



New York City Council Hearing

FY26 Preliminary Budget Hearing

Committee on Hospitals

Mitchell Katz, MD

President and Chief Executive Officer

NYC Health + Hospitals

March 6, 2025

Good afternoon Chairperson Narcisse, and members of the Committee on Hospitals. I am Dr. Mitchell Katz, primary care physician and President and CEO of NYC Health + Hospitals (Health + Hospitals). I am joined today by John Ulberg, Senior Vice President and Chief Financial Officer at Health + Hospitals, and Dr. Patsy Yang, Senior Vice President at NYC Health + Hospitals for Correctional Health Services (CHS).

I am pleased to be here to share an update on our financial performance for Fiscal Year 2026. As the largest municipal health care system in the country, Health + Hospitals is proud to serve over 1 million New Yorkers each year. Our integrated system includes 11 acute care hospital sites, 5 post-acute facilities, the Gotham Health network of clinics across the 5 boroughs, our Correctional Health Services, and MetroPlus, our subsidiary health plan. Every day, our 40,000+ employees bring our mission to life, delivering high quality health care services with compassion, dignity, and respect to diverse communities, including historically marginalized populations. We care for NYC. No Exceptions. I am proud to say that today H+H continues to offer essential services to all New Yorkers, such as gender-affirming care, abortion services, and critical support to our immigrant communities.

Accomplishments

Over the past year, Health + Hospitals has made significant advancements. I am incredibly proud of the progress we've achieved and the success our health system continues to build upon. Every accomplishment reflects the unwavering dedication and tireless efforts of our team, who consistently ensure that our patients receive respectful and compassionate care.

Among other successes, we have:

- Hired over 3,000 new union nurses since March 2023, replacing many agency nurses;
- Connected 375 patients to permanent housing through “Housing for Health” in 2024;
- Provided short-term housing and access to medical care to nearly 290 patients through our medical respite program;
- Broken ground on a new Gotham clinic in Far Rockaway, Queens that will serve 20,000 patients once open;
- Completed construction of the Bellevue Outposted Unit where CHS has already put in place staffing and support services;
- Earned \$6.1M in Medicare shared savings for reducing cost and providing high quality care for patients through our Accountable Care Organization (ACO);
- Completed the expansion of the Lifestyle Medicine Program for a total of 7 sites systemwide that together can serve 4,000 patients a year;
- Begun opening 16 school-based mental health clinics in NYC Public Schools to serve over 6,000 students across the Bronx and Central Brooklyn
- Completed the construction of a new floodwall at Metropolitan Hospital to protect against the next Superstorm Sandy;
- Opened 20 new wellness rooms where staff can decompress during the workday and participate in wellness activities;

Additionally:

- All 18 eligible H+H facilities earned the “LGBTQ+ Healthcare Equality Leader” designation by the Human Rights Campaign Foundation’s Healthcare Equality

Index;

- NYC Care celebrated its five-year anniversary with over 140,000 members enrolled in the program;
- All 11 of our hospitals were recognized by US News & World Report as a “Best Regional Hospital for Equitable Access”.
- Four of our hospitals – Bellevue, Elmhurst, Lincoln, and Woodhull – were ranked by US News & World Report magazine as high performing for uncomplicated pregnancies;
- NYC Health + Hospitals/ Seaview was again ranked the #1 Nursing Home in New York City by Newsweek;

Financial Performance YTD

Health + Hospitals has closed the first half of FY25 with a positive net budget variance of \$134M (1%) due to continued increases in inpatient and outpatient volume and Medicaid rate increases.

Our Strategic Initiatives associated with revenue cycle improvements, managed care contracting improvements, and value-based payments also remain on track. We have made key progress in reducing denials, improving our clinical documentation process, and enhancing our financial counseling efforts.

Our January closing cash was nearly \$500 million (18 days cash-on-hand), a position only slightly below our average cash position through the fiscal year. We have continued to work closely with our State and federal partners to receive prior and current-year payments that we are owed to maintain our stable cash position.

Though we are very proud of the work our Finance and Revenue Cycle teams do, we are always mindful of our thin margins and limited resources, and we thank you for your support.

FY26 Preliminary Financial Plan

As we look at our Preliminary Financial Plan, our overall fiscal picture remains stable thanks to the continued great work of our staff. Our FY26 preliminary cash plan is largely consistent with our recent performance as we are currently projecting an operating gain of \$111M in FY25 (a 1% positive) followed by operating gain of \$213 million in FY26 (a 2% positive).

In reviewing our long-term outlook, we continue to believe that we are well-positioned, but we remain constantly vigilant of external risks, including federal Medicaid Disproportionate Share Hospital (DSH) cuts, the expected timing of federal reimbursements, and new not-yet identified risks that we may face in Medicaid and other funding areas. We will continue to work closely with our City, State, and federal champions, while also continuing to shore our financial position through the implementation of our Strategic Initiatives. Our Strategic Initiatives – which includes increasing patient care access, growing revenue through improved revenue cycle performance and reimbursement through insurance plan negotiations, and contracting savings – are projected to produce between \$1.6 and \$2.5 billion in each year.

As we look to the out years, we expect to continue to face some internal challenges

and external risks, similar to what we have faces in previous years. As a result, we currently project small operating losses of \$202 million and \$342 million in FY27 and FY28, respectively. By this time, we will be facing multiple years of federal Medicaid DSH cuts as well as further cost pressures that are currently projected to outpace the growth in reimbursement rates. We have worked to mitigate these actions through the growth in our Supplemental Medicaid and internal Strategic Initiatives and we also ask the Council for their continued advocacy on our behalf, to fight the continued delay of these harmful cuts, slated to begin April 1, 2025, and to protect Medicaid more broadly.

We are also in the midst of advocating aggressively for equitable access to State funding and Medicaid rate increases and to stave off funding cuts. We are thankful to our champions in Albany and, of course, grateful to so many of you, our Council Members, who stand with us to serve our system and communities. State funding is critically important to us in our efforts to strengthen NYC Health + Hospitals.

Through every challenge – whether from shifting political landscapes or unforeseen crises – our commitment to New Yorkers remains unwavering. We stand steadfast in our mission, ensuring that every decision we make is rooted in what is best for our patients. We will continue to provide the highest standard of care, guided by compassion, integrity, and an unshakable dedication to doing what’s right.

Thank you for the opportunity to testify before you today. I look forward to taking your questions.

From the Office of
Council Member Joann Ariola, NYC Council District 32

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November 18, 2024

James V. McDonald, M.D.
New York State Commissioner of Health
Corning Tower, Empire State Plaza
Albany, NY 12237

Dear Dr. McDonald,

I am writing to express my strong opposition to the proposed closure of the Neponsit Adult Day Health Care Center. This vital facility has served as a cornerstone for many seniors in the Rockaway community, providing essential services to some of the most vulnerable New Yorkers and their families. Its impending closure represents not just a loss of services for the people of the Rockaway peninsula, but a profound disruption to the lives of its registrants and their caregivers as well.

I understand that the New York City Health and Hospitals Corporation (HHC) has cited a significant decline in daily attendance, stemming from post-pandemic changes in managed care approval practices, as the primary reason for the decision to close the facility. However, this reasoning does not absolve us of the responsibility to explore alternative solutions. These individuals and families depend on Neponsit's services not only for their health and well-being but also for their ability to maintain their livelihoods and care for their loved ones.

Our government consistently finds funding for numerous initiatives—many of which are contentious—yet programs like the Neponsit Adult Day Health Care Center, which directly serve our community's most vulnerable residents, are left to suffer. It is imperative that we prioritize the care and dignity of our seniors and their families.

I urge the Department of Health to reevaluate the necessity and impact of this closure and to explore viable alternatives that would allow the Neponsit Adult Day Health Care Center to remain operational.

Thank you for your attention to this urgent matter. I would welcome the opportunity to discuss this issue further or to provide any additional information that may assist in your decision-making process.

Sincerely,

A handwritten signature in black ink, appearing to read "Joann Ariola". The signature is fluid and cursive, with the first name "Joann" and last name "Ariola" clearly distinguishable.

Joann Ariola
Council Member
NYC Council District 32



OFFICE OF THE BROOKLYN BOROUGH PRESIDENT

ANTONIO REYNOSO

Brooklyn Borough President

City Council Committee on Hospitals Hearing on the Preliminary Budget March 6, 2025

Good afternoon Chair Narcisse and member of the committee, and thank you for holding this hearing today. My name is Tamisha Johnson and I am here representing Brooklyn Borough President Antonio Reynoso.

New York City's public hospital system continues to act as a clinical care safety net for the growing number of vulnerable people in our city, such as the unhoused, asylum seekers, and the uninsured. These facilities are also frequently the main resource for advanced healthcare in under-resourced communities, in addition to operating many primary care centers in these areas.

In FY24, H+H facilities saw more than 1.2M unique patients, 70% of whom were either uninsured or covered by Medicaid. Yet City hospitals continue to suffer from staffing deficiencies caused by their inability to attract and maintain quality personnel due to their lack of competitive salaries. They also frequently lack the resources necessary to consistently deliver high-quality care due to outdated infrastructure and limited capacity to perform complex procedures.

The Preliminary FY26 Budget proposes more than \$500 million in cuts for H+H compared to last fiscal year. While some of these cuts come from scaling back pandemic response measures, services for asylum seekers also face a significant reduction. These cuts are concerning, especially considering uncertainty about whether the flow of migrants to the city will continue and/or how well the public healthcare system can serve, without continued funding, the more than 200,000 asylum seekers who have already arrived. Additionally, New York City's Correctional Health Service (which is operated by H+H and provides healthcare for incarcerated patients) also faces an \$11.7 million funding cut, despite there being no appreciable decrease in the patient census numbers for CHS to warrant it.

