in community-based mental
16 health services that support long-term recovery, not
17 just crisis response. We serve individuals living
18 with serious mental illness who often face
19 homelessness, repeated hospitalization, and long-term
20 unemployment. PROS and Clubhouses work together to
21 change that. PROS provides critical clinical and
rehabilitative support, especially after
hospitalization. Clubhouses provide a
community-based environment where individuals build
relationships, develop skills and access employee

1 COMMITTEE ON HEALTH WITH COMMITTEE ON MENTAL HEALTH
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3 opportunities. Together, they create a pathway from
4 stabilization to independence. At Goodwill our
5 programs in Harlem, Astoria, and the Bronx serve
6 hundreds of New Yorkers each year, helping
7 individuals move from isolation toward connection,
8 purpose and work, but demand is growing and current
9 funding does not fully cover the cost of these
10 services. Without adequate investment, more
11 individuals will cycle through emergency rooms,
12 hospitals, and shelters, driving higher costs for the
13 City. With the right investment, these programs
14 reduce system strain and help New Yorkers achieve
15 stability and workforce participation. We urge
16 continued investment in PROS Clubhouse models as part
17 of a comprehensive community-based mental health
18 system. Chairperson Cabán, we would also welcome the
19 opportunity to host you and your team at our Astoria
20 PROS program in Queens so you can see firsthand these
21 services have in your district. Thank you for your
time and leadership.

TONI SMITH: Good evening. Thank you for
being here Chairs Cabán, Schulman, Hanif, and thank
you for the opportunity to testify. My name is Toni

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3 Smith. I'm the New York State Director at the Drug
4 Policy Alliance. As we've heard today, overdose
5 deaths are on the decline, and while our investments
6 in care are working, we need to pay particular
7 attention where the crisis is still most acute.

8 Overdose deaths among Black and Latino New Yorkers
9 remain twice as high as white New Yorkers. The
10 leading cause of pregnancy-associated death in the

11 city is mental health conditions which includes
12 substance use disorder, and a concentration of these
13 deaths occurred post-partum when parents are

14 experiencing trauma related to separation from their
15 infant. In recent years, New York City has embraced
16 some practices that chip away at drug war conventions
17 that create these types of harms. In 2020, Health +

18 Hospitals began requiring providers to obtain
19 informed consent before drug testing pregnant people
20 and their newborns. This has contributed to a 37
21 percent drop in newborns removed by ACS, while

22 keeping parents with their newborns without negative
23 impact on child safety. In 2021, the city authorized
24 the opening of two overdose prevention centers
25 operated by On Point NYC, one of the city's 15

1 COMMITTEE ON HEALTH WITH COMMITTEE ON MENTAL HEALTH
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3 syringe service programs. To date, these centers
4 have provided a safe, non-stigmatizing space to
5 individuals nearly 250,000 times, and this winter
6 these sites provided 24-hour shelter and safety to
7 hundreds of people during the city's weather
8 emergencies. These are powerful demonstrations of
9 providing care instead of punishment, and the city is
10 building on these successes. Last year, the city
11 committed \$4 million to site a drop-in space in the
12 south Bronx. It's critical that this investment is
13 fulfilled. In addition, the city should scale up
14 harm reduction services in other geographic hotspots
15 and other parts of the city where there is not
16 service. Recently, the city launched an Early
17 Childhood partnership between ACS and DOHMH. To keep
18 families together, this program must not create a
19 pipeline to ACS surveillance. Finally, DOHMH must be
20 a key part of the city's coordination on issues
21 related to substance use, including 911 and 311
calls, linkage to housing, and weather and other
emergencies. We will provide more detail in our
testimony, and we look forward to being in
conversation with you all. Thank you.

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3 CRISTINA ABBATTISTA: Good evening, and
4 thank you Chairs Cabán, Schulman and Hanif, as well
5 as members of the committees, for the opportunity to
6 testify today. My name is Cristina Abbattista and
7 I'm the Policy Analyst at Urban Pathways. We are a
8 homeless services and supportive housing provider
9 serving over 2,500 single adults annually. Since
10 2015, over 20 individuals have been killed by police
11 officers while experiencing a mental health crisis in
12 New York City. Traumatic encounters between police
13 and people in crisis are not isolated incidents.
14 They are the consequence of a failing public health
15 system. Transforming our mental health crisis
16 response system is essential to enhance community
17 safety, and refer people to long-term support as
18 opposed to crisis escalation, often resulting in
19 serious harm and trauma. While we appreciate the
20 city's attempt to shift crisis response to more a
21 person-centered approach through the B-HEARD program,
there is much more that needs to be done for B-HEARD
to be a true public health response to mental health
crises. Enacting the following changes will make
that possible. Mandate that peers, people with lived

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3 mental health experience, be added to B-HEARD teams.
4 Peers bring indispensable firsthand knowledge,
5 insights, and trust in the community that could not
6 be replicated. Expand the number of B-HEARD teams to
7 ensure citywide 24/7 coverage and to match the call
8 volume. Establish 988 as the number to be dialed for
9 mental health and substance use crises in place of
10 911 while ensuring coordination among 911, 988, and
11 311. And lastly, renew and expand the Speaker budget
12 initiative for the Peer Behavioral Workforce from
13 \$4.5 to \$6 million in Fiscal Year 2027, emphasizing
14 care positions in community-based mental health
15 crisis response systems in the funding eligibility
16 criteria. Thank you for the opportunity to testify.
17 There's more details in my written testimony.

15 SHLOMIT LEVY: Good evening, Chairs
16 Cabán, Hanif, and Schulman, and esteemed members of
17 the committees. My name is Shlomit Levy and I'm the
18 Project Director for the Center for Justice
19 Innovation's Brooklyn Mental Health Court and Felony
20 ATI. Thank you for the opportunity to testify today.
21 I will be speaking very quickly about CJI's
22 court-based programs and community-based programs for

1 COMMITTEE ON HEALTH WITH COMMITTEE ON MENTAL HEALTH
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3 adults and young people. Brooklyn Mental Health
4 Court addresses both treatment needs and public
5 safety concerns. Program success has been
6 well-documented with a reduction in re-arrest for
7 active participants. The Court-involved Youth Mental
8 Health Program provides specialized support for youth
9 ages 18 to 24. The Strong Starts court initiative
10 provides specialized support to infants, toddlers,
11 and their families. This program has helped family
12 preservation and reduced likelihood of future abuse
13 or neglect petitions. Funding will reach more
14 families with improved outcomes for some of the most
15 city's vulnerable children. The Midtown Community
16 Justice Center's Community First program utilizes
17 community navigators who offer peer support for
18 clients- to help clients achieve their identified
19 goals. MCJC will seek to expand Community First to
20 partner with NYPD and the city's new Department of
21 Community Safety. The Empower Her Pathways to
Justice program is a gender-responsive program for
female ATI participants at the Staten Island Justice
Center and Queens Community Justice Center. With
funding, both centers will hire a case manager who

1 COMMITTEE ON HEALTH WITH COMMITTEE ON MENTAL HEALTH
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3 will deliver trauma-informed and gender-specific
4 programming. Bronx Community Solutions is seeking
5 funding to cover the cost of DWI treatment and
6 assessment for BCS participants and to fund the
7 staffing of a DWI Treatment Coordinator so BCS may
8 continue to rapidly connect mandated participants to
9 treatment. The Queens Community Justice Center
10 piloted Uplift in 2022, a program that provides
11 trauma and healing services to justice-involved young
12 men of color. The justice center was able to fully
13 implement and sustain the program thanks to the
14 ongoing support of City Council. And finally, the
15 Staten Island Justice Center is working in
16 partnership with the DA's office to establish a
17 Staten Island Community Justice Center modeled on
18 other successful CJI sites. Almost done. The Justice
19 Center seeks to expand these initiatives through the
20 addition of a case manager, expanding focus on music,
21 technology, and creative skill-building, as well as
their youth wellness initiative to provide support to
court-involved youth and at-risk youth. Thank you.

UNIDENTIFIED: Hello and thank you. Act
Up New York stands with Council Member Ossé in making

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3 the following requests of the DOHMH free clinic
4 system. Reopen the Crown Heights clinic. At the
5 Crown Heights clinic provide sexual health services
6 as well as COVID, Flu, RSV, PCR testing services.
7 STI test and COVID, Flu, RSV tests use the same PCR
8 machines that DOHMH has already purchased, and
9 there's no other place in the City with or without
10 insurance to get a COVID PCR test. We also ask that
11 this clinic lead the way in becoming the first
12 city-run health center to provide gender-affirming
13 care to combat gaps in care due to cuts at the
14 federal level. Additionally, we ask that all DOHMH
15 sexual health clinics extend their hours to 8:00 a.m.
16 to 8:00 p.m., Monday through Saturday to accommodate
17 daytime workers and school-aged teens. Provide van
18 services to immigrant neighborhoods who are avoiding
19 health services due to targeting by ICE. Make the
20 existing abortion hotline a transgender health
21 navigation and abortion navigation hotline. Reopen
the sexual health clinic in Staten Island. Provide
proper staffing at all clinic locations. Right now,
clinics are understaffed with lab technicians and
intake staff and have to close early. Purchase the

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3 Manhattan Planned Parenthood that closed last year
4 and turn it into a city-run sexual health clinic site
5 to cover the gap in abortion and HIV care from this
6 DOHMH service provider. Make PrEP continuity of care
7 and medication abortion services available at all
8 clinics. Add COVID, Flu, RSV PCR testing at least
9 twice a week at all clinics. Finally, we ask that
10 DOHMH generally rolls out a KN95 masks distribution
11 program. KN95 masks, unlike surgical masks, are
12 effective for the wear even when those around them
13 are not masking, but these masks are not available
14 for purchase in New York, only online. Please
15 provide free KN95 masks at your clinics, in subway
16 stations, and at libraries. Even providing them for
17 a dollar each would be better than not having them at
18 all. Thank you.

19 CHAIRPERSON SCHULMAN: Thank you very
20 much, and I want to thank this panel. Appreciate
21 your testimony, and we- I don't know if you saw
earlier, I also echoed what Council Member Ossé said
about the Crown Heights clinic. So, we're going to
keep pressing DOHMH on their commitment to looking
into that. Okay. Thank you.

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3 UNIDENTIFIED: Thank you so much.

4 CHAIRPERSON SCHULMAN: Thank you. Okay,
5 next panel- alright. Lori is the first name, and I
6 can't make out the last name. It's Pod- otterer
7 [sp?]. I can't- from Include NYC. Lori, yes. I
8 can't pronounce the last name. It starts with a P.
9 Podye- from Include NYC. No? Okay. Alice Bufkin?
10 Michael Schnall [sp?]. Okay. Evy [sp?]? I think she
11 left. Okay, I know Evy. Martha Nabors [sp?].
12 Alright, we'll do the next panel. Carmen Garcio
13 [sp?]? Okay, we've got one. Katy Mui, [inaudible],
14 okay. Sorry if I mispronounced it. Anita Kwok
15 [sp?]. No. I don't know if it's Analisa Otero
16 [sp?]. Oh, yes? Okay. Sorry about that. Okay,
17 great. Nadia Chait? And Asada Turney [sp?]. Go
18 ahead.

