CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

Jointly with

COMMITTEE ON MENTAL HEALTH,
DISABILITIES AND ADDICTION

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March 9, 2022
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Recess: 6:39 p.m.

HELD AT: Remote Hearing - Virtual Room 2

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

Linda Lee
Chairperson

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

Doctor Dave Chokshi
Commissioner of Health

Doctor Ashwin Vasan
Senior Public Health Advisor to Mayor

Sami Jarrah
Chief Financial Officer

Doctor Torian Easterling
First Deputy Commissioner Chief Equity Officer

Emiko Otsubo
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Doctor Michael McRae
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Corinne Schiff
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Doctor Celia Quinn
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Maura Kennelly
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Callen-Lorde Community Health Center

Lisa Sloan
Pride Center of Staten Island

Elana Lancaster
Ackerman Institute for the Family

Elisabeth Benjamin
Community Service Society of New York

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

Ravi Reddi
Asian American Federation

Medha Ghosh
Coalition for Asian American Children and Families

Danielle Christenson
God's Love We Deliver

Yalda Nikoomanesh
Rethink Food

Cassondra Warney
Corporation for Supportive Housing

Emily Frankel
Nurse Family Partnership

Nathalie Interiano
Care for the Homeless

Rehan Mehmood
South Asian Council for Social Services

Annabelle Ng
New York Immigration Coalition

Mon Yuck Yu
Academy of Medical and Public Health Services

Suzanne Robinson Davis
Bedford Stuyvesant Family Health Center

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

Lawrence Norman
Bedford Stuyvesant Family Health Center

Y-Uyen Nguyen
Charles B Wang Community Health Center

Anna Kril
Astoria Queens Sharing and Caring

Salma Mohamed
Arab American Family Support Center

Diya Basu-Sen
SAPNA

Erin Verrier
Community Healthcare Network

Chris Norwood
Health People, Communities Driving Recovery

Minister John Williams
New Creation Community Health Empowerment

Deidre Sully
Public Health Solutions

Anthony Feliciano
Commission on the Public's Health System

Melody Yang
Chinese-American Planning Council

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

Eva Kornacka
Polonians Organized to Minister to Our Community

Arline Cruz
Make the Road New York

Peggy Herrera
Freedom Agenda

Ruth Lowenkrom
New York Lawyers for Public Interest

Cynthia Stewart
Supportive Housing of New York

Fiodhna O'Grady
Samaritans of New York Suicide Prevention Center

Nora Moran
United Neighborhood Houses

Nadia Chait
Coalition for Behavioral Health

Wendy Finkel
JCCA Director of Government Relations

Farhana Hussain
India Home

Evelyn Alvarez
Ramapo for Children

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

Dawn Yuster
Advocates for Children of New York, School Justice Project

Jimmy Meagher
Safe Horizon

Soraya Elcock
Hetrick-Martin Institute

Mackenzie Arnold
NYLPI

Erika McSwain
Center for Court Innovation

Cal Hedigan
CEO of Community Access

Judith Cutchin
New York State Nurses Association

Jeannine Mendez
Astor Services for Children and Families

Sharon Content
Children of Promise NYC

Frank Proscia
President of Doctor’s Council SEIU

Michael Day
Bright Horizons

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

Patrick Boyle
Volunteers of America Greater New York

UNIDENTIFIED: Recording to the cloud all set. And good morning and welcome to today's remote New York City Council hearing of the Committee on Health jointly with the Committee on Mental Health, Disabilities and Addiction. At this time, would all Council Members and staff please turn on their video? To minimize disruption, please place electronic devices on vibrate or silent mode. If you wish to submit testimony, you may do so at testimony@council.nyc.gov. Once again, that is testimony@council.nyc.gov. Thank you for your cooperation. We are ready to begin.

CHAIRPERSON SCHULMAN: Good afternoon, everyone. I am Council Member Lynn Schulman, Chair of the Committee on Health. I'm very excited to be co-chairing my first budget hearing with this committee along with the Chair of the Mental Health, Disabilities and Addiction Committee, Council Member Linda Lee, and the Chair of the Subcommittee on COVID Recovery and Resiliency, Council Member Francisco Moya. During today's hearing, we will review the New York City Department of Health and Mental Hygiene's 1.9 billion dollar Fiscal 2023 Operating Budget. Specifically, the approximately 1.2 billion dollars

allocated for public health. I would like to thank everyone who has joined us today and acknowledge my fellow members of the Committee who are here, Council Members Ariola, Bottcher, Feliz, Narcisse, and Paladino, and Council Member Barron. I want to start by thanking Doctor Chokshi and the entire staff of the Department of Health and Mental Hygiene for their continued dedication to the health and wellbeing of the City. I want to remark that this is the last hearing for Doctor Chokshi as the Commissioner of the Department of Health and Mental Hygiene. We're very grateful for your service, Doctor, and we look forward to hearing about what the future holds for you. The last two years have been a rollercoaster ride full of highs and lows. Through it all, the Department of Health has been steadfast in their mission to protect and promote the health of all New Yorkers. The Department of Health has made significant strides in getting the City vaccinated, but there is still work to be done to get people boosted in certain hard-to-reach populations vaccinated. The Health Department should [sic] utilize the resources of the community-based organizations who have the trust of the communities

to achieve these goals. As we move our focus away from the pandemic, we need to turn our focus to making up for the reduced utilization of healthcare services in the last two years. We should have a renewed focus on the importance of primary care and how having a healthy lifestyle from a young age can make an impact, and we especially saw that with COVID. Primary care can help prevent chronic diseases and catch health issues like cancer at early and treatable stages. Children are especially important to get into primary care at a young age. DOHMH is working with the Department of Education in their school health clinics, but how can that reach go much farther? I'm interested in hearing what the Department of Health's plan is for making healthcare more inclusive and inviting for immigrants and the LGBTQIA+ community. How can the Department focus on healthcare for these communities? What is the Department doing for the health of transgender and non-binary individuals? I hope that there is a way that everyone, no matter their insurance status, can find a doctor who is open and understanding to both their individual needs and their language access issues. I am also interested in hearing what role

DOHMH plays in animal welfare. There are thousands of animals in needs of homes, and people worried about the treatment of animals that are homeless and abandoned and in need of services. There needs to be an easy and clear way for individuals to obtain assistance for stray animals in their neighborhood. I want to thank the Administration for being here today, and I want to also make mention that there are a lot of people here from the Department of Health and Mental Hygiene, and we really appreciate all of the various offices that are here today, and I look forward to our discussion. I also want to thank our Council Committee Staff, Senior Counsel Sara Liss and Harbani Ahuja, Senior Policy Analyst Em Balkan, and Finance Analyst Lauren Hunt for making this hearing possible. I also want to thank my Chief of Staff Facia Class. Thank you, and I look forward to a great discussion. I will now turn it over to our Committee Counsel Sara Liss who will review some procedural matters.

COMMITTEE COUNSEL: Thank you very much, Chair Schulman, and we're going to turn it to Chair Lee, and then Chair Moya to review their opening. So, Chair Lee, you can begin when you're ready.

CHAIRPERSON LEE: Hi everyone. Thank you so much for being with us today, and I'm excited to Chair my first budget hearing along with Chair Schulman as well Chair Moya to review the budget. And so as you guys know, this is a really important issue for us at the City that we're facing in terms of how to recover from the pandemic, how mental health has been impacted across different demographics, whether it's youth versus seniors, and so I'm looking forward to seeing how we can address, you know, the trauma that a lot of our community members have been facing. And so many folks have lost loved ones, are facing isolation, separation, financial insecurity. Many of our frontline workers who are heroes, they've risked their lives every day to ensure that people are fed, that they have clothes and roofs over their heads. So I just wanted to thank all of them for their profound contributions and impacts on the risk that it had on all of them as well. And as the numbers of COVID-19 will continue to decrease, we need to continue to address the other crisis which is the mental health crisis. And I know that this current Administration has presented multiple plans for addressing how we're going to face

some of these issues, but I think the thing that we need to really emphasize is to make sure that we focus on a lot of preventative services and how to address seriously mentally-ill folks in our communities that need treatment, that have actually been neglected and lacking treatment their entire lives. And so I just want to also address, you know, the increases in the use of substance abuse and how to cope with that. And as the City is addressing more immediate crisis of increased number of opioid and overdose deaths, the City must also address this rise in substance use of all kinds across all adults. And children, of course, have been just as much, if not more, impacted. I do have children myself in the public school system, and many were faced with increased difficulties in getting services they need to be educated. Some babies and toddlers were not screened also to ensure that they were meeting the milestones for development, and so we're going to see the impacts of this for many years to come, and how is it that we're going to address this on the City level? And as we reopen, of course we must not forget those who are from our disabled community. The workforce of New York City has proven that they

can be just as productive from home as in the office. So, we need to make sure that we're exploring out-of-the-box solutions. How do we make sure that those with disabilities or mobility issues are not being left out, and are able to continue to do the work that they were doing before, and how can we as the City Council address their needs [inaudible]. And one of the things that I really want to be committed to on the City side is really, really working and pressuring the State, because a lot of this falls in the state when it comes to compliance and regulations. And so how do we make sur that we're going to have higher payments for contracts? We definitely need to advocate for high reimbursement rates from insurance so that mental health workers and home health aide community providers are paid a living wage, and that their reimbursements finally meet parity standards. This is a battle I've been finding forever on the nonprofit side, which is pay parity. And I think the City never does enough to advocate for these changes at the State level, so that's something I'm going to continue to push. So with that, I just want to thanks the Administration, all of you who are here today. I look forward to our

discussion, and I also want us to thank our Council Committee Staff as well, the incredible Sara-- Senior Counsel Sara Liss, Legislative Policy Analyst Cristy Dwyer, Finance Analyst Lauren Hunt for making this hearing possible, and I also wanted to thank my Chief of Staff [inaudible] and Legislative Director John Wani. So thank you and I look forward to a great discussion.

COMMITTEE COUNSEL: Thank you very much, Chair Lee, and we'll next hear from Chair Moya, and you can begin when you're ready.

COUNCIL MEMBER MOYA: Thank you. Thank you so much. Good afternoon everyone. I'm Council Member Francisco Moya. I'm the Chair of the Subcommittee on COVID Recovery and Resiliency, and it's great to be here to co-chairing this budget hearing with Chair Schulman and Chair Lee. Queens is in the house, so we're going to make sure we give you a great send off, Doctor. You're also a Queens boy, and we wanted to say thank you as well for your service and all of what you've done to help New York City. We're a better city for it, and everything that you've been able to, we truly appreciate your dedication and it will not be forgotten. But I also

want to focus on today's hearing as we review New York City Department of Health and Mental Hygiene's 1.9 billion Fiscal 23 Operating Budget. I want to thank everyone who's joined us today as well, all of our colleagues who are here as well, and as the Mayor and the State ease up on the restrictions around COVID-19, such as the mask mandates and the requirements for vaccinations for eating in doors. We want to make sure that we don't let our guard down as we move forward with our recovery. And while COVID numbers continue to trend downward, it is still having an impact on our community. In the last seven days, the daily average of confirmed deaths was nine, but that's still nine people who have loved ones who are reading [sic] for them now, and as much as we have learned to consistently adjust and adapt to living with, there is a public health pandemic. COVID is still in our communities causing harm. The Department of Health has worked diligently to decrease the risk of death for individuals, from countless media campaigns to initiatives and other programs to try to get the City vaccinated, but there's still pockets of the City that are getting missed. So what is the Department of Health doing to

work collaboratively to find new and unique opportunities to educate and vaccinate individuals who may have been missed, and I also have concerns about what happens when the federal funding is no longer flowing to New York City, especially as there are programs that were created and will continue to be needed in the next Fiscal Year. And once it is July 1, we're not going to be able to stop wanting to get individuals who want to get vaccinated who may be finally ready to do that to get there if that funding is no longer there. I also have concerns about the next variant. There are vacancy reductions and positions that were created specifically for COVID-19. They are not in Fiscal 2023. So what is the Department of Health's plan to be able to stand-up the programs necessary to keep New Yorkers safe? Many questions and things to consider, but I want to thank the Administration again who's present here today. I look forward to a great discussion, but I too also want to thank the Council Committee Staff who do a tremendous job in preparing all of us. It's countless hours that they take to do this. We truly are appreciative of all of them. So again, Sara, Harbani, M, Lauren, thank you for all that you do for

getting these committees through these long hours and through the budget every year, and I also want to give a big shout out to my Chief Staff Meghan Tadio and my Communications Director Carolina Valencia for their help as well. So, thank you. I look forward to a great discussion, and now I want to turn it over back to our Committee Counsel, Sara Liss, who will review some of the procedural maps. Thank you.

COMMITTEE COUNSEL: Thank you so much, Chair Moya, and thank you to all the Chairs. Good afternoon everyone. I'm Sara Liss, and I'll be moderating today's hearing. I want to run through the-- today's run of show. It's going to be starting with the Department of Health and Mental Hygiene, DOHMH, followed by Council Member questions. After that, we might take a short break, depending on how everyone's doing, and then we'll hear from the Office of the Chief Medical Examiner, OCME, followed by Council Member questions. Again, we might take a short break after that, and after those two Administration panels, we'll then hear from the public. We have a lot of people signed up to testify today, which we're very grateful for. We just appreciate everyone's patience so much. I promise

you, we will get to every single person who's here today. If at any point, anyone needs to drop off, fell free to email your testimony to tesitmony@council.nyc.gov. We read every single word of it. It becomes part of the record, and again, we just really, really appreciate all of you being here today and all of you being patient. I also want to remind everyone that you're going to be on mute until you're recognized to speak, and that includes the Administration, at which point you'll be unmuted by the host. So, if you need to mute yourself after you speak, you'll need to be unmuted again. So just keep that in mind. Also, keep in mind that there may be a delay in muting and unmuting when you accept the prompt from the host. If at any point during the hearing, Council Members would like to ask questions, please use the Zoom raise hand function, and we'll call on you in that order. We will be limiting Council Member questions to five minutes, including responses, and just as a heads-up, we're going to be strict about the clock because we do have a lot of people that are here today. So thank you all so for respecting the clock. I'll now call on members of DOHMH to testify, including those available for Q&A,

and then I'll administer the oath and call on you one by one. I'm just going to review the list quickly. It's a lengthy list, so please be patient with me. We have Doctor Dave Chokshi, Commissioner of Health; Doctor Ashwin Vasan, Senior Public Health Advisor to the Mayor and incoming Health Commissioner; Sami Jarrah, Chief Financial Officer; Doctor Torian Easterling, First Deputy Commissioner and Chief Equity Officer; Emiko Otsubo, Chief Operating Officer and Executive Deputy Commissioner; Doctor Michael McRae, Acting Executive Deputy Commissioner of Mental Hygiene; Corinne Schiff, Deputy Commissioner Environmental Health; Doctor Celia Quinn, Deputy Commissioner of Disease Control; Emily Ashton, Acting Deputy Commissioner Family and Child Health; Maura Kennelly, Deputy Commissioner of External Affairs; Julie Friesen Deputy Commissioner Administration, and Beth Maldin Deputy Commissioner Emergency Preparedness and Response. So, we're going to call on you one at a time, so get ready for the unmute prompt. Do you affirm to tell the truth, the whole truth and nothing but the truth before this committee and to respond honestly to Council Member questions? Commissioner Chokshi?

COMMISSIONER CHOKSHI: Yes, I do.

COMMITTEE COUNSEL: Thank you. Doctor Vasan?

DOCTOR VASAN: Yes, I do.

COMMITTEE COUNSEL: CFO Jarrah?

CHIEF FINANCIAL OFFICER JARRAH: Yes, I do.

COMMITTEE COUNSEL: Doctor Easterling?

FIRST DEPUTY COMMISSIONER EASTERLING: Yes, I do.

COMMITTEE COUNSEL: Deputy Commissioner Otsubo?

DEPUTY COMMISSIONER OTSUBO: Yes, I do.

COMMITTEE COUNSEL: Doctor McRae?

EXECUTIVE DEPUTY COMMISSIONER MCRAE: Yes, I do.

COMMITTEE COUNSEL: Deputy Commissioner Schiff?

DEPUTY COMMISSIONER SCHIFF: Yes.

COMMITTEE COUNSEL: Doctor Quinn?

DEPUTY COMMISSIONER QUINN: Yes, I do.

COMMITTEE COUNSEL: Deputy Commissioner Ashton?

DEPUTY COMMISSIONER ASHTON: Yes, I do.

COMMITTEE COUNSEL: Deputy Commissioner Kennelly?

DEPUTY COMMISSIONER KENNELLY: Yes, I do.

COMMITTEE COUNSEL: Deputy Commissioner Friesen?

DEPUTY COMMISSIONER FRIESEN: Yes, I do.

COMMITTEE COUNSEL: Deputy Commissioner Maldin?

DEPUTY COMMISSIONER MALDIN: Yes, I do.

COMMITTEE COUNSEL: Okay, that was awesome guys, thank you. Doctor Chokshi, you can begin as soon as you're ready.