Maternal health continues to be a major priority for Borough President Reynoso. He is happy to see that the proposed budget for H+H includes funding for initiatives such as the Baby Box Pilot to provide new parents with baby and postpartum supplies and other resources. However, we need to do more. New York City's last comprehensive report on pregnancy-associated mortality showed striking and persistent racial disparities in maternal deaths, with Black non-Hispanic mothers dying from pregnancy-related causes at six times the rate of their white counterparts. Following expert review, almost three-quarters of these deaths were found to be

| preventable with systems-level changes in care. H~~-~~+H's Maternal Medical Home program (developed to improve high-risk obstetric outcomes by providing integrated medical and social services to expectant mothers with complex care needs) and obstetric simulation training (to allow clinical providers to practice how to manage obstetric emergencies) are examples of programs that should be expanded.

Thank you again for the opportunity to speak today. Borough President Reynoso looks forward to working with the Council to ensure that all New Yorkers, whether they've been here all their lives or arrived yesterday, can access the care they need.



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Cora Opsahl, *Fund Director*

Testimony of Misha Sharp, Assistant Director of Policy, 32BJ Health Fund
New York City Council Hearing, FY26 Preliminary Budget Hearing, Committee on Hospitals
3/6/25

Introduction

My name is Misha Sharp, and I am the Assistant Director of the 32BJ Health Fund, a large self-funded health plan that provides health care benefits to over 200,000 32BJ SEIU union members and their families using contributions from over 5,000 employers. Those union members are the front-line building services workers that keep our buildings in order and our airports and schools running. We are one of the largest self-insured funds in New York State.

The cost of participants' healthcare is paid using funds secured through the union's contracts with their employers. All medical claims are paid by the 32BJ Health Fund. Our Fund has no profits, no shareholders, and no financial interests other than providing our participants with high-quality, affordable healthcare. While the Fund uses a third-party administrator to manage our benefits, the cost of care provided to plan participants is paid entirely by the Health Fund using employer contributions. That means as healthcare costs go up, those costs are passed on directly to our Fund.

Unless otherwise cited, all data provided in this testimony are from 32BJ Health Fund claims data analyses.

Why Hospital Prices Matter

Every dollar spent on higher-priced care is a dollar that can't be used for wage increases or other benefits like pension. Since 2004, the cost of health benefits for our participants has increased from 17 percent of the total employee compensation package to 37 percent. Put another way, healthcare costs have risen four times that of wages: with a 54% increase in wages and a 230% increase in health benefit costs. While many factors drive the rising cost of healthcare, our data -- and that of others -- consistently points to one overwhelming contributor: rising hospital prices. No other factor has a greater impact on healthcare costs. Our Health Fund spends about \$1.5 billion on healthcare each year, and over half of that spending is on hospital care. The Health Fund spends more annually on health services from just the five largest academic medical centers in New York City than is paid in pension benefits each year by the 32BJ Pension Fund for members throughout the country.

According to the U.S. Bureau of Labor Statistics, the inflation rate for hospitals prices has risen over 100% since 2009.¹ This compares to increases of about 50% for prescription drugs, housing, and food.² Data from the most recent hospital price transparency studies show that commercial purchasers in New York State paid 310% of Medicare for hospital services on average in 2022, while the national average was 250% of Medicare.³ Though some will argue that Medicare rates do not sufficiently cover the cost of care, the extent of these markups don't add up. The Greater New York Hospital Association has cited that Medicaid covers about 70%

¹ U.S. Bureau of Labor Statistics, Consumer Price Index. <https://www.bls.gov/charts/consumer-price-index/consumer-price-index-by-category.htm>

² Id.

³ RAND Hospital Price Transparency Study 5: <https://www.rand.org/health-care/projects/hospital-pricing/round5.html>

of hospitals' costs to provide care, while Medicare covers 85%.⁴ Based on these figures and the commercial payer mix at New York hospitals, we estimate that commercial payments at 130% of Medicare would cover this cited shortfall.

The hospital prices that 32BJ Health Fund pays in New York City have risen from 215% of Medicare in 2016 to 250% of Medicare in 2023. These amounts are substantial but would have been markedly higher without the difficult decision to remove a high-priced hospital system from our network in 2022. If the Fund paid the same rates that Medicare does for hospital services from 2016 to 2019, it could have saved \$1.1 billion.⁵ In recent years, spending increases are being driven by the *hospital outpatient sector*. In 2019, we spent roughly equivalent amounts on hospital inpatient and outpatient services. But from 2019-2023, our hospital inpatient spending decreased by 6% while hospital outpatient spending increased by 25%. From 2016-2023, our inpatient prices relative to Medicare increased from 186% to 209% on average, while outpatient prices increased from 296% to 342% of Medicare.

New York City's workers and employers need to be able to have a clear line of sight into hospital prices to understand which hospitals and what services are driving our health benefit costs. We know safety net hospitals like NYC Health & Hospitals do not contribute to this problem but the same cannot be said of the other major systems in New York City. Solutions should be targeted to the most expensive systems or where the most impact can be obtained.

New York City's Budget & The Office of Healthcare Accountability

Public budgets and public employee health plans like New York City's are experiencing the same phenomenon as we are when it comes to high healthcare costs driven by rising hospital prices. This is why it is critical for the City Council to support the strong implementation of the nation's first municipal Office of Healthcare Affordability ("The Office" or "OHA"). The Office can provide one centralized entity that collects and disseminates critical information on healthcare cost drivers and hospital prices. This information could be a gamechanger for purchasers like us because it bolsters the evidence base we can use when creating market-driven solutions to lower healthcare costs for our members.

We hope to receive the first annual OHA report on New York City hospital pricing and finances later this month. As required in the statute, it is particularly important that the report provide negotiated hospital inpatient and outpatient prices by procedure and by hospital for the City's public employee health plan – and that those prices are accompanied by a benchmark to Medicare prices so that we have a consistent point of comparison. Medicare calculates its payments based on provider-attested costs and includes an extensive stakeholder review process. Medicare also adjusts for case mix, severity, and other operational factors. Identifying hospital facilities and services that have high commercial prices relative to Medicare helps us understand where price markups may occur that have more to do with a hospital's market power than the underlying cost of providing care.

The New York State public employee health plan recently completed an analysis of its hospital spending and prices that shows the utility of this information for policymakers and purchasers. According to data provided by the New York State Health Insurance Plan (NYSHIP), which provides health benefits for 1.2 million State employees, retirees, and dependents, hospitals accounted for 41% of total healthcare spending in 2021.⁶ This is

⁴ Greater New York Hospital Association Testimony for SFY 2025-26 Joint Legislative Budget Hearing – Health. February 11, 2025: <https://www.nysenate.gov/sites/default/files/admin/structure/media/manage/filefile/a/2025-02/gnyha-budget-documents.pdf>

⁵ 32BJ Health Fund. (Revised November 1, 2022.) Hospital Prices: Unsustainable and Unjustifiable.

⁶ Letter from Department of Civil Service to Senator Gounardes and Assemblywoman Cruz dated January 30, 2023

slightly higher than the New York State average of 39%.⁷ In 2022 and 2023, NYSHIP reported spending about \$4 billion on hospital care each year.⁸ Over half of that spending, or \$2.2 billion, went to eight large hospital systems downstate.⁹ Nearly \$1.4 billion was spent on only three large hospital systems: Northwell, NYU Langone, and New York Presbyterian.¹⁰ From 2022 to 2023, NYSHIP saw negligible changes in hospital inpatient spending, but a nearly 10% increase in hospital outpatient spending, such that spending on outpatient services nearly equaled spending on inpatient services.¹¹ While this is helpful information pointing to key healthcare cost drivers for the plan, the report unfortunately did not benchmark commercial prices against the prices Medicare pays for the same services at the same facilities.

We know that the value of the OHA is only as good as the data it has access to, and the data it can make available to the public. And we know that there are many industry players who prefer that this information stay hidden. We encourage the City Council to engage critically with the inaugural report findings and to advocate for the release of all hospital pricing and financial information required under Local Law 78. If certain information is missing from the OHA report – the City Council should be asking why.

What New York Can Do to Mitigate Rising Hospital Prices: The Fair Pricing Act (S.705/A.2140)

High and rising hospital prices matter for everyone in New York who has to balance a budget. New York’s per capita spending on hospital care is higher and growing faster than the national average.¹² This is due to high hospital prices, rather than increasing utilization. For too long, purchasers, policymakers, and patients have been expected to shoulder the burden of unjustifiable hospital price increases. New York State needs to act immediately to lower commercial hospital prices and to slow those price increases over time.

One way to do this is to mitigate the incentives for large hospital systems to acquire independent physician practices, which drives up healthcare prices. After hospital systems acquire a physician practice, they charge higher prices for low-complexity services that have typically been provided in those offices, like imaging (X-rays, MRIs, and CT scans), drug administration, and preventive care visits. When physician practices are acquired by hospitals, their prices increase by an average of 14%.¹³ A new study from Brown University using New York State commercial claims data shows that hospital outpatient department prices are four times higher than doctor’s office prices for these low complexity services, on average.¹⁴ As an example, claims data from 32BJ Health Fund shows an average aggregate price of \$23 for flu shot administration in the doctor’s office compared to \$183 in the hospital outpatient department.

The Fair Pricing Act (S.705/A.2140), sponsored by New York State Senator Liz Krueger and Assemblymember Chantel Jackson, would make New York the first state in the nation to ensure that the same procedure costs the same price no matter what setting the care is provided in. This is similar to enacted and proposed “site neutral

⁷ Appendix Table e9c in: Emily K. Johnson et al., "Varied Health Spending Growth Across US States Was Associated With Incomes, Price Levels, And Medicaid Expansion, 2000–19," *Health Affairs*, 41(8): 1088–1097, <https://doi.org/10.1377/hlthaff.2021.01834>

⁸ New York State Department of Civil Service. *Empire Plan Hospital Pricing: Annual Report Years 2022 & 2023*. Accessed January 27, 2025. <https://www.cs.ny.gov/extdocs/pdf/2024%20Hospital%20Transparency%20Report.pdf>

⁹ Id.

¹⁰ Id.

¹¹ Id.

¹² Hammond, B. (March 30, 2023). *New York’s Hospital Profits Surged in 2021*. Empire Center. <https://www.empirecenter.org/publications/new-yorks-hospital-profits-2021/>

¹³ Capps, C., Dranove, D., and Ody, C. (May 2018). The effect of hospital acquisitions of physician practices on prices and spending. *Journal of Health Economics*, 59:139-152. <https://doi.org/10.1016/j.jhealeco.2018.04.001>.