19 NADIA CHAIT: Good evening, Chair
20 Schulman, Chair Cabán, and Chair Hanif. I'm Nadia
21 Chait. I'm the Senior Director of Policy and
Advocacy at CASES. We serve over 12,000 New Yorkers
annually with a holistic range of services to meet
their needs in the community rather than the carceral
system. And I'd like to focus my testimony today on

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3 the need to double funding for the City Council's
4 Court-involved Youth Mental Health initiative. This
5 is a critical initiative that provides a range of
6 services to young people who have justice involvement
7 and mental health needs. Over 65 percent of young
8 people in our juvenile justice system have a mental
9 health challenge, and doubling funding would come at
10 a critical time as we've seen the number of youth in
11 detention in our city increase exponentially. So,
12 we're requesting \$6.89 million in funding for FY 27,
13 and for CASES specifically, \$260,000 which would
14 maintain funding for our Adolescent Portable Therapy
15 program which is an in-home and community-based
16 service to help young people and their families who
17 are struggling with mental health challenges and
18 legal system involvement, and additional funding
19 would allow us to add a supervising mental health
20 clinician across all of our youth programs to enhance
21 the quality of services, provide better training for
our staff, and ensure that we are providing the best
evidence-based supports. There are wait lists for a
number of the court-involved youth mental health
initiative programs, and so increasing the funding

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3 would really meet the needs in our community. We
4 also stand with Chair Cabán in calling for funding to
5 eliminate the wait list for ACT and IMT. CASES has
6 nine ACT teams and seven Intensive Mobile Treatment
7 teams. We strongly believe in those services. And
8 lastly, we would like the city to consider funding to
9 establish an outpatient competency restoration
10 program. It's legally permitted in New York City, but
11 rarely used, and instead we see many folks with
12 serious mental illness languish on Rikers Island
13 while waiting for a state psychiatric bed. Thank
14 you.

15 CHAIRPERSON SCHULMAN: I'm sorry. Next?
16 Thank you very much.

17 ANALICA OTERO: Hi, everyone. I'm going
18 to invite all of us to take a deep breath and maybe
19 just stretch. It's been a long day it seems like for
20 everybody here. It's so good to be here with y'all.
21 Good afternoon, Chairman Schulman, Cabán and Hanif.
My name is Analica Otero [sp?]. I am here with the
Coalition for Asian American Children and Families.
A long-time Queens resident, long-time organizer for
justice, and I'm here today because I want to urge

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3 the Council to include \$4.5 million for Access Health
4 NYC in the Fiscal Year 2027. Access Health NYC is a
5 City Council initiative supporting a network of 37
6 community-based organizations across all five
7 boroughs that provide culturally-responsive,
8 language-accessible health education, outreach and
9 navigation services. These organizations help
10 immigrant, limited English-proficient, uninsured,
11 LGBTQ+, and disabled New Yorkers access health care,
12 public benefits, critical health information
13 regardless of immigration status. Through community
14 events, educational workshops and outreach and
15 trusted spaces such as cultural centers, food
16 pantries, mosques, churches they reach residents who
17 often face the greatest barriers to care. By helping
18 residents access preventative care and coverage
19 earlier, these organizations reduce emergency
20 services and strengthen New York's public health
21 infrastructure. Last year, Access Health NYC
awardees facilitated 9,000 health referrals, 1,000
gender-based violence referrals, 4,500 referrals to
social services. This year, the community groups are
reporting a growing fear of misinformation in

1 COMMITTEE ON HEALTH WITH COMMITTEE ON MENTAL HEALTH
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3 immigrant communities that are discouraging people
4 from seeking health care and enrolling in benefits
5 they are eligible for. The proposed Medicaid cuts,
6 threats to language access resources, and increased
7 immigration enforcement concerns are creating
8 significant barriers to care. At the same time, we
9 know that these community-based organizations remain
10 the most trusted messengers for services. So we're
11 urging you all to increase the funding to \$4.5
12 million. That will strengthen the networks of these
13 community-based organizations. Thank you.

14 CHAIRPERSON SCHULMAN: Thank you very
15 much. Next?

16 KATIE MUI: Good afternoon, Chairs and
17 committee members. I'm Katie Mui, a social worker and
18 Policy and Programs Manager at The Network, a
19 membership organization representing over 200
20 nonprofits that develop and operate supportive
21 housing across the state. As you know, supportive
housing is one of the most effective tools to ending
homelessness and substantially improving the lives of
those with mental health and substance use
challenges. However, the model faces ongoing federal

1 COMMITTEE ON HEALTH WITH COMMITTEE ON MENTAL HEALTH
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3 uncertainty, rising costs, and workforce challenges,
4 placing increasing pressure on our providers. We are
5 here today to discuss the need for targeted
6 investments to preserve the city's existing
7 supportive housing stock, advancing the goal of 1,300
8 units preserved by 2030 in alignment with the NYC
9 1515 reallocation plan which the Council has been ins
10 support of. Now, it's time to put that plan into
11 action. We are asking the city to invest \$44 million
12 in capital funding and \$21.3 million in the expense
13 budget to preserve 325 supportive housing units in
14 this fiscal year. Our data shows that at least 7,600
15 units are prime for preservation, but are at
16 significant risk of closure. Federal cuts to the
17 continuum of care are imminent, meaning nonprofits
18 will lose their operating subsidies for thousands of
19 units which will destabilize programs and displace
20 tenants. By investing in preservation right now, the
21 city can mitigate this loss. On the services side,
the units that we've identified are operating
contracts through NYCHA [sic] HRA SRO support
services. This is the lowest funded service
contracting in existence with a base rate being only

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3 a fifth of the NYC 1515 service contract rate.

4 Allowing nonprofits to claim the NYC 1515 rate will
5 enable providers to deliver the level of care that is
6 needed. The \$44 million in capital funding will
7 preserve at least 325 units that are 15 years old or
8 older to complete necessary renovations. More
9 information about these three funding pillars are
10 included in my written testimony. Thank you.

11 CHAIRPERSON SCHULMAN: Thank you so much.
12 Next? Put your mic on.

13 CARMEN GARCIA: Good afternoon, Chair
14 Schulman, Cabán, Hanif and Council Members. My name
15 is Carmen Garcia. I'm a community health worker
16 supervisor at Make the Road New York. On behalf of
17 our 30,000 members, thank you so much for giving me
18 the chance to share about our health access services
19 for immigrant and working class New Yorkers. I'm
20 here today to urge the Council to continue and
21 enhance funding for various health initiatives that
support community health education and health
navigation. This initiative funds our health access
services for New Yorkers severely impacted by federal
cuts. These cuts are trying to deny basic services.

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3 We're helping immigrant New Yorkers navigate the
4 changes the HR1 and how this is impacting their
5 benefit eligibility. We are reducing the fear and
6 uncertainty with accurate information and cultural
7 competence support. Our work includes health
8 insurance and staff outreach, enrollment navigation,
9 referrals, wraparound services, and we also offer a
10 community health worker training and a specialized
11 health access for TGNCIQ New Yorkers. We request the
12 Council support for the following fiscal year 27
13 initiatives. Enhance the Access Health initiative to
14 \$4.5 million with \$110,000 for Make the Road. This
15 has helped us reach thousand uninsured and
16 under-insured people in Brooklyn, Queens and Staten
17 Island with peer-to-peer outreach and public
18 education about options for health care access. We
19 also connect people to resources to train for future
20 community health worker. We ask to maintain that
21 Impact [sic] program for \$2 million and Make the Road
funding at \$82,000. We also want to ask you to renew
\$74,000 for Make the Road under HIV/AIDS Pathways to
Care initiatives. Maintain immigrants health
initiative funding for supports or health insurance

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3 enrollment assistance in SNAP [sic], and finally,
4 secure \$300,000 under the Speaker's initiative for
5 our wraparound legal, health, and educational
6 services. Thank you for your support. Thank you.

7 CHAIRPERSON SCHULMAN: Thank you very
8 much and want to thank this panel. Appreciate it.
9 Okay. Next, Alex Blass [sp?], Gloria Myre [sp?],
10 Ashley Santiago [sp?], Crystal Scott- something
11 Scott. I can't read [inaudible]. Yes? No? Okay.
12 Aisha Gliot [sp?], Crystal Welsh [sp?] is here. Oh,
13 I'm sorry, okay. Aisha Gliot- Elliott, sorry. Okay.
14 Aisha, you want to start? Thanks. Put on the mic.

15 AISHA ELLIOTT: Oh, sorry.

16 CHAIRPERSON SCHULMAN: That's alright.

17 AISHA ELLIOTT: My name is Aisha Elliott
18 and I am honored to be here today as the Chief
19 Program Officer for the Women's Prison Association.
20 It is one of the oldest and first organizations that
21 support women before, during, and after their
incarceration. I am also here as a woman who knows
what it means to be more than the worst moment of
your life. Before policy, before funding lines and
agency reports, I want us to remember the women

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3 behind the numbers, behind the walls, behind the
4 families, and behind our communities. Our daughter
5 who learned early that silence could hide pain, a
6 woman who carried substance use in one hand and
7 untreated trauma in the other like two heavy bags.
8 Too often our systems only see the weight after it
9 breaks something, but let's see them differently
10 today. Substance use, being unhoused, and mental
11 health struggles do not happen in isolation. They
12 grow in the soil of trauma and poverty and violence
13 survived, but not healed, in systems that punish pain
14 more quickly than they treat it. We have to remember
15 that care is not charity. Care is infrastructure.
16 Every dollar you invest in care returns in ways no
17 ledger can fully measure, not just a dollar saved in
18 hospitals, courts, and jails, but the true return on
19 investment is human wellbeing. When you fund, you're
20 not just funding programs, what your funding looks
21 like stability, sounds like laughter, and feels like
a woman waking up in her own space and believing she
has a future worth protecting. Housing first
clinical care and substance use services are not
abstract policies. It is daily work for WPA, human

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3 work and community work that can continue through the
4 justice-involved supportive housing fund and through
5 the mental health for vulnerable population
6 initiatives. We want women to manifest the words of
7 Louisa Taveras [sp?], and that is to create a life
8 from which we do not want to escape. As a city, as
9 leaders, as neighbors responsible for one another,
10 our duty is not to respond when people fall. Our
11 duty is to build the kind of systems that catch them
12 when they do. When women, families and communities
13 heal, New York City becomes what it was always meant
14 to be, a place where care is not the exception, but
15 the promise. Please support WPA in keeping that
16 promise, and thank you very much.

17 CHAIRPERSON SCHULMAN: Thank you very
18 much.

19 ASHLEY SANTIAGO: Good evening, Chair
20 Cabán, Chair Schulman, and Chair Hanif, as well as
21 committee members. Thank you so much for allowing me
to testify today. My name Ashley Santiago. I am the
Senior Community Organizer with Freedom Agenda and
we're one of the organizations leading the campaign
to close Rikers Island. I'm also a native New Yorker

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3 and a resident of Queens. For the past 33 years I've
4 watched our city overly invest in systems in
5 punishment like the Department of Correction instead
6 of systems of healing and true rehabilitation. My
7 24-year-old nephew Michael who has been diagnosed
8 with autism and Disruptive Mood Dysregulation
9 Disorder sat on Rikers Island for two and a half
10 years in dire need of mental health care and healing.
11 Instead of getting that care and treatment that could
12 have addressed the root causes of his behaviors, the
13 real mental crisis that my nephew often- of his
14 behaviors, he was sent to Rikers Island. The real
15 mental health crisis that my nephew often experienced
16 there were labeled as tantrums by correctional
17 officers who were not trained to respond to his
18 clinical needs. At the cost of over half a million
19 dollars per year to keep someone in Rikers, New York
20 City spent over \$1 million to Michael at Rikers, but
21 despite all that money spent, he got no substantial
rehabilitation or treatment. If anything, he came
back to his community worse off. Coming from a
low-income Latinx neighborhood in Queens created a
lot of barriers to adequate treatment for my nephew,

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3 even though he struggled with mental health
4 challenges from a young age. Without access to
5 quality treatment, his symptoms became severe which
6 lead to interactions with law enforcement and several
7 psychiatric hospitalizations. After leaving Rikers-
8 living on Rikers on for two years, my nephew was sent
9 upstate where he was subjected to spending his entire
10 bid [sic], five years, in solitary confinement and
11 constant abuse from guards. He came home this year.
12 My family is facing the reality that his mental
13 health has worsened and the systems of support are so
14 insufficient. This story is far too common. There
15 are over 1,600 people right now on Rikers Island who
16 are diagnosed with a serious mental illness, and that
17 number has increased by 83 percent since 2022. And
18 in my written testimony, there's a full breakdown on
19 where that money can be better spent. Thank you.