COMMISSIONER CHOKSHI: Thank you so much. Well, good afternoon Chairs Schulman, Lee, and Moya, and members of the Committees on Health and Mental Health, Disabilities and Addiction. I'm Doctor Dave Chokshi, Commissioner of the New York City Department of Health and Mental Hygiene. As you heard, I'm joined today by my colleague Dr. Ashwin Vasan, Senior Public Health Advisor to the Mayor and the City's incoming Health Commissioner, Dr. Torian Easterling, First Deputy Commissioner and Chief Equity Officer, Sami Jarrah, Deputy Commissioner for Finance, and other members of the Department's senior leadership

team. Thank you for the opportunity to testify on the Department's preliminary budget for fiscal year 2023. As this is my last time testifying in front of these committees as Health Commissioner, I would like to start by taking a moment to sincerely thank you and the entire City Council for your partnership over the last year and a half, and for your ongoing care and commitment to the New Yorkers we serve. To say this has been a challenging two years would be an understatement. The Health Department has been activated in its Incident Command Structure since January of 2020 for COVID-19, and our staff have collectively worked over 3.5 million hours on the response, while doing their day jobs of controlling other disease outbreaks, preventing HIV, implementing evidence and equity-based policies to address maternal mortality, child health, asthma, and mental health issues, and inspecting our restaurants, child care centers, and cooling towers, to name a few. Our staff are truly public health heroes, and I can't wait for you to learn more about their work during your time on the Council. Concurrently with our COVID-19 response work, we have launched new programs that have drawn the interest of public health

agencies across the world, and often their emulation. Let me give you an overview of what we have accomplished over the past year, by highlighting just a few pieces of our work. First, to further our core value of equity in all of our work, we took immediate action to fulfill last October's Board of Health resolution on racism as a public health crisis. The Health Department has begun developing and implementing priorities for a racially just recovery from COVID-19, and short- and long-term strategies to address the impact of racism on the health of New Yorkers. Our focus is on action and results. For example, last summer, only 14, 19 percent, Taskforce for Racial Inclusion and Equity, or TRIE, neighborhoods had a vaccination rate of 70 percent or higher, only 14. But thanks to our comprehensive and focused efforts, as of early this year, 73 of 74-- that's over 98 percent-- of those TRIE zip codes are at least 70 percent vaccinated. A major reason for these results is our new Public Health Corps, a groundbreaking program designed to employ and deploy trusted community members to better link New Yorkers to the clinical, public health and social services they need. Through the Public Health Corps, more

than 500 community health workers have already begun leveraging existing relationships with houses of worship, local businesses, and community groups to build a network committed to creating a healthier neighborhood. Collectively thus far, the Public Health Corps teams have reached millions of New Yorkers with COVID-19 prevention information and resources via more than 24,000 outreach events. But their work does not stop there. Going forward, their work includes providing education on chronic disease prevention and management, like working with residents to re-fill hypertension prescriptions or conduct environmental assessments for asthma triggers in their home, then arrange for addressing any issues. The Corps members may facilitate education sessions on healthy foods, cooking demonstrations, or farmer's market tours. They can connect patients with primary care physicians for diabetes management or even accompany a patient to a diabetes prevention course. We have invested over $125 million in this work with community-based organizations thus far, and through these key investments, we are advancing health equity directly on the ground with community members. This holistic view of health is fundamental

to ensuring that all neighborhoods in New York City are able to not just recover from this pandemic, but also to flourish. And then in November of 2021, the City announced the operation of the first sanctioned Overdose Prevention Centers, or OPCs, in the country. 2020 was the deadliest year on record for drug overdoses, both in New York City and nationally. Over 2,000 New Yorkers died of an overdose that year. That's more deaths than from homicides, suicides, and motor vehicle crashes combined. We needed bold action around preventing overdose, going even further than the many evidence-based initiatives already implemented by the Health Department. The two operational OPCs have already averted over 100 overdoses, while offering connections to harm reduction and other health services, including substance use disorder treatment, and addressing community concerns around syringe litter and public drug use. Before I turn to the specifics of the fiscal year 2023 preliminary budget, I want to drive home the fact that robust investment in public health is more critical now than ever. We have all heard a lot about healthcare delivery over the past two years, in the context of COVID-19. Issues like

supply shortages, hospital capacity and nursing shortages have driven much-warranted and renewed public investments in healthcare infrastructure. And while this is fundamentally important, public health, because of its focus on upstream prevention, is separate, though complementary, to healthcare delivery. I like to remind folks of the adage, "public health saved your life today, you just didn't know it." Our work is quiet, often behind the scenes, and not always the star of the show. But when it's properly resourced, driven by data and equity, and executed with expertise like ours, public health not only prevents death and illness, it also improves the quality of our lives, and unlocks opportunity for individuals and communities. We saw this with our historic COVID-19 vaccination campaign, estimated to have saved 48,000 lives and prevented over 300,000 hospitalizations, according to an analysis done by Yale epidemiologists supported by the Health Department. Allow me to repeat, 48,000 lives saved, and 300,000 hospitalizations averted. More difficult to measure is all the ways that this public health campaign allowed the rest of society to function and flourish, from fully reopening schools

to enabling the fledgling economic recovery by averting further lockdowns. In this way, public health is always a smart investment long-term. It often saves money. It generates economic growth, and it will make us a healthier, more resilient city for the future. In another example, recent data shows that our anti-smoking campaigns have resulted in thousands of people quitting smoking and have saved the health care system and society 32 dollars for every dollar spent, by avoiding emergency hospitalizations, ambulance rides, Medicare costs, and more. And it's estimated the New York City Poison Control Center saves 55 million dollars annually in healthcare costs by preventing unnecessary emergency department visits. I could provide many more examples, but these illustrate the need to consider public health funding as an investment in basic infrastructure, like roads and bridges, but for our city's health and economic wellbeing. Now, as I turn to the Preliminary Budget, I'd like to thank Mayor Adams for his support and commitment to the public health of all New Yorkers. I will now speak to the Preliminary Budget for the City. The Department currently has approximately

7,000 employees and an operating budget of $1.98 billion dollars for fiscal year 23, of which $958 million dollars is City Tax Levy, CTL. The remainder is federal, state, and private dollars. And we are excellent stewards of the City's money. I like to say we double every dollar, because every CTL dollar the Administration and City Council invests in DOHMH is effectively doubled by outside dollars the agency attracts. In this budget, the Department received $29.5 million dollars in CTL in FY23 for new needs. This funding baselines the New Family Home Visiting program. Launched in 2021, New Family Home Visiting provides evidence-based home visiting services via trained healthcare workers, from breastfeeding support and creating a safe home, to mental health screenings, to doula services. The program is open to first-time families in public housing, engaged with child welfare, or who live in neighborhoods with the greatest social burdens. Becoming a new parent can be overwhelming, and many families need help and support to raise healthy and thriving children. The New Family Home Visiting program provides that support, and thereby works to interrupt the intergenerational transmission of inequity and

illness, by investing in maternal and infant health. We look forward to sharing the outcomes of this program with Council in the coming months, as it expands and progresses. This investment demonstrates the upstream approach this Administration is taking to public health, and this commitment extends beyond just the Health Department. For example, Mayor Adams has proposed expanding the New York City Earned Income Tax Credit, meaning more economic security for many families, which in turn improves health outcomes. The Mayor has made clear that this is a public health administration, and we are committed to holistic, evidence-based policies that support the physical and mental health and wellbeing of all New Yorkers. I will now turn to the State budget. The Governor's FY23 Executive Budget proposes significant investments in health care, but not enough for public health. In particular, the Article Six reimbursement rate for New York City remains at 20 percent, compared to 36 percent for the rest of the State, and in total, this translates to a nearly $60 million dollar loss in public health funds for New Yorkers. Article Six funds core public health services and activities, like sexual health, tuberculosis, and

immunization services, activities we know help people lead healthier lives, and in the long run have immense economic benefits. We thank the Governor for the proposals to increase Article Six funding through higher base grants and reimbursement of fringe benefits, but it is not enough. We need this funding for mission-critical activities, such as the implementation of our Hepatitis Elimination Plan, which details strategies to reduce new hepatitis infections, premature deaths, and health inequities related to the 300,000 New Yorkers living with viral hepatitis. Viral hepatitis is a disease that is both preventable and treatable, but we need adequate resources to do so. To that end, the State has an obligation to fund public health in New York City, and we must receive an equal reimbursement rate as other localities. Beyond Article Six funding, I thank the Governor for proposing much-needed investments in the people who have been working tirelessly over the past two years to keep our fellow New Yorkers safe. The cost-of-living adjustment for human service providers, Nurses Across New York program, and the health worker bonuses would help to recruit and retain talent in these professions,

enabling them to better support the people they serve. The inclusion of public health agencies for the health and mental hygiene worker bonuses is of particular importance for our agency to support our eligible staff. And on the federal level, we thank President Biden and his administration for their continued support for New York in the response to COVID-19 and his commitment to public health. However, we remain concerned with the overall level and longitudinal sustainability of public health funding from the federal government. We continue to advocate for resources from the Public Health Emergency Preparedness and Hospital Preparedness Programs which, respectively, help health departments strengthen their ability to respond to disease threats, and build health care system preparedness for a range of other disasters, from hurricanes to bioterrorism. During COVID-19, this funding allowed us to deploy nurses to overwhelmed hospitals, and quickly ramp up surveillance and laboratory capacity to better understand and respond to the virus. As with all federal funding, it is essential that resources are appropriated and allocated directly to local health departments with flexibility for

localities to determine how to deploy resources as we see fit at on the ground. We also encourage Congress and the federal government to take action to support public health across the country, because we need to see investment and structural changes happen at the national level, not just here in New York City. For example, we applaud Senator Gillibrand's call for an additional $55 billion dollars in the President's budget to establish programs like our NYC Public Health Corps across the country. Additionally, we support the PREVENT Pandemics Act, which is focused on strengthening the nation's public health preparedness for the next pandemic, through better coordination, funding, and workforce development across all levels of government. The time for such investment is now, when the devastation of COVID-19 is still fresh in our collective memory. And the Public Health Workforce Loan Repayment Act would directly incentivize public health work, strengthening the workforce overall at this pivotal time. In addition, we urge Congress to pass the CARE Act, which would allocate resources to the local level, both for government and community-based partners to prevent overdoses through harm reduction

programming. Further, we very much look forward to legislation related to the President's recently announced Strategy to Address our National Mental Health Crisis. We support efforts as proposed to strengthen capacity, reduce stigma, and bring mental health services to schools. Finally, I will note the importance of the social investments proposed in the Build Back Better Act, particularly the child tax credits that would mean immediate financial relief for many families who may still be struggling with the economic or health impacts of COVID-19. As I mentioned earlier, the public health and economic recovery from the pandemic are one and the same, and Congress must act now to set the stage for a meaningful recovery. And that's what we as public health experts strive to do: prevent, protect, promote. To that end, I'd like to again acknowledge the Department's leadership team and every single one of our staff members who have worked over the past two years and continue to serve New Yorkers day in and out. They are worn out and often exhausted, but they are hardworking, passionate experts in their fields. Their mission-driven work is why we are able to double every dollar the City invests in the

Department. You don't go into public service for the praise or the glory. At the Health Department we do it because we believe in the science, the people of this great city, and in our vision, a city where all New Yorkers can realize their full health potential, regardless of who they are, where they are from, or where they live. Being the 43rd NYC Health Commissioner has been the honor of my lifetime and it was a privilege to serve with this team of indefatigable public servants during this moment in history. Thank you again, Chairs Schulman, Lee, and Moya, and members of the Committees for your ongoing partnership and support. Thank you for your attention, and I'm happy to answer your questions.

COMMITTEE COUNSEL: Thank you so much, Commissioner, and we'll first hear questions from Chair Schulman, followed by Chair Lee, followed by Chair Moya. Chair Schulman, you can begin when you're ready.

CHAIRPERSON SCHULMAN: Thank you. First, I want to acknowledge we've been joined by some of my colleagues, Council Member Hanif, Council Member Yeger, Council Member Abreu, Council Member Cabán. So, Commissioner, you had mentioned in your testimony

about the new Family Visiting Program. It was originally proposed in February 2020, but was postponed because of the pandemic. Why did the Health Department decide to baseline this new program instead of increase the funding for proven programs such as Nurse Family Partnership?

COMMISSIONER CHOKSHI: Thank you, Chair, for this very important question. The New Family Home Visits Program offers home visiting services through a range of different approaches. One of them is the Nurse Family Partnership, which as you know, is an evidence-based model of home visiting. And so the funding that is part of the new needs will go to expanding upon that foundation created by the Nurse Family Partnership, but then adding additional home visiting services such as newborn home visiting service program, as well as additional services like mental health screenings, and doula services. So, baselining that program which was launched last year allows us to commit to sustainable funding for that expansion over time.

CHAIRPERSON SCHULMAN: Thank you. What is the--

COMMITTEE COUNSEL: [interposing] Sorry, to interrupt for just one second, I just-- because we have so many folks from admin here, I just want to remind the Commissioner and any Chairs or Council Members who ask questions to a specific person, to just use the name of the person so that our host knows who to unmute. Sorry, go ahead, Chair.

CHAIRPERSON SCHULMAN: Thank you. So, Commissioner, what I'd like to know is what's the breakdown of the budget for the 35 million dollars? You just stated that some of the funding will go to NFP, and what is the anticipated headcount of the new Family Visiting Program.

COMMISSIONER CHOKSHI: Thank you so much, Chair. I'll start, and I'll turn it to my colleague, Sami Jarrah, for some of the specifics here, and anything that he or I can't answer, we'll of course be happy to follow up on. So, the overall-- the overall budget is 35.9 million dollars in FY23. That includes 29.6 million dollars of CTL, and the headcount is 59 staff in FY23 with respect to what it is in the budget. The overall number of positions will be about 200 new positions once it's fully hired, and this is supported by that overall funding

amount. But for more specifics, I'll turn it to Mr. Jarrah.

CHIEF FINANCIAL OFFICER JARRAH: Thank you, Commissioner, and thank you, Chair Schulman, for the question. Beyond what the Commissioner said, that's right, the vast majority of funding goes to the workforce which will be doing this work, so the actually home visiting staff. There's also some support for infrastructure, so some electronic systems to help that staff do that work. I'd also just like to call your attention to the Article Six issue that the Commissioner called out earlier in his testimony. So, a portion of the funding comes from Article Six. Again, New York City is the only county in the state that has a lower reimbursement rate. So if we were successful in the State having an increase from 20 percent to 36 percent, this program could expand in size which we would all benefit from. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. So my next question is about screenings, because as we know during COVID screenings for many things fell by the wayside, and I would like to know when DOHMH will send out the next health screening to

New Yorkers, and how much funding is included in Fiscal 2023 to support this?

COMMISSIONER CHOKSHI: Thank you so much, Chair, for this really important question. I also want to thank you for the attention that you've already called to this issue, both when you were on the campaign, you know, and sharing your personal story as well as just in the initial weeks in serving as chair. This is such an important issue as we hopefully continue to emerge and recover from the pandemic to realize all of the reverberating effects that COVID-19 has had beyond the direct effects of the virus. So with respect to your question, which I believe is about preventive screenings. You know, these are-- these are very important ways that we emphasize in a range of different channels. One is, of course, getting people connected to primary care, because as you know, primary care is the front door to so many of these screenings, whether we're talking about for chronic diseases like blood pressure or diabetes, for cancer screenings whether it's a mammogram or a colonoscopy, or mental health screenings. You know, in my own practice we screen for depression and anxiety regularly. So a

fundamental way that we are doing this is by emphasizing the importance of primary care, and navigating people either back to their primary care relationship or connecting them to primary care in the first place. In terms of the call, you know, for people to get their recommended screenings, we have regular initiatives, you know, along those different channels that I've described, whether it's for cancer or chronic diseases or mental health. So, there's not a, you know, a sort of specific salvo for everything that I can point to at this moment, but rather a rolling approach to call attention to the various screenings that are needed.

CHAIRPERSON SCHULMAN: Thank you. I'm going to actually ask now about the Neighborhood Action Center. Is there a plan to expand the Neighborhood Action Center to more neighborhoods, and have all the programs for Neighborhood Action Centers been returned to in-person? Are there any that remain remote because they were more successful?

COMMISSIONER CHOKSHI: Thank you, Chair, for this important question as well. I'll start and I'll turn it Doctor Easterling to see if he has anything to add on this. And you know, allow me to

just pay homage to the very distinguished and historic lineage of the Neighborhood Health Action Centers. We actually celebrated the 100-year anniversary of them at our Harlem Neighborhood Health Action Center in December, and it just shows, you know, how important they have been to serve our communities in New York City over an entire century. They've also been vital as part of our COVID-19 response. You know, I visited many of our Action Centers during the Omicron wave myself where they were hubs to get more people vaccinated, to get their booster doses, for us to hand out high-quality masks like KN95's and KF94's, and to build the trust that is the vital component of how these Action Centers actually transform health in the neighborhoods where they are located. Right now, we are focused on expanding services at the existing Neighborhood Health Action Centers in the Bronx, in Harlem, in Brooklyn, and doing so in a way that connects to the Public Health Corps and the investment in the community health workers and community-based organizations that the Public Health Corps represents. But I thank you for calling attention to this because those Action Centers are the backbone.

They are the brick and mortar that enable us to do the place-based approach that's at the heart of the Public Health Corps. I'll turn it to Doctor Easterling to add a little bit more.

FIRST DEPUTY COMMISSIONER EASTERLING: Thank you, Commissioner, and I'll be brief. But you know, the Commissioner is absolutely right. Thank you for the question so much, Chair Schulman. You know, the agency has taken an equity approach, and part of that approach is making sure that we continue to be inclusive in partnership with our communities, that we're thinking about the unit of change being at the neighborhood level and understanding the assets in those neighborhoods and how do we really begin to close the gap. And as you've heard from the Commissioner, we have existing Action Centers in Harlem and Tremont, also in Brownsville. We're certainly interested in expanding that model, and those conversations continue to ways that we can explore ways that we can think about in Queens, but also in Staten Island that we can stand up new Action Centers. And I will-- if it's okay to speak on behalf of the Commissioner, we certainly will not turn down additional funding to expand those Action

Centers if an opportunity does come up. Your second question as far as the programs, we have looked at ways that we can do work differently, even in remote during this pandemic. One of the services that have been really key is our Family Wellness Center. We continue to engage first-time mothers, existing mothers as well, partnering with our community organizations, mainly our breastfeeding classes. Those continue to operate in virtual spaces, but we are seeing families who come into the service-- I mean, into the Center as well for services. Thank you.

CHAIRPERSON SCHULMAN: Thank you. And since you mentioned children, Commissioner, I want to get into when I discussed screenings a few minutes ago, the other thing that sort of fell a little bit was children's immunizations. According to the preliminary Mayor's Management Report, in the first four months of the Fiscal 2022 year, 64.5 percent of children age 19-35 months were up-to-date on immunizations. What is the Department of Health doing to increase the rates of immunizations for children who may not be able-- who may not be up-to-date because of underutilization of the healthcare system

due to COVID-19, and how does DOHMH support local clinics and doctors not under DOHMH or H+H and ensuring that children are fully vaccinated?

COMMISSIONER CHOKSHI: Thank you, Chair. I'm very grateful that you're calling attention to this as well, because it is of a significant concern to us, not just in the near term, but over the long term. We have to remember the degree to which so much of the progress that we have made in public health, particularly for keeping our children healthy relies on pediatric immunizations. These are vitally important interventions to protect the lives and the health of our littlest New Yorkers. as you've said, we are seeing a decrease in many of the routine immunizations for children, and this has been a focus of our over the last 18 months really as we've, you know, seen evidence of this over the course of the pandemic. I'll just briefly name, you know, a few of our areas where we are trying to address this. the first you've already alluded to which is collaboration with our healthcare partners, not just our own immunization clinics, but federally qualified health centers, Health + Hospitals, the pediatrics offices where, you know, people go to their

neighborhood community pediatrician, working with them often in a very boots-on-the-ground way through something that we call public health detailing, which is simply sitting down with staff in those offices and centers, calling attention to this and making sure that they have the information and the resources that they need to be able to get as many children vaccinated as possible. The second channel is working with our Department of Education colleagues, and you know, making sure that they are spreading the word to parents and families through the communications channels that they have, through the school-based health centers, which are also important places where families get their children vaccinated, and doing everything that we can through schools which are trusted institutions, you know, for children and their families. And then the final one that I'll call attention to is all of our public communication efforts. We have, you know, made broad investments in communicating that this decline is occurring, that it's of concern, and that parents, you know, even as we focus on COVID-19 vaccination, should also take the opportunity to get their children vaccinated for the full spectrum of vaccine-

preventable diseases from diphtheria to whooping cough, to tetanus, you know, all of the things that we need to make sure that children are protected from. So, we do have a deep amount of work going on, but we need to make more progress here as you're pointing out.