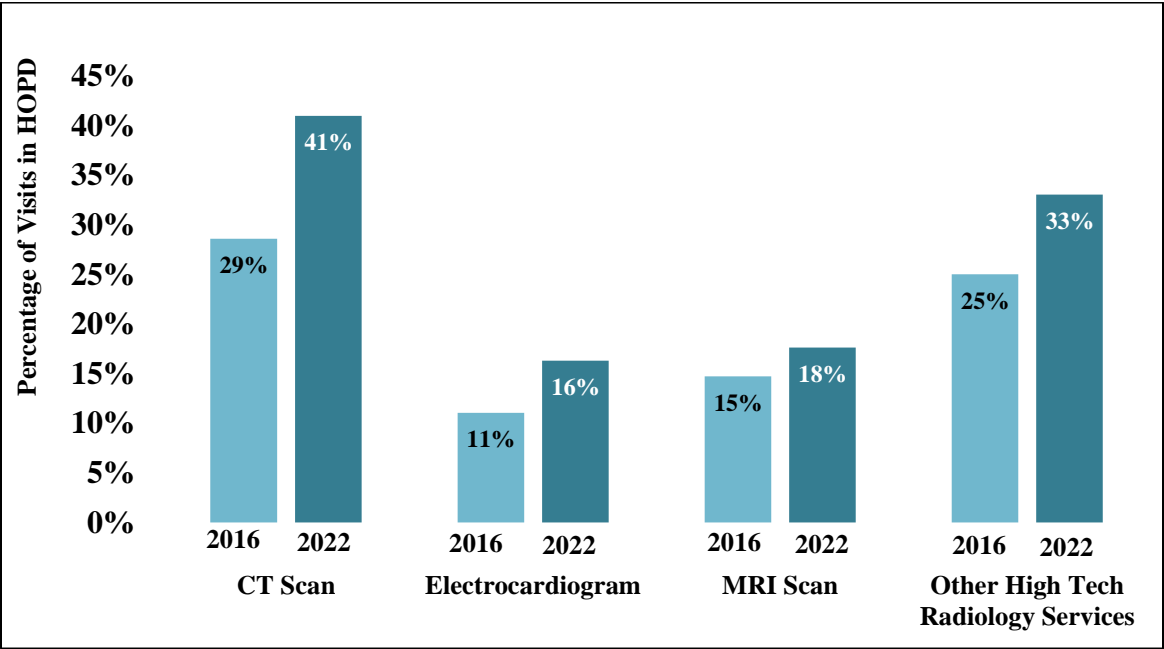
¹⁴ Murray, R., Janjua, H., and Whaley, C. (February 11, 2025) *Estimating Savings from the Fair Pricing Act and Commercial Site-Neutral Payments in New York State*. Brown University Center for Advancing Health Policy through Research.

payment” policies under the Medicare program. The proposal would do this by capping prices for certain routine, low-complexity services at prices comparable to those in doctor’s offices, regardless of who owns the building.

The Fair Pricing Act would require hospitals to offer a contract for specific, routine services – already determined by the Medicare Payment Advisory Commission (MedPAC) – with prices capped at a certain percentage of Medicare. Providers would not be allowed to charge, bill, or accept payments above the cap. The bill would also explicitly prohibit facility fees for these services. Safety net hospitals, public hospitals, federally qualified health centers, critical access hospitals, sole community hospitals, and rural emergency hospitals are all exempt from the legislation. State-regulated payers would also be prohibited from entering into contracts that provide reimbursement rates in excess of the cap, and would not be allowed to hold participants responsible for amounts above that cap.

32BJ Health Fund has observed that certain basic services, like flu shots, x-rays, or MRIs, have shifted from the historical norm of being provided in a doctor’s office to being provided in hospital outpatient departments. For example, in 2016, 71% of non-emergency CT scans for our participants in New York occurred in a doctor’s office, with 29% in a hospital outpatient department. By 2022, nearly 41% of CT scans were occurring in a hospital outpatient department (see Figure 1). There is no apparent clinical reason for this shift. This is particularly worrisome because the average hospital outpatient department price for a CT scan in our data is almost double that of a CT scan provided in a doctor’s office. If non-emergency CT scans in New York hospital outpatient departments cost the same as those in the doctor’s office, our Fund could have saved over \$500,000 in 2022.

Figure 1: 32BJ Health Fund Claims Illustrate That Basic Procedures are Shifting to Hospital Outpatient Departments (HOPD) (from 2016 to 2022)



The Fair Pricing Act would create greater healthcare affordability and tangible savings for purchasers like 32BJ Health Fund, for New York City, and for patient out-of-pocket costs. According to 32BJ Health Fund’s analysis of its claims, the Fund could have saved \$31 million, or 2% of overall health benefit spend, in 2022 if this type

of policy were in place.¹⁵ We expect other self-funded plans in the state to see similar savings. A study of commercial claims data from health economists at Brown University shows large annual savings of over \$120 million could be achieved for the New York City public employee and retiree health plan.¹⁶ Overall, the study found that New York could see \$1.1 billion in savings per year from this proposal. One important aspect to understand is that when treatment is rendered in a hospital outpatient department rather than a doctor's office, patients often have much higher out-of-pocket costs. This is because hospital care typically includes a deductible and higher coinsurance. The Brown University study estimates up to \$213 million in savings going directly back into New Yorkers' pockets through lowered out-of-pocket costs.¹⁷

Setting a cap on prices at a percentage of Medicare rates ensures a limit on the current arbitrary nature of prices in the commercial market. Medicare rates are set to reflect the cost of care for services and are based on extensive expert review. A rate cap at 150% of Medicare is above the level at which doctors' offices are currently providing these services in New York, which is 130% of Medicare on average.¹⁸

Though you will hear about hospitals being underfunded by public payers, which is true for many safety net and public hospitals, there is also another side of our healthcare system that has an enormous impact on healthcare affordability for patients in New York. This side is represented by the high-priced hospital systems that yield large market share and large profits in the current market. For example, New York Presbyterian Hospital generally maintained operating profit margins above 15% from 2012 to 2022, Northwell Lenox Hill Hospital had operating profit margins between 8% and 26%, and the Hospital for Special Surgery had consistently positive operating profit margins between 12% and 25% during this timeframe.¹⁹ This is based on Medicare Cost Reports which are certified and submitted by the hospitals themselves.

Safety net and public hospitals are exempt from the Fair Pricing Act because these are not the hospitals charging New Yorkers high prices. We cannot let fear of the problems faced by struggling safety net or public hospitals prevent commonsense action to rein in the highest prices that leave our healthcare market vulnerable to profit-seeking behavior.

When hospitals raise prices on routine medical care provided in hospital outpatient departments that is safe to provide at a doctor's office, the added costs are shouldered by patients, families, workers, and employers. We can make healthcare pricing for routine services fairer and more affordable for all New Yorkers, without compromising access or quality of care.

¹⁵ 32BJ Labor Industry Cooperation Fund. The Need for Fair Hospital Pricing in New York. Published September 2024. <https://32bjhealthinsights.org/resources/#32BJHealthFund>

¹⁶ Murray, R., Janjua, H., and Whaley, C. (February 11, 2025) Estimating Savings from the Fair Pricing Act and Commercial Site-Neutral Payments in New York State. Brown University Center for Advancing Health Policy through Research.

¹⁷ Id.

¹⁸ Id.

¹⁹ Hospital Cost Tool published by the National Academy for State Health Policy. Accessed February 3, 2025. <https://tool.nashp.org/>



Advocates for Children of New York

Protecting every child's right to learn

Testimony submitted to the New York City Council Committee on Hospitals

Re: Fiscal Year 2026 Preliminary Budget – Mental Health Continuum

March 7, 2025

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Melkis Alvarez-Baez, *Secretary*

Thank you for the opportunity to submit testimony on the Fiscal Year 2026 Preliminary Budget. For more than 50 years, Advocates for Children of New York (AFC) has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students from low-income backgrounds.

Each year, AFC works with students who have significant mental health challenges and who have been unable to access the mental health services they need to be successful in the classroom. As such, we strongly support the **Mental Health Continuum**, a cross-agency partnership between New York City Public Schools (NYCPS), NYC Health + Hospitals (H+H), and the NYC Department of Health & Mental Hygiene (DOHMH). This innovative model, which was highlighted in the Mayor's Mental Health Plan and the City Council's Mental Health Roadmap, is supported with **\$5 million in one-year city funding that was left out of the Mayor's FY 2026 Preliminary Budget and, unless extended in the FY 26 budget, is set to expire in June 2025.**

The **Mental Health Continuum** supports over 20,000 students at 50 schools in the Bronx and Brooklyn through school partnerships with H+H mental health clinics that provide expedited access to mental healthcare, dedicated staff to provide students with timely access to mental health services, a NYC Well hotline to advise school staff, mobile response teams to respond to students in crisis, and training for school staff in Collaborative Problem Solving to build their capacity to address student behavior. Funding also supported the opening of 16 school-based mental health clinics at Mental Health Continuum schools, providing over 5,500 students with access to care onsite. The Mental Health Continuum is designed to ensure that each school can offer students and families welcoming, affirming and culturally responsive mental health services.



Advocates for Children of New York

Protecting every child's right to learn

While many schools offer other social-emotional and mental health supports, the Mental Health Continuum is unique in its comprehensive, integrated model and in its capacity to connect students with significant needs to expedited mental healthcare. Nearly 2,000 students have received direct mental health support through the Mental Health Continuum since 2023. For these services to continue, Mental Health Continuum funding must be continued in FY 26 and baselined to ensure continuity of care.

The Council was instrumental in securing funding for the Mental Health Continuum in prior budget cycles and in making this vital initiative a reality. We urge the Council to work with the Administration to **ensure the FY 2026 budget includes and baselines \$5M (NYCPS: \$787K, H+H: \$3.74M, DOHMH: \$472K) to sustain the Mental Health Continuum** so that students can continue to receive the mental health support they need to learn.