20 CHAIRPERSON SCHULMAN: Appreciate that
21 very much.

22 CRYSTAL WELCH-SCOTT: Yes. Good evening
23 everyone and thank you for taking the time to allow
24 me to testify today. My name is Crystal Welch Scott
25 and I am the Clinical Director for Getting Out

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3 Staying Out. And we work with 16 to 24-year-olds who
4 are incarcerated at Rikers Island and in other
5 juvenile facilities and those in the community who
6 have been impacted by the criminal justice system, or
7 at risk. GOSO's community-based education,
8 anti-violence, mental health, job readiness, and paid
9 internship programs have helped 15,000 young people
10 overcome barriers and improve their quality of life.
11 93 percent of our participants are on a better path
12 and do not experience incarceration. Young people
13 are particularly vulnerable to becoming
14 court-involved when exposed to factors such as
15 housing and food instability, violence and poverty at
16 a young age which can leave traumatic and lasting
17 effects on mental health and quality of life.

18 Incarceration is tied to Post Traumatic Stress
19 Disorder and it's often linked to psychiatric
20 conditions, including depression and anxiety. At
21 GOSO, a team of clinicians provide clinical services
including individual, group, therapy, therapeutic
case management, and holistic wraparound treatment.
GOSO recently responded to increase needs for
treatment of anxiety, depression and PTSD by opening

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3 an in-house mental health clinic in partnership with
4 the Child Center of New York. This allows us to
5 provide robust services, including psychiatric care
6 which is also necessary for supportive housing
7 placements. Additional funding through the City
8 Council court-involved youth mental health initiative
9 would ensure that organizations including GOSO could
10 increase capacity to serve more young people. We are
11 thankful to the City Council and administration for
12 funding programs for court-involved individuals, but
13 many services for this population remain chronically
14 under-funded. It is essential to continue to fund
15 the City Council violence prevention and intervention
16 for youth and young adults and alternatives to
17 incarceration and reentry initiatives. Thank you.

18 CHAIRPERSON SCHULMAN: Thank you. Next?

19 MIKE PHILLIPS: Hello. We're both signed
20 up to speak, but in the interest of time, we'll do a
21 single three minutes-

CHAIRPERSON SCHULMAN: [interposing] Okay.

MIKE PHILLIPS: announcement. To my left
is Department of Corrections Retired Captain Gloria
Murli of Rikers Island Cat Rescue, and I'm Mike

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3 Phillips, President and Co-Founder of Urban Cat
4 League, and I'm proudly wearing a bright turquoise
5 eye ear tipped New York t-shirt. At the Rikers Island
6 correctional facility there are over 300 cats,
7 free-roaming feral cat colonies spread all across the
8 island. With money from their own pockets for 30
9 years now, Department of Corrections volunteer
10 employees feed the cats and have struggled to get the
11 situation under control. 27 years ago I chaired with
12 Gloria a meeting with the Department of Corrections
13 Commissioner to discuss addressing the situation.
14 This is a very solvable situation. My group, Urban
15 Cat League, has humanely reduced two very large
16 colonies to zero cats over 17 years using
17 trap/neuter/return and daily care and monitoring. 17
18 years to zero cats. Meanwhile, at Rikers Island, 27
19 years after that first meeting with the Department of
20 Corrections, cats continue to be dumped on the island
21 by employees with security clearance with no
reprimand and a cat population breeding unchecked,
despite ongoing efforts by employee cat volunteers.
A languishing 10-year-old DOC-approved plan to bring
the situation under control is now back in limbo

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3 until we can get the attention of the new
4 administration's newly appointed Department of
5 Corrections Commissioner. It's deja vu all over
6 again for the fourth time. Rikers Department of
7 Corrections serves- please two more minutes for
8 Gloria. Rikers Department of Corrections serves at
9 the pleasure of the mayor of New York City, but no
10 prior administration, nor the recently defunct
11 Mayor's Office of Animal Welfare would agree to
12 intervene or to help motivate the Department of
13 Corrections to complete the approved project.
14 Outreach to three City Council Members became a
15 circular dead-end. The physically in the- Tiffany
16 Caban Queens District, we were told that Rikers is
17 technically in the Bronx and that in any case, the
18 City Council held no sway with Department of
19 Corrections. Jessie Myerson [sp?], Director of
20 Communications for Tiffany Cabán, did offer contact
21 for two journalists he thought would be interested in
the story. We were only asking that someone in the
proper channels of city government be interested in
the story. In conclusion, the Department of
Corrections has approved electric hookup, plumbing,

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3 and even inmates program for the daily care of the
4 cat population. \$80,000 in private funding is
5 waiting to outfit the already designated location for
6 the operation. Even after finally getting a yes for
7 the project after 27 years of respectful negotiation
8 with every branch of city government we could think
9 of to approach. In the end, that yes is still a very
10 disinterested maybe. Short of your help implementing
11 the approved project, the availability of ample
12 spay/neuter services, rabies vaccinations, and the
13 proposed food pantry would be a very big help. Thank
14 you for your time.

15 ALEX BRASS: Thank you all for listening,
16 although I usually don't feel heard here. My name is
17 Alex Brass [sp?]. Two months ago on January 8th I
18 was triple handcuffed and the police were called for
19 a mental health crisis. I was non-violent. I was
20 then injected haldol and benzodiazepine despite me
21 being allergic to haldol which is in my charge and
which was completely ignored, somehow I managed to
escape the hospital. 24 hours later, the 911 was
called again because I was- my mental health crisis
was not helped at all and I was only worse.

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3 Thankfully, B-HEARD showed up and I had quite a
4 different experience from my first three experiences
5 when the police showed up. That being said, I was
6 brought back to CPAP [sic] which I call the Looney
7 Bin Courtroom where, you know, the next three weeks
8 of my life is determined by a doctor who does not
9 listen at all, to the point where I was given Narcan
10 when I was not overdosing. I had the most
11 uncomfortable 12 hours. We have one support and
12 connection center in the entire city and that's in
13 Harlem. We had one in the Bronx. \$50 million was
14 invested into it, and it closed down within two
15 years. I haven't- I'm not quite sure why it's closed
16 down other than reading that certain metrics were not
17 hit. We are at a point where we're turning people
18 into numbers and spreadsheet. If we're going to play
19 the spreadsheet game, we've wasted hundreds of
20 thousands of dollars on a friend of mine who's been
21 sent to the Looney bin 20+ times. She's not offered
any alternative care. If I was offered something
like Project Renewal after my recent experience,
things would be much different. However, from my
understanding B-HEARD does- I didn't get to any of

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3 this. How many people are committing suicide after
4 the hospital. Yes, we need to expand B-HEARD, but if
5 we don't have the proper support systems in place, we
6 don't have support and connection centers, and we
7 don't have crisis stabilization centers, then we're
8 going to continue sending people to the hospitals.
9 60 percent of people are still sent to the hospital
10 under B-HEARD, and six percent are sent to
11 community-based care. So, yes, we need to scale up,
12 but and- if we don't have the proper supports, we're
13 just set up for failure. Thank you.

14 CHAIRPERSON SCHULMAN: Thank you very
15 much. Really appreciate your testimony. Thank you
16 to this panel.

17 CHAIRPERSON CABÁN: Chair, if I may?
18 Just very-

19 CHAIRPERSON SCHULMAN: [interposing] Oh,
20 I'm sorry. Go ahead.

21 CHAIRPERSON CABÁN: Briefly. One, thank
22 you for sharing your experience. I just want you to
23 know that anything you didn't get to, please submit
24 it written because it is going to be read in full.
25 Your critiques of B-HEARD are well-heard.

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3 ALEX BRASS: Thank you.

4 CHAIRPERSON CABÁN: Thank you.

5 CHAIRPERSON SCHULMAN: Yes. And you can
6 send it to testimony@council.nyc.gov, and you have 72
7 hours to do it. You don't have to do it today.

8 ALEX BRASS: Okay. Thank you so much.

9 CHAIRPERSON SCHULMAN: Sure. Sheina
10 Banatte-- I may be pronouncing it incorrectly. Isaac
11 Irizarry, Simcha Ellis [sp?]? Maddy Johnson? Okay.
12 Patricia Green [sp?]? Delmar- oh, Patrice Green, I'm
13 sorry. Sorry about that. Andelle Noor [sp?]. Oh,
14 okay. Hold on. Alyssa Valentine? And Jamir Setnas
15 [sp?]- Sepas [sp?]? Alright, go ahead. Who's
16 going- start from here.

17 MADDY SAMADDAR JOHNSON: Thank you,
18 Council Members, for your infinite patience to listen
19 to people for hours. I'm Maddie Semidar [sp?]
20 Johnson, a multilingual, multiracial woman who runs
21 the community group Park Slope Cats and worked as an
architect and urban planner. I've been rescuing
animals for decades in New York and earlier in the
several other countries I've lived or worked in.
Independent rescuers like myself are beyond depleted,

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3 paying out of pocket, rescuing nonstop with no pay
4 doing the city's job for free from 7:00 a.m. to 2:00
5 a.m. It's neverending, brutal, with no time for
6 anything else, resolving enumerable pleas daily to
7 help animals in distress. And it's cost us our
8 physical, mental, emotional, and financial health.
9 This is not just about animal rights, this is about
10 our human rights too, to an extent. No, we are not
11 all crazy cat ladies. We are ladies who rescue
12 animals due to the compassion in our hearts and are
13 getting driven crazy due a lack of sustainable
14 support. We cannot adopt or foster our way out of
15 this crisis. We must stop it at its source, the
16 only solution the city-funded, high-volume, low-cost
17 or no-cost spays/neuters, access, education,
18 enforcement. The four main barriers against
19 spaying/neutering, financial, cultural,
20 inaccessibility, apathy. We need stronger
21 enforcement against abuse, hoarding, neglect and more
obstacles, not more obstacles for rescues. We need
an army of citizen rescuers. Be the change. Teach
them young. In addition to other cases, in just the
past four months, I successfully resolved two

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3 back-to-back hoarding cases in Park Slope totalling 94
4 cats in deplorable conditions. Every single one of
5 them has not been vetted, fixed, fostered, but for
6 every single one we fix, there are hundreds on
7 Facebook or Next Door posted daily given a free,
8 unfixed, or being bred. This crisis is completely
9 unsustainable. We need extensive citywide community
10 and online outreach for spay and neuters. Mayor
11 Mamdani, multi-lingual styles- [inaudible] [speaking
12 other than English]

13 CHAIRPERSON SCHULMAN: Okay, you need to
14 wrap it up.

15 MADDY SAMADDAN JOHNSON: [speaking other
16 than English]. Invest in low-cost spay/neuter, pet
17 pantries, empathy, action, education. [speaking other
18 than English.]