CHAIRPERSON SCHULMAN: I appreciate that. I'm going to actually turn to something else which is about the LGBTQIA+ community. So what specific programs are available for LGBTQIA+ individuals, and are there any programs in the Department of Health that are specific for transgender or non-binary individuals?

COMMISSIONER CHOKSHI: Thank you so much for this important question, Chair. Let me start with just a very, you know, clear and unequivocal statement, which is that the Department is committed to ensuring the health of all New Yorkers regardless of sexual orientation or gender. We do have a number of specific programs that are aimed at making that mission tangible and real. For example, we have professional development opportunities on LGBTQ+ health practices to all school-based health center staff, because that's a particularly important locus

where care is being sought. We also offer a directory on our website of healthcare facilities that provide services, both to LGBTQ and transgender, gender non-conforming, and non-binary communities. And on the latter, we've developed a transgender, gender non-conforming, and non-binary Community Advisory Board to advise and provide critical feedback, for example, on programming, on educational materials, the campaigns that we're running, as well as clinical services that are designed to meet the needs of TGNCNB people. Beyond that-- and as we've spoke about in our hearing a few weeks ago, we are also doing everything that we can to collect information about sexual orientation and gender identity. This should be a routine part of health and healthcare. We have tried to make it so in the data systems, you know, that we have governance over, but this does require some broader collaboration with State colleagues, because it's not always uniformly required by New York State for healthcare providers. So, again, an area where we need to continue to make more progress, but we do have a number of efforts underway.

CHAIRPERSON SCHULMAN: What contracts does DOHMH have with CBOs that serve the LGBTQIA+ community, and how are these contracts selected?

COMMISSIONER CHOKSHI: Thank you for that question. I will turn to Mr. Jarrah to see if he has some more specific information about this. I do know that we have some contracts in this vein, but I don't have them ready at-hand. So I'll see if Sami does, and if not, we'll follow up.

CHIEF FINANCIAL OFFICER JARRAH: Thanks, Commissioner, and thanks Chair Schulman. Yeah, we would have to follow up with you, but we were happy to pull a list of contracts, and like the Commissioner mentioned, it's a broad array of services, clinical, preventive, but we're happy to do that.

CHAIRPERSON SCHULMAN: I'm addition to the list, I'd like to know how they're selected, as well.

CHIEF FINANCIAL OFFICER JARRAH: Absolutely. We're happy to provide that.

CHAIRPERSON SCHULMAN: And how many of them provide services to LGBTQIA+ individuals that aren't' focused around ending the epidemic or safe

sex, that are separate from that? So, I'd like that as well. I'm going to turn now to--

COMMISSIONER CHOKSHI: [interposing] We'll follow up on all that. I just wanted to add one more note, because it's an important point that you're making. That beyond, you know, the work that we're doing around more routine health needs. We had very significant collaboration with the community-based organizations that you're describing as part of our COVID-19 efforts. So, for example, we worked, you know, to share information about safe and effective COVID-19 vaccines. Often with organizations when we did initially partner with through the end the epidemic work, but then we're able to broaden that out and build upon it during the pandemic. So, we owe you some specifics and we'll follow up.

CHAIRPERSON SCHULMAN: I appreciate that. I want to ask about Article Six which you mentioned during your testimony, Commissioner. The State has not included the 59 million dollars to increase the reimbursement rate, as you know, for the Article Six Public Health General [sic] Works Fund. Will DOHMH-- other than us turning to the State, will DOHMH

continue to pick up the backfill for contracts under DOHMH?

COMMISSIONER CHOKSHI: Thank you, Chair, and allow me to just start by enlisting your help with this. You know, yours and that of all of the Council Members, because from my perspective this is an unacceptable situation with respect to the 60 million dollars in foregone funding for New York City. That's how we have to think about it. There's no reason that, you know, the public health in Rochester or Buffalo is more important than that in New York City, particularly given the devastation that we've born witness to over the past two years. So I hope that we have, you know, a shared perspective that this is not something that we should take lightly or plan to be able to, you know, to fill through our own coffers, because as you know, all of that funding has an opportunity cost. The opportunity cost with respect to Article Six is very clear. This is bread and butter public health. It's tobacco cessation. It's immunization services. It's tuberculosis screening. These are services that we will not be able to offer at the scale and the depth that is needed if we're not able to get that 60

million dollars. So, I think that's the most frank answer that I can give you to the question. If we don't receive that funding, we will simply not be able to do as much since we'll have to, you know, shift resources around from other important public health priorities.

CHAIRPERSON SCHULMAN: Alright, well we-- what we would like to ask the Administration is to consider picking up the backfill for the City Council discretionary, and so-- but we-- but I hear exactly what you're saying. And then in terms of those contracts, my office has received a number of complaints about the contracting process, especially around City Council discretionary funding. What are the barriers DOHMH faces that prevent quick roll-outs or contracts each fiscal year? Most of-- many of the complaints are about the Article Six contracts.

COMMISSIONER CHOKSHI: I thank you for calling attention to this, and I am aware that this is an issue, you know, that we have to acknowledge. So there have been, you know, some late designations for those discretionary contracts made in calendar year 2022, and those late designations subsequently delayed the contracting process by five to six

months. As you probably know, Chair, the Mayor's Office and the Office of the Comptroller have convened a taskforce that is focused on just this issue of nonprofit contracting and the scope of that work does encompass City Council discretionary contracts as well. We-- the Department is part of that taskforce and we look forward to working on what are citywide and systemic issues that prevent timely contract registration and payments. I'll just say that, you know, this has been on radar screen in a place that we are pushing because it has very tangible impacts with respect to our own service delivery and so we look forward to partnering with you to do better on this front.

CHAIRPERSON SCHULMAN: For contracts that are managed by DOHMH, is there an agency-wide procedure for selection of applications, and is there a rating form of process to re-evaluation each year or for increases?

COMMISSIONER CHOKSHI: I'll turn to our CFO Mr. Jarrah for this one. That's Sami Jarrah, in case someone is looking for the unmute.

CHIEF FINANCIAL OFFICER JARRAH: Thanks.

COMMITTEE COUNSEL: He's muted.

CHIEF FINANCIAL OFFICER JARRAH: Can you hear me now?

COMMITTEE COUNSEL: Yep.

CHIEF FINANCIAL OFFICER JARRAH: Okay, sorry for that. I was waiting to be unmuted. I appreciate that. So, for Council initiative contracts, we actually receive that direction from Council Finance. So, Council provides specific entities and services that it wants to find specific amounts, and then we follow that direction and implement.

CHAIRPERSON SCHULMAN: I appreciate that. I have a couple of more questions and then I'm going to hand it over to our Parliamentarian so my other colleagues can ask questions. One I want to ask is about the Animal Care Centers. So, at adoption the City Council and Administration came to an agreement to increase the Animal Care Center's budget by three million dollars. The funding for this is not included in the Preliminary Budget. What services will be cut if the funding isn't included in Fiscal 2023?

COMMISSIONER CHOKSHI: Thank you, Chair. Let me just make sure I understand the question

first. This is about a three million dollar allocation in the FY22 budget.

CHAIRPERSON SCHULMAN: Twenty-- it's not-- it was included in 22. It's not included in 23.

COMMISSIONER CHOKSHI: Okay. This is another one where I'll turn to Mr. Jarrah if he has some more details on the change between the two years.

CHIEF FINANCIAL OFFICER JARRAH: Sure. Can you hear me?

COMMISSIONER CHOKSHI: Yes.

CHIEF FINANCIAL OFFICER JARRAH: Okay. Sure, we'd be happy to follow up with this. Just to give a little context, our contract with Animal-- ACC is on the order of a billion dollars or more over several years, so while three million dollars is definitely significant and something we'll pay attention to and follow up with ACC on, I would just provide that context, but in the grand scheme it's not that large. But we would be happy to follow up on that as well with our Environmental Health colleagues.

CHAIRPERSON SCHULMAN: Please, and also the City Council passed legislation in 2019, which is

two-- which is three years ago, for the creation of the Office of Animal Welfare. No new money was included in the budget for this office, and the productivity of your office seems to be suffering. This is the Mayor's Office, not under DOHMH, but how could the Office of Animal Welfare be better utilized to support ACC and DOHMH's Animal Welfare programs?

COMMISSIONER CHOKSHI: Thank you very much Chair. Yes, for the Office of Animal Welfare, as you just mentioned, it sits in the Mayor's Office. It's in the Community Affairs Unit. It is an active office, and you know, there is coordination between our work through ACC and that Office of Animal Welfare. For more specifics about that office's work, I'll defer to CAU, but to you know, the spirit of your question, what I'll say is that this is a responsibility that the Department takes very seriously. We're charged with managing and caring for the City's population of abandoned, owner-surrendered, homeless, and lost animals through the contract with animal care centers. We work with them to maintain, you know, humane conditions for animals that enter into their shelters, and you know, we work with them to ensure that they continue operating as

what's called an open admissions shelter, which means they accept any animal no matter the animal's health condition or behavioral challenges, which is different than many other municipalities. So, you know, although this may not be the thing that people most associate with the Health Department, it is a major responsibility of ours, you know, both to maintain human health in terms of making sure that there is a sheltered place for those animals, but then also very importantly just for the sake of the animals under the care of ACC themselves.

CHAIRPERSON SCHULMAN: No, I appreciate that, and very often the health of people is determined and helped by the health of the animals that they have. What is the total number of complaints about animals that come in through 311 that could be better handled by the Office of Animal Welfare?

COMMISSIONER CHOKSHI: Thank you for that question. I don't have the answer to that. That's something that perhaps the Mayor's Community Affairs Unit will be able to answer, so we will follow up to try to get that to you.

CHAIRPERSON SCHULMAN: Thank you, and the last line of questioning that I have for now is can you speak to DOHMH's relationship with Health + Hospitals? There are several programs such as the Public Health Corps that are announced under DOHMH and then moved in the fiscal plan to be under Health + Hospitals. Why is that?

COMMISSIONER CHOKSHI: Thank you very much for this question. As you may know, Chair, I spent a few years at Health + Hospitals before I was at DOHMH, and I'll profess that both are institutions that I love deeply and dearly, and are our crown jewels for New York City with respect to taking care of the health of New Yorkers. One of the things that I'm proudest of is the relationship between H+H and DOHMH over the course of the last two years. New York City depended on a functional, collaborative, seamless relationship between the two during the pandemic, and I believe that we've been able to deliver on that, you know, over the course of the past two years. The way that I think about it is, you know, any New Yorker-- if you ask them about the difference between H+H and DOHMH, all they care about is their health, where they can go to get care when

they need it, and how to stay healthy. And so our responsibility is to make it as seamless as possible for New Yorkers to do just that. With respect to the budget questions that you mentioned, the Public Health Corps to me is emblematic of the degree and depth of collaboration that we should expect between DOHMH and Health + Hospitals. Public Health Corps is a program that is-- that has a component that is clinic run through the public healthcare system, H+H, and one that is community-based and run through the Health Department. This reflects how health actually works. The fundamental drivers of health are in our communities, in the places where we live and work and play and worship. And at the same time, we also need investment in clinical care when people do get sick, whether it's with a chronic illness or an acute condition. So, Public Health Corps reflects investment in both sides of that equation, and that does continue on, you know, beyond the initial year of Public Health Corps funding.

CHAIRPERSON SCHULMAN: Well, we just-- and I appreciate your response, but we just want to make sure that when people-- because these jobs move over and people move over, that jobs aren't being

lost, that there's not just a pass-through of monies over to H+H and that those programs get buried and things happen, and you know, there are union personnel with some of these jobs and all that, so I want to make-- I just want that to be made clear. I will now hand it-- I will-- first, I want to acknowledge that we've been joined by Council Member Ayala and Brewer, and hand it over to the Committee Counsel for questions by my other colleagues and reserve the right to come back for other questions, but thank you very much.

COMMITTEE COUNSEL: Thank you very much, Chair Schulman. We'll next hear from Chair Lee followed by Chair Moya, and for Council Member questions, the order that I have is Council Member Barron, Cabán, Narcisse, Bottcher, and Hanif. So we'll turn to you all after the Chairs. So, Chair Lee, take it away.

CHAIRPERSON LEE: Thank you so much, and I'll try to be quick because there's-- and I know that some of my colleagues on here are-- will be asking some questions related to mental health as well. So, I'll let them ask their questions as well. I actually wanted to start off with the Developmental

Disabilities portion, because I know that often times this is a community that does get neglected and is an afterthought, and the total budget so far for Developmental Disabilities in the DOHMH budget is a 12.7 million. So, is that the total amount of funding for services for Developmental Disabilities in New York City? And the second part of my question, which I think I know the answer to is does this money adequately meet the needs of the DD community? Which I would say no, but just wanted to hear from your perspective on the budget.

COMMISSIONER CHOKSHI: Thank you very much, Chair. We-- at first let me just start by saying that we, you know, the Health Department is committed to meeting the needs of all New Yorkers when it comes to Development Disabilities. As you know, Developmental Disabilities is an umbrella term for, you know, a number of different needs that are reflected. And so sometimes it's difficult to appreciate exactly what the range of programs are that do serve people with developmental disabilities. The Health Department, you know, early intervention is a major program that addresses children, you know, have developmental disabilities, so that's something

that I want to make sure is included as we think about it. There are also and after school programs that are directly supported through the Health Department, and we oversee an autism initiative which is one where community-based providers provide parent education and training as well as recreation programs. A lot of this, I have to acknowledge, is both city and state funding. It's you know, a graded funding through both of those channels, and so I don'' have a specific number, although that's something that we can follow up on in terms of the overall budget commitment. And then the part of your question, we welcome of course your input. We certainly welcome any additional funding to be able to, you know, expand the programs that we have to offer and we'll take your feedback about where, you know, we should continue to push and expand forever.

CHAIRPERSON LEE: Sorry, I think I-- my internet cut out for a second there, sorry about [inaudible].

COMMISSIONER CHOKSHI: I can hear you, Chair.

CHAIRPERSON LEE: Okay, good, good, good. Sorry. So sorry. Going back to that-- to your point

about the 12.7 million then, because I do understand that the range of, you know, Developmental Disabilities is quite a bit. So, that 12.7, could you go a little bit deeper to what services that does include? Because I understand that early intervention is parceled out as well as some the programs. And so if you could speak a little bit more to that.

COMMISSIONER CHOKSHI: Thank you, Chair for the quesiton. I'm afraid I do not have a specific breakdown of that at my fingertips. We can follow up either during the hearing or afterward in terms of breaking down that funding. And then also making sure that the way that we think about you know, services for developmental disabilities is mapping on to what you were including in that 12.7 million dollars allotment.

CHAIRPERSON SCHULMAN: Okay. And how does DOHMH plan to the meet the needs of people with developmental disabilities who are also ELLs, English Language Leaners, or need other forms of interpretation, because I think in a city as bit as New York, there's so many languages and cultures that

are represented. And so if you could speak to that as well.

COMMISSIONER CHOKSHI: Certainly. I'll start on this and then I will see if Acting Deputy Commissioner Ashton who oversees family and child health has anything to add here. But, you know, my starting point on this is that, you know, New York City is a city of immigrants. As you know, as we take great pride in-- and so this is a part of what it means to serve New Yorkers and promote the health of New Yorkers. For English language learners, a lot of the wrap round services that are provided for ELLs is often through our school system, and so our Office of School Health, you know, through work that we do, for example, with our school mental health consultants, through the School-based health centers, through the recreation and after school programming that I mentioned, through the autism initiative for, you know, for children who are on the autism spectrum, those are you know, the programs that come to mind with respect to your question. But I'll see if Ms. Ashton has anything to add to that.

DEPUTY COMMISSIONER ASHTON: Thank you, Commissioner. Thank you, Council Member, for that

really insightful question. The Commissioner is correct that our Office of School Health is one area in addition to our early intervention programs where we work very closely with families to identify all needs, including the needs of English language learners who may be differently-abled and may need some extra support. And then we work very closely with our colleagues at the Department of Education on transition plans, and I think that that is another that this comes in very well. As young people transition from early intervention services into the Department of Education, our colleagues with Department of Education work with us closely on the development on individual education plans around ELL. So, but thank you for the quesiton. We can definitely follow up with more information after.

CHAIRPERSON LEE: Okay. And I guess that sort of is a good segue to my next question which is around specifically the school mental health programs, and just how has it been and how has your role been in ensuring that all the students are receiving the mental health screenings in their schools? Because I know that there was an effort obviously to put in funding for social workers, which

quite honestly I think every school should have multiple social workers in there, but how are we going to ensure that the screenings are happening, and what is the follow-up to that data collection or the reporting aspect of it?

COMMISSIONER CHOKSHI: Thank you so much, Chair. This is a really important question and a timely one. I'm going to start, and then I'll invite Doctor Vasan to say a little bit more from his perspective, given that I know that this is a passion of his and a place where he wants to lead the Department further. But briefly, just to start, you know, youth mental health is something that we have to consider an emergency, you know, as we continue to emerge from the pandemic. The Surgeon General released an advisory last year, as did the American Academy of Pediatrics and many other people who care about the health and the needs of children. And New York City has been at the vanguard of addressing youth mental health particularly through our schools. So that's all to say we recognize, you know, the urgency and the importance of this issue. The Health Department primarily has a public health role. That means that we look at the entire spectrum of needs,

and we ensure that there are interventions and resources matched up with that full spectrum. The Department of Education has the primary responsibility for mental health education and prevention and actually operationalizing the screenings that you mentioned in their schools, but our experts, you know, are consultants, and you know, have worked to shape the approach that they're executing upon in schools. Beyond that, I also do want to mention that there are additional what we think of as downstream approaches to mental health needs in schools. We have trained social workers in schools to meet the mental health needs of students as well as programs like the Children's mobile crisis which provide crisis intervention and connection to care. The last thing I'll say before turning it over to Doctor Vasan is that, you know, we are also working on embedding youth mental health into all of our mental health services. So, one good example of this is NYC Well, which as you well know, Chair Lee, is the front door, you know, it's the portal to so many of the mental health services that we offer. And so we recently through, you know, a pilot program called the Mental Health Continuum. We embedded

additional resources in our NYC Well call center to support schools responding to a student in crisis as well. So, with that, I'll turn it over to Doctor Vasan.