We are attaching Advocates for Children's full budget priorities. We look forward to working with you as the budget process moves forward. Thank you for the opportunity to submit testimony.



ADVOCATES FOR CHILDREN OF NEW YORK

City Education Budget Priorities for FY 2026

Sustain impactful programs.

We appreciate that last year, in the face of expiring federal stimulus funding and city funding, the Administration and the City Council provided continued funding for many impactful education programs that would have otherwise been rolled back or eliminated. While a number of these programs were baselined, others were funded for one year only. The Mayor's FY 2026 Preliminary Budget extends funding for two of them—Summer Rising and Learning to Work—for another year, but many other critical programs were left out and are once again at risk of severe cuts. We are calling on the City to avoid taking a step backwards and **extend and baseline funding for these programs**—helping to ensure their long-term stability and support for students and families.

Key programs left out of the Preliminary Budget that are funded with one-year city dollars expiring in June 2025 include:

- Early Childhood Education
 - Preschool special education classes (\$55M)
 - Promise NYC (\$25M)
 - 3-K and Pre-K: 3-K (\$112M), Extended day seats (\$25M), and Outreach (\$5M)
- Immigrant Family Communication and Outreach (\$4M in expiring funds; we are requesting an increase of \$3M, for a total allocation of \$7M, for FY 2026)
- Restorative Justice (\$12M)
- Mental Health Continuum (\$5M)
- Community Schools (\$14M)

Make additional investments to address pressing needs.

It is also essential for the City to keep moving forward by increasing investments to address the pressing needs we see on the ground in our work with families every day—including the need for legally mandated preschool special education services, one-on-one or small group reading support, mental health support, and accessible schools. We urge the City to:

- Provide preschoolers with disabilities with the evaluations and services they need (\$70M) and extend enhancements of the recent early childhood labor agreement to staff at preschool special education programs at community-based organizations.
- Expand access to one-on-one or small group support for students who need more help learning to read (\$17.5M).
- Enhance services at school-based mental health clinics (\$3.75M).
- Make more schools accessible to students, parents, educators, and community members with physical disabilities (\$450M in capital funding over five years).

Sustain impactful programs funded with city funding scheduled to expire in June 2025.

The following education programs are funded, in whole or in part, with one-year city funding set to expire in June unless extended in the FY 2026 budget. The funding amounts listed are the dollar amounts needed merely to sustain these existing programs at their current funding levels; unless funding is extended, students will lose access to these programs. The City should extend and baseline funding for these programs.

EARLY CHILDHOOD EDUCATION

Preschool special education classes (\$55M)

Even as the City has expanded 3-K and Pre-K, 450 three- and four-year-olds with disabilities were waiting for the seats they needed in preschool special education classes as of late January 2025, in violation of their legal rights. We appreciate that the City included \$55M in the FY 2025 budget to open new preschool special education classes. While this funding is not sufficient to address the need for preschool special education classes and services, it has provided seats for hundreds of children with autism and other disabilities who would otherwise be going without the classes they need and have a legal right to receive. However, the \$55M is one-year city funding set to expire in June. As the City keeps working to use this funding to open new classes this year, it is important for everyone to know as soon as possible that funding will continue next year and beyond.

Promise NYC (\$25M)

No child should be turned away from an early learning program because of their immigration status. In January 2023, the City launched Promise NYC to increase access to subsidized childcare for children who would otherwise be ineligible for existing programs due to federal restrictions. We appreciate that the City increased the initiative's funding for FY 2025, allowing 1,000 children to enroll in early care and education programs—helping prepare them for success in elementary school and beyond, while also enabling their parents to work and connect with resources. However, the full \$25M in Administration for Children's Services (ACS) funding for Promise NYC will run out at the end of June if not extended in the FY 2026 budget.

3-K and Pre-K: 3-K (\$112M), Extended day seats (\$25M), and Outreach (\$5M)

3-K and Pre-K programs provide high-quality early learning opportunities to children—helping prepare them for success in kindergarten and beyond. The previous Administration used temporary federal funding to expand 3-K, which had 17,500 children participating in 2019–20 and now serves around 40,000 students. We appreciate that the City has continued the program with city dollars and also invested additional funding to provide more extended day seats and do much-needed community outreach. However, the City's current investment in early childhood education includes one-year city dollars for 3-K (\$112M), extended day seats (\$25M), and outreach (\$5M), all set to expire in June.

MULTI-FACETED IMMIGRANT FAMILY COMMUNICATION & OUTREACH (\$4M in expiring one-year city funds; we are requesting an increase of \$3M, for a total of \$7M)

This initiative strengthens New York City Public Schools' (NYCPS') communication with immigrant families—many of whom would otherwise be left without important information—by using local ethnic media to share school-related updates, sending paper notices to families' homes, reaching families via phone calls and text messages, helping schools bolster their translation and interpretation systems, and collaborating with immigrant-facing community-based organizations to create and launch information campaigns. However, this work is currently supported by \$4M in one-year city funding that expires this June. Given the increase in the number of newly arrived immigrant families in New York City, it is critical for this initiative to continue, particularly at a time when changes in federal policies could lead families to keep their children out of school or avoid accessing educational services for which they are eligible. In addition to restoring the current \$4M budget, the City should invest an additional \$3M (for a total allocation of \$7M) to help meet the growing need for translation and interpretation and to help ensure information—including information about the rights of students with disabilities—reaches families who speak languages other than English via comprehensive information campaigns.

RESTORATIVE JUSTICE (\$12M)

All students deserve schools where they feel safe and supported, but without sufficient resources and appropriate alternatives for addressing behavior and helping students navigate conflict, schools will continue to resort to suspensions—which do not repair relationships or make schools safer; disproportionately impact students of color, students with disabilities, and youth who are homeless or in the foster system; and have been linked with lower educational attainment and higher odds of future contact with the juvenile or criminal legal system. Restorative justice practices enable schools to keep students in the classroom while helping them resolve conflicts and build and repair relationships. We appreciate that the FY 2025 budget included \$12M in increased city funding to replace expired federal stimulus dollars. However, this \$12M was for one year only.

MENTAL HEALTH CONTINUUM (\$5M)

The Mental Health Continuum is a cross-agency partnership (NYCPS, Health + Hospitals, Department of Health & Mental Hygiene) to help students with significant mental health needs access expedited mental healthcare. This innovative model, which was highlighted in the [Mayor's Mental Health Plan](#) and the [City Council's Mental Health Roadmap](#), supports students at 50 high-needs schools through school partnerships with H+H mental health clinics, dedicated staff to provide students with timely access to mental health services, a NYC Well hotline to advise school staff, mobile response teams to respond to students in crisis, and training for school staff in Collaborative Problem Solving to build their capacity to address student behavior. Recognizing the youth mental health crisis, the [Mayor announced](#) last April that the City would open 16 mental health clinics as part of the Mental Health Continuum. These clinics are now up and running, serving thousands of students. However, the \$5M for this initiative (NYCPS: \$787K, H+H: \$3.74M, DOHMH: \$472K) is set to expire in June.

COMMUNITY SCHOOLS (\$14M)

Community schools provide students and their families with wrap-around supports and services, such as after-school programming, adult education classes, and medical, dental, and mental healthcare. Community schools have had a positive impact; a report found that compared to otherwise similar schools, community schools in New York City had significantly lower chronic absenteeism; higher on-time graduation; and fewer disciplinary incidents. While most of the City's 400 community schools have baselined funding, the City is currently using \$14M in one-year city funding to support more than 50 community schools.

NOTE: The above is not a comprehensive list of important education programs at risk; other initiatives funded with one-year expiring city funding include:

- Teacher Recruitment (\$10M)
- High-Impact Tutoring (\$4M)
- Arts Programming (\$41M)
- Student Success Centers (\$3.3M)

Make additional investments to address pressing needs.

Ensuring that key programs remain funded at their current levels is important, but not sufficient to meet student needs. In our work on the ground with families, we see a significant need for additional supports, including the following investments.

Provide preschoolers with disabilities with the evaluations and services they need (\$70M) and extend enhancements of the recent early childhood labor agreement to staff at preschool special education programs at CBOs.

Parents know that the preschool years provide a critical window for addressing developmental delays, but thousands of them hit a wall when trying to secure the most basic services for their children. Forty-five percent of preschoolers with IEPs—more than 14,400 children—ended the 2023–24 school year without ever receiving at least one of the types of services the City was legally required to provide. This year, we have continued to hear from numerous families whose preschoolers are waiting for their services to begin, as well as families unable to get an appointment for a preschool evaluation in the first place. In fact, as of late January, more than 5,600 preschoolers with IEPs were receiving *none* of their mandated services—representing 22% of all preschoolers recommended for related services and/or Special Education Itinerant Teacher (SEIT) services (a part-time special education teacher to help include a 3-K or pre-K student in their general education class). An additional 5,800 preschoolers were receiving at least one, but not all, of their services. While we appreciate the \$55M investment in FY 2025 to open new preschool special education classes, this funding does not address the need for evaluations or the need for services for children with disabilities participating in general education or integrated 3-K and Pre-K classes.

The City must address these legal violations and ensure young children with disabilities are not left waiting for the help they need. The City should invest and baseline at least \$70M to provide preschoolers with evaluations and mandated services by taking steps such as launching more NYCPS evaluation teams; hiring more Committee on Preschool Special Education (CPSE) staff to help parents with the evaluation and Individualized Education Program (IEP) meeting process; hiring more NYCPS service providers and teachers; and allocating funding to NYCPS Pre-K Centers and schools with 3-K and Pre-K programs so that young children receive their special education services where they go to preschool.

In addition to this investment, the City should extend the enhanced provisions of the early childhood education labor agreement reached this fall to staff at preschool special education programs at community-based organizations. While AFC has no vested interest in teacher compensation, we are very concerned about the implications of returning to a system where preschool special education teachers are the lowest paid teachers in New York City, despite working with children with some of the most intensive needs—including children with severe autism, serious medical conditions, or significant behavioral needs—and doing so over the twelve-month school year. Continuing to exclude teachers of preschool special education classes from the agreement will likely result in teachers leaving for higher paid jobs, classes closing, and even more children sitting at home in violation of their legal rights.