19 CHAIRPERSON SCHULMAN: Okay. Thank you.
20 Next.

21 ISAAC IRIZARRY: Hi, good afternoon. My
name is Isaac Irizarry. I'm the founder and director
of Irizarry Animal Foundation. We rescue animals in
the street. I'm going to make this quick. I got
animals to take care of. So, yeah, we

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3 trap/neuter/return. We're feeding animals and
4 helping elderly and disabled community within
5 Bushwick and Williamsburg care for their animals. For
6 example, if you broke your leg, I'll come through and
7 help walk your dog, wash your dog. If you tell me
8 there's cats in the street, I help cats, many
9 colonies. All of this is coming out of my own
10 hard-earned pocket, whether my job, other
11 entrepreneurial endeavors. You heard a bunch of
12 stuff here from our other rescuers, fellow rescuers.
13 We're just looking for some money for- \$1.5 million
14 for the TNR services and for the food bank. That's
15 about it. Y'all got questions for me? Alright.
16 Thank you so much. If you want to adopt an animal,
17 Strays on Broadway on Instagram,
18 Irizarryanimalfoundation.org, and Instagram. That's
19 it for me.

16 CHAIRPERSON SCHULMAN: Thank you.

17 ISAAC IRIZARRY: Thank you.

18 CHAIRPERSON SCHULMAN: Thank you very
19 much. Next? You got to put your mic on, yeah.
20 There you go.
21

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3 ZELMAR LEON: Hi, Council Members. Thank
4 you so much for having us. My name is Zelmar Leon,
5 founder of K9 Rescue NYC, the only rescue who is also
6 a top networker for both California and New York City
7 kill shelter, focused on dogs who are euthanasia
8 commanded and awaiting euthanasia with less than 24
9 hours to live. In the past year, I have split my
10 time between California and New York City animals who
11 need last minute placement in order to save them
12 before they get euthanized. As one of the only if
13 not the only rescue and networker who focuses
14 strictly on New York City ACC youth commanded [sic],
15 I have witnessed a failing animal shelter system and
16 how they are treating our homeless or surrendered
17 animals. They are being over-medicated, then
18 mislabeled and placed as behavioral dogs to then be
19 euthanized. Moreover, I have noticed one of the most
20 crucial job openings of two veterinary roles that
21 have not been filled since February of 2025, a role
that pays \$130,000 to \$140,000 a year. Meanwhile, I
wonder who is taking care of close to 300 dogs within
three shelters. This year alone they have killed
close to 100 dogs. That is an entire shelter

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3 capacity, and we are only two and a half months into
4 the year. And in the past month, New York City
5 Animal Care Center have returned 24 dogs who have
6 been surrendered as owner reclaims, with only six
7 adoptions since the year started. In the past couple
8 of weeks, I have seen multiple animals being silent
9 killed without giving them more than two weeks or
10 three days, and two days ago, they silently killed
11 one with only 24 hours since intake. What is the
12 point of playing the role of a municipal shelter for
13 New York City when they are unable to get them
14 adopted and relying on their new hope partner system
15 who can only pull a limited amount and seen a
16 bottleneck, and I believe it has also been a reason
17 that dogs with fosters ready to help have been
18 killed-

19 CHAIRPERSON SCHULMAN: [interposing] You
20 need to- you need to sum it up.

21 ZELMAR LEON: I'm almost done. There is
no new hope partner to pull. I am concerned as New
York City ACC is planning to open a new location in
the Bronx and has still yet to reopen Brooklyn, and
we don't- if we don't address this failing

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3 operational matter before that happens, our animals
4 will continue suffering and more of them would get no
5 chance to see the light of day once they enter ACC.

6 New York has always been an example-

7 CHAIRPERSON SCHULMAN: [interposing] We
8 got to wrap it up.

9 ZELMAR LEON: wrapping it up here- of
10 what other states and countries-

11 CHAIRPERSON SCHULMAN: [interposing] you
12 can submit the testimony.

13 ZELMAR LEON: [inaudible] and we are-

14 CHAIRPERSON SCHULMAN: [interposing] You
15 can't- I said to wrap it up. Submit testimony to us.
16 Okay, thank you. next.

17 SHEINA BANATTE: Thank you, Chair Cabán
18 and members of the committee for holding this hearing
19 on the FY 27 Preliminary Budget as it relates to
20 mental health, disabilities and addiction. My name
21 is Sheina Banatte. I am the Managing Director of
Advocacy for Justice for Eudes Pierre Coalition and a
Steering Committee Member of CCIT NYC. I'm here
today to testify about the need for substantial
investments and the behavioral health continuum of

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3 care within an emphasis on employing peers,
4 individuals with lived mental health experience
5 [inaudible] crisis and other stability- and offer
6 stability post-crisis including real investments in
7 B-HEARD. Eudes Pierre, my beloved cousin, murdered
8 by NYPD four years ago while experiencing a mental
9 health crisis after calling 911 is why I continue to
10 show up here, exposing my grief, my frustrations, and
11 my purpose to honor his life and his legacy so he's
12 not defined by how he was killed. Win Rozario, King
13 Juan [sp?], Michael Lynch, not limited to survivors
14 like Dabesh Chakwabardy [sp?], 22 years old, who was
15 faced with not only more trauma and stigma, but
16 criminal charges brought on by the Queens DA.

17 Countless New Yorkers have been traumatized by
18 inappropriate responses to mental health crisis
19 calls. Since 2015, over 200 individuals have been
20 killed by the police officers while experiencing a
21 mental health crisis in New York City. The situation
is dire, and the system needs accountability, change
and transformation immediately. There is no bigger
investment in this critical time we are in than
investing in human lives. Invest in peers.

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3 Furthermore, expand the number of B-HEARD teams to
4 match the call volume. Expand the number of B-HEARD
5 teams to ensure the citywide end 24/7 coverage.

6 Establish 988 as a number to be dialed for mental
7 health and substance use crisis in lieu of 911 while
8 ensuring interoperability among 988, 911, and 311.

9 We also ask, like Jordyn mentioned before, for the
10 Committee on Mental Health, Addiction, Disabilities
11 jointly with the Committee on Workforce Development
12 must hold an oversight hearing this spring.

CHAIRPERSON SCHULMAN: Okay. Thank you.

13 SHEINA BANATTE: And I'll submit the
14 rest. Thank you for listening.

15 CHAIRPERSON SCHULMAN: Thank you very
16 much. Okay, this panel is done. Thank you. Thank
17 you very much. Okay. Next, Marilyn Galfin, Jesus
18 Garcia, Eves East [sp?], okie dokie, Rikki McGinty,
19 Patricia Honey [sp?], and Tanya Copeland. Okay,
20 we'll start with you. Just put on the mic. Oh, it
21 is on? Okay, great. Go ahead. You just push it.

RIKKI MCGINTY: Thank you all for still
being here. My name is Rikki McGinty and I am a
caretaker of Community Cats. Last October, I met

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3 Leon, who's neighbor had a female cat who could not
4 afford to get spayed, and when she had kittens, the
5 neighbor put them on the street. Leon rescued two
6 newborns and bottle raised them. When I met him, Mumu
7 [sp?] and Leonard were five months old and I urged
8 Leon to have them neutered soon. Three weeks ago I
9 heard from Leon again who had struck the same
10 financial barriers as his neighbor. He could not
11 afford to have the cats neutered or the ongoing cost
12 of cat food, and he wanted my help to find a new home
13 for the cats. Otherwise, he would have to surrender
14 them to the ACC. One of the brothers had already
15 started to mark his territory, meaning he was
16 urinating around the apartment. Peeing outside of
17 the litter box is the top reason cat owners abandon
18 their pets. I immediately reached out to Flatbush
19 Cats which you allocated \$500,000 for spay and neuter
20 services in last year's budget, but they were swamped
21 with surgeries delayed to the blizzard. After a week
of networking, I found an affordable option, and Mumu
and Leonard were neutered this Tuesday. Rescuing
cats no longer applies only to cats living homeless
in our neighborhoods, but also to the cats in our

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3 homes. To reduce the misery on the street and to
4 keep our pets safe, we need affordable spay/neuter
5 services and pet food pantries. These solutions work
6 together. We need them both to address the dire
7 situation of cats and rescuers.

8 CHAIRPERSON SCHULMAN: Thank you very
9 much.

10 RIKKI MCGINTY: Thank you.

11 CHAIRPERSON SCHULMAN: Next? Give her
12 the mic.

13 PATRICIA HONEY: Hi. My name is Patricia
14 Honey and for the past six years I've rescued
15 hundreds of strays off of our streets year after
16 year. What you're looking at in this room is not a
17 group of helpless constituents. It is the safety net
18 of New York City's animal welfare. Up until now
19 you've had us at somewhat of a stop gap system, but
20 this system is collapsing. New Yorkers can't donate
21 like they used. The stray population is exploding
now as the cost of living's become unbearable for pet
owners. This crisis has broken us and the only way
through now is with you by our side. Recently, I was
urged by fellow rescuers to step in where they could

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3 not find a way past someone intentionally starving
4 cats. The cats had been locked in a basement for
5 nearly two months without food on purpose. Granted,
6 I'm trained in gaining compliance, but why was I the
7 best option? Within 20 minutes, all documented, she
8 was giving me a full tour. I'll save you a lot of
9 time, but I had to step over plenty of half-eaten
10 corpses everywhere. The abuser laughed because the
11 police had been called three times, and each time
12 they took two steps in and walked back out. Sadly,
13 it's no coincidence that through all of my own calls
14 to the police, watching them consult the ASPCA, I've
15 only come to know more than I could ever dread
16 knowing about that two-step and the true song this
17 system dances to. Justice for animal cruelty
18 currently feels hopeless. So, please, empower us to
19 spay and neuter the majority of this issue away.
20 Leave your mark on this city. Put your name on the
21 grants. Let us thank you every day on social media,
all year. I'm begging you, fund spay and neuter
fully this time. Audit the ASPCA. Roll over the NYPD
and we will take care of the rest. Thank you.

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3 CHAIRPERSON SCHULMAN: Thank you very
4 much. Next?

5 JESUS GARCIA: Good evening to all Health
6 Committee members and thank you for being here so
7 late and for this opportunity to speak. My name is
8 Jesus Garcia and I live in the Upper East Side. I
9 feel like I'm a bit of an odd member here speaking
10 today, because I'm speaking on behalf of two serious
11 issues which kind of counter all the testimonials
12 that I've heard today, or at least a majority of
13 them. They have to do with issues that affect public
14 health and nothing has been done about them. Issue
15 number one, New York City's Health Code prohibits
16 live animals in food establishments, but despite
17 that, we see dogs in every restaurant and food market
18 that I experience. This is primarily due to the
19 overpopulation of dogs since COVID. Dog owners feel
20 entitled to bring their pets inside, because there's
21 really no enforcement and no accountability. These
dog owners claim that the dogs are service dogs.
This is eminently and inherently false. There is
overwhelming evidence- I have both videos and photos
showing their behavior not depicting that of a

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3 legitimate service dog. They not only are committing
4 fraud, they are also knowingly violating the City's
5 Health Code and taking full advantage of the lack of
6 enforcement. Okay. Due to the loophole in the ADA
7 law, there's really no credible way to distinguish a
8 fraudulent service dog from a legitimate one, and
9 despite no pet signs, dog owners bring their dogs
10 inside and business owners can't do anything or say
11 anything for fear of litigation. This situation is
12 out of control and it has to stop.