DOCTOR VASAN: Thanks Doctor Chokshi, and I'll be very brief. In relatively high-level, as I'm just starting, but it's good to be with you all today. I'm very much looking forward to working with you over these next weeks, months, and years. Youth mental health, child mental health is a top priority for me and will be a top priority of my tenure as Commissioner. It's a very personal issue for me. I am a father of three school-aged kids, and I've watched all under the age of eight, and I've watched very directly every day that I go home how they're social/emotional and behavioral wellbeing, their mental health has worsened over the course of the pandemic, and then of course, you know, on the back end I've seen in my time leading a community-based organization, Fountain House [sic], how so many of the people that we ended up caring for in their 20s, 30s, 40s, and later are people that exhibited issues in childhood, issues that could have been captured earlier, addressed earlier, intervened on earlier.

And so as Doctor Chokshi said, this is truly a crisis. This is truly something that is going to require marshaling a kind of whole-of-government approach. Oen of the things I'll also just say is that there isn't enough care, and the Department of Health and the Department of Education can do our part in that process. We need additional support from our partners at the State. We need additional support from our partners in the federal government to truly expand youth mental healthcare in our school system, in our community-based organizations, and in our healthcare system, and I'm optimistic that we finally have the kinds of commitments and partnerships that people are signaling to for us to do that. But number one, this is top of my hard list.

CHAIRPERSON LEE: That's good. Yeah, and I know that even on the outpatient side with the Article 31's there's not enough clinics that service the under age 13 demographic, and so hopefully that's something that we can partner with the State on, because I know they're the ones that give those licenses. So hopefully that's something we can work on jointly. So, thank you for that. And is there

any ways that you guys are tracking the data? How has it sort of, you know, in terms of-- now that we're going, you know, switching away from remote to in-person, you know, is there any, like data that you guys are trying to capture to be able to see what the new needs are going to be for this for the next like several years I would say?

COMMISSIONER CHOKSHI: Thank you for the question, Chair. I want to make sure I understand it. You mean, emerging mental health needs among youth?

CHAIRPERSON LEE: Yeah, specifically, you know, after the pandemic now that kids are coming back to school in-person. You know, how are we continuing to track and survey the students now that they're coming back into the schools? You know, because one social worker per school is obviously not enough. So are we working with teachers, school administrators, to be able to help them identify and track? Like, how are we expanding sort of the folks that are involved in that process?

COMMISSIONER CHOKSHI: Yeah, thank you. This is a really important and thoughtful question, because it fundamentally determines the services and

interventions that we offer and hold us accountable to addressing those needs, which we're all acknowledging have changed and are changing very quickly in ways that we are still wrapping our minds around as we all contend with the cascading effects of COVID-19, and the ways that the pandemic has effected, you know, our mental health particularly for our children. So I'll give you a sense, but I'll start just by saying this is a very active conversation at the Health Department in terms of-- you know, we use the surveillance, and it's really nothing more sophisticated than keeping our ear to the ground and understanding the needs of the people that we aim to serve. We have a range of different data streams to be able to do this. A primary and important one is via schools and our partnership with the Department of Education through the Office of School Health. So, for example, understanding the data that's emerging from the screenings that are being done and, you know, capturing that and synthesizing it in a way that allows us to understand what the needs are is, you know, an important example within the school mental health domain. Another is NYC Well. This is something where we get near real-

time data, which is a little bit different than many of our other data streams because it is people picking up the phone and calling for help, for themselves, for a family member, for their child, and so we do monitor that data, you know, regularly to understand exactly what it is that we're seeing. We also are able to capture what's happening in the healthcare system. You know, how much are people showing up to emergency rooms, to psychiatric emergency departments, and what is it that they're showing up for. So that's another, you know, really important one. And the final one that I'll highlight is, of course, the community-based organizations, the providers, the folks who are on the front lines who are bearing witness in a way that is much more granular, qualitative, and no less important for us to glean information from about what's actually happening. It ws through that, for example, that we started some nascent work around how bereavement is affecting children in New York. When we think about, you know, the number of children who have lost a parent or a caregiver or a loved one, you know, to COVID-19, that was something that we were hearing time and again that we needed to provide additional

support for and that has been, you know, a thrust for us to think about evolving our services and interventions. So, this is all under way, and I'm sure we'll have to be shaped further, and we look forward to partnering with you on.

CHAIRPERSON LEE: Thank you. I know you mentioned New York City Well a few times, so I'll skip ahead to that question. But what-- so I know you touched upon this, but what system are you using to keep track of the data collected at each phone call or text? And so I guess my question is sort of like to the overall picture of how New York City Well then plugs folks that come in through that into other supportive services in the continuum of care? Like, how is that the system is tracking referrals and follow-ups? Does it go to that extent? You know, at what point does it sort of say, okay, we have this call that came in. We feel like this person needs to get more, you know, serious treatment and so we're going to refer to them X agency. I don't know how that works, but if you could take [sic] that a little bit?

COMMISSIONER CHOKSHI: Certainly. Thank you, Chair, for the question. I'll start and I'll

ask our Acting Executive Deputy Commissioner Doctor McRae if he has anything to add on this as well. So, NYC Well is, you know, one of the only types of systems that represents in the nation, perhaps in the world because it provides that front door to all of the other, you know, services that we provide to address behavioral health needs. We work with a vendor, you know, to operationalize NYC Well, but our team, our Department, has worked very intensively over years now to shape the data streams that you're asking about. You know, for us to be able to capture not just the who of who is seeking care, but then the what in terms of what happens once a need is identified, whether it's someone who's calling in crisis, someone is calling for a specific service, or someone who is already known to the system, but has been disconnected from it. And so, you know, this is data that's monitored on a weekly basis in the Health Department. I myself review it on a monthly basis to understand, you know, what all of those different pathways are, and they have shaped, you know, the programs and services that we've already talked about. So, I'll turn it to Doctor McRae if he has any more specifics on your question.

EXECUTIVE DEPUTY COMMISSIONER MCRAE: Thank you, Commissioner. Thank you Council Member Lee. I want to just add, just to add to what the Commissioner has mentioned here. You know, NYC Well is kind of the air traffic control center for mental health. It's-- we have all the services. So what happens there, you have access to all of these, the wide arrange of services. Assessment happens kind of at the NYC level, the NYC Well level, and they determine kind of the most appropriate level of service, whether that be a mobile treatment team or crisis treatment time, whether it be a HEAT [sic] team perhaps, or CRT, a Call Response Team. There are a number of different service that are available, and we rely on NYC Well to kind of do that triaging. But it's such a very wide range of services available through NYC Well. I think this really speaks to our commitment to coordinating, coordination, and really underscoring the value of NYC Well as a resource to all New Yorkers.

CHAIRPERSON LEE: So, it that-- sorry. So, is that information and data passed between the different agencies like H+H and Department of

Homeless Services, and is that tracked, or is it mostly-- just out of curiosity.

EXECUTIVE DEPUTY COMMISSIONER MCRAE: So, referrals are made to various agencies and entities, and that's the way that they know kind of what the appropriate level of service is. So that information is shared with the appropriate entities.

COMMISSIONER CHOKSHI: Yes, that's exactly right. So, on the patient level, as Doctor McRae is saying, that information is passed along. You know, there are specific protocols because it's protected health information to ensure privacy and confidentiality when that happens. If you're asking about more aggregate data, as well, Chair.

CHAIRPERSON LEE: Yes.

COMMISSIONER CHOKSHI: That also does happen. It's a little bit different, again, to be able to respect privacy and confidentiality. But we do issue regular reports and briefs that are based on the trends that we're seeing and capturing through NYC Well. For example, I'll make sure that our team follows up with your office, and in sending you this, we published what's called an EPI [sic] Data Brief in December of 2021 that talked about the impacts of

COVID-19 on mental health in New York City, and much of the data that was represented there was drawn from NYC Well, and so this is really important because it then helps to shape the dialogue and the services that we need in order to meet those needs. Just allow me to say one more thing, because I'm really proud of what NYC Well was able to do over the course of the pandemic. We saw an unprecedented surge in demand and people who were calling in duress because of the stress and the trauma and the grief, you know, that so many of us were experiencing over the past two years. And NYC Well was able to flex and accommodate, you know, that surge in demand, and I'm confident that it has helped so many families across New York City by getting people in a moment of fear, terror, you know, for a loved one, and navigated them to services that could really help them.

CHAIRPERSON LEE: Thank you for that. And just a couple of questions on overdose prevention [inaudible] on this, but I specifically just wanted to speak with, speak to. You know, I know that now that some kids have been, you know, to prevent overdose deaths have been increasing. You know, in terms of the kits that are being distributed, but how

about the-- what is being done to reduce the amount of fentanyl that's coming into New York City?

COMMISSIONER CHOKSHI: Yeah, thank you so much. This is an important question, and as you know, fentanyl is a major driver of greater mortality related to opioid overdoses. And so this is important thing for us to keep track of. We estimate that anywhere from 75 to 80 percent of overdoses involved fentanyl is some way. So this is something, you know, that we monitor, although it's our colleagues at the New York Police Department who have primary responsibility for what you're asking about, which is trying to prevent fentanyl from entering into the drug supply in the first place, and that's something what we do coordinate in terms of understanding hat's actually happening, you know, with the drug supply in New York City. Beyond that, oen of the things that we're doing around acknowledging and addressing the fact that fentanyl is more prevalent. You may have seen that we had a recent campaign, direct mail, TV, radio, you know, social media to raise awareness of fentanyl and how it is related to the increased risk of overdose. You know, part of this included the stories of with lived

experience, you know, people who themselves have suffered from addiction, and in many cases from overdose to be able to, you know, to share their stories with other people who are struggling with addiction. We've also expanded the distribution of fentanyl test strips. These are a proven harm reduction strategy to try to, you know, make people more aware about how they can use more safely and we are particularly working with people who are at high risk of overdose in order to do that. And then finally, you know, we opened the nation's first two overdose prevention centers, which is also a critical part of the overall harm reduction strategy to save lives for what is, you know, an unmitigated public health crisis right now.

CHAIRPERSON LEE: And for the kits that are-- [inaudible] I'm sorry. The kids that are being distributed, how are you guys tracking those?

COMMISSIONER CHOKSHI: Thank you. This is-- this is a really important question as well. I'll start and I'll see if Doctor McRae has anything to add about it. For naloxone kits, you know, that the Health Department is responsible for, we have a few different ways to track it. We distribute them

through, you know, many of our own sort of elements of infrastructure, whether it's the Neighborhood Health Action Centers that Doctor Easterling talked about earlier, the community-based organizations that we partner with, you know, the healthcare partners that we often supply with naloxone kits. So we do have ways to, you know, to capture it through naloxone kits that sort of flow through the Health Department. But I also want to clarify, there are a number of naloxone kits that we don't necessarily touch and don't have that same degree of visibility into. Doctor McRae, would you add anything to that in terms of naloxone kits?

EXECUTIVE DEPUTY COMMISSIONER MCRAE: I would not. I think you hit all the critical points, commissioner.

COMMISSIONER CHOKSHI: Thank you.

CHAIRPERSON LEE: Okay. And just going back to the contracting pieces of budget, because I know that the majority of the funding for DOHMH's Division on Mental Health is with contracts. And so just quickly if you could run down, you know-- and I know that this is-- you know, I've been on the receiving end of this as a community-- former

community-based organization, but what is the process for evaluating the contracts on a regular ongoing basis, and if you could-- similarly to what Council Member Schulman said, if you could provide a list of the mental health contracts for FY22 and the status as well as the criteria that you used in the procurement process?

COMMISSIONER CHOKSHI: Certainly. I'll start on it briefly, and I'll turn to Mr. Jarrah to see if he has anything to elaborate on. You know, overall, we strive for rigor, quality control, speed, you know, and trust through our contracting process. Those are some of the key principles that we try to hold ourselves accountable to, you know, to make sure that there's a fair process for people to apply for funding when there are contracting opportunities, but then to, you know, hold at the same time our responsibility to New Yorkers to channel funds to organizations based on their performance, based on their commitment to equity, and you know, based on the quality of the services that they provide. So, that's the high-level overview. We will follow up in terms of the FY22 mental health contracts. That will

be a list that we can provide, but I'll just see if Mr. Jarrah has anything else to add before that.

CHIEF FINANCIAL OFFICER JARRAH: Thank you, Commissioner, and thanks Chair Lee for the quesiton. The only piece I would add is that every procurement and then every contract defines specific deliverables and quality metrics that are measured for each vendor or provider of services, and the City also has an expectation that every contract over 100,000 has a formal annual evaluation which happens though Passport, which is the City's contracting system. But we'll be happy to provide that list and information we request.

CHAIRPERSON LEE: And if you could also speak to the outreach as well, because I know that you can post up the RFPs, but if you're not already in the system, how are we-- especially because we are such a diverse city, how are we making an effort to make sure that different community groups are a part of that contracting process and also represent the communities that we're serving. So, if you could provide that as well, that'd be great.

CHIEF FINANCIAL OFFICER JARRAH: Certainly.

CHAIRPERSON LEE: And speaking of the contracting, because I know that the Mayor's blueprint to end gun violence included plans for the Health Department to expand the hospital-based violence intervention programs, and so have those been selected and what has been the process or criteria to select those hospitals as well.

COMMISSIONER CHOKSHI: Thank you so much for the quesiton. This is another, you know, urgent issue that we have to address using a public health approach as well. I'll turn it Doctor Easterling to say a little bit more about where the hospital-based violence intervention program stands.

FIRST DEPUTY COMMISSIONER EASTERLING: Thank you, Commissioner. Thank you, Chair Lee, for the questions. So, you know, the hospital-based violence intervention program, we've already been working with four hospitals which includes Harlem Hospital, Kings County, Lincoln Medical Center, as well as Richmond [sic] University Medical Center, as well. What we understand and based on our previous work is really looking at some key factors, namely within the emergency department, certain staff that are able to do triage and assessment to recognize if

anyone has been impacted by violence or been the result of a violent incident. Also, looking for buy-in [sic] from leadership, because we understand how important leadership is in making sure that these practices and policies are implemented within the system. We know that funding is also important, because funding helps to ensure that there is training, training of staff, some of the data infrastructure that is needed to capture and track a lot of the work that is done, and also to also build out some of the partnerships. As we know, it has been already named in that blueprint that you referenced, a key part of that relationship is working with crisis management partners who are in those communities, already have their relationship and are able to extend outreach into the community beyond the hospitals. And so we continue to look for our healthcare partners who are really willing to do this work, and I know the team has already begin to have those conversations.

CHAIRPERSON LEE: Thank you. And just speaking of some of the mobile unit teams, just for the record, because I know I've worked personally with some of these mobile unit teams, but for the

record if you could just kind of-- because it seems like with every mental health crisis in New York City there seems to be a new mobile response team that gets created. I was just wondering if you could speak to the differences between the HEAT Team, which is the Health Engagement Assessment Team, the ACT Team, which is the Assertive Community Treatment Team, the IMT Team, which is the Intensive Mobile Treatment Team, the Call Response, the B-HEARD, the Neighborhood Response Unit Team, and the Mobile Crisis Team. So there's a lot of teams, and I'm just wondering if there's coordination? If we can track or map who each of these teams are serving, and you know, if you could just start there, because I know there's a lot of, you know-- the reason why I bring this up also is because at the Oversight Hearing that we had, the thing that we kept hearing over and over again from providers is the fact that everything is happening in such a style [sic] of way, and a lot of these teams next to the agencies are not communicating with each other. And so I just wanted to hear your experiences with a lot of these mobile teams that are on the ground.

COMMISSIONER CHOKSHI: Thank you, Chair. This is a really important question, and one where we do need to, you know, continue to make sure that there's enough coordination that's happening. Most importantly, as you're pointing out, from the perspective of the people that we're serving. And it's both true that there are many different types of teams, and yet, there is in many cases still not enough care. You know, both are true, and we have to continue expanding those services even as we drive that coordination. I'll start briefly, and then I'll turn it to Doctor McRae to see if he has anything to add on this, in part because he's been involved in shaping many of these teams. He spent time on the ground with several of them, you know, as have I, including as a clinician in some cases. But the brief version is this: The Health Department maintains a single point of access that is designed to be able to take referrals from the multiplicity of different sources and match the needs of a given person up with the specific team or intervention that is best suited to help that specific person. The different teams that you mentioned, they generally are arrayed along a spectrum of intensity, you know,

from less-intensive care coordination to, you know, more-intensive like our Intensive Mobile Treatment Teams, and then the ACT teams and others are all the way in between. There's also a spectrum of chronicity. Some of them are more targeted toward people during an acute health crisis, and others are really meant to be more longitudinal and take care of people with serious mental illness, you know, over months if not years, given that that's the intensity of treatment that they may need. So, that's the general, you know, way that we think about how the pieces fit together. we do-- and I'll ask my office to share with you-- we have a visual, you know, a diagram that lays this out specifically for people with serious mental illness, and also for people who are experiencing a behavioral health crisis. We found that really important and useful in our conversations with providers, you know, who often need a little bit more clarity about that spectrum that we've described, but of course, we'll share that with you as well. Doctor McRae, do you want to add anything to that?

EXECUTIVE DEPUTY COMMISSIONER MCRAE: Yes, so I think I'll just add a little more color as

well. I mean, I think, you know, what you said is kind of spot-on in terms of looking at the intensity, chronicity. You know some of these teams respond within two hours, others will respond within a day, and you know, there are kind of certain kind of subsets of individuals that these teams specialize in. So we think about IMT. That is a very kind of, you know, high-intensity kind of service that really services people with very complex needs, and really has a specialty in working with people who are homeless as well. I think if you look at like the HEAT Team, for example. This is a team that has a peer and a clinician. They respond to individuals who are presenting with behavioral health challenges that are kind of, you know, making their daily life kind of challenging, and they respond within a day, and they may, you know, service this person over, you know, two months or three months. It's really kind of this wide range of, you know, services. But I also want to point to kind of some of what the Commissioner mentioned earlier about up-stream and down-stream approaches. So these are examples of kind of the down-stream approaches. These are the kinds-- the interventions, but also we have to think

about as well, kind of the up-stream approaches, the prevention. So in that I think about kind of how our clubhouse is, our supportive housing programs can help also assist. So really it's about kind of meeting people-- getting people in their time of need, but also before their time of need as well. So I want to kind of marry both of those pieces together.

CHAIRPERSON LEE: Correct me if I'm wrong, because some of these response teams are housed under DOHMH and some are housed under the Office-- Mayor's Office of Community Mental Health, right? And so who's-- like, who's responsible or in charge of overseeing and coordinating all the data, right? Like, the data, because if it falls under-- I guess I'm just wanting to make sure that the data that's being collected, like how is that being, you know, how is it being collected and coordinated, I would say? And so-- and then how does the communication happen when, you know, there's one that's under this, you know, agency's jurisdiction and then one under this, and so how is that being coordinated?