The City should invest and baseline at least \$70M to address the systemic failure to provide preschoolers with disabilities with the evaluations and services they need and should extend the enhancements of the recent early childhood labor agreement to staff at preschool special education programs at CBOs to help address the shortage of preschool special education classes.

Expand access to one-on-one or small group support for students who need more help learning to read (\$17.5M).

Far too many NYC students struggle to become skilled readers: less than half of all students in grades 3–8, including only 37% of Black and Hispanic students and 21% of students with disabilities, are reading proficiently, according to the 2024 State tests. In 2023, the City launched NYC Reads, an ambitious effort to overhaul reading instruction in grades K–5. This initiative, which has now rolled out Citywide, requires each community school district to choose one of three pre-approved reading curricula to use in all its elementary schools; in the past, individual schools had free reign to choose their own curricula, resulting in widespread use of ineffective programs. While there is still much work to do to help schools implement new curricula to their maximum effectiveness, including continuing the job-embedded training critical to the initiative's success, NYCPS must also prioritize improving systems of support for struggling readers. Even when core instruction in the early grades is strong, there will always be a subset of students who need more individualized attention and targeted instruction. At AFC, we continue to hear from families of students across grade levels who have dyslexia or other reading difficulties and have been unable to access the help they desperately need. Often, we need to take legal action to help them obtain intensive private tutoring due to difficulties finding effective reading interventions in the public schools.

Building a robust system of intensive intervention and support for students struggling with reading is a necessary piece of the puzzle. While some schools have already started offering evidence-based reading interventions that align with the approved core reading curricula, many others need to buy

new materials and train educators in delivering the new programs. In addition, schools must have sufficient staff capacity to provide intervention to all students who need it. While schools receive a yearly allocation for Academic Intervention Services (AIS), these funds are rarely sufficient to hire a full-time staff member and must cover intervention in both reading *and* math. In fact, there are almost 500 schools that each received less than \$15,000 this year for AIS. Increasing that allocation and providing additional money for curricular materials and training would help schools ramp up to address the needs of struggling readers.

The City should invest and baseline at least \$17.5 million to help schools deliver one-on-one or small group intervention to more students who need extra help learning to read.

Enhance services at school-based mental health clinics (\$3.75M).

Children are facing a well-documented mental health crisis. School-based mental health clinics (SBMHCs) provide on-site mental health services to children during the school day, including psychiatry, medication management, family peer support, youth advocacy, and counseling. SBMHC staff work closely with school staff to identify children in need and coordinate services. SBMHCs work to engage the whole family and can serve family members at their community location. SBMHCs provide crisis mental health services, helping to ensure children receive a supportive response when they are in need and reducing the use of suspensions and punitive disciplinary measures.

Currently, most funding for SBMHCs comes from Medicaid, which does not adequately cover the range of supports and services that students and school communities need. Supplemental funding is needed to provide additional services, such as consulting on specific behavioral supports for classrooms, working as part of a school's crisis response team, providing support to the full school staff on behavior support, and being on call to de-escalate crises.

Providing existing school-based mental health clinics with supplemental funding to help fill this gap would allow clinics to better integrate into school communities and better support students with behavioral and mental health challenges. The City should invest and baseline at least \$3.75M to provide the additional resources these SBMHCs need.

Make more schools accessible to students, parents, educators, and community members with physical disabilities (\$450M in capital funding over five years).

More than 30 years after the Americans with Disabilities Act (ADA) prohibited discrimination on the basis of disability, physical barriers to full inclusion remain widespread in New York City's schools—and as a result, New Yorkers with disabilities continue to be excluded from buildings that are central to public life. In fact, only about a third of schools are fully accessible to students, teachers, parents, and community members with disabilities.

Five years ago, the situation was much worse—fewer than one in five schools was fully accessible as of the start of the 2018–19 school year—and New York City invested a historic \$750 million in the 2020–2024 Capital Plan to improve school accessibility. While this funding has enabled significant progress, there is much work left to do: NYCPS itself estimated that it would take \$1 billion in each of the next four five-year plans to reach “maximum practical accessibility” by 2045.

At a minimum, the City must make the investments necessary to keep pace with the work done over the past five years. The 2025–2029 Capital Plan currently includes \$800 million for school accessibility projects, an amount that represents a *decreased* commitment to improving school accessibility once inflation is taken into account.

The City should allocate an additional \$450 million—for a total investment of \$1.25 billion—for school accessibility projects in the 2025–2029 Capital Plan, with the goal of making at least 45% of buildings that serve as the primary location for a school fully accessible by 2030.





COMMUNITY BOARD #14

CITY OF NEW YORK - BOROUGH OF QUEENS

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Hon. Congressman Gregory Meeks, Hon. Senator James Sanders Jr., Hon. Assemblywomen Stacey Pheffer Amato, Hon. Assemblyman Khaleel Anderson, Hon. Borough President Donovan Richards Jr., Hon. Councilwoman Joann Ariola, Hon. Councilwoman Selvena Brooks-Powers

VIA Email and USPS

February 7, 2025

RE: Neponsit Adult Day Health Care
230 Beach 102nd Street
Rockaway Park, NY 11694

Dear Honorable Representatives:

I am writing on behalf of Queens Community Board 14, who at the January 14, 2025, full board meeting, expressed their strong support against the proposed closing of the Neponsit Adult Day Health Care Center. This vital institution, which is the only MEDICAL MODEL ADHC facility in the entire borough of Queens, is currently located at 230 Beach 102nd St. Rockaway Park, NY 11694. It has been a cornerstone of this community for over 36 years, providing essential services such as nursing care, physical therapy, social services, and therapeutic recreation to older adults, including those suffering from dementia, Alzheimer's, and other physical limitations.

Currently, with over 5,000 nursing home and adult home beds on the peninsula, the potential closure of the Neponsit Adult Day Health Care Center would be a significant loss to the community. Many of the center's registrants rely on its services to maintain their health and well-being, allowing them to continue living independently in their own homes. Without this facility, many would be forced to move to travel out of the borough to Brooklyn to receive the same level of care. Or they would be forced to return to long-term care nursing home facilities, or reside in more structured, restrictive adult homes. This would not only be more costly alternatives, but also less conducive to their overall quality of life.

Based on the information presented to the community board's Health & Social Services Committee meeting, at which time the notion of closure was initially presented, it was unclear as to the reasons why H&H believes this program is not viable in this community. While low enrollment was cited as the main reason, when questioned how that could be with the current senior Nursing Home/Adult Home population, the committee was informed that H&H was unaware that the community had senior housing developments; and that no outreach was ever done in those settings.

The board has since learned that enrollment has been frozen on at least 2 occasions; once in 2018, and again in 2022. When questioned why that was, there was no response. Another reason given for the recommendation to close, is that the insurances that that many community residents have, who want to enroll in the program, is not accepted by Neponsit. Currently there are 4 MLTC insurances that are accepted by the organization. It has been announced that H&H recently signed a 25-year lease agreement to provide primary care services in the new downtown Far Rockaway Village development. H&H is contracted with more than 4 insurance companies to provide these and other services, so why is it that they cannot expand their insurance portfolio for this vital program, so that more constituents can enroll? What is their give back to a community that is expected to support them for the next 25 years?

Recently, the community board received a call informing the District Manager that the landlord where the program is currently housed, was unaware that the lease for Neponsit ADHC was not going to be renewed and voiced no objection to the program continuing in that space. According to the presentation, H&H is expecting the participants and programming to cease by March 31, 2025. This is causing great stress to both the participants and their families.

Community Board 14 is requesting each of you to support your constituents desire to keep Neponsit Adult Day Health Care Center open. As per public request, Community Board 14 is looking to our governmental representatives to explore alternative solutions that would facilitate this request. This may include relocating the physical space of the program and urging our elected officials to collaborate with H&H, & DOH to negotiate a solution which would expand the insurance options and adjust the reimbursement rates that will make this a viable program for all. Perhaps a public hearing with elected officials, center participants and their families may be in order. The center's services are invaluable, and its closure would leave a significant gap in an already medically underserved community. Thus, further putting our community's most vulnerable residents at risk. Included are some of the impactful testimonies shared with CB 14.

Thank you for your attention and consideration to this matter. I hope you will take the necessary steps to ensure that the Neponsit Adult Day Health Care Center can continue to serve our community for many years to come.

Sincerely,



Felicia Johnson
District Manager CB #14Q

Testimonies shared with Community Board 14

Sara Buckley: Presented a petition with over 130 signatures in support of keeping the facility open. Her brother, who has physical and mental disabilities, has benefited from the program. "He felt very judged in a social setting, in Neponsit, he has become like a butterfly. He is a totally different person than he was a year ago, and [it] is because of that program. I have constant contact with them. If he's having a bad day, they call me. Where am I getting that someplace else?"

Andrew Falzon: His late father attended the center from 2017 until 2020. Criticized NYHHC for their previous attempt to close the Neponsit Adult Day Health Care Center in 2019. "They stopped admitting new patients, cutting back staff hours, and discontinued its regular bus service." In further remarks, Falzon praised the facility and emphasized its importance to the community's elders. "If you walk into that program...they are doing God's work better than the Lord himself could do. The center is immaculate; you could eat off the floor. There are people who aren't getting meals anywhere else; they're getting their meals there." In 2019 Falzone stated, "My dad can't go to a normal day care center. He doesn't fit in with the normal geriatric population because of his cognitive impairment."

Beth Gutman: A Rockaway Park resident who previously worked at the Adult Day Health Care Center for 26 years as a recreation therapist. "If the Neponsit Adult Day Health Care Center no longer exists, [the] registrants' health would decline more rapidly, and therefore they would not be able to reside in their own homes or would be placed in long-term nursing home facilities," she added. "The registrants are very upset, devastated, and feel hopeless."

Audrey Robertson: A 16-year registrant in the program testified while holding back tears. "We are a family splitting up! It's very hard because I have nobody at home. I go there, meet people, make friends, play games, and go on trips, and I love that, and it's breaking my heart."