13 CHAIRPERSON SCHULMAN: You just have to
14 wrap up and you can submit the rest of it.

15 JESUS GARCIA: I urge the committee to-
16 I'm not asking for budget or increase. I'm just
17 asking for them to take-

18 CHAIRPERSON SCHULMAN: [interposing]
19 Enforcement.

20 JESUS GARCIA: the Health Code and
21 enforce it.

CHAIRPERSON SCHULMAN: Okay. Thank you.
Next?

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3 MARYLYN GALFIN: Marilyn Galfin, Voices-
4 excuse me. I think I have to start over. Go on and
5 come back. I lost my voice.

6 CHAIRPERSON SCHULMAN: Alright.

7 YVES: Hello. I'm not from the Upper West
8 Side. My name is Yves. I'm from Brooklyn, New York,
9 born in Flatbush. Thank you so much for taking the
10 time to hear me out today. I've been rescuing and
11 fostering pitbulls here in New York for over 13 years
12 working at and with and through the NYC ACC.
13 Including pet food pantries and also filling pantries
14 will cost less than building and entirely new
15 infrastructure. We live in a city, a world and a
16 time where pets are people's families, and it's no
17 secret that certain pets are not allowed in certain
18 neighborhoods and homes. Breed restrictions are
19 directly connected to discrimination to certain
20 people, and this causes people to despondently choose
21 between their pets and their homes. For a lot of
people their home is wherever their pets are, and
since we can't rectify that situation yet, the least
that we can do is provide food for these pantries to
at least help people feed their pets, because to show

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up for our community is to show up for ourselves.

3 Thank you for listening to me today.

4 CHAIRPERSON SCHULMAN: Thank you. Okay,
5 want to go back to you, or- you good? Okay.

6 MARILYN GALFIN: Marilyn Galfin, Voices
7 for Shelter Animals. New York City Animal Care
8 Centers reported 692 dogs, 863 cats euthanized in
9 2025. The actual number may be higher as these
10 figures may not fully reflect all outcomes. 36 dogs
11 that we know of so far have already been killed in
12 the last two and a half weeks. Today, there were 23
13 dogs and 14 cats on the at-risk list, and some may
14 have been destroyed already. I ask if the Health
15 Committee can push for a temporary halt in euthanasia
16 to ACC, unless an animal is irremediably suffering or
17 severely dangerous, create a taskforce to address
18 this crisis and put emergency protocols in place. We
19 need an oversight hearing to ensure accountability
20 and transparency, and I urge the Health Committee to
21 contact the ACC and encourage life-saving policy
changes such as making bios that actually make the
animals look adoptable and update emergency placement
outcomes list so advocates aren't promoting dead

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3 dogs. I urge this committee, we need a- and if
4 they're not willing, we must codify these protections
5 into law. We need immediate oversight of shelter
6 operations by an independent third party, such things
7 as monitoring drug use on the animals. It's a moral
8 responsibility of the city to protect shelter
9 animals. We must end the cycle of healthy,
10 adoptable, treatable animals entering the shelter
11 receiving inadequate care, inhumane conditions, and
12 having their lives needlessly taken. And shelter
13 animals are not disposable commodities. With the
14 \$127 billion proposed city budget, an ask of \$15
15 million, just over one-hundredth of one percent for
16 animal welfare and prevention can reduce shelter
17 outtake- I mean intake. Save lives. Save money for
18 the city in the future, and help people keep their
19 beloved pets who for many are family. In addition to
20 funding for spay and neuter, affordable vet care, pet
21 food, we need mandatory microchipping, humane
education grants, hoarding awareness intervention,
and the creation of an animal protection and
emergency unit that would replace the police animal
response duties, and a taskforce to address animal

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3 abandonment and enforcement laws. Animal welfare is
4 not just a moral issue, it's a social justice issue.
5 We must protect and preserve life. It is time for the
6 government to show compassion, act with compassion,
7 and make animal welfare a real priority and invest in
8 it. Thank you.

9 CHAIRPERSON SCHULMAN: Thank you. Were
10 you going to speak?

11 TANYA COPELAND: Yeah. Hi. I'm Tanya
12 Copeland. I run an organization- a
13 trap/neuter/return organization called Bronx
14 Community Cats. Since 2020 we've fixed over 5,300
15 cats in the Bronx, but today I'm here as a Bronx
16 resident, a pet owner and also a volunteer for two
17 other organizations. One is Positive Tails and one
18 is Bronx Dog Haven. We partner with them to provide
19 wellness and vaccination services as well as a large
20 pet food pantry in the south Bronx. Back in December
21 after the big snowfall, we had 200 families show up
with their pets in the freezing cold waiting for pet
food. And one thing I want to underscore to the
Council is that these people are not relying on the
pet pantries as their sole source of pet food.

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3 Rather, this is supplemental, and they're hardworking
4 people, hardworking families, and they're trying to
5 make ends meet, and so, you know, this is a notable
6 service gap that can be just very easily addressed by
7 allocating funds in the 2027 budget. The other thing
8 I wanted to mention is that a disproportionate number
9 of cats, or animals really, surrendered to our
10 municipal shelter are from the Bronx. And so any
11 investment into prevention of surrender- we're
12 already paying for it, so why not divert the funds to
13 prevent people from surrendering their animals and
14 keeping families together. Thank you.

15 CHAIRPERSON SCHULMAN: Thank you very
16 much. I want to- you're done, right? You're good?

17 YVES: Yeah, I was just saying thanks.

18 CHAIRPERSON SCHULMAN: That's fine. I
19 want to thank this panel. Thank you.

20 CHAIRPERSON HANIF: I have a question.

21 CHAIRPERSON SCHULMAN: Oh, I'm sorry.
I'm sorry. I'm sorry. Chair Hanif wants to ask a
question for the panel.

CHAIRPERSON HANIF: I have question for
you about dogs in restaurants and establishments.

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3 Could you just speak a little bit more about where
4 you're seeing dogs inside establishments?

5 JESUS GARCIA: Pretty much every
6 restaurant that I've been to.

7 CHAIRPERSON HANIF: And this is-

8 JESUS GARCIA: [interposing] In the Upper
9 East Side and pretty much throughout the city. It's
10 noticeable. I mean, I've been to restaurants. I've
11 ask the management. They don't bother. There's an
12 apathy with management because they fear litigation.
13 The way the law is structured, nobody wants to take
14 the chance. I'm a previous dog owner. I have-

15 CHAIRPERSON HANIF: [interposing] I mean,
16 have you tried 311? I'm just trying to understand,
17 because-

18 JESUS GARCIA: [interposing] I've
19 reached-

20 CHAIRPERSON HANIF: I know dogs are
21 allowed for some restaurants who are participating in
22 outdoor dining, and that's different.

23 JESUS GARCIA: Yeah, and that's not
24 outdoor dining. I'm talking specifically about indoor
25 dining. It's a health concern. The health code is

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3 very specific about this, and they're breaking this
4 left and right. It has nothing to do with, you know,
5 any kind of animosity towards- again, I'm a- I had a
6 dog. I would never think of bringing it into a
7 restaurant.

8 CHAIRPERSON HANIF: Right. I mean, it's
9 the first I'm hearing it. So, I wanted to just get
10 some more details.

11 JESUS GARCIA: I've been complaining-

12 CHAIRPERSON HANIF: [interposing] I look
13 forward to your testimony.

14 JESUS GARCIA: Yeah, I've been
15 complaining to the Health Department, and all I get
16 is, you know, your order has been closed. Thank you
17 very much. So, I hope that they take this seriously.
18 It's an obvious health concern. I don't really need
19 to go into, you know, but it's concerning and it's
20 getting out of hand.

21 CHAIRPERSON HANIF: Thank you.

JESUS GARCIA: Thank you.

CHAIRPERSON SCHULMAN: I want to thank
the panel. Thank you very much.

JESUS GARCIA: Thank you.

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3 UNIDENTIFIED: Thank you, Lynn.

4 CHAIRPERSON SCHULMAN: Okay. So, we have
5 one more in-person panel to call. Anru Levin [sp?],
6 Sonja Chai [sp?], Michael Phillips, Jean Buble [sp?]?
7 No? Okay. Oh, she's coming. Sorry. Okay. If
8 there's anyone here who hasn't filled out one of
9 these cards and still needs to testify, please see
10 one of the Sergeants and they'll have you fill it
11 out. Okay, go ahead.

12 SONJA CHAI: Thank you so much. My name
13 is Sonja Chia. I'm Managing Director of Brooklyn
14 Bridge Animal Welfare Coalition. We own and operate
15 Brooklyn Cat Cafe and BBAWC Rescue Clinic. Keeping
16 companion animals has proven to be incredibly
17 beneficial to the mental, physical, and emotional of
18 their owners, but it's become a privilege to provide
19 species and nutritionally-appropriate food for pets.
20 It's become a privilege to be able to spay or neuter
21 your pet, and it has therefore become a privilege to
own a pet at all. We looked at our organization's
pet food purchases dating back to March 2019. Across
the selection of the most affordable and widely
available cat foods on the market, we found on

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3 average a 62 percent increase in prices between 2019
4 and 2026. That rate of increase outpaces that of
5 human food which grew 33 percent over the same time
6 period according to the Consumer Price Index, and a
7 21 percent increase in median rent in New York City
8 according to Street Easy [sic]. Meanwhile, wages
9 have remained stagnant and public assistance benefits
10 have been reduced. Spay/neuter is also fundamental to
11 keeping pets and their owners healthy and in their
12 homes for the long-run, yet affordable surgery
13 appointments are virtually non-existent in New York
14 City. we have conducted free community vet clinics
15 and met many people who have waited months or even
16 years for affordable spay/neuter appointments, while
17 stressing over the risk of losing their homes because
18 of complaints from neighbors or landlords regarding
19 their intact pet's nuisance behavior such as
20 fighting, marking or spraying. Also, spayed and
21 neutered cats and dogs simply live longer, healthier
lives. When people are better able to keep their
cats and dogs healthy as long as they can, they are
better able to reap the benefits of sharing their
life with a pet. They're less likely to need to

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3 surrender or abandon their animals to an already
4 over-burdened shelter and rescue system or to a
5 dangerous life on the streets. This is why we
6 strongly support measures to help make both pet food
7 and spay/neuter more accessible and affordable.

8 Thank you.

9
10 CHAIRPERSON SCHULMAN: Thank you very
11 much. Next?

12
13 ANNE LEVIN: Hi. My name is Anne Levin.
14 I'm the Executive Director of Brooklyn Bridge Animal
15 Welfare Coalition which owns Brooklyn Cat Cafe and
16 the BBAWC Rescue Clinic. Accessible and affordable
17 spay/neuter surgeries are fundamentally important to
18 solving the homeless cat crisis in New York City and
19 ensuring pet ownership remains successful to all New
20 Yorkers, and not a privilege only available to the
21 wealthy. Our organization, BBAWC, operates a
low-cost rescue clinic that proves that making
low-cost and free spay/neuter widely available can be
achieved both quickly and affordably. Since
completing our first surgery in 2021, our low-cost

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3 clinic has spayed and neutered over 15,000 cats.