COMMISSIONER CHOKSHI: Yes, this is a really important question. In many cases, you know that data is coordinated and flows through the Health Department, and you know, most of the teams that we've discussed thus far are under the DOHMH purview. There are some instances where there are other types of outreach teams. For example, we're working very closely-- and I'll see if Doctor Vasan wants to add anything on this point. We're working very closely with colleagues at the Department of Homeless Services, for example, on the Mayor's Subway Safety Plan and the associated outreach, and in those cases we collaborate very closely. You know, DHS may have their own data streams and we have ours, but then through City Hall, whether it's the Office of Community Mental Health or otherwise, you know, there'll be an opportunity to integrate those data streams. We're also mindful of patient privacy and confidentiality when we do that, but for the purposes of what you're getting at which is delivery whole person care, often we're delivering services from different governmental agencies to the same person. It is important for there to be an integrating

function as well, which we take seriously, but I'll see if Doctor Vasan wants to add anything to that.

DOCTOR VASAN: Thanks, Dr. Chokshi, and I really appreciate the Chair's questions. They're quite precise and insightful and reflect a lot of the observations that I as a lay person outside of government, you know, have on the system itself. And stepping back for just a minute, this truly is a reflection of the fact that we underfunded as a society, nationally, state, local, we've underfunded mental health for so long, and so when crises appear, when issues arise, we react. And we build things that we do our best to fit to purpose, but I think COVID has taught us that it's no longer sufficient to react to a crisis. We have to step into this as a central public health crisis and attack it from upstream to downstream from prevention to intervention, from our children to our adults who are most impacted. And that one mental health agenda and one set of priorities as a city government is something that I know in my tenure I'll be working to advance, and then of course have implications on how we collaborate as the Health Department across agencies, how we work with our partners in the

clinical system at H+H and well beyond H+H frankly, to the 80 percent of healthcare that's delivered outside of the H+H system, but also our partners in DHS, our partners at OCMH, because we know that especially for folks who are most impacted by mental illness, they face an intersecting set of vulnerabilities that are not only driven by their mental health issues, but worsen-- worsen their mental health issues. So it's this vicious circle that we need to really work carefully and collaboratively to interrupt. Data sharing isn't [sic].

CHAIRPERSON LEE: Alright, and I guess to that point, are there plans that you have to sort of take two steps back, because I do agree that a lot of it has been very reactionary. So are there plans that you have to take a step back and sort of re-evaluate whether it's through you or the Office of Community Mental Health, or H+H to sort of as a whole, you know, healthcare system, to re-evaluate some of these teams to see if some of them can be streamlined a bit more, because I guess the concern I have is I just want to make sure that as many dollars as possible are going to the services, and I just

wonder if it makes sense to have everything so segmented like this? And so I just wanted to know if there was any plans to sort of take a look at that.

COMMISSIONER CHOKSHI: Yes, thank you Chair. I'll just give the short answer which is-- which is yes. You know, this is the time to do that. To your point and the point that both Doctor Vasan and McRae have made this-- it actually requires coordination beyond just the City, particularly between the City and the State, because so much of how mental health services are funded, you know, flows through the state as well. So this is an opportune time, I think, to do that given as we're all acknowledging, you know, how much behavioral health concerns are one of the parallel pandemics related to COVID-19. And so, you know, I think I speak for everyone when I say we would really welcome your input and your partnership to do that.

CHAIRPERSON LEE: Thank you so much for all your time, and with that, I'll stop because people are probably sick of hearing my voice right now. And I'll hand it over to Sara [sp?]. And just wanted to acknowledge that Council Member Hudson and I don't know if Council Member Brewer was

acknowledged before, but they've joined us as well. [inaudible]

COMMITTEE COUNSEL: Sorry about that. We will next turn to Chair Moya and you can begin as soon as you're ready, Chair Moya. And after you're done with questions, we will hear from the following Council Members: Council Member Barron, Council Member Cabán, Council Member Narcisse, Council Member Bottcher, Council Member Hanif, Council Member Brewer, and Council Member Hudson. And Chair Moya, you can begin when you're ready.

CHAIRPERSON MOYA: Thank you. Thank you so much. I promise to my colleagues who have been patiently waiting, I'll be brief. I only have about 45 minutes of questions. I'm going to be as brief as possible here. But thank you, Commissioner [inaudible]. Just sticking with some of the things that you had mentioned earlier on in your testimony, I want to go back to federal funding. You know, you mentioned your concerns about that, but that is also a big concern for us, right? Because how will then the department itself fund and continue to really get the funds needed for vaccinations for Fiscal Year 2023 without federal funding?

COMMISSIONER CHOKSHI: Yes, Thank you, Chair Moya. This is a really important question. You know, and we've seen how important infrastructure is to be able to achieve, you know, the scale that our historic vaccination campaign has. A lot of that relied on federal funding, as you're pointing out. However, I will, you know, also say that we have used the opportunity to invest in our healthcare infrastructure, which as you know, in New York City as world class. But we haven't, you know, missed the opportunity to ensure that we're shoring up the pharmacies, the federally qualified health centers, out public hospital system, all of the other places that people already go to seek care because they trust it. We have a capacity of about 300,000 doses per week, just in that existing healthcare infrastructure. So that does position us well, you know, overall with respect to maintaining our capacity to do, you know, COVID-19 vaccination. We have always thought about the City capacity as supplemental to that existing healthcare infrastructure. As you well know, it was very important over the past year to have that supplemental capacity, and we can calibrate it up and

down depending on what we need, you know, in a matter of weeks. So I would say, you know, the action steps here are for us to continue to making sure that we're investing in that infrastructure so that we have it not just for COVID vaccination but for all immunizations as was pointed out earlier. But then second, for us to-- and of course we'll need your help with this to advocate to our federal colleagues to ensure that the federal funding streams are as longitudinal and, you know, the magnitude is right-sized for the long-haul.

CHAIRPERSON MOYA: And are there any other programs that are currently funded with federal dollars that will be in jeopardy when that federal funding isn't renewed?

COMMISSIONER CHOKSHI: That's a very good question, Chair. I may have to get back to you if there are any, you know, specifics on this point. Kind of the broad answer that I would give you is that, you know, there are some things that we have been able to start because of federal funding. For example, the Public Health Corps, you know, is a good example where we were able to, you know, launch it at the scale that I described, 500 community health

workers, in part because of, you know, federal grant funding. Thankfully, the City has also invested in it, and you know, that's important for us to be able to sustain it over the long-term. But for all of the things that we need to change fundamentally so that we're ready for the next pandemic, we will need more and longer-term federal funding. This has to do with laboratory capacity. This has to do with investing in our epidemiologists, you know, who are so vital to saving lives during the pandemic, vaccination infrastructure as you've already pointed out, and our community-based workforce as well. All of those things we can calibrate according to the resources that we have available, but now is the time for massive investment in public health so that we actually build them to the scale, you know, that's warranted so that we're prepared for the next pandemic, and for all of the slower moving health disasters that occur between health crises.

CHAIRPERSON MOYA: Yeah, I'd love to see if there's-- you can get a more accurate list of what are those programs that are currently funded that would not be funded. You know, as we're going through this budget process, it'd be great for us to

really have a real in-depth understanding of what would be lost coming up in our next fiscal year. And just kind of sticking with that, it sort of comes together with the sort of World Trade Center disease and COVID-19, some of the things that we've learned from this. How has the World Trade Center-related program been impacted by COVID-19, and has there been an increased need for any type of surveys for individuals with lasting chronic conditions from 9/11 been affected by this?

COMMISSIONER CHOKSHI: Thank you so much for asking about this. This is a population that we care deeply about at the Health Department. We've been following people who were affected by 9/11 for decades now through something called the World Trade Center Registry, as you know, Chair Moya. And we celebrated the 20th anniversary of that work just last year. You know, this has been vital for us to understand how the chronic effects of that disaster, you know, carried on over time. So have been specific studies that are done to understand the intersecting effects of COVID-19 with the exposures from World Trade Center, and you know, we can follow up to share some of the, you know, some of the top

line fundings from that analysis. The other thing that I'll just point out is that the learnings from that experience have been really important for us to think about Long COVID as well, because there are, you know, certainly some parallels with respect to understanding how to think about chronic conditions that are related to an exposure but manifests over time.

CHAIRPERSON MOYA: Well, that's a great segue to the next section of my question, talking about sort of long haul COVID here. How is the Department looking to educate New Yorkers on the signs and symptoms of sort of, you know, long haul COVID, and also what are we doing to support primary care physicians and local clinics in preparing to see like long-term COVID symptoms?

COMMISSIONER CHOKSHI: Thanks Chair Moya for asking about this. this is also something that I'm concerned about because, you know, the science continues to evolve, but it is showing us that there are, you know, significant long-term effects on multiple parts of the body, you know, the heart, the brain, hurts the lungs as well because of the direct effects of the virus during the infection, and so

it's a very important issue, and we primarily want to make sure that New Yorkers who have suffered from Long COVID or believe that they have symptoms that could be consistent with Long COVID know where they can get the treatment that they need. There are a number of post-COVID care clinics across the City, including three Centers of Excellence that were launched by Health + Hospitals, one very close to where you and I live in Jackson Heights, and you know, two others in Brooklyn and the Bronx. We have collated those resources at nyc.gov/longcovid. It gives people both a sense of what they can expect and learn more about the associated conditions, but then importantly seek care for it as well. One of my last PSAs, actually, is addressing Long COVID as well. It lists out some of the symptoms that people should be paying attention to and that should also prompt their seeking care. So I hope that that will have some impact. Part of what I say and part of what I hope our collective message will be-- is that the best way to prevent Long COVID is to prevent COVID itself. And you know, but we have to continue messaging that vaccination is the most significant way to help

prevent both the acute effects of COVID-19 infection as well as Long COVID.

CHAIRPERSON MOYA: And Commissioner, are there studies under way to determine if like long-term COVID is preventable, reversible, and also is there funding in Fiscal 2023 for programs to address long-term COVID symptoms?

COMMISSIONER CHOKSHI: Thank you for those questions as well. The answer is yes. There are, you know, a series of studies that are underway around the country and around the world which we are monitoring, you know, the ones in New York City, particularly, conducted by some of the academic institutions in New York City. We've been in touch with our scientific colleagues there, offered our support, offered our collaboration, because we have access to a number of data sources, you know, that could be helpful from that perspective. And we're in regular touch and monitoring what the scientific evidence is as it evolves. With respect to your budget question, you know, for FY23, beyond what we're doing to address COVID-19 itself, which as you know is the best way to prevent more New Yorkers form suffering from Long COVID, you know, there is funding

for those COVID Centers of Excellence at Health + Hospitals, as I mentioned. I'll have to defer to them in terms of the specifics there, but that's what I would point to.

CHAIRPERSON MOYA: We got them coming up soon, Doctor, so we'll make sure that we'll hone in on that question with them as well. Look, I'm going to come down to like my last couple of questions here. It really deals with going back to the contracts. We had a little bit of a discussion in the previous hearing before. What are the current contracts that the Department has with CBOs that are doing outreach and education on COVID-19?

COMMISSIONER CHOKSHI: Yes, thank you so much. I'll start on this and then I'll turn to Doctor Easterling to say more on this point. So we've been working with, you know, a host of different community-based organizations over the entire pandemic, approximately 100, you know, in total through, you know, many different channels. T2, of course, has contracts with community-based organizations, but then we also had something called the Vaccine Equity Partner Engagement Project, which was more focused on the COVID-19 vaccination

campaign, and then Public Health Corps, you know, is another mechanism for us to be able to channel funding to CBOs as well. Public Health Corps, in particular, you know, is what we see as the final common pathway, you know, for a lot of this work, and we aim to build upon the foundation that was created during the pandemic to create, you know, a network that we can call upon both for continuing to address COVID-19 as we recover, you know, to support what we think of as a just recovery, but then to also address chronic diseases, mental health, substance use disorders and all of the other things that we know affect the health of New Yorkers. It's been about 125 million dollars in total that have flowed to community-based organizations, and we're very committed to that model, because quite frankly it works. We've seen how it worked during the vaccination campaign. It requires, you know, the humility for us to take a step back and channel our funding through the people who know their neighborhoods and their neighbors the best, and so that is something that I can confidently say that we are committed to. Doctor Easterling, is there anything that you wanted to add on that?

FIRST DEPUTY COMMISSIONER EASTERLING: Thank you so much, Commissioner, and thank you for the question, Chair Moya. You know, as the Commissioner had already mentioned, you know, a lot of this funding is braided, and so there's a set of funding through city tax levy dollars, also private dollars and federal dollars that are really supporting all the community-based organizations who have been critical to our response, not only in delivering and distributing testing, but also getting education and messaging out around our vaccines. A cadre of those community-based organizations, namely our test and trace community-based organizations, have been essential and actually started with us in the very beginning, actually June of 2020 and really instrumental and really helping to get this group launched to really support our response. Those groups of community-based organizations, we're working to extend their contracts, and happy to say that we'll be able to extend to the end of this fiscal year. We have been waiting for a decision from FEMA funding to make sure that that was possible. So I'm happy to share that we are able to

do that, and so we're prioritizing that mechanism to ensure that the work continues.

CHAIRPERSON MOYA: That's great to hear. I'm just like very concerned, given that as someone who was at the epicenter of this representing a large immigrant community, and we talked about this before in the other hearings about how difficult it was to get on the ground. We made significant in-roads now in communities of color and immigrant communities. We're-- like, we're seeing the vaccinations go high by partnering up with faith-based organizations, community-based organizations. You know, we know that this is never going to fully go away. You know, there could be another wave of variants that come. We don't know how that will be, but we want to be prepared, and I don't want to see those opportunities diminished within our community-based organizations. So are there any other plans or new opportunities for CBOs to contract with the Department moving forward.

COMMISSIONER CHOKSHI: Thank you for that question, and the answer is yes. You know, there are always emerging opportunities. You know, for example, the work that I described with the New Family Home Visiting Program is another one where

we'll be working very closely with a range of community-based organizations who have expertise in maternal and infant health. The Public Health Corps, you know, will be the umbrella for a lot of the work that we aim to do on chronic diseases and some of the more structural determinants of health in neighborhoods, and then, you know, we work with Community Board organizations on the mental health side of our portfolio as well. So, you know, there ae constantly opportunities that are emerging for us to be able to channel funds. Chair, I know you'll know, you know, in your role as Chair of the COVID-19 Subcommittee, 80 percent of our COVID funding was flowed through the Department to contracts, and you know, that just shows our commitment to having the resources actually get to the places where they can make a difference for the health of New Yorkers. We-- I think the mot emphatic that I could be about this is that we believe in place-based models of health. we've seen during the pandemic, but even before, that the way to reverse decades of disinvestment that have contributed to illness is to channel investment to the places where we actually need the folks who have

earned the trust of communities over decades to deliver services for their neighbors.

FIRST DEPUTY COMMISSIONER EASTERLING: Commissioner, if I may, just to add, Chair Moya. I think the other point that I would just mention, as we think about our investment in community-based organizations, and we are lifting up the work that we've done as an agency, but I think this has been an opportunity to see a whole government approach. And by that I mean, not just looking at the CBOs that are working with the Department of Health, but CBOs working with MOIA, with DFTA, with many other agencies who have been deployed to respond to COVID, and I think we've learned a lot during this pandemic that we can move forward even in the recovery phase. So we look forward to working with you and your colleagues to really think about how do we continue to keep that structure going.

CHAIRPERSON MOYA: And look, that's key, right. Because well, if it ramped up on the latter half of what we experienced with COVID in the beginning. We were caught with our guard down in not being able to access or penetrate these communities on educating them and getting them the information in

the proper language. You know, we've moved, you know, in such a significant way that's positive for our communities. I just don't want that to get lost as, you know, we start coming out of the pandemic here, because I think there will be still be opportunities to continue to talk about relative health issues that come with the-- with COVID and what the aftermath of that is. So, as I said, I was going to be brief. I want to give my colleagues the opportunity to ask questions and I know the public is there as well. Thank you so much, again, Commissioner for all that you've done. This has been a great opportunity for us to really have an open dialogue on issues that are concerning for our community, and again, I just want to say thank you for your service. Thank you to my colleagues for your patience as well. Turn it over to our Committee Counsel.

COMMITTEE COUNSEL: Thank you so much, Chair Moya, and we'll now turn to Council Member questions. I just want to remind Council Members that we are putting on a five-minute clock, and we are going to be very strict about the five-minute clock. If it works for you, I recommend asking all

of your questions up front, and then we'll give the Administration a chance to answer it all at once. If there's a need, we'll also come back for a second round of questions with a two-minute timer. So the order for questions that I have is Council Member Barron, Council Member Cabán, Council Member Narcisse, Council Member Bottcher, Council Member Hanif, Council Member Brewer, and Council Member Hudson. Council Member Barron, you can begin as soon as the Sergeant cues you.

SERGEANT AT ARMS: Your time will begin.

COUNCIL MEMBER BARRON: I just want to say this before I begin my time. For the Chairs, in all due fairness, all of you say that I want to be short so I can get to the Council Members and I can get to the community. It's been two hours of questioning from three Chairs, and that's not fair to the community, and we should all get five minutes or y'all just get 10 minutes, and then we could, you know, go ahead and hear from the community. You have access to these Commissioners, as we all do. So if I don't get all my questions answered, I can call up the Commissioner and he'll respond. But we've been two hours and 13 minutes and haven't heard from the

community, and now we're going to talk for five minutes each. I just think we need to change that method so that we can hear from the community and prioritize that, because we have access to the Chair. Commissioner, I just wanted to say-- I wanted to get some things cleared up. Was the money cut for mental health? Because I see that there says a decrease in mental health services money? While everybody, you know, says we got to prioritize mental health, and what is the real need, even if it's one piece that 660 million and then you said 480 million. What's the real need, because I'm certain that doesn't come near the need in mental health. And even on the state level, our [inaudible] was on a health committee there, and they shut down 200 beds in mental health with a 200 billion dollar budget. So, come one now, and don't be afraid to say, "Mayor, you didn't give us enough." Stop patting them on the back so much. You out of there any way. We can't mess with you, but you know, let's tell the truth. We're not getting enough for mental health, and it's a major, major issue, and we have to prioritize it. We need billions. We need much more than what's being put out there, but see everybody has to be careful

because of the politics of this stuff, but our people are dying, and I'm just hoping that we can do better there. That's number one. It's woefully inadequate, I'm certain. Number two, I was a member of the Black Panther Party, and we had community health clinics in 40 cities in the state. The Black Panther Party and the Young Lords, remember what they did at Lincoln Hospital and the detox center, and they cured a whole lot of people with no money, no money and being beaten by the system for doing it. So if the Black Panther Party can have in one of its 10-point programs free mental health and community mental health services, we talking billions here in the City and 400 or 600 million and we only got three or four. You mentioned three health community clinics and three areas that you want to open up and two more. Are you serious? Come on man. You know, we need to have 10, 20, so that there's less visits to the hospital. When I went to Cuba, they had an extremely good health service, and their goal was that people wouldn't have to go to the hospital, because they're going to take care of so much on a community health clinic level that it would avoid-- the only people that would go to the hospitals was those who were

emergency and really, really need it. So maybe we need to study Cuba's healthcare system if you haven't already. We need more community health clinics and we need more money for mental health. That is a major, major issue. And in some communities like mine, my beloved East New York, a lot of our healthcare services is being done by voluntary hospitals, you know, Brookdale and-- so they have family health clinic, and we have some urgent care stuff, but we need you, you know, to get more stuff out to add to the voluntary hospitals and what they're doing. I think we would be in much better shape. Health is at the top of my agenda, because even if you got PHD, if you ain't healthy you in trouble. Health education, love it, but an unhealthy educated person couldn't even enjoy their degrees or their education or the great job that you have. So health is number one for me, housing, education, but health number one, and this is woefully inadequate when we have the kind of money that's in this city. can you imagine that, Commissioner, 200 billion dollars on a state level, 100 billion dollars on a [inaudible], 300 billion in one state and look how

we're treating poor black and brown communities. It's a disgrace. It's a shame.