John Henry Whitner Jr.: A registrant who participates in the program 5-days a week and lived on the streets before enrolling 12-years ago. "This is our family! This place is our home; they're trying to take our home away from us. We need this place."

Florette Halliday and Josephine Plummer: Spoke during the meeting on behalf of their 98-year-old mother, Joyce Williams, a registrant in the program for 20 years. "As the daughter of a participant, I can attest to the incredible impact the Neponsit Adult Day Health Care Center has had on my family. My mother, who has Alzheimer's, has found a new sense of purpose and joy through the center's activities. The compassionate staff provides her with the care and attention she needs, while the social interactions have brought a sparkle back to her eyes. Knowing she is in a safe and supportive environment gives our family peace of mind and allows us to continue caring for her at home."

Catherine: Cares for her father with dementia. "All the staff there are friendly, professional, and compassionate. Having my dad go twice a week gives us some respite and we know he is cared for and a participant in the various activities and services offered. It gives him routine and helps keep him engaged. It also gives us peace of mind to know he is safe and happy there and that they will help him as needed with basics that can be much harder for someone with dementia. My father can't go to a regular senior center because of dementia, and he doesn't do well with long rides as he has motion sickness and anxiety. I'm hoping it stays open because this is really a needed service."

Testimony 1: "One of the participants, was once a lively and active member of our community. However, after suffering a stroke, she lost much of her mobility and independence. The physical therapy services provided at Neponsit Adult Day Health Care Center played a crucial role in her recovery. Over several months, she made remarkable progress, regaining her strength and mobility. Today, she can walk short distances with the help of a cane, and her improved health has allowed her to participate more fully in social activities, greatly enhancing her quality of life."

Testimony 2: "A veteran and beloved member of our community, faced significant challenges due to chronic illness and isolation. When he joined Neponsit Adult Day Health Care Center, he was withdrawn and struggled with depression. Through the center's comprehensive care, including medical support and engaging activities, he has made a remarkable turnaround. He now looks forward to his daily visits, has made new friends, and participates actively in group activities. The center has given him a renewed sense of purpose and belonging."

Testimony 3: "The Neponsit Adult Day Health Care Center is more than just a healthcare facility; it is a lifeline for many in our community. I have seen firsthand how the center fosters a strong sense of belonging among its participants. For instance, she has formed deep friendships with other attendees through group activities and social events. These relationships have been crucial in combating her feelings of loneliness and isolation. The center has become a second family for her and many others, providing emotional support and a vibrant community."

Testimony 4: "One of the most memorable moments I witnessed at Neponsit was during a music therapy session. A participant who rarely communicates due to severe dementia, began humming along to a familiar tune. This small but significant moment brought tears to the eyes of the staff and other participants. It was a powerful reminder of the center's impact on the lives of its participants and the importance of continuing to provide these essential services."



LOCAL 420
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Testimony of Carmen Charles, President Local 420, DC37, AFSCME

Before the NYC Council Committee on Hospitals March 6, 2025

Good afternoon, Chairperson Narcisse and to the other members of the Committee. I appreciate the opportunity to address you once again today.

I have talked to so many of you in the past, but for those that do not know, I am Carmen Charles and I am President of Local 420, representing the more than 9,000 hospital workers who work within New York City Health + Hospitals (H+H).

My members work in a variety of different job titles, at different levels, but very much on the frontlines of the City's public healthcare system. We are to name just a few the nurses aides, respiratory therapy techs, medicine surgery techs, operating room techs, laundry workers, and Patient Care Associates and Service aides. In short, we make this city's healthcare system run.

Many of our members live in the communities they serve. They treat everyone who comes through those hospital doors with compassion, dignity and respect, which as we all know, is not always afforded by all. Local 420 plays a critical role serving those most in need, and who are also without the resources to pay - those without insurance, those on Medicaid, and the thousands of undocumented immigrants who live in fear of coming out of the shadows – particularly now.

For these millions of New Yorkers, it falls upon the H+H to provide the healthcare safety net, and in turn, Local 420's 9,000 frontline workers.

With so much at stake, I'm afraid I am here once again, to plead with this committee to help us with the severe understaffing and its continued negative impact on quality patient care.

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LOCAL 420
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New York City's Public Healthcare Workers Union

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SARGEANTS-AT-ARMS

Marlene Alvarado

Sandra Bryson

Terry Sharp

But I am also here to warn of the devastating consequences of another threat - the Republicans in Washington, DC threat to cut Medicaid funding. H+H is an already chronically underfunded agency with staffing issues – if Republicans in Congress cut Medicaid to fund Trump tax cuts for the rich, the impact to Safety Net hospitals operating in New York City would be catastrophic.

More than 5 million New Yorkers received healthcare coverage through Medicaid, or another New York State supported health plan. Of that number, over 4 million receive their healthcare coverage through Medicaid. Indeed, New York has the highest Medicaid spending of any other state and represents 15 percent of nationwide Medicaid spending. Which means any cuts to the program would fall unfairly on the shoulders of poor New Yorkers.

Republicans in Congress have made their intentions clear – Medicaid is their target for their savings and supposed efficiency plans. They are proposing slashing \$2.3 trillion in spending on Medicaid to be exact. This represents nearly half of all their spending cuts. According to a report prepared by City Comptroller Brad Lander, this kind of cut would mean a one-third reduction over 10 years from currently projected spending for Medicaid.

In such a closely split Congress, there is a chance that not all of these proposals will pass, but there can be no mistake – Medicaid has a target on its back, and it is unlikely to go untouched over the next four years of the Trump regime.

Because of the sheer size of Medicaid, and the millions of New Yorkers that receive their healthcare through it, any changes or cuts would blow apart New York City and State budgets and in turn, to the funding of H+H and the care afforded at critically important safety net hospitals. Any cuts will lead to some combination of limiting benefits, removing people from Medicaid rolls, and of course the shift to costs to both the City and State.

Put simply, many of the City's safety net hospitals will not survive for the next four years, unless something is done on the



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state level or the city level. Or if enough pressure can be brought to bear upon New York's Republican delegation to prevent any cuts in Medicaid.

I would remind members of this committee, as I said at the top of my remarks, H+H already faces severe understaffing, and this is before the planned slashing of Medicaid and other federal programs. I would also remind members of the hard work and sacrifice my members demonstrated during COVID. Local 420 was on the frontlines in safety net hospitals of that public health crisis and saved thousands of lives while putting their own at risk – Local 420 lost 50 of its members in the effort to combat COVID.

I mention this because seldom are my members recognized for their work at that time, but I also mention it because there remains a risk of another pandemic, a new COVID-strain, and we are currently trying to get our arms wrapped around a bird flu that is ravaging poultry and cattle farms in the U.S.

We also have a Secretary of Health and Human Services who does not place too much stock in vaccines and just made the decision to review and reevaluate a contract awarded to Moderna for a bird flu vaccine. If a cut in federal funding coincides with a cut in Medicaid spending, along with the spread of bird flu to humans, you will have a cataclysmic perfect storm.

The City Council can do its part to prepare for this approaching storm. Which is why I strongly urge this body to pass Reso 722 urging Congress to pass their Supporting Safety Net Hospital Act, delaying Medicaid hospital payment cuts until 2026. It is critical that Congress pass this law and the President sign it. The City Council must make its voice loud and clear.

The alternative I am afraid, will lead to the kind of massive federal funding cuts, including cuts to Medicaid, that could signal the death of both public hospitals and thousands of underserved New Yorkers.



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New York City's Public Healthcare Workers Union

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Thank you for affording me the time today, and as always, I
look forward to working with you all.

###

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**Testimony of Mackenzie Aranda
Policy Fellow
New York City Alliance Against Sexual Assault
Before the Committee on Hospital
March 6, 2025**

Good afternoon, Chair Narcisse and the members of the Committee on Hospitals. I want to thank you for your time and for allowing me to testify before you today.

On behalf of the New York City Alliance Against Sexual Assault (The Alliance), my name is Mackenzie Aranda (She/Her). The mission of the Alliance is to prevent sexual violence and reduce the harm it causes through public education, prevention programming, and the pursuit of legal and policy changes. The Alliance works to disrupt systems and institutions that, unfortunately, can retraumatize survivors when they most need our support. The Alliance is a member of the Sexual Assault Initiative (SAI) a coalition of five sexual violence intervention programs, including Crime Victims Treatment Center (CVTC), Kingsbridge Heights Community Center (KHCC), Mount Sinai's Sexual Assault and Violence Intervention Program (SAVI), and North Brooklyn Coalition Against Family Violence—that has built a citywide network of advocates, counselors, and providers serving thousands of survivors from under resourced communities. We work together to implement primary and secondary prevention activities to make sexual violence less likely and advocate for systemic change to make support services comprehensive, accessible, and equitable.

I am here today to highlight gaps in services for survivors of sexual violence in New York City hospitals and to ask for your support to fund the Sexual Assault Initiative (SAI) at \$5 million.

Gaps in Services

The Alliance's 2023-24 mapping project revealed significant gaps in services and prevention programming for communities experiencing the highest rates of sexual violence—including communities of color, immigrant communities, and low-income communities—leaving many survivors without access to critical response services such as post-assault medical care, counseling, legal support, case management, and advocacy. Confirming what the Alliance, survivors, community members and direct service providers were already aware of, the data from the mapping project provides a quantitative perspective to highlight the gaps and informs the SAI on strategic decisions about which



neighborhoods our work must target. Speaking directly with hospitals, rape crisis programs, and victims service providers across New York State, it was found that the lack of uniformity across hospital's sexual violence response services, hospitals lacking access to certified Sexual Assault Forensic Examiners (SAFEs), which are medical examiners who underwent an additional 40-hour New York State DOH-approved training in the forensic examination of victims of sexual assault and intimate partner violence, and hospitals not adhering to basic standards of survivor care, results in severe gaps in survivor services.