4 Many of these procedures have been offered for free
5 to rescuers or for as low as \$40 for neuter and \$60

6 for spay to pet owners. There's no significant

7 waiting period. Clients are almost always able to

8 obtain an appointment within a month. Easy surgery-

9 also, each surgery also includes other important care

10 such as parasite treatment, vaccines, and a microchip

11 at no additional cost. We designed our clinic model

12 to be [inaudible] local by other organizations and

13 critically scalable for New York City's homeless cat

14 crisis. We're able to fully furnish our spay/neuter

15 suite in under six months with a start-up grant of

16 around \$100,000. Our rescue clinic broke even in

17 under three months and continues to do so today, even

18 while we've kept the cost of our surgeries well under

19 \$200 for most of our clients. To put that in

20 perspective, it would cost about \$1,000 to \$2,000 to

21 attain the same services from a private vet in New

York City today. On an individual level, this basic

veterinary care has ensured healthier and longer

lives for each of the cats that have come through ur

doors. From a systemic view, the speed, affordable

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3 startup costs and ongoing economic viability at BBAWC
4 Rescue Clinic demonstrates a feasible and scalable
5 solution to New York City's homeless animal crisis,
6 the urgency and magnitude of which worsens by the
7 day. Thank you.

8 CHAIRPERSON SCHULMAN: Thank you. Next.

9 JEAN BUBLY: Thank you for the
10 opportunity to speak today. My name is Jean Bubly
11 and I'm a member of the cat rescue community. The
12 city's cat crisis is undeniable. Sadly, the city has
13 done very little to address the issue. The only
14 people out in the field tackling the problem are
15 private citizen volunteers. They spend their free
16 time trapping cats and they spend their own money to
17 spay and neuter them. And what do they get for their
18 efforts? They get whopping debt bills. They get
19 divorces, and they get nasty messages from people who
20 think they aren't doing enough. To make matters
21 worse, they have to compete with each other for these
scarce low-cost spay and neuter slots. Despite their
heroic efforts, rescuers cannot stem the tide,
because new unaltered cats keep showing up and
reproducing. These are dump cats, indoor/outdoor

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3 pets, and indoor/outdoor store cats. What can the
4 City Council do? Well, there are two things that
5 would have an immediate impact. One is to triple the
6 funding for low-cost spay and neuter surgeries to
7 \$1.5 million. The second thing is pet food pantries
8 to help prevent people from surrendering or
9 abandoning their pets due to financial hardships. As
10 helpful as these measures would be, they are not
11 enough by themselves. We need to educate people
12 about spay and neutering. We need affordable housing
13 that allows pets. We need legislation in social
14 services to deal with animal hoarding cases. We need
15 affordable veterinary care beyond spay and neuter.
16 In short, we need a separate Department of Animal
17 Welfare to address these complex issues. I hope this
18 will be a high priority topic for the new Animal
19 Welfare Committee. Meanwhile, increasing funding for
20 low-cost high-volume spay/neuter surgeries and
21 funding pet food pantries would be an excellent
start. Thank you for your time.

CHAIRPERSON SCHULMAN: Thank you very
much. I want to thank the panel. Okay, so I'm going
to call a list of names that- of people that we

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3 called before that signed up but didn't answer, so we
4 want to see if you're here or if you're not. Then
5 we'll move onto virtual. Michael Phillips? Isaac
6 Irizarry? Patrice Green? Simcha Ellis? Jamal Sefas
7 [sp?]? Allison Valentine [sp?]? Sofina Tomi [sp?],
8 Angel Hernandez? Faith Bahum [sp?]? Casey Starr?
9 Pierina O'Grady [sp?]? Kamari Cruz [sp?]? Elaine La
10 Pena? Omar Cao [sp?], Lori from Include NYC, Alice
11 Bufkin? Michael Schnall [sp?]? Evy Hansapolis
12 [sp?], Marth Nabors [sp?], Anita Kwok [sp?], Asada
13 Terry [sp?]? Okay, so these people are not here.
14 Now, we're going to go to virtual. We'll now move to
15 virtual testimony. Everyone's who's virtual will
16 have two minutes to testify and only two minutes. If
17 you have longer testimony, please submit it online at
18 testimony@council.nyc.gov. Please wait for the
19 Sergeant at Arms to prompt you before you begin your
20 testimony. Oh, that's for me, sorry. Alright. So,
21 the first one is Molly Senack.

SERGEANT AT ARMS: You may begin.

MOLLY SENACK: Good evening. Thank you
so much for allowing me to testify today. My name is
Molly Senack. I am the Education and Employment

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3 Community Organizer at Center for Independence of the
4 Disabled New York. There are nearly two million
5 adults with disabilities living in New York City. I
6 know that that number is a little bit higher than
7 what MOPD typically says and what the American
8 Community Survey says. These numbers are directly
9 from the CEC and from the New York State Department
10 of Health. Yet, despite the fact that people with
11 disabilities make up almost a quarter of the
12 population of New York City. The office that is
13 deigned to serve that population currently receives
14 less than \$1 million in city funding. This is
15 obviously not sufficient funding to adequately
16 address the numerous interconnected barriers that
17 people with disabilities face in their daily lives.
18 More information on what those barriers are, are
19 included in the written testimony that I have already
20 submitted, specifically as they relate to education,
21 employment, transportation, voting, health care,
mental health care, housing, and climate change. But
as I said, we're looking at 2 million people and
there are a number of budget asks that we would like
the Council to uplift, to address some of these

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3 issues including baselining the mental health
4 continuum, adding an additional \$450 million for
5 school accessibility projects in the capital plan,
6 expanding New York City At Work to double it's staff
7 from six to 12, and increasing investments in
8 accessible voter technology. However, we would also
9 like to acknowledge that having an office whose
10 primary purpose is to address these interconnected
11 barriers. Specifically looking at disability as its
12 primary focus is key, and to this end, we ask that
13 the city fund MOPD for \$10 million which I know it
14 sounds like a large number, but only in comparison
15 with its current-

13 SERGEANT AT ARMS: [interposing] Time
14 expired.

15 MOLLY SENACK: Thank you.

16 CHAIRPERSON SCHULMAN: Let her finish up.
17 Thank you.

18 MOLLY SENACK: Thank you. Just in
19 comparison with its current funding levels which are
20 insufficient, not in comparison with the population
21 it serves. Thank you so much.

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3 CHAIRPERSON SCHULMAN: Thank you so much.
4 Alright, next is Dawn Yuster.

5 SERGEANT AT ARMS: You may begin.

6 DAWN YUSTER: I'm Dawn Yuster, a staff
7 attorney in the Legal Aid Society's Education
8 Advocacy Project. The Legal Aid Society thanks Chair
9 Schulman, Cabán and Hanif for the opportunity to
10 testify and for the City Council's zealous advocacy
11 for investments in school-based mental health
12 services and behavioral supports in New York City
13 public schools. The Legal Aid Society is deeply
14 concerned about the enduring mental health crisis
15 facing children and youth based on our experience as
16 New York City's largest law firm working with
17 thousands of children and youth each year who have
18 significant mental health challenges and who have
19 been unable to access the mental health services they
20 need to be successful in school and in life. Studies
21 have shown that young people are much more likely to
seek mental health services when they're accessible
in school and that these services are associated with
increased attendance and academic achievement and can
help reduce racial disparities in access to care.

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3 Yet, far too many of our schools are inadequately
4 resourced and unnecessarily routing students with
5 mental health and behavioral needs to 911, emergency
6 medical services, and hospital psychiatric emergency
7 rooms, invoking NYPD School Safety Agents and police
8 on student behavior, and resorting to suspensions.
9 The harm disproportionately impacts Black and Brown
10 students, students with disabilities, and students
11 who are homeless or in the foster system, and has
12 been linked with lower educational attainment and
13 higher odds of future contact with the juvenile or
14 criminal legal system. It is vital that the city
15 prioritizes the creation of funding
16 over-comprehensive integrated system of school and
17 community-based mental health and behavioral supports
18 with cross-agency collaboration to support students
19 in schools, prevent emotional crisis by addressing
20 the root causes of student behavior and respond to
21 crises using trauma-informed, culturally-responsive
approaches. Finally, we urge the City Council to
work with the new administration to ensure the Fiscal
Year 2027 budget extends and baselines \$5 million for
the mental health continuum, extends, expands and

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3 baselines \$12 million for restorative practices in
4 schools, invest in basic-

5 SERGEANT AT ARMS: [interposing] Time
6 expired.

7 DAWN YUSTER: [inaudible] million
8 dollars.

9 CHAIRPERSON SCHULMAN: Just summarize the
10 rest of it and then submit the testimony.

11 DAWN YUSTER: Sure. \$8 million for
12 behavioral specialists in each school district, and
13 invest in baseline funding necessary to create
14 school-based mental health clinics, therapeutic
15 school day treatment programs, and also necessary to
16 expand B-HEARD 24/7 adding peers, and establishing
17 988 as the phone number for mental health crises in
18 lieu of 911. Thank you so much.

19 CHAIRPERSON SCHULMAN: Thank you very
20 much. Okay, next is Edmond Loi.

21 SERGEANT AT ARMS: You may begin.

EDMOND LOI: Thank you. Good evening,
Chair Schulman, Cabán, and Hanif. Thank you for
staying so late to listen to public testimony. My
name is Edmond Loi and I'm testifying on behalf of

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3 the Charles B. Wang Community Health Center. We are
4 a federally-qualified health center with locations in
5 Chinatown and Flushing. In 2024, we served 65,000
6 patients, 77 percent of whom were limited
7 English-proficient, 83 percent of whom had household
8 incomes at or below 200 percent of the federal
9 poverty level, and 60 percent who were uninsured or
10 on Medicaid. Our health center and many
11 organizations around the country are facing cuts,
12 funding cuts, but remain open to serve the community.
13 This is only possible in part because of support from
14 City Council discretionary funding. I'm testifying
15 today to ask for continued support for several
16 initiatives so that we can continue to serve
17 vulnerable New Yorkers. The Check Hep B program
18 under the Viral Hepatitis initiative provides
19 culturally and linguistically-competent health
20 education, patient navigation, and care management
21 services for New York City residents with chronic
Hepatitis B. New York City alone, an estimated
255,000 people are living with Hepatitis B in 2023.
At CBWCHC, one in 10 adult patients have chronic
Hepatitis B. If left unmonitored or untreated,

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3 Hepatitis B can severely damage the liver,
4 potentially causing liver failure, liver cancer, or
5 even death. The Check Hep B has a strong record of
6 success with 97 percent of participants completing
7 Hepatitis B medical evaluation through this program.
8 Through Access Health, we provide education to the
9 Asian American community about health insurance
10 coverage, aiming to increase vulnerable New Yorker's
11 access to health care services. And lastly, through
12 the Cancer Services initiative, we increase
13 [inaudible] of risk factors, symptoms and treatment
14 options for breast and colorectal cancers. City
15 Council's continued support with insured cancer
16 screening access through patient navigation for
17 several hundred members of the Chinese American
18 community, many of whom are uninsured and face
19 numerous barriers to health care. This continued
20 funding and resources, our initiatives can continue
21 to address the health disparities and inequities
experienced by communities that we serve. Thank you
for your time and for the opportunity to testify
today. I'm happy to answer any questions that you may
have.

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3 CHAIRPERSON SCHULMAN: Thank you very
4 much. Next is Ella Grace.