COMMISSIONER CHOKSHI: Well, thank you sir, for your comments, and Mr. Council Member, I'm pleased to be able to say that we are very much on the same side of this. You know, we-- this is the time for us to talk about massive investment in health. It's not about incremental steps, you know. If we haven't learned the lessons from the pandemic, then you know, we're doomed to repeat the cycles of suffering and tragedy that we have seen. So, I'm mostly echoing what you're pointing out. I do have to say that, you know, a lot of this is about marshaling federal and state funding, because the scale that we're talking about, the billions of dollars, that is far more likely to happen, you know, when you get the Federal Government and the stat involved. But it's one of the reasons that-- you know, that's not to sort of to cast it as someone else's responsibility--

COUNCIL MEMBER BARRON: [interposing] Right, you can't do that.

COMMISSIONER CHOKSHI: but it means that we have to do what we can, and Public Health Corps is

a great example. I think you'll agree. Public Health Corps is based on the models that we've seen around the world, not just in Cuba, in Costa Rico, in parts of Asia and Africa where community health workers and the primary chair are the backbone of the health system. It's not the fancy hospitals. It's about bread and butter, you know, care that we know makes a difference, and New York City started with that. The prior Mayor and the current Mayor have invested in that, but for us to get it to the scale that we need, we do need additional investment, you know, and make sure that it's adequate to the need that you're pointing out, and I think that that's absolutely true for mental health. you know, to respond to your specific quesiton, there are no significant cuts, you know, in the budget to mental health and we do have work to do in ensuring that we're using the resources wisely and directing it to where the need is the greatest, but-- we can all agree that, you know, more funding is necessary, and you know, as the Health Commissioner at least for a few more days, what I'll say is that this team and public health more generally, can make excellent use

of more resources to unlock opportunity for people to prevent suffering and to save lives.

COUNCIL MEMBER BARRON: Thank you.

COMMITTEE COUNSEL: Thank you very much, Council Member Barron. We'll next hear from Council Member Cabán followed by Narcisse, Bottcher, Hanif, Brewer, and Hudson. Council Member Cabán, you can begin when the Sergeant cues you.

SERGEANT AT ARMS: Your time will begin.

COUNCIL MEMBER CABÁN: Thank you. Thank you to the Chairs, the folks that are here testifying. I want to use my time to focus on two areas, specifically OPCs and then move into HIV/AIDS. I was glad to hear you bring up the OPCs in addition to providing safe sites for drug use but also overdose prevention, most of which they've actually reversed without using naloxone and have just reversed using oxygen because the intervention I so quick. So, incredibly life-saving services. In addition to that, obviously the cleaning up of paraphernalia on the streets, but then in addition they are wrap-around service providers. They offer physical and mental healthcare that teat the underlying pain and trauma that lead to chaotic drug

use. They are safe for [inaudible]. They do laundry. You can take showers. I had the privilege of visiting our OPCs, and so the questions related to this are, you know, what's New York's plan to expand the number of PCs, but beyond that, the two existing sites don't operate 24 hours a day. They want to. I believe that they should. You know, what are the conversations begin had on being able to do that. And then what's the total budget to support the program. Are you looking to explore other funding streams to support the program like federal or state grants?

COMMISSIONER CHOKSHI: Thank you so much, Council Member, and I'll be brief. But first I have to thank you for your support. These are vital, life-saving services. We're proud to have been the first place in the nation to advance them, and really so much credit as you saw with your own eyes to on-point to the provider who have stood them up. We do aim for this to be a broader model. Ultimately, we believe, you know, this should be scaled beyond the two overdose prevention centers that exist. We are actively working a number of other providers, you know, who have indicated their interest in integrating overdose prevention centers into their

existing facilities, and we have to do that in a way that is careful and methodical with respect to ensuring that the quality of services is, you know, is what's being provided through On Point right now. With respect to, you know, the funding, I do want to clarify that there's not-- year there's not a dedicated city funding for Overdose Prevention Centers. They're privately funded and they're operated by private providers, but we have a range of ways that we support those partners. For example, they operate syringe service programs which we do fund and offer resources for. We offer technical assistance, data support, and we're working with them, you know, to ensure that they have the resources that they need over time. So thank you again for your support, and we're patterns in expanding the need [sic].

COUNCIL MEMBER CABÁN: And if I may, those pieces that you mentioned, what is-- what's the dollar amount? What's the total budget to support this programming?

COMMISSIONER CHOKSHI: Thank you for the question. I don't have a specific dollar mount at this moment. That's something that we can follow up

on. Because so much of it has to do with the other harm reduction services that are being offered. So, you know, it's often flowing through the same provider, but we think about them as, you know, specific types of services that complement the Overdose Prevention Center services.

COUNCIL MEMBER CABÁN: Okay. I'd love to follow up on some more of the specifics, but I do wnt to hit the HIV/AIDs very briefly with my limited remaining time I know that the number of newly diagnosed cases in New York City was down 19 percent from 2019 and 76 percent since 2001. Obviously, there are still all these inequities. Of all cis gender and transgender women newly diagnosed with HIV in 2020, 92 percent were black and Latina, while men diagnosed with HIV in 2020, 59 percent were men who have sex with men or gay men. What-- how is the city contracting with CBOs who work directly with the populations of the highest risk? What programs exist that address the reduction in risk for HIV in these specific communities? And then also, the rates of cis-gender and heterosexual individuals with HIV are near equal to transgender or MSM [sic] individuals, men who have sex with men. Who has the authority to

change the antiquated restrictions on MSM individual hit [sic] with blood [sic]?

COMMISSIONER CHOKSHI: Thank you, Council Member, a series of really important questions. I'll start and I'll turn it to Doctor Quinn, our Deputy Commissioner for Disease Control to elaborate on any of them. But the starting point is that we are making progress with our end the epidemic goals as you've alluded to, but not enough with respect to the inequities that you have pointed out. And in fact, as I hope we continue to approach the last mile with respect to what we need to do in terms of HIV care. We have to actually pay more attention to this specific subpopulation where, you know, we need to use nontraditional approaches. We need to have the humility to partner with organizations that can reach the marginalized communities that you have pointed out. I'll let Doctor Quinn elaborate a little bit on that. The last thing I'll say, though, before then is that it's the FDA that has the authority with respect to the policy about men who have sex with men donating blood. I disagree with the current approach, as it sounds like you do as well, and we have you know, stated that explicitly and publicly to

the Food and Drug Administration and we welcome your, you know, your partnership and your advocacy to get that changed. The United Kingdom, as you may know, has changed their policy already, and our read of the scientific evidence-based is that, you know, this is something that we should be moving away from and instead using a more holistic risk-based approach. I'll turn it to Doctor Quinn to say a little bit more about our HIV work.

DEPUTY COMMISSIONER QUINN: Thank you so much, Commissioner, and thank you, Council Member, for raising this really important point. We certainly don't have time to go into all of the different ways that we partner with our community-based organizations in our End the Epidemic work. It is really important that we work with the specific communities that are most impacted and invite them into how we develop programming and how we work together to prevent and also make sure we have excellent care and treatment for people living with HIV. The only thing I also wanted to add is that throughout our COVID pandemic, a lot of the place-based work and the ways that we partnered with community-based organizations to address impact of

COVID have been from lessons learned throughout our approach to HIV and AIDS, and I think that's a really important point to share with our fellow colleagues that are working on this issue.

COUNCIL MEMBER CABÁN: Thank you.

COMMITTEE COUNSEL: Thank you very much, Council Member Cabán. We'll next hear from Council Member Narcisse, Bottcher Hanif, Brewer, and Hudson. Council Member Narcisse, you can begin as soon as you're unmuted and the Sergeant cues you.

SERGEANT AT ARMS: Your time will begin.

COUNCIL MEMBER NARCISSE: Thank you. First and foremost, I want to say thank you for everyone that contributed for this hearing today, all the Chairmen Moya and Linda, thank you, and I want to echo on Council Member Barron's stating about our health. As a nurse for 30 years, I will tell you without your health, you're nothing. And I'm looking forward where mental health will be the same like physical health, like for everyone to have it on a regular basis. So, take the stigma out and make it like a regular-- the same way we take advertisement for so many other things that we face, which is like COVID, we can do the same for mental health. Because

in our community we are suffering deeply, and the budget have allocated accordingly. So, that's what I'm looking forward. Before I get to my question area, it's about-- according to the randomized studies done by the NFB, they have seen 35 percent fewer cases of pregnancy induced hypertension, 18 percent fewer pre-term birth, and 79 percent reduction in pre-term delivery among women who smoke cigarettes. Coming to that bring me to what is the plan to expand NFB, being that it is an evidence-based program, and what studies have been done on the outcome of New Family Home Visits. And I'm coming back to the area, because I need some clarification in the FY23 Preliminary Budget. What is the baseline amount for Nurse Family Partnership, because we know it works [sic]. Thank you for your time. I won't take long.

COMMISSIONER CHOKSHI: Thank you so much, Council Member, and I really appreciate your calling attention to the extraordinarily strong evidence-base for Nurse Family Partnership and other nurse home visiting programs as you well know form your background. So, you know, we are investing in those programs for the reasons that you've described. They

also have an impact on the inequities that we care most deeply about, not just within families, you know, for mothers and children, but intergenerationally. It is one of these rare interventions that allows us to interrupt the intergenerational transmission of illness and inequity. This is why the FY 23 budget does include as a new need the 39 million dollars, you know, that's dedicated to New Family Home Visiting. That baseline with the expansion that was announced toward the end of last year, which allows us to reach 7,000 new families by June 30th of this year of 2022. We're focusing again, you know, with our place-based approach on our taskforce on racial inclusion and equity neighborhoods. It's already in 11 of those neighborhoods and the plan is to reach families in all 33 neighborhoods by the time that it's fully scaled up over the rest of this year. I know that you and the Council Member previously asked specifically for the Nurse Family Partnership breakout. Because as you're pointing out, it's only one component of our New Family Home Visiting program, and that's something that we'll be able to follow up on.

COMMITTEE COUNSEL: Council Member Narcisse, you're on mute, but you still have another minute. So go ahead.

COUNCIL MEMBER NARCISSE: I want to say congratulations. Wherever you go, you're going to land something big, and continue the work that you're doing. We appreciate your service to New York City. We appreciate you a lot. During COVID, you were there. The voice becomes very familiar. But as Council Member Barron said, as you're exiting the door, try to make the difference that need to be made in our community, especially a high-risk community like ours. People are suffering and we should not have these kind of disparities in a big city, that we talking about billions of dollars, and we have people that are suffering so much and I need it to be addressed. So thank you so much for your time.

COMMISSIONER CHOKSHI: Thank you for, you know, your sincerity in saying that, and I feel it deeply, and I wholeheartedly agree with you and we'll do everything that I can. Allow me to just acknowledge, you know, although you're used to my face and my voice, it's really my team members, you know, who are here with me this afternoon who have

been doing this herculean work over the past two years, and it gives me great confidence under doctor Vasan going forward, that they will continue to move mountains on behalf of the people that we're serving.

SERGEANT AT ARMS: Time's expired.

COMMITTEE COUNSEL: Thank you so much, Council Member Narcisse. We will next hear from Council Member Bottcher followed by [inaudible] and Hudson. Council Member Bottcher, you can begin as soon as you're cued.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER BOTTCHER: Hi Commissioner.

COMMISSIONER CHOKSHI: Council Member.

COUNCIL MEMBER BOTTCHER: My question is about the Clubhouse Model. Funding in this budget for expansion of the Clubhouse Model for people experiencing mental illness. the Clubhouse Model being community centers for people with mental illness to find friendship, employment, housing, education, access to medical and psychiatric services. In a press release that Mayor de Blasio put out last spring, he pledge to expand clubhouse membership by 25 percent by the end of last year.

Did that happen? Yes, or no. And what funds are in this proposed budget to further expand Clubhouse capacity?

COMMISSIONER CHOKSHI: Thank you, Council Member. This is a really important question. I'll ask Doctor McRae and then Doctor Vasan to speak to this. It's a model that we deeply believe in. As you mentioned, you know, there was an investment made last year to expand the number of people served. I'm not certain at my fingertips about the specific numbers in terms of people served, so I'll see if Doctor McRae can speak to that. And then Doctor Vasan, as you probably know, led Fountain House which is a global pioneer, and so I'd like for him to of course say a bit more about the importance of the model to the approach going forward.

COUNCIL MEMBER BOTTCHER: I do only have a few minutes, so thank you, thank you.

COMMISSIONER CHOKSHI: If we can unmute Doctor McRae and Doctor Vasan?

EXECUTIVE DEPUTY COMMISSIONER MCRAE: So, yes, I just want to kind of reiterate our support for this model. We think it's a very important way to kind of serve individuals with severe mental illness

in terms of giving them the meaningful activities. We are well underway to achieving our 25 percent growth target for the fiscal year, and membership actually grew 17 percent over the first six months of Fiscal Year 22 to a little over 4,000 people as of December 31st of last year. So that's just a little bit of kind of [inaudible] data. Then I'll pass it to Doctor Vasan to kind of talk more eloquently about all the different facets of it.

DOCTOR VASAN: Thanks, Doctor McRae, and I'll be brief. Thank you for the question, Council Member. I'm obviously quite mindful of my position now and the position I just held some weeks ago, a couple of months ago. But I think just stepping back from that, this is truly a wonderful and underinvested in model that has the potential to provide critical social infrastructure to break debilitating social and economic isolation for people most impacted by chronic mental illness, severe mental illness, and the outcomes are very clear. It reduces hospitalizations. It reduces touch-points with the criminal legal system. It reduces homelessness. In addition to all of the positive effects on increasing rates of employment and

attainment of educational goals. So in every respect it's a public health intervention. Let alone from-- as we discussed earlier, the notion of investing in community-based psycho/social rehabilitation as a preventative for mental health crisis. So you'll be aware. The Council Member will be aware that most of this funding for clubhouse programs comes via our state mental health block grant allocation. Historically, that's where we've gotten most of the money. And so we will very much be prioritizing those conversations with the state, their investment into psycho/social rehabilitation and clubhouse specifically is mandatory. We cannot get through this without it.

COUNCIL MEMBER BOTTCHER: Thank you very much. Could you tell me in this proposed budget, is funding for clubhouses, is it increased, decreased, or does it stay flat.

COMMISSIONER CHOKSHI: Thank you, Council Member. My understanding is that it is sustained. So the expansion that was announced last year is sustained.

COUNCIL MEMBER BOTTCHER: I would very much like to work with you in getting more funding

from the state. I've called for the creation of 10 new clubhouses across the five boroughs, and I'd also like to stay in touch about achieving that 25 percent goal that was supposed to have been reached by the end of last year. I heard we're 17 percent towards 25 percent, if I heard correctly. I very much would like to work with you on that. Thank you very much. And thank you, Commissioner Chokshi for your service.

COMMISSIONER CHOKSHI: Thank you so much.

COMMITTEE COUNSEL: Thank you very much, Council Member Bottcher. We will next hear from Council Member Hanif followed by Brewer and Hudson. Council Member Hanif, you can begin as soon as you're cued.

COUNCIL MEMBER HANIF: Thank you so much.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER HANIF: Good afternoon. So I'll just start with questions. I have several, but I want to go one at a time. Could you share any metric regarding whether efforts at increasing immigrant New Yorkers' participation in mental health services have been effective, and what new investments does this budget make in language-

accessible mental health services, particularly long-term services?

COMMISSIONER CHOKSHI: Thank you very much, Council Member, for these important questions. On the first one, I'll see if Doctor McRae has any specifics on this. I do know that we're able to track some of the, you know, language metrics related to NYC Well, and that has been a focus of ours in terms of ensuring that we are both communicating about NYC Well in a multitude of languages. We always publish all of our materials in at least 13 languages and often in 25 of the most commonly spoken languages across New York City. So that's oen area where we may have, you know, some specific information. So let me turn it to Doctor McRae.

EXECUTIVE DEPUTY COMMISSIONER MCRAE: I think you covered that pretty well, Doctor Chokshi. I would just add that, you know, we are kind of actively always working with CBOs, partnering with CBOs to expand our kind of reach, including to immigrant, you know, populations.

COUNCIL MEMBER HANIF: But is there any annual report or an assessment or an evaluation?

COMMISSIONER CHOKSHI: Council Member, there's not a specific report along the lines of what you're asking about, at least to my knowledge, but you know, there are a number of different ways that we do track language accessibility and how often, you know, certain channels are being used. So, there is some data that we can-- you know, we can gather and communicate to you.

COUNCIL MEMBER HANIF: I'd love that. And given that there's no reporting yet, I'd also love to see in the future a reporting aspect to this work to ensure that our immigrant New Yorkers are served across mental health services. Another question I have is, you know, I'm deeply disturbed by the continued high rates of maternal mortality, especially among black women. What funding is DOHMH dedicating to improving access to birthing centers, and doula and midwife services?

COMMISSIONER CHOKSHI: Thank you for calling attention to this, and we are also deeply concerned about this. These are unacceptable inequities for mothers across New York City, particularly black mothers across the City. You know, the major investment that I can point to is the

New Family Home Visiting Program, which as mentioned, is a 39-million dollar investment. The vast majority of it, you know, is new needs funded for FY23. I just want to highlight a couple of elements about this. You know, many of the services are post-natal. Once, year birth has occurred to support a new family, hence the name, new mothers both in terms of mental health as well as physical health, but there's also a pre-natal component that will be elaborated on over time, which is particularly important to get to maternal morbidity and mortality. Doula services are, you know, a good example of that, an evidence-based approach, as you know, that will make a difference as we continue to scale it up, as well as other ways to ensure that mothers are receiving the prenatal care that they need.