In New York State, services to survivors of sexual violence are governed by the Sexual Assault Victim Bill of Rights. This document, which was legislated in 2018, outlines the services that are to be offered to every survivor seeking access to post assault care, including access to support from their local rape crisis program and the ability to receive medical treatment and forensic evidence collection from any hospital emergency department in the state. However, despite the Survivors Bill of Rights mandating all hospitals to provide access to sexual assault forensic care, over 50% of survivors in NYC are not seen by a trained SAFE. While these gaps were seen in every borough, this disparity is even more pronounced outside Manhattan. This is increasingly true for communities of color, immigrant communities and other historically marginalized communities, despite typically experiencing the highest rates of sexual violence. Hospitals can seek SAFE certification to indicate a higher standard of care for survivors seeking services. Although, in New York City, 47% of survivors at Department of Health SAFE certified hospitals are not being seen by trained examiners, with hospitals citing barriers such as high cost and inaccessibility of SAFE training, uncompetitive on-call pay, and lack of administrative support as key reasons for these gaps in care.

Additionally, many survivors seeking support in hospital emergency departments also face a lack of advocate services, with numerous hospitals reporting no advocate availability at all. Of the 12 rape crisis programs (RCPs) in New York City, nine are located in Manhattan, leaving only one in Staten Island, the Bronx, and Brooklyn—creating major gaps in borough-wide coverage. The shortage of certified SAFE examiners has further strained the system, forcing untrained medical staff to rely on advocates for in-room guidance on post-assault care, including the administration of SAFE kits. This not only places an undue burden on advocates but also increases the risk of re-traumatization for survivors and significantly raises the likelihood of forensic evidence being mishandled—jeopardizing survivors' access to justice.



Impact on Survivors

With pediatric survivors being among the most impacted, these gaps in sexual violence response systems have deeply traumatizing and far-reaching effects on survivors. The high wait times for SAFE examiners at emergency departments, being transferred to different hospitals for more extensive care, or insufficient training of hospital staff often results in survivors dropping out of the services all together or rape crisis advocates finding themselves providing informal guidance to medical practitioners who lack trauma-informed training in best practices in responding to sexual violence. This further exacerbates the trauma survivors experience and inequities among communities.

Below are true stories from across New York State of survivors seeking access to care and the barriers they faced. To protect the identities of the survivors and their families, the stories have been de-identified.

- A survivor who had experienced an acute sexual assault visited three different emergency departments before receiving care. The first told her there was no SAFE available, the next told her it would be 24 hours before a SAFE responded and that she should go to another local hospital with full time SAFE coverage. The patient was finally able to receive care at the third hospital. There was no advocate provided at the first two.
- A patient who had experienced sexual assault was in crisis and needed time to stabilize. The doctor, with no specialized training, insisted on proceeding with the evidence collection despite the patient clearly having a mental health crisis. The physician proceeded forward, and the patient decompensated further, needing subsequent mental health inpatient care.
- A survivor of sexual assault presented to their local emergency room and waited over 6 hours for an exam to be conducted. Then a nurse finally arrived to conduct the exam, they told the survivor and rape crisis advocate that they “had no training in this and wasn’t sure what to do.” The rape crisis advocate, who had no medical training, walked the nurse through the exam and provided instruction in how to collect forensic evidence.
- A pediatric sexual assault survivor and their parents presented to their local hospital. The parents were told that no SAFE examiner would be available until the next day and to return then. The parents were also instructed to not brush the child’s teeth or bathe the child in order to preserve forensic evidence.



Recommendations

As a member of the Sexual Assault Initiative (SAI), the Alliance contributes to sexual violence interventions across the city by training medical and human service professionals to provide improved trauma-informed support services to survivors of sexual assault. Through its Sexual Assault Forensic Examiner Training Institute (SAFETI)—one of only two New York State Department of Health-approved and IAFN-certified Adult/Adolescent SAFE programs in New York City and the only pediatric-certified site south of Albany—the Alliance expands access to care. By helping hospitals develop their SAFE programs and offering regular training to hospital personnel, the Alliance increases survivor access to critical services, prioritizing areas with the greatest gaps identified in our mapping project. Recognizing that not all survivors seek hospital care or engage with law enforcement, community-based organizations and human services professional fill the gaps that hospitals are unable to reach. The Alliance has trained hundreds of direct service providers to respond to sexual violence in culturally competent, trauma-informed ways, ensuring that survivors—especially those in underserved neighborhoods who typically don't have access to it—receive the support they need.

- Sexual Assault Initiative (SAI) - Recognizing the gaps in hospital services, prevention and response services, SAI together serves thousands of New Yorkers annually across all five boroughs. **Our initiative is funded at \$2.075 million and due to an increase in the number of survivors we are seeing and the increasing gaps in services highlighted by our mapping project, we are asking for an enhancement to \$2.5 million.**

In addition to the gaps in services we have highlighted around sexual violence response services in New York City, in our prevention work, we engage with youth in community-based organizations, college students, and nightlife workers. Through this work, we not only bridge critical service gaps but also equip communities with the knowledge and resources needed to prevent further harm. I would additionally like to emphasize the need for the council to support our programs that play a vital role in addressing these disparities and providing essential resources to impacted communities:

- Project DOT- Launched in 2014 by The Alliance, Project DOT is a sexual violence prevention and youth leadership program and curriculum designed to address the unique challenges faced by young people from gender, racial and ethnically



marginalized communities across New York City. **DOT is currently funded through the Young Women's Initiative at \$100,000 and we are seeking an enhancement to \$125,000.**

- OutSmart- OutSmartNYC's mission is to prevent and end sexual violence in nightlife and party spaces. The Alliance partners with nightlife professionals and other nonprofits to provide training, advocacy, community organizing and referrals for nightlife community members. Outsmart has tremendous potential to impact high rates of violence faced by nightlife staff and participants. **With the support of the Council to fund this initiative at \$300,000, we can bring this programming to the entire city.**
- Transgender Equity Fund – A state fund dedicated to supporting transgender, non-binary, and gender non-conforming individuals by providing resources for gender-affirming care, mental health services, job training, and trans-serving organizations. **With City Council support, increasing this fund to \$10 million would help meet the urgent needs of trans and gender-expansive individuals working for and alongside their communities.**

The quantitative data provided by our mapping project, coupled with the qualitative data from survivors and direct service providers, underscore the urgent need to close these critical gaps. It is not enough to just acknowledge the broken system - it is about implementing long-term, systemic change to better serve New Yorkers and the communities that have borne the consequences of the system's failures. With the leadership of the Committee on Health, we have the opportunity to strengthen and re-build New York City's response to sexual violence, ensuring no survivor is left without the care, support, or dignity they deserve.

On behalf of The Alliance, I thank you for the opportunity to submit this testimony and for your time and commitment to this issue.



Testimony by New York Legal Assistance Group (NYLAG)

Before the NYC Council Committee on Hospitals regarding:

Preliminary Budget for Fiscal Year 2026, the Preliminary Capital Plan for Years 2026-2029, and the Fiscal 2025 Preliminary Mayor's Management Report

March 6, 2025

Chair Narcisse, Council Members and staff, thank you for the opportunity to submit testimony to the Committee on Hospitals regarding the FY26 Preliminary Budget. My name is Julie Brandfield and I am the Interim Director of LegalHealth at the New York Legal Assistance Group (NYLAG). NYLAG uses the power of the law to help New Yorkers in need combat social, racial, and economic injustice. We address emerging and urgent legal needs with comprehensive, free civil legal services, impact litigation, policy advocacy, and community education. NYLAG serves immigrants, seniors, the homebound, families facing foreclosure, renters facing eviction, low-income consumers, those in need of government assistance, children in need of special education, domestic violence survivors, persons with disabilities, patients with chronic illness or disease, low-wage workers, low-income members of the LGBTQ community, Holocaust survivors, veterans, as well as others in need of free legal services.

LegalHealth is the nation's largest medical-legal partnership that provides general legal assistance in the healthcare setting to patients of hospitals and community health facilities. We are in over 38 hospitals or health clinics, including all the public hospitals throughout New York City and their Gotham sites. Our medical legal partnership can be the crucial link for H+H patients to

receive lifesaving care such as transplants available only at private institutions and discharge to the community with home care or to long term care.

We are thankful for the Council's continued investment in our most vulnerable neighbors. Today, we are submitting testimony to ask for your **continued Support for Legal Services in Hospitals through the Immigrant Health Initiative.**

NYLAG's LegalHealth Unit is a proud recipient of Immigrant Health Initiative (IHI) funding that provides free, comprehensive immigration legal services and Medicaid advocacy for immigrants receiving healthcare at NYC H+H. Many our clients are immigrants in need of medical treatment and care for severe and/or life-threatening illnesses. From FY22 to FY24, LegalHealth handled over 10,600 immigration cases immigrants at our legal clinics

Unfortunately, with the winddown of the ActionNYC Institutional/Hospital model, we had to reduce the level of immigration legal services available by 1,440 appointments which greatly impacts the resources available to H+H patients and has created a backlog of patients needing services. With the City's immigrants under attack, health consequences will be dire

LegalHealth's medical legal partnership model allows patients to receive direct referrals and appointments through their healthcare providers for immigration and Medicaid assistance. Patients choose between attending an on-site hospital legal clinic, or being scheduled for a tele-legal appointment to speak with an attorney. Like telehealth, our tele-legal model is patient/client centered allowing for the delivery of legal service for those immigrant patients too sick or too afraid to leave their homes. With each patient received (whether we meet in-person at the hospital clinic, bed-side in the hospital, or by telephone, we explore the immigrant's legal relief, answer their legal questions and debunk misinformation so that they may become more comfortable continuing their healthcare or receiving benefits. In FY24, IHI funding allowed NYLAG to support

540 clients across 622 cases. These services ranged from family petitions, applications for adjustment of status, Special Immigrant Juvenile Status, U/T visas for crime victims, and immigration benefits for victims of domestic violence under the Violence Against Women Act to green card replacements, visa extensions and naturalizations for immigrants with medical conditions preventing them from taking the civics exam.