5 SERGEANT AT ARMS: You may begin.

6 ELLA GRACE: Hello, good evening. Thank
7 you all so much for staying so late and listening to
8 public testimony. My name's is Ella Grace or EG
9 Downs [sic]. I'm a social worker and the Deputy
10 Director of Policy and Advocacy at Girls for Gender
11 Equity. GGE is a small, Black, queer, immigrant-led
12 social work centered nonprofit doing racial, gender,
13 and sexuality justice work in today's hostile world.
14 The funding we receive is imperative to the
15 development and growth of Black girls and
16 gender-expansive youth of color across NYC. We
17 request continued support from City Council for our
18 FY 27 youth programming so that GGE may continue to
19 address the mental health needs of young people
20 across all five boroughs. The political environment,
21 including lack of accountability for perpetrators in
Epstein files and the continual presence of ICE in
our communities is impacting the mental health of
youth that attend our programs. Young people feel
powerless which our staff has responded to by

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3 shifting program curricula, increasing one-on-one's,
4 updating safety protocols, and developing a new
5 political education initiative to re-empower the
6 youth. This is the Alliance on Gender Equity, or
7 AGE, and we're requesting \$300,000 in the form of a
8 new City Council initiative to sustain this work.
9 It's a youth-led space for civic engagement,
10 leadership, development, and community building.
11 Last November, we held a town hall with over 70 young
12 people from all five boroughs where we heard from
13 them in six priority areas with issues coming up that
14 are of direct interest to this committee,
15 specifically a demand for more student mental health
16 and wellness centers and resources. GGE is doing this
17 work despite financial constraints, and we hope to
18 continue equipping young Black girls, queer and
19 gender-expansive youth with the tools they need to
20 fight for an MIC that is resilient against harmful
21 national forces working against them and to provide
social work informed and trauma-informed mental
health care. We're requesting \$350,000 from the YWLD-

SERGEANT AT ARMS: [interposing] Time

expired.

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3 ELLA GRACE: [inaudible] education.

4 CHAIRPERSON SCHULMAN: Just summarize the
5 end of it.

6 ELLA GRACE: Just- and \$200,000 for our
7 survivorship program from Dove, \$100,000 from STARS,
8 and \$250,000 from ATI for our restorative justice
9 initiatives. Thank you all so much.

10 CHAIRPERSON SCHULMAN: Thank you. And if
11 you have extended testimony, you can submit it online
12 so- because we look through all of it, alright?

13 ELLA GRACE: Absolutely.

14 CHAIRPERSON SCHULMAN: Great. Thank you
15 so much. Okay, next is Glen Belovsky.

16 SERGEANT AT ARMS: You may begin.

17 GLEN BELOVSKY: Thank you. Good
18 afternoon- good evening everyone.

19 CHAIRPERSON SCHULMAN: Hey Glen.

20 GLEN BELOVSKY: And thank you again for
21 the opportunity to be here. Good evening. Nice to
see you again, chair Schulman, and nice to meet you
Chair Cabán and Chair Hanif. I wish you all good luck
in this next four years with much success. It's
interesting to me to listen all day to everybody's

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3 needs for budgeting. That's what this hearing's
4 about. I'm here to say we know where the money is.
5 We're giving it away to Amazon. We're giving it away
6 to Fed-Ex, over \$750 million through 2018. May I
7 quickly share my screen to show the IBO report?

8 CHAIRPERSON SCHULMAN: No, we can't-
9 we're not allowed to do that. If you want to- if you
10 want to copy it and submit it in submitted testimony,
11 you can do that.

12 GLEN BELOVSKY: Thank you. Yes. I
13 already sent it to your staff-

14 CHAIRPERSON SCHULMAN: [interposing] Okay.

15 GLEN BELOVSKY: Chair Schulman, and
16 yesterday I provided it to the Transportation
17 Committee and to Finance to Linda Lee and to Shaun
18 yesterday. So, the New York City Department of
19 Finance created a stipulated fine program under Mike
20 Bloomberg in 2001. The City Council got a bill in
21 2007, 0637, and tabled it, because they don't want to
give any money to Fed-Ex/UPS when we need the money.
But the City of New York Department of Finance didn't
care what our elected officials had to say. Went
away with it- ran away with that program anyway, and

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3 for all these years it's been now over \$1 billion in
4 discounts. Out of that billion dollars is \$50
5 million that's supposed to go to court justice funds
6 under vehicles and traffic law 1809A of the New York
7 State Vehicles and Traffic Law. Imagine, we've given
8 away tens of millions of dollars in discounts to
9 Amazon for illegal double parking in Steinway [sp?]
10 Street, Astoria Boulevard, Queens Boulevard,
11 throughout Brooklyn and Manhattan and all boroughs.
12 It's insane. In 2018, 1141-2018-

11 SERGEANT AT ARMS: [interposing] Time
12 expired.

13 GLEN BELOVSKY: [inaudible]

14 CHAIRPERSON SCHULMAN: Glen, you need to
15 wrap it up.

16 GLEN BELOVSKY: [inaudible] on the bill.
17 Thank you so much. 39 members on that bill, and
18 we're trying to get with the Speaker to have her move
19 it in this session. Thank you all very much.

20 CHAIRPERSON SCHULMAN: Thank you so much.
21 Thanks. Okay, next is Jane Ni.

SERGEANT AT ARMS: You may begin.

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3 JANE NI: Good evening Chairs and Council
4 Members. My name is Jane Ni and I'm the Assistant
5 Director of Policy on behalf of the Community Health
6 Care Association of New York State, CHCANYS,
7 representing all of New York's health centers, thank
8 you for the opportunity to testify. In New York City,
9 health centers serve more than 1.3 million patients
10 at more than 460 sites, including mobile sites and
11 school-based health centers, providing essential
12 primary and preventive care to all no matter their
13 insurance status or ability to pay. Today, we are
14 here to ask for your help. Health centers are facing
15 the most severe crisis in decades. These are the
16 challenges, a health care system that doesn't invest
17 in primary care. Only five to seven percent goes to
18 primary care despite accounting for a third of all
19 health care visits. An outdated Medicaid
20 reimbursement system that pays health centers only 70
21 cents on the dollar, because of reimbursement rates
set more than 25 years ago, rates that don't account
for today's inflation, cost and workforce. Already,
health centers have had to close sites, forced to cut
services, unable to recruit and retain providers.

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3 And now, because of HR1, New York City health centers
4 are at risk of losing \$224 million in revenue
5 annually, and the number of uninsured patients are
6 expected to triple from more than 181,000 right now
7 to over 503,000, a 178 percent increase. And
8 critical services like school-based health centers,
9 urgent and same-day care are at risk. And so, we
10 urgently need your support. We are asking that you
11 invest in community health centers to push the
12 implementation of New York City care program
13 expansions, IMT 16681 [sic]-- sorry, 1668A passed by
14 the Council in 2021 to ensure health centers can
15 continue care for the uninsured, to create a stable
16 funding model for school-based health centers and to
17 support and expand initiatives that will strengthen
18 the health care workforce. More details are in our
19 written testimony. And so if we fail to act, the
20 consequences will be felt across the city. Our
21 patients are really counting on us-

18 SERGEANT AT ARMS: [interposing] Time
19 expired.

20 JANE NI: [inaudible]

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3 CHAIRPERSON SCHULMAN: Just summarize the
4 end and then submit the rest of the testimony to us.

5 JANE NI: That was the end of the
6 testimony.

7 CHAIRPERSON SCHULMAN: Oh, okay. Thank
8 you very much. Okay, next is Jesi Taylor.

9 SERGEANT AT ARMS: You may begin.

10 JESI TAYLOR: It was not letting me
11 unmute myself. Sorry for that. Blessings to you all
12 and thank you for your time.

13 CHAIRPERSON SCHULMAN: You're good now.
14 We can hear you.

15 JESI TAYLOR: Great. I'm Jesi. I'm a
16 member of Freedom Agenda, and I'll get right into it.
17 Mayor Mamdani needs to live up to the commitments he
18 made during his campaign and our city budget must
19 include intentional increase investment in community
20 resources that center the wellbeing, safety, and
21 civil liberties of New Yorkers, particularly
criminalized, marginalized, and chronically neglected
New Yorkers who are not only the most often deprived
of the resources needed to survive, but are also the
most often exiled to toxic, violent carceral spaces

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3 that exacerbate existing health issues brought on by
4 conditions of structural injustice. [inaudible] that
5 can be improved, fundamentally changed and prevented
6 with the help of intentional resources that center
7 the wellbeing, safety, and civil liberties of New
8 Yorkers. As our mayor said, every New Yorker
9 deserves to be safe including captive New Yorkers on
10 Rikers Island. Rikers is an environmental sacrifice
11 zone inside of torture and abuse built on a toxic
12 landfill that negatively impacts the physical and
13 mental health of the captives forced to suffer there,
14 over 60 percent of whom are only there because they
15 can't afford bail. Further, our city spends nearly
16 half a million dollars a year to incarcerate just one
17 person on Rikers. Given the countless studies and
18 reports that detail how investment in community
19 programs, mental health resources and reentry
20 services reduces recidivism and enhances community
21 safety. Reallocating funds to meet those needs is a
crucial step toward keeping every New Yorker safe.
Like \$11 million more to eliminate the wait list for
Intensive Mobile Treatment teams, \$3 million in
capital funds to support 60 new residential treatment

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3 beds, and \$3.5 million to open more crisis respite
4 centers. Additionally, as our mayor said, if we want
5 young New Yorkers to chase their dreams here, we have
6 to make it clear that their struggles are not just
7 their own. Our city budget must ensure that young
8 New Yorkers, our children, are met with love and
9 support in times of crises instead of torture, abuse,
10 and systemic neglect. Ending solitary confinement
11 for child captives is not enough. Mental health
12 care, literacy, and arts programs for our children
13 must be prioritized and well-funded in our budget.
14 So must non-punitive alternatives to incarceration
15 programs and initiatives that ensure our children are
16 housed, fed, and held-

14 SERGEANT AT ARMS: [interposing] Time
15 expired.

16 CHAIRPERSON SCHULMAN: Just summarize the
17 rest of it, please.

18 JESI TAYLOR: Let's stop manufacturing
19 preventable disasters that cause mass harm and, yeah,
20 keep New Yorkers safe, and I'll share the rest in
21 written testimony.

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3 CHAIRPERSON SCHULMAN: Great. Thank you
4 so much. Next person is Kathleen Collins.

5 SERGEANT AT ARMS: You may begin.

6 KATHLEEN COLLINS: [inaudible] Thank
7 you, Chairs. My name is Kathleen Collins. I'm a
8 disabled New Yorker, and I'm the Treasurer of
9 Disabled in Action, so I understand money. The
10 Mayor's Office for People with Disabilities is
11 chronically underfunded and it shows. While New
12 York's budget tops \$150 billion, the Mayor's Office
13 for People with Disabilities funding has not kept
14 pace with inflation, rising costs of our growing
15 disability population. That's not just underfunding,
16 it's invisibility. The Mayor's Office for People
17 with Disabilities needs adequate funding to ensure
18 accessibility built into every city policy and
19 project. Without adequate resources, however,
20 accessibility becomes an afterthought. The ferry
21 [sic] at Hunter's [sic] Point Library makes that
painfully clear. We must invest differently. Fund
the Mayor's Office for People with Disabilities to
act proactively at the start of planning, not after
mistakes occur. Investing in accessibility is a

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3 necessary commitment to ensuring a fully-inclusive
4 city where no New Yorker is left behind. A
5 significant budget increase for the Mayor's Office
6 for People with Disabilities is essential for
7 proactive planning and economic fairness. Please do
8 that. We definitely need more funding. It's dismal
9 that less than a million dollars for this office, and
10 so many people need it, and it has to do so much
11 work. I can't believe how it even gets all it does
12 with the little budget it has and the very tiny
13 staff. Thank you.