COUNCIL MEMBER HANIF: Thank you. And then what has DOHMH done to ensure New Yorkers are going to reputable COVID testing sites and exploitative private testers, which I've seen in my district, that have wrongfully billed clients and failed to follow through on promise [sic] test for return time?

COMMISSIONER CHOKSHI: Yes. Thank you, Council Member. I've heard about this problem, you know, across the City, and the major thing that we have done is to make it as clear and ubiquitous as possible which testing sites to go to. Particularly, the City testing sites which are not just free and widely accessible, but often have a faster turnaround time, you know, with respect to results, and of course, are reputable. You know, you can trust the results when they are returned to you. For those other testing sites that you're mentioning, those are not directly under the purview of the Health Department, the City Health Department, you know, because they're regulated by the state, but you know, our responsibility is to New Yorkers, and so if there are specific examples that you have, we have worked with elected officials to bring them to the attention of our state colleagues, and make sure that action is taken when warranted.

SERGEANT AT ARMS: Time expired.

COUNCIL MEMBER HANIF: Thank you so much.

COMMITTEE COUNSEL: Thank you very much, Council Member Hanif. We'll next hear from Council Member Brewer, followed by Council Member Hudson, and

Council Member Brewer, as soon as you're unmuted and the host calls you, you can go.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER BREWER: Thank you very much, and Commissioner I want to also thank you, but also Chelsea Sipriani [sp?] has been our go-to person during the entire pandemic, and we thank her. Four quick questions. Attorney General James sued the Sackler [sp?] family and came up with I think for the City, 276 million dollars for opioid, etcetera. So, something about a taskforce. Where is that money? I bugged de Blasio about it, and now I'm asking you. Where's our money, and what can we use it for, number one. Number two, you know I have a lot of friends who work for city government, and they're moles. They don't tell you their names, and they're very upset about the relationship on lead [sic] between the City, HPD, and DOH. Now, in your report that we got from the wonderful staff, lead is up in kids, and I think it's actually in private homes even more than NYCHA. So, I want to understand. There's a disconnect between HPD and DOH on lead, and I know that for a fact, because my moles are telling me. Number three, although we've talked about school-

based-- I spent my whole life fighting for school-base and social workers. I know that-- I don't want to belabor it, but just to give us another quick sense of we have to do better on school base. Sometimes you can't get reimbursed. The peer to peer doesn't get reimbursed. The hospitals don't want to do it. So what's the game plan? And then finally, these animals, everybody hates-- I like ACC, but for God's sake, I have like hundreds of calls from these people. So how can we do better on the animal issues? Maybe with the Animal Control Center-- I know Risa does the best she can, but it's not number one on anybody's list, but it is on my call list. I want to know what we can do better on ACC. So those are my four quick questions. But Chelsea is a rock star.

COMMISSIONER CHOKSHI: Well, we agree wholeheartedly on that one, Council Member. Chelsea is a complete asset, not just to the Health Department, but to the City as a whole. So thank you so much for calling that out, and she's emblematic of so many superstars that cross DOHMH whose names you may not know, but who--

COUNCIL MEMBER BREWER: [interposing] I know them. I know them. Believe me, I know them.

COMMISSIONER CHOKSHI: You probably don't know all of them, though, Council Member. Even you, even you.

COUNCIL MEMBER BREWER: [interposing] [inaudible].

COMMISSIONER CHOKSHI: And so allow me to pay homage to them as well, because--

COUNCIL MEMBER BREWER: [interposing] Okay, I agree.

COMMISSIONER CHOKSHI: Yeah, because they've done such amazing and extraordinary work. Four very salient questions as usual. Thank you. you know, look, what I'll say is on the school social workers, we agree there are, you know, reimbursement challenges there that are state and federal which we should be partners on with respect to advocacy, but it's an issue that we can agree is a really important one to make sure that there's a sustainable funding stream for, again, the scale that's required to address it. On lead and ACC, I'm going to ask my Deputy Commissioner Schiff to speak briefly to them. From my perspective, we've had a good relationship

with HPD, and we've made strides with respect to, you know, redressing the issues of lead in homes that we care so much about. And then on the opioid settlement money, my understanding is that there are still some outstanding decisions to be made at the state level, you know, for those allocations, but I'll see if Mr. Jarrah has anything to say on that one. So, I'll just briefly turn it over to Deputy Commissioner Schiff, and then CFO Jarrah.

DEPUTY COMMISSIONER SCHIFF: Good afternoon, Council Member. Thank you so much for raising lead. As you know, the Health Department has long been in the forefront in addressing elevating blood lead levels in children, and we continue to see those levels decline for children in New York City. Some of what you might be seeing for recent data has to do with healthcare utilization, and we've talked a little bit at this hearing already about changes in utilization and changes in families seeking routine care, and so that means that the families that did seek care were children at higher risk or children who had been already being treated for elevated blood lead levels. So there's a-- we really ask for you to interpret this data with caution, and we'd be happy

to follow up with more details to go over that with you. Your moles have not been in touch with me, so I'm not sure [inaudible] would be a very longstanding and excellent close relationships with HPD. As you know, the City's robust laws addressing lead paint hazards in homes set out a scheme that has the Health Department and HPD working closely to do hand-offs as needed when a landlord doesn't make the repairs. So, if-- to the extent you can give us more details about those, I would like to follow up, because I would like to close off any gaps that you may be hearing about. With respect to ACC, we know that New York City has a wonderful active animal welfare community that supports animals in New York City, and it's part of our responsibility to take care of those animals that come into our shelter system. You know that ACC has made extraordinary strides over the last decade or so, and we'd be happy to follow up with you about particular things. You noted-- you called out Risa Weinstock who's our Executive Director of Animal Care Centers, who is really terrific, and I know she's anxious to meet with new Council Members and introduce all of you to the care centers.

COUNCIL MEMBER BREWER: [inaudible] You know, there--

SERGEANT AT ARMS: [interposing] Time expired.

COUNCIL MEMBER BREWER: Okay, thank you. I'll do follow-up.

COMMISSIONER CHOKSHI: I'm also happy to answer your question, Council Member, about the opioid settlement. So, we are working closely with the Law Department and OMB to track the various settlements. You'll be happy to know New York City was a strong advocate to have funding directly flow to the City [inaudible] through the state, which was excellent. So there are five to six various settlements. Right now, there's a process where we're working with the Law Department and the various law firms that are working on this to identify sort of what are the specific allowable expenses and what are the amounts. So, that's an active conversation and we'd be happy to keep you informed.

COUNCIL MEMBER BREWER: Thank you.

COMMITTEE COUNSEL: Thank you very much, Council Member Brewer, and we'll next hear from Council Member Hudson, after which we will turn very

briefly back to Chair Lee for a second round of questions. And just a reminder, if there's any follow up questions from the Council Members, please use the Zoom raise hand function. We are keeping the clock to two minutes, and it is going to be a tight two minutes. So, Council Member Hudson, you can go ahead as soon as you're ready.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER HUDSON: Thank you so much, and good afternoon, Chairs and Commissioner and Assistant Commissioners, and everyone. First, I guess I'll say I appreciate Council Member Hanif's questions around black mortality, and just wanted to follow up. I don't think I caught this if you did mention it. But can you just talk a little bit about as far as the budget is concerned, a lot of the programs and services you mentioned addressing the black maternal mortality rates, can you just talk about what type of investments we're making in the budget?

COMMISSIONER CHOKSHI: Certainly, Council Member. For FY23 there are three areas that I'll highlight that address both maternal mortality and morbidity. The first is the New Family Home Visiting

Program which I've spoken about a bit. For FY23, that's 39.1 million dollars. The second area is some more specific programs, particularly with our healthcare partners like the Maternal Mortality and Morbidity Review Committee-- excuse me-- the Maternal Hospital Quality Improvement Network, and others, and all of those together are funded at about 9.1 million dollars, and then doulas, which we've also spoken about a bit, is funded at 5.4 million dollars for FY23. So those are the specific investments that I would call out.

COUNCIL MEMBER HUDSON: Okay, thank you so much for that. And then what programs did the Department have to ensure cultural-- or the agency, excuse me-- have to ensure cultural competency and how are they funded in the budget?

COMMISSIONER CHOKSHI: Yes, thank you so much. I would elaborate on some of the programs that I mentioned that are under that umbrella of maternal mortality reduction, specifically the work that we're doing with MHQIN. This is the Quality Improvement Network, a lot of which is partnering with healthcare systems to ensure cultural competency in the way that you're describing. Part of that involves a promotion

of what are called the New York City Standards for Respectful Care at Birth, which of course also requires cultural humility, you know, to be able to achieve that degree of respect. And then there are cultural competency modules in training for the direct services that we off, whether it's doula services or the home visiting services or other nurse services. So it's embedded and we aim to infuse it, you know, across those direct service delivery platforms as well.

COUNCIL MEMBER HUDSON: Okay, thank you. And does H+H have best practices for preventive care for patients from vulnerable populations for chronic illnesses they face or may face?

COMMISSIONER CHOKSHI: The short answer is yes, they do, but I'll have to defer to Health + Hospitals to speak more about that.

COUNCIL MEMBER HUDSON: Okay, that's it for me. Thank you so much.

COMMISSIONER CHOKSHI: Thank you.

COMMITTEE COUNSEL: Thank you very much, Council Member Hudson. And we'll now briefly turn back to Chair Lee, and I see that we have two hands up for follow up questions afterwards from Council

Member Bottcher and Council Member Hanif. Though, Chair Lee, you can go as soon as you're ready.

CHAIRPERSON LEE: Yeah, I actually just wanted to ask this question on behalf of one of my former nonprofit CBO colleagues that are doing the work on the ground, because I see that they're on here, and I just want to make sure I ask this question in front of the Commissioner and Administration so that they can hear your responses as well. But you know, as you know there's not enough licensed mental health professionals that speak-- that are bilingual that speak multiple different languages. There's just not enough workforce out there to begin with, and so how is DOHMH and other city agencies that are on there providing or prioritizing the importance of non-traditional mental health approaches, which I think some folks have brought up like the CHW's, Peer to Peer, Family to Family? How are we prioritizing hiring perhaps the additional costs of these mental health professionals in the RFP process specifically, because so often times we're the subcontractors, we're not the main contractors? And so I just wanted to see how that was being prioritized with the City.

COMMISSIONER CHOKSHI: Thanks, Chair. That's a really thoughtful question. It's the intersection of how our governmental processes work with our accountability for, you know, service delivery, which of course is often through the providers and organizations that you've mentioned. You know, I'll speak briefly to this and I'll turn it to Doctor Mc Rae if he has more to add about it. But what I will say is that, you know, with-- this is a, of course, a broader issue and we have to acknowledge that there are not enough bilingual professionals of multiple different stripes, but it's particularly acute in the mental health sphere. That's not something that we're going to be able to solve on our own or in a short term timeframe, but what I do see as our responsibility is to invest, you know, where they do exist and ensuring that those are, you know, part of the approach that's used for our mental health hygiene programs, you know, specific to peer support and community health workers, in particular. And you know, the starting point is that we just believe very strongly in those models with respect to service delivery and mental health, whether it's overdose prevention or the work that we're doing on

serious mental illness. Peers are vitally important, you know, for us to be able to do that. And just by virtue of drawing from, you know, the communities that we're serving, we do attempt to enrich for people who are culturally competent and bilingual where that matters as it does so often across New York City. The same is true for community health workers, and this is, you know, rigorously incorporated into our recruitment processes across multiple programs, and therefore, you know, into the contracting processes as well. So that's the vantage point that I have on it. As I turn it to Doctor McRae, the other thing that I'll say is we are very open again to feedback on how we can better incorporate this into our contracting processes. We know that, you know, sometimes the way in which the contracts themselves have to be written and elaborated means that it doesn't quite come across in the way that is intended, and we very much welcome feedback to make it even stronger than it is. Doctor McRae, anything that you wanted to add on that?

EXECUTIVE DEPUTY COMMISSIONER MCRAE: Again, Commissioner, you said it great. I think it's a-- add a little bit more, I think just a belly

[sic]. We do really value having a workforce that looks like folks they are serving. So, and like Doctor Chokshi discussed, the peers are very important to us in our division and our work. I think I would just double down on saying that we really do value opportunities to include peers, to have culturally competent individuals who are providing the services in a trauma-informed way. So all of our work is really-- has an eye towards equity, certain people of color who may be marginalized kind of in accessing services over time.

CHAIRPERSON LEE: Thank you.

COMMITTEE COUNSEL: Thank you, Chair Lee. And we will very quickly do a second round now for two minutes on the clock. Council Member Bottcher followed by Council Member Hanif. Council Member Bottcher, you can begin when you're ready.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER BOTTCHER: Commissioner, how many people in New York City are suffering from severe mental illness?

COMMISSIONER CHOKSHI: Thanks Council Member. That's an important question, and actually a hard one to wrap our arms around because of the way

in which it was captured. I believe it's, you know, it's at least several hundred thousand, but I don't have a specific number at my fingertips. I'll see if Doctor McRae knows better than I do.

COUNCIL MEMBER BOTTCHER: And what is the capacity, the current capacity of the clubhouse systems in New York City? How many members do the clubhouses have in total for all five boroughs?

COMMISSIONER CHOKSHI: Yeah, thank you. I think I'm getting the thrust of your questions, and it is certainly a much smaller number than that. I believe the goal, you know, with respect to where we aim to get in terms of that 25 percent expansion, was on the order of 10,000. But gain, I'll see if Doctor McRae has those numbers at his fingertips.

EXECUTIVE DEPUTY COMMISSIONER MCRAE: I'll have to get back to you on those numbers. I don't have those numbers at my fingertips at this time. I apologize.

COUNCIL MEMBER BOTTCHER: As I'm looking here, I see the goal was 3,750. Do you think that there should be more money allocated in this budget to help us increase the membership?

COMMISSIONER CHOKSHI: Yes, thanks, Council Member. You know, as we've spoken about earlier in the hearing, we can certainly benefit from more resources for the multitude of different evidence-based interventions for people with serious mental illness. That encompasses the Clubhouse Model, which is particularly important for the reasons that Doctor Vasan and you have spoken about earlier. But you know, from the earlier questions and answers, this is really about, you know, large scale funding across city, state, and federal governments to be able to match it to the degree of need that we're seeing. Thank you.

SERGEANT AT ARMS: Time expired.

COMMITTEE COUNSEL: Thank you very much, Council Member Bottcher. We'll now hear from Council Member Hanif, and you can begin as soon as you're cued.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER HANIF: Thank you so much. So the Mayoral Administration's Blueprint to End Gun Violence, I oppose many aspects of it, but one aspect of the plan that I think is a positive development, is the Mayor's call for DOHMH to expand the hospital-

based Violence Intervention Programs to 10 additional hospitals in the communities experiencing high rates of gun violence. These programs send violence interruption services directly for the victims of shootings at the hospital and have been shown to reduce retaliatory shootings. However, funding is not included in the Preliminary Budget for this expansion. Could you explain why?

COMMISSIONER CHOKSHI: Yes, thank you so much, Council Member. I'll just clarify the expansion that was announced by the Mayor got us to a total of 10 hospitals participating in the program. We're currently at four hospitals. Doctor Easterling mentioned earlier Harlem, Kings County, Lincoln, and Richmond University Medical Center, and we're expanding to six additional programs. It is funded at a level of 1.3 million dollars for FY23, and that funding amount we believe will be sufficient for the expansion.

COUNCIL MEMBER HANIF: Got it. Thank you.

COMMITTEE COUNSEL: Thank you very much, Council Member Hanif. Seeing no more Council Member questions, we are going to turn to Chair Schulman

first for closing remarks, followed by Chair Lee for closing remarks. Chair Schulman, you can begin when you're ready.

CHAIRPERSON SCHULMAN: Thank you. I want to thank the Administration. I want to thank, again, Commissioner Chokshi. I wish you well. Thank you for answering the questions today, bringing your staff. I'm hoping that we can get the information that we asked for that we didn't get answers to today. I want to keep this very brief, because as having been a member of the public many times in front of the City Council, I know we have people waiting to testify, so I want to be cognizant of that. And I also want to thank my colleagues for the excellent, excellent questions that they all asked, and I look forward to the next round in the budget process. So thank you.

COMMITTEE COUNSEL: Thank you, Chair Schulman, and Chair Lee, you can give brief closings when you're ready.

CHAIRPERSON LEE: Sure. No, I just want to say thank you so much again, also to Doctor Chokshi for all of your time at-- not an easy time to be in the position that you're in and you've done

such a wonderful job, so thank you. And I look forward to hearing all the community partners and their testimonies and creative ways [inaudible] to address this issue.

COMMITTEE COUNSEL: Thank you so much, Chair Lee, and thank you to everyone at DOHMH who is here for this panel. Our next panel is going to be the Office of the Chief Medical Examiner, OCME. We are going to take a very brief break, because I'm sure people could use a stretch. So, Sergeants, can we please put five minutes on the clock, and then we'll come back for the next round of the Administration. And everyone from the public, we see you here. We thank you so much for your patience, and again, I promise we will get to every single one of you when we return. Thank you.

[break]

COMMITTEE COUNSEL: Okay, folks can start coming back in their cameras. We'll start again in just one minute. Okay, welcome back everyone to round two of this hearing. We are now going to be hearing from the Office of the Chief Medical Examiner, OCME, in the same format as last time. We'll hear from Chair Schulman who's going to give a

brief opening, and then we will turn to OCME and I'll deliver the oath after Chair Schulman's opening. So, Chair Schulman, you can go as soon as you're ready.

CHAIRPERSON SCHULMAN: Good afternoon. I am Council Member Lynn Schulman, Chair of the Committee on Health. During this portion of today's hearing we will review the New York City Office of the Chief Medical Examiner's 89.1 million dollar Fiscal 2023 Operating Budget. I'd like to thank everyone that has joined us today. I want to thank OCME for the major and often underappreciated and under-recognized role they have played in handling the COVID-19 pandemic. OCME staff have been working nonstop for the past two years to handle an unprecedented amount of work, caring for those who have died due to COVID-19 and communicating with their families and loved ones, all while continuing their day-to-day responsibilities. While the Omicron surge is still fresh in our minds, we must also recognize that OCME also played a key role in response to Hurricane Ida. In addition, OCME continues to support the criminal justice system through DNA and toxicology testing. I look forward to hearing from the Acting Chief Medical Examiner, Jason

Graham, on how OCME has adapted over the past two years and the lessons learned for the future. I want to thank the Administration who are here today, and I look forward to our discussion. I also want to thank our Counsel Committee Staff, Senior Counsel Sara Liss and Harbani Ahuja, Senior Policy Analyst Em Balkan, and Finance Analyst Lauren Hunt for making this hearing possible. I also want to thank my Chief of Staff, Facia Class. Thank you, and I look forward to hearing today's testimony. I will now turn it over to our Committee Counsel, Sara Liss, who will review some procedural matters.