The threat of increased enforcement activity against immigrants is chilling their willingness to seek healthcare: Immigrants are delaying preventive care for themselves and their children, they are delaying diagnostics and treatment for chronic care, and they are weighing the risks when attending medical appointments for serious illness, such as cancer. For example, a client we are assisting with a U Visa that would place her and her children on the path to permanent status in the U.S, revealed during our “Know Your Rights” counseling that she had been experiencing extreme pain in her abdomen for two months and expressed fear of her family history of colon cancer. When her attorney encouraged her to see her doctor at H+H, she refused because she has fears over the ICE raids being reported in the media. It’s now been three months and she continues to refuse a visit to the ER despite the extreme pain that some days keeps her from working.

Now is the time for the City to continue and increase its investment in immigrant health and restore appointments lost for immigration legal services in the hospital setting.

The City Council’s funding of legal services helps fill gaps where no other financial support exists to provide services to vulnerable immigrants. It demonstrates the value you and your colleagues place in improving quality of life for our immigrant communities. It sends a message that our City cares about immigrants and their health because it strengthens our entire community. Continued and increased funding can help address these fears and normalize the experience of seeking legal assistance in NYC to minimize the toxic stress of the recent Executive

Orders on immigration and the increased actual and expected immigration enforcement activities. Already, our hospital partners report that patients are afraid to attend medical appointments or follow through on legal services referrals.

LegalHealth's deep experience collaborating with NYC H+H and other partner hospitals, positions us perfectly to address these needs. Already, in response to the election, LegalHealth has trained 1500 healthcare providers through Town Hall webinars for our partner hospitals, and we continue to push out information through our provider network as the immigration landscape changes. The support we provide to our hospital partners helps staff and patients alike so that immigrants can be encouraged to continue to keep necessary medical and legal appointments and seek other services in the City. This outreach conveyed the legal information necessary for making informed decisions for better responses to new and hostile immigration policies.

Without continued and increased, funding of IHI, many immigrants will go without the legal assistance needed for not only health care, but for long-term or permanent solutions to their immigration status. Continued funding allows advocates to provide critical legal services to immigrants for a healthier and safer New York City for all of us.



**Testimony for the
CITY COUNCIL FY 26 PRELIMINARY BUDGET
Topic: Hospitals
March 6, 2025
Committee on Hospitals, Chair Mercedes Narcisse**

Submitted by Kimberly George, President and CEO, Project Guardianship

Thank you, Chair Narcisse and fellow committee members, for the opportunity to testify today. My name is Kimberly George, and I am the President and CEO of Project Guardianship. Project Guardianship provides person-centered guardianship services to New Yorkers with no other option. We also work to promote and develop less restrictive alternatives to guardianship and advocate for critical improvements to the Article 81 guardianship system in New York State.

In New York, guardians play a key role in protecting vulnerable people who have lost capacity, including older adults, immigrants, and those experiencing mental health crises. For older adults with cognitive decline, a guardian may be appointed to manage their finances, ensure they attend medical appointments, and support their social engagement within the community. For immigrants, guardianship can be especially complex, as legal status may impact access to healthcare, social services, and protections in cases of incapacity. In these instances, a guardian may be appointed to ensure that essential care is provided. For individuals experiencing mental health crises, a guardian can play a vital role in securing public benefits, ensuring access to medication, and stabilizing their well-being.

Regardless of the circumstances that lead to the need for guardianship, Article 81 of New York's Mental Hygiene Law mandates that anyone requiring a guardian shall have one appointed. However, in practice, access to guardianship services is far from guaranteed. Unless an individual has a family member or friend able to serve as a guardian or the financial means to pay for a private guardian, they may experience significant delays or even fail to receive appropriate guardianship at all. A recent survey of guardianship judges across New York State found that courts are unable to find guardians to appoint in approximately one-third of cases where guardianship is deemed necessary. In New York City, that figure rises to one-half. When a judge is unable to appoint a guardian, the individuals who need them may face prolonged periods without critical decisions being made on their behalf—including life-altering choices such as end-of-life care. In some cases, those in need may be assigned a guardian who lacks the qualifications, commitment, or person-centered approach that every New Yorker deserves.

As advocates for New Yorkers in need of surrogate decision-makers, we recognize the essential role of a well-funded, efficient guardianship system in ensuring care, protection, and dignity for all,



particularly older adults, individuals with disabilities, immigrants, and other marginalized populations. While we appreciate Governor Hochul's acknowledgment of the state's aging population, the absence of dedicated funding for guardianship services significantly undermines the ability of nonprofits to meet the rising demand. Without adequate resources, individuals in dire need of guardianship services face long waitlists or may be assigned unqualified or exploitative guardians, placing their health, safety, and dignity at serious risk.

For the past thirty years, nonprofit organizations have stepped in to fill the gap, raising both private and public funds to provide high-quality guardianship services for those with no other options. These organizations deliver holistic care that not only enhances quality of life but also reduces unnecessary institutionalization, helping vulnerable New Yorkers remain in their homes and communities. A recent study of Project Guardianship's services found that by minimizing hospitalizations and prolonged nursing home stays, nonprofit guardianship programs save the public an average of \$67,000 per client annually, largely through Medicaid savings. If nonprofits were funded to meet the full demand for guardianship services statewide, the estimated public savings would exceed \$85 million per year.

The recent passage of New York City Council Resolution 0561—which urges the State Legislature to introduce and pass, and the Governor to sign, legislation establishing a statewide public guardianship system in partnership with reputable nonprofit providers—is an important step forward. However, over 60 percent of all guardianship arrangements in the state occur within New York City. As demographic shifts continue—including the rapid growth of the older adult population, rising cases of Alzheimer's disease and related dementias, and the ongoing mental health crisis—we cannot afford to wait for state intervention. We urge our local leaders to take immediate action by allocating funding to support these critical services in our communities.

Project Guardianship commends Chair Mercedes Narcisse and the Hospitals Committee for their dedication to addressing the needs of New York's older and disabled populations. Thank you for your leadership and commitment to protecting our most vulnerable residents.

From: [Josephine Plummer](#)
To: [Testimony](#)
Subject: [EXTERNAL] Meeting file# T2025-3035 Hospital Committee meeting held on 3/6/25.
Date: Saturday, March 8, 2025 1:47:39 PM

To Whom It May Concern;

My name is Josephine Plummer, resides at [REDACTED], Laurelton New York 11413. I can be reached at [REDACTED]

HHC is threatening to closed Neponsit Day Care which would be devastating to my 98 year old mother and the family.

She has been attending this program for over 20 years. She would not be able to change to any place because of her dementia.Changes make her cry a lot and make her scared.

Please, I am asking for your help to keep Neponsit Day Care Program open because my mother's lifetime would be shorten without this medical day care which is the only one in Queens.

Thank you in advance for your assistance.
Josephine Plummer

From: [Robert Killian](#)
To: [Testimony](#)
Subject: [EXTERNAL] Meeting File # T2025-3035
Date: Thursday, March 13, 2025 9:12:37 AM

Robert Killian [REDACTED]

Tue, Feb 11, 7:33 AM



to info

Good morning, I am writing to you to protest the closing of the above the Neponset Health Center

For the past 9 years my sister, Peggy Killian has attended and it has been a lifeline.

I am her brother, Robert and caregiver. Since the notifications she received Peggy has become depressed and her upbeat & outgoing personality has changed and NOT for the better. She feels she has to start all over again at a new place and I point out, there is NO other choice. **Neponsit is the only Adult Health care Day care facility on the peninsula.**

Once again, Rockaway is a forgotten community. At present NYC HHA is pushing clients at this facility to find another day care center and saying you can leave Neponsit immediately, in a summary, pushing them out the door and to our knowledge this is not a done deal as I attended the last Community Board #14 and it was discussed at length and it appears to have broad support to do all possible to keep this only one of a kind facility open. Common sense says transporting disabled adults to Brooklyn to another facility cannot and will not be cost effective. I ask you to intervene urgently and do everything possible to tell NYC HHA to stop the closing as they seem to go unchecked even though most residents, elected officials support and want this facility to remain open for the good of our elderly & disabled adults.

I truly was surprised arriving at the above meeting that it seemed from all appearances a powerpoint sales presentation ;

"Why the closing of this facility is good for the Rockaway Community". My initial thoughts were anger !!!

Mr Weinstein did mention in his presentation a few of the things why it was wrong with the operational end of it.

For example, he seemed to object to two cooks at Neponsit Facility and management has not been corrected. My thoughts, aren't you Management ??? Also discussed was why so few clients ? He claims marketing is handled by the facility by the social worker, who is part time !!!! . This is absurd. For these reasons it is truly in the hands of our elected officials and I for one will hold all of them accountable if this facility does close. HHC has no intention of keeping this facility open for Rockaway residents and no empathy at all for the short & long term effects if this should happen. I urge you on behalf of all our disabled Seniors to keep Neponsit Open !!!

Sincerely,
Robert Killian

[REDACTED]
[REDACTED]

Rockaway Beach NY 11693

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Mitchell Katz

Address: CEO

I represent: NYC Health+Hospitals

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Patsy Yang

Address: SVP - Comprehensive Health Services

I represent: NYC Health and Hospitals CEO Office

Address: NYC Health and Hospitals

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☐ in favor ☐ in opposition

Date: _____



(PLEASE PRINT)

Name: James Cassidy

Address: Senior Director, Finance

I represent: NYC H+H

Address: _____

 Please complete this card and return to the Sergeant-at-Arms 

**THE COUNCIL
THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: John Ulberg

Address: SVP and Chief Financial Officer

I represent: NYC Health and Hospitals

Address: _____

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☐ in favor ☐ in opposition

Date: 3/6/25

(PLEASE PRINT)

Name: NOELLE PERAS

Address: 151 W 30th St. 14th Fl.

I represent: NYLPI

Address: 151 W 30th St. 10021

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: MacKenzie Aranda

Address: 11 Park Place New York, New York 10007

I represent: New York City Alliance Against Sexual Assault

Address: 11 Park Place

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/6/25

(PLEASE PRINT)

Name: Misha Sharp

Address: [REDACTED] NJ 07030

I represent: 32BT Health Fund

Address: 25 W 18th St. New York, NY 10011

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