14 CHAIRPERSON SCHULMAN: Thank you very
15 much. Next person is Lauren Pack.

16 SERGEANT AT ARMS: You may begin.

17 LAUREN PACK: Hi, everybody. Thank you
18 for taking the time to be here tonight very late. My
19 name is Lauren Pack. I'm the Director of Health Homes
20 and Non-Medicaid Care Coordination Services at JCCA.
21 I'm a social worker, and I've been at JCCA for 14
years. JCCA is a child and family services agency
that works with about 17,000 of New York State's
children and families each year. We provide a
continuum of behavioral and mental health programs in

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3 New York City which are listed out in our written
4 testimony. Thank you to the City Council for funding
5 our court-involved youth mental health initiative
6 which provides counseling to youth who are
7 court-involved or at risk of court-involvement. This
8 program is so successful that we consistently have a
9 wait list and aim to expand the program to serve more
10 at-risk youth. Thank you for also funding our opioid
11 treatment and prevention initiative that provides to
12 counseling to youth facing or at risk of an opioid
13 addiction. The young people and families we meet at
14 JCCA face seemingly insurmountable obstacles.

15 Children are enrolling into our programs with high
16 acuity needs, presenting with increased anxiety,
17 depression, and anger. Many of these youth are
18 diagnosed with intellectual and developmental
19 disabilities with co-occurring mental health
20 diagnoses such as Major Depressive Disorder and
21 anxiety and require more intensive supports like
Youth Act, HBCI, community residences, and day
treatment programs. At JCCA we aim to provide youth
with high-quality treatment but we face the same
workforce challenges as other human services

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3 agencies. Low reimbursement rates and high case
4 loads have caused significant staffing challenges.
5 We routinely have wait lists for our programs and we
6 are unable to serve many of these children due to our
7 staff shortages. We experience high turnover,
8 resulting in youth losing continuity of care. The
9 current mental health system needs reform to better
10 serve our young people, and we're recommending that
11 we provide investment in the current mental health
12 system, support diverse work enforcement with
13 education and training supports, and encourage state
14 partners to increase their reimbursement rates.

15 Thank you.

16 CHAIRPERSON SCHULMAN: Okay, next is
17 Michael Ring.

18 SERGEANT AT ARMS: You may begin.

19 MICHAEL RING: Thank you for waiting for
20 me. My name is Michael Ring. I am Vice President of
21 Disabled in Action. And if anyone needs a verbal
description of my appearance, I'm a 62-year-old white
guy and I hope you can see me. I'm in Prospect Park.
It's kind of dark. Earlier this evening, the new
Commissioner of MOPD mentioned that when you help

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3 people with disabilities, you help everybody, and
4 that's called the curb cut effect. That, you know,
5 when we put curb cuts at every intersection, it
6 really helps everybody, parents with strollers,
7 people making deliveries, tourists with suitcases. I
8 wanted to take this moment to talk about snow removal
9 problem we had a few weeks ago. People with
10 disabilities can't travel when there's snow on the
11 ground. Unless there's a four foot shoveled area on
12 the sidewalk, it means you can't go anywhere. I'm in
13 the middle of running a loop through Prospect Park
14 right now, I can do that. But if one person doesn't
15 shovel their snow, I can't walk through snow. I
16 can't walk on slippery surfaces. I would urge the
17 city when there's a snow emergency to remind people
18 that- property owners that it's their responsibility
19 to shovel their walk and to shovel the crosswalk.
20 And revenue can be generated on this by, you know,
21 make people know they're going to get tickets.
They'll- you know, they'll get some tickets and then
they'll shovel their snow next time. I hope this can
be done, and I hope everyone has a nice day, and
thanks for being there all day. Bye.

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3 CHAIRPERSON SCHULMAN: Thank you for
4 waiting for us. The next person is Rachel Gazdick
5 [sp?].

6 SERGEANT AT ARMS: You may begin.

7 CHAIRPERSON SCHULMAN: Rachel Gazdick?
8 Alright. Rhonda Braxton?

9 SERGEANT AT ARMS: You may begin.

10 RHONDA BRAXTON: Good evening. My name
11 is Rhonda Braxton, Vice President of Health and
12 Wellness at Children's Aid. Thank you to the
13 Committee Chairs and Council Members for the
14 opportunity to testify. Children's Aid believes that
15 children and youth can only thrive when they are
16 healthy, supported and surrounded by stability. Our
17 health and nutrition programs are designed to meet
18 the needs of the whole child and engage families as
19 essential partners in long-term wellbeing. To
20 accomplish this, we integrate comprehensive health
21 and nutrition services directly within our community
school centers and clinics. Through two community
health clinics and six school-based health centers we
provide coordinated medical, dental, behavioral, and
reproductive health care. Our nutrition programs

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3 complement these services with education, gardening,
4 food access, and culturally-responsive activities
5 that strengthen both health and community connection.
6 Our school-based health centers operate in
7 communities where families face significant barriers
8 to care. Last school year, we served more than 3,800
9 students and delivered over 20,000 visits, supporting
10 preventive care, keeping students up to date on
11 immunizations, and connecting families to follow-up
12 services. Youth mental health needs continue to
13 escalate with suicide now being the leading cause of
14 death among young people nationwide. Four of our
15 centers operate on Article 31 mental health clinics,
16 and all six clinics connect students to
17 community-based supports. Without these entry
18 points, many students will simply go without care.
19 Despite their essential roles, school-based health
20 centers remain significantly underfunded. Former
21 Comptroller Lander's 2025 report recommended
dedicated school-based health center funding as a
core element of citywide mental health continuum. As
the State proceeds with the planned carve-in of
school-based health centers into Medicaid managed

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3 care, stable city investment is critical to preserve
4 access and prevent clinic closures. We urge the
5 Council to increase City Levy funding to \$25 million,
6 providing \$100,000 per site for all 139 school-based
7 health centers. A nutrition-

8 SERGEANT AT ARMS: [interposing] Time
9 expired.

10 CHAIRPERSON SCHULMAN: Just summarize the
11 end part and then submit the rest of it to us,
12 please.

13 RHONDA BRAXTON: As a result of HR1, our
14 SNAP ED funding was eliminated. Without this
15 intervention- without an intervention, this work will
16 end in September. We're asking for- we are asking
17 for the City Council to establish bridge funding of
18 \$5-\$7 million to sustain SNAP ED programming through
19 community-based providers and to coordinate with
20 agencies to close nutrition education gaps. All
21 affected providers should be included in any city
investment aimed to preserve this critical work.
Thank you.

CHAIRPERSON SCHULMAN: Thank you very
much. Rachel Gazdick? I'm making the call again.

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3 SERGEANT AT ARMS: You may begin.

4 CHAIRPERSON SCHULMAN: Okay. Sylvia
5 Pizzaro [sp?]?

6 SERGEANT AT ARMS: You may begin.

7 SYLVIA PIZZARO: [inaudible] Oh, hello.
8 Hi. My name is Sylvia Pizzaro. It has been a
9 recovery journey for me at Life Links Clubhouse. I
10 developed relationship with the members. It has been
11 a positive experience, because I would get to
12 [inaudible] with activities like wellness. Without
13 Life Links I would be isolated in the community. I
14 would be sad, depressed, and lost. I wouldn't know
15 what to do with my time. The way that the program
16 Life Links has helped me is that I got to know the
17 people there. I leave home to go to Life Links and I
18 feel better because I got better when I was there. I
19 like to do the reception desk, because I will greet
20 members and answer the phone correctly. There are
21 other parts of Life Links to which I think that are
very good. Like, it provides structure and structure
is necessary to consistency and involvement of
clubhouses.

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3 CHAIRPERSON SCHULMAN: Thank you very
4 much. Alright, one more time we'll call for Rachel
5 Gazdick?

6 SERGEANT AT ARMS: You may begin.

7 DAQUAN MASHBURN: Hello, good evening.
8 My name is Daquan Mashburn representing New York Edge
9 Afterschools. I'm here today to ask that you
10 prioritize New York Edge's Fiscal 27 citywide funding
11 request. New York Edge is the city's oldest and
12 largest provider of afterschool and summer
13 programming serving almost 33,000 students in 134
14 schools across the city, including four Beacon
15 Centers in 21 community schools. We also operate
16 food pantries in Manhattan, the Bronx, Queens, and
17 Brooklyn, providing food and personal hygiene
18 products to our students and our families. Our
19 programs are in 37 of the 51 council districts. We
20 are seeking \$250,000 under the Council's
21 social/emotional support for student initiative.
Social/emotional learning is integrated in every
element of our program. We are identified as Mosaic
by ACT, the largest afterschool provider in the
nation offering social/emotional support. This

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3 funding will enable us to support our current SEL
4 programming, providing high-quality evidence
5 school-based social/emotional learning assessments,
6 curriculum and resources for all of our partner
7 schools and our students and their families. We are
8 also seeking \$1.5 million under the Council's after
9 school enrichment initiative. For over three decades
10 the New York City Council has been a vital partner in
11 helping us fulfil our mission. Since 2020, we have
12 tripled in size and have significantly increased the
13 number of students served. Our Council citywide
14 funding, however, has remained flat at \$1 million.
15 New York Edge, its students and families are
16 extremely grateful for the Council's past support.
17 The time has come, however, we increase funding-
18 where increased funding is vitally needed. Council
19 discretionary contracts are not eligible for COLA
20 increases. This is making it increasingly difficult
21 for New York Edge to attract and maintain quality
staff, to continue to offer the wide array of
programs that we are known for. Increased funding
will enable us to keep providing youth throughout the
city with the edge they need to succeed. Your

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3 support and advocacy on our behalf are requested.

4 Thank you.

5 CHAIRPERSON SCHULMAN: Can you just give
6 us your name again? Hello?

7 DAQUAN MASHBURN: Thank you. My name is
8 Daquan Mashburn representing New York Edge.

9 CHAIRPERSON SCHULMAN: Alright. Thank
10 you. Thank you. Okay, so I'm going to call these
11 names one more time, and if you don't answer, then
12 we're going to move on and close the hearing. Alisa
13 Jessa [sp?], Manuel De Jesus [sp?], Falquez [sp?],
14 Rhonda Braxton, Louis Shapiro [sp?], Doxine Roberts
15 [sp?], Nadine Daly [sp?], Jeffery Zeisman [sp?],
16 okay. At the end- oh, if- what? Alexis Foot, Stacy
17 Regal [sp?], Alex Stein, Delande Louis [sp?]. Okay,
18 this closes out the March 19th, Preliminary hearings
19 for the Health Committee, for Mental Health and
20 Substance Use, and Disabilities. We are adjourned.

21 [gavel]

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3 C E R T I F I C A T E

4
5
6 World Wide Dictation certifies that the foregoing
7 transcript is a true and accurate record of the
8 proceedings. We further certify that there is no
9 relation to any of the parties to this action by blood
10 or marriage, and that there is interest in the outcome
11 of this matter.



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17 Date April 13, 2026

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