COMMITTEE COUNSEL: Thank you very much, Chair Schulman, and I'm going to administer the oath, but just before I do, a quick reminder to Council Members again, that if you have any questions please use the Zoom raise hand function, and we will call on you in order. So, I'll now administer the oath and then call on members of the Administration one at a time and that will include Doctor Jason Graham, Acting Chief Medical Examiner, Dina Maniotis, Executive Deputy Commissioner, and Doctor Michele Slone, Acting First Deputy Chief Medical Examiner. Do you affirm to tell the truth, the whole truth and

nothing but the truth before this committee and to respond honestly to Council Member questions? Doctor Graham?

CHIEF MEDICAL EXAMINER GRAHAM: Yes, I do.

COMMITTEE COUNSEL: Deputy Commissioner Maniotis?

EXECUTIVE DEPUTY COMMISSIONER MANIOTIS: Yes, I do.

COMMITTEE COUNSEL: Doctor Slone?

FIRST DEPUTY CHIEF SLONE: Yes, I do.

COMMITTEE COUNSEL: Perfect. Thank you all so much. Doctor Graham, you can begin when you're ready.

CHIEF MEDICAL EXAMINER GRAHAM: Thank you, and good afternoon Chair Schulman, Chair Lee, members of the Committee on Health and the Committee on Mental Health, Disabilities and Addiction. Thank you for the opportunity to testify here today. we at the Office of Chief Medical Examiner value your leadership and thank the City Council for its support of our vision to serve the people of New York City during their times of most profound need. I'm Doctor Jason Graham. I'm the Acting Chief Medical Examiner

for New York City, and I embrace my charge to protect the public health and to serve the Criminal Justice System through forensic science. Attending with me today are Dina Maniotis, the Executive Deputy Commissioner, and Doctor Michele Slone, our Acting First Deputy Chief Medical Examiner. Like my predecessors before me, I recognize the responsibility of my office to preserve a Medical Examiner's Office that is independent, impartial, immune from undue influence and as accurate as humanly possible, qualities that New York City has long valued. The Office of Chief Medical Examiner, or OCME, sits at the crossroads between public health and public safety, and we serve the people of New York City through primarily four operational areas. First, our Forensic Medical Examiner function, responsible for investigating all sudden and unexpected or violent deaths that occur in New York City. This includes performing autopsies, determining the cause and manner of death, and issuing death certificates in Medical Examiner cases. Supporting our Medical Examiners and the criminal justice system more broadly is the OCME Laboratory function involving our five forensic laboratories,

which I'll revisit momentarily. Thirdly, the OCME serves as the City's mortuary, caring for individuals who may have died with no family or no one capable of making final arrangements. These decedents who remain unclaimed are taken into our custody and ultimately provided a burial if needed. And then finally, the OCME has an emergency response role as the lead agency in Managing mass fatality incidents occurring in the City, and as Chair Schulman mentioned, it's been this role which has dominated our efforts over the past two years in helping the City get through the COVID pandemic, which is the largest mass fatality event in modern US history. While our city's been carefully returning to normal, the OCME remains engaged in the pandemic response as we manage the dead with the respect and dignity that they deserve and in the service of our fellow New Yorkers. And I want to take this opportunity to publicly recognize the service that our OCME team has provided, their contributions. The entire agency continues to work incredibly hard to support New Yorkers, and I am humbled and grateful for their dedication, inventiveness, and perseverance. The OCME's rapid and comprehensive fatality management

response to the pandemic emergency was made possible by more than a decade of extensive pandemic planning and preparedness. This work enabled the agency to quickly operationalize planning into active response while concurrently surging our cadre of renowned forensic scientists into pandemic field operations. As the pandemic waned last year, the Administration directed the OCME to demobilize and deconstruct the long-term storage disaster morgue facility at the South Brooklyn Marine Terminal, and that was accomplished by the target date of September 30th, 2021. The facility at that point had been operational for nearly 500 days in total. This past December 2021, the emergence of the Omicron variant spurred OCME to quickly augment its fixed facility mortuary capacity to provide support to local hospitals to decompress their limited morgue spaces and to handle the increased numbers of deaths in the City overall. Additionally, we amplified our capacity in case intake, recovery teams, forensic investigations, and outreach by reassigning our agency physicians and scientists into auxiliary field operations, and by integrating approximately 140 National Guard units into our field operations to

meet the increased demands of the increased number of deaths. Our laboratories have also been returning to normal operations. The forensic toxicology laboratory has made excellent progress in reducing its turnaround time to complete cases and issue reports which had been elevated due mainly to the COVID pandemic and its impacts which required that we temporarily suspend our labs for Mid-March of 2020 until June of 2020. Aside from working on the very highest priority urgent cases, our laboratory scientists had to be rapidly redeployed to pandemic forensic operations ranging from disaster morgue functions to medical legal death investigations. OCME criminalists were needed for these roles as this forensic expertise rarely exists from outside sources during normal times, even less so during the pandemic where New York City was the epicenter of COVID in the US. At the same time, drug-related deaths have significantly increased within New York with our city recording the highest-ever number of accidental drug overdose deaths between 2020 and 2021 as Commissioner Chokshi testified. More than 1,100 post-mortem cases were submitted to the toxicology laboratory in 2021 representing a 22 percent increase which could

certainly impact turnaround times in the next Mayor's Management Report for 2022. The forensic toxicology laboratory, therefore, is developing strategies to quickly address over the next six months consequences of this significantly increase caseload. Our Forensic Biology laboratory has also made great progress with a 40 percent improvement in turnaround time to complete all DNA cases, and specifically a 20 percent improvement for homicide cases and 10 percent improvement for sexual assault cases, all better than target limits set out in the Preliminary Mayor's Management Report for median turnaround times. The improved turnaround time was achieved despite an overall 6.9 percent increase in cases submitted by the criminal justice system compared with the previous year, each case with numerous samples to be analyzed and reports to be generated. The laboratory completed a total of 13,882 cases in the year 2021. By the end of Fiscal 2022, we anticipate a temporary increase in our turnaround times as we're implementing several new mandatory DNA technology upgrades, which invariably slows case work while we conduct required training of all of our laboratory scientists. I want to turn now to molecular

genetics. While supported by a national institute of justice research and development grant, our exemplary molecular laboratory, the only one of its kind within a Medical Examiner's Office in the country, tested a large number of previously unresolved cases using the latest technology and identified genetic causes of death for numerous decedents who had died suddenly and unexpectedly. Testing results not only impact death certificates, but also alert these families, the surviving family members to receive appropriate clinical care to hopefully prevent additional premature deaths in their family. Furthermore, 2021 marks the laboratory's 10th continuous year of accreditation from the College of American Pathologists the Laboratory Accreditation program, which is recognized by the US government as a leading program for its stringent criteria to ensure the highest standards of care. In our Medical Examiners, there are roughly 500 Board Certified Forensic Pathologists practicing in all of the United States, which is a crisis level shortage. Thirty-five of those 500 are here at the New York City Office of Chief Medical Examiner. The OCME has developed a renowned forensic pathology medical fellowship

training program which is also a tool for developing new Medical Examiners for our city. Through this program we've trained over 100 Forensic Pathologists over the past 30 years. We've hired almost all of our current Medical Examiner staff from these graduates, and we've also helped train 25 pathologists who have gone on to become Chief Medical Examiners in cities across the country. I want to now turn to the Preliminary Budget. The New York City OCME has approximately 759 employees and an operating budget of 121 million dollars of which 91 million is City Tax Levy. The OCME was not subject to the program to eliminate the gap in recognition of our critical role for the City, including the fight against the COVID pandemic. We continue to work with our Administration to secure the resources to help New York City families through the most difficult times in their lives while continuing to effectively serve criminal justice and protect public health through forensic science and medicine. Thank you very much, and I'm happy to answer your questions.

COMMITTEE COUNSEL: Thank you so much, Doctor Graham. We'll now hear from Chair Lee. Oh, sorry, from Chair Schulman. Sorry about that.

CHAIRPERSON SCHULMAN: Thank you. I also-- I want to acknowledge that Council Member Williams has joined us. So, Doctor Graham, I want to let you know that I actually sadly had to work with the Medical Examiner's Office a few years ago. My life partner passed away suddenly unexpectedly because of her age and different circumstances. She was a candidate for autopsy, which we did. There was genetic testing done as well, and I just want to say how wonderful the staff was and during that difficult time, and you know, you guys, I don't know how you do it, but it's-- you know, and this is pre-COVID. And I know you have-- the staff you have, the one question I want to ask, do you have enough staff given the COVID-19 issue as well as the discovery reform? Do you have enough staff? Do you need more staff? If so, how many more staff do you think that you need?

CHIEF MEDICAL EXAMINER GRAHAM: Thank you, Chair Schulman, and condolences to you again. With respect to your question, I think that yes, we have enough staff. We are working to backfill many of our positions. That is ongoing, and we're very actively engaged in filling our vacancies. We're

also working with our Deputy Mayor and the team to strategize on what resources we may need going forward in anticipation of possible additional waves of future Omicron and future COVID waves. But yes, I believe we are adequately staffed and we're actively backfilling our vacancies.

CHAIRPERSON SCHULMAN: Great. Are there any aspects of the change in discovery law that's difficult for or challenging for you to comply with?

CHIEF MEDICAL EXAMINER GRAHAM: Well, during the-- there are challenges that were presented by the new-- by the discovery law. The discovery reforms required that we produce more documents than before. There are new and different types of material that we are asked to provide and we're asked to provide that on an accelerated time scale and electronically. So that does post challenges. During the pandemic the courts were essentially adjourned during that period, and so there was not that much in the way of stress with respect to discovery needs during that time. As the courts have resumed, it-those requests are coming in, and we're-- we are using criminalists to be responsive to those discovery requests. So, I think that we're

adequately responding to the all the discovery requests that are-- that we're handling right now.

CHAIRPERSON SCHULMAN: Thank you. The target number of days to complete DNA property crime cases has more than double the DNA homicide or sexual assault case. What is the cause of property crime cases to take longer?

CHIEF MEDICAL EXAMINER GRAHAM: Yes, that is deliberate prioritization of what types of cases we test in our laboratory. We have prioritized testing of crimes against people. The-- and our turnaround times in the DNA lab overall have improved, and with respect to crimes against people, sexual assaults for example, that turnaround time target is 45 days. We're currently at 39 days, and so we have de-prioritized those property crime cases in favor of testing of crimes against people, homicide cases, sexual assaults, those types of cases, and so that is the explanation of that discrepancy.

CHAIRPERSON SCHULMAN: Thank you. How many-- I hate to ask this quesiton. How many decedents are being stored by OCME that died from COVID-19, and what is the longest a decedent has been stored by OCME?

CHIEF MEDICAL EXAMINER GRAHAM: We-- our-- all of our disaster mortuary units were de-commissioned back in the summer, the summer of July-- July of 2021, and the South Brooklyn Marine Terminal was fully deconstructed by the end of September. So we have no long-term storage of COVID decedents in any of those facilities.

CHAIRPERSON SCHULMAN: That's really good to know. Thank you. The Fiscal 2023 Preliminary Budget includes 2.3 million for OCME security contract. Can you provide more details on how the security contract is changing, and will OCME be able to expand the full 2.3 million dollars in Fiscal 2023?

CHIEF MEDICAL EXAMINER GRAHAM: Yes, we are-- this is a-- many of our security-- we have many security requirements given the fact that our laboratories require security around all of the evidence that we maintain, and much of the security infrastructure had reached end of life, and so we were awarded the security new need request in our budget. We will be actively spending that budget on replacement of that equipment, and so we fully anticipate that over the next years we will consume

that budget with a full replacement of our security infrastructure.

CHAIRPERSON SCHULMAN: Are there any significant capital projects in the Fiscal 2023 Preliminary Plan that will help build up OCME's infrastructure to handle a similar high demand in the future?

CHIEF MEDICAL EXAMINER GRAHAM: We have the-- during the Omicron wave, we were able to rapidly expand our capacity, our morgue capacity by utilizing our fixed facility morgues. And so we maintain that capability. At any time, if there's another-- a subsequent wave of COVID, we have the ability to rapidly expand our body storage capacity using our fixed facility morgues.

CHAIRPERSON SCHULMAN: Would it be worth purchasing New York City's own fleet of refrigerator trucks to have on hand just in case of an emergency?

CHIEF MEDICAL EXAMINER GRAHAM: Some of the equipment that was used during the initial waves of COVID, we have maintained, such as some of the refrigerated units, and there are refrigeration units that are on the ready in case we need them in future waves.

CHAIRPERSON SCHULMAN: What's the status-- I know you have a new Medical Examiner facility coming up. Is there an updated timeline from completion?

CHIEF MEDICAL EXAMINER GRAHAM: Well, thank you for asking. We are very eager. This was obviously something that was delayed altogether because of COVID, clearly, but we are very anxious to resume that conversation, work with the Administration carefully on selecting a site, and the moving forward.

CHAIRPERSON SCHULMAN: What are the expense budget implications of the capital program? Does the expense budget capture all the cost of staff, maintenance, leases, energy and fuel costs associated with the capital project? Keeping in mind that we have an increase in all kinds of prices because of COVID and now because of the situation going on in Ukraine.

CHIEF MEDICAL EXAMINER GRAHAM: Yes, thank you. And the answer is yes. We-- all of the expense requirements are covered in our budget, and we have had conversations with OMB regarding the

increased prices which are being addressed. Thank you.

CHAIRPERSON SCHULMAN: Alright, thank you. That's all the questions that I have. Committee Counsel, you want to take over?

COMMITTEE COUNSEL: Sure. Thank you. And now I'll turn to Chair Lee. I was just testing you before, so now you can go.

CHAIRPERSON LEE: Thank you so much, Doctor Graham, for you and your team and all the work you guys have been doing, especially during pandemic, because I know it hasn't been easy. So I just wanted to thank you and your staff. Just a couple of quick questions on the overdose aspect of things, because for the overdose deaths, do you know what the sort of bottleneck is in terms of the delay in reporting when it comes to overdose deaths? And what can we do to make the information more current?

CHIEF MEDICAL EXAMINER GRAHAM: Yes, thank you Chair. I think that generally on of the problems that has been recognized nationally is the amount of time even from a death certificate standpoint, the amount of time that it takes to get toxicology testing results back and then issue final

death certificates, and then have those death certificates translated into vital statistics. That is an issue that leads to a-- certainly a perceived delay. I think that one of the ways that we at the OCME have worked to provide as close to real time data as we can around drug overdose fatalities is building out what we have-- we've been referring to as our Drug Intelligence Intervention Group which a part of which is identifying on day one or within-- based on the initial investigative information in a particular death, identifying the likelihood that that case is a drug overdose death and reporting that out to our public health and public safety partners. And so we know that generally up front based on our initial investigation, rather than waiting until we confirm with the definitive toxicology test results that come much later, we are able to provide actionable data up front and to our partners. So that is a known challenge, particularly in the setting of this overdose crisis, which has worsened during the COVID pandemic, but there are ways of identifying those overdoses and haring that data, and we've been working on that for several years now.

CHAIRPERSON LEE: That was actually going to be my last question ws about that program, but so can you go into a little bit more detail about how you guys can identify that up front, and then you know, where-- you know, know what the process is, if you could elaborate a little bit?

CHIEF MEDICAL EXAMINER GRAHAM: Sure, we-- the need for this timely, more timely data came from sitting around the table with partners through the RX-Stat initiative for the city, which is a public health, public safety partnership to whose overall goal-- all of our goal, is to reduce the number of overdose deaths in the City. And the need for data drove us to start looking at cases on day one and determining what elements of our scene investigation told us with reliability that this individual had died of drug overdose death. Was it drug paraphernalia on the scene? Was it needles? Were there indicia of a drug overdose in an otherwise healthy person that wouldn't have a competing cause of death, and started collecting data on that. We build reporting structure that was provide-- that is being shared with our partners. And we started also looking at the data that goes beyond the original

death scene investigation. Those are very forensically [sic] oriented questions, whereas a lot of the public safety and particularly public health partners-- we have a very large public health role. Our public health partners had questions that go beyond those forensic questions around the social determinants of health, for example, that led this person to addiction and then ultimately their death. And so we began working with families to gather more information round the overdose in what we call a 360 or a 360-degree process, outreach process that gives us a 360-degree picture of that person's life rather than just the small portion around the moments of their death to give us a clue as to what happened and where the gaps are that exist that could be filled to helpfully save someone else's life. The 360 process also evolved in such a way that we began to uncover needs among these family members who have substance use issues, a whole range of social service needs issues that we were able to begin to address by referring them to care and getting them into the care they need. That became the intervention part of the Drug Intelligence and Intervention Group. what we've also found is that this is a group, a population that

the Medical Examiner's Office, that we as Medical Examiners have exclusive access to, and because of our unique role between public health and public safety, they will communicate with us and there's a trusting relationship that may not otherwise exist. Also, the poignancy of losing someone you love so suddenly and under such difficult circumstances really fosters that relationship in a lot of ways, and we've been able to refer a number of families for help. Thank you for that question.

CHAIRPERSON LEE: No, thank you so much, and I'll turn it back over to Committee Counsel.

COMMITTEE COUNSEL: Thank you very much, Chair Lee. And we'll next hear from Chair Moya, and just as a reminder to Council Members, you can use the Zoom raise hand function if you have any questions. Chair Moya, take it away. Oh, you're on mute.

CHAIRPERSON MOYA: Thank you. Thank you so much for that. Thank you, Doctor. Thank you again. I know it's been difficult times here. I just got really two questions here. During the surge in COVID-19, that's-- and especially now more recently with the Omicron search. We've heard stories of

difficulty returning deceased individuals who went to hospitals outside of the five boroughs, but for residents of the City, who in OCME's role-- or what is the role in retrieval of residents of New York City who are deceased outside the five boroughs?

CHIEF MEDICAL EXAMINER GRAHAM: Well, we-- our jurisdiction, extends just to the five boroughs. So we would-- as the OCME, we wouldn't have responsibility for the death certificates or for investigation of those deaths that fall outside our jurisdiction. We work with families every day on issues around identification of loved ones, release of loved ones to funeral homes, but deaths occurring outside our jurisdiction, we really have no authority to direct the transport of those bodies, or direct the disposition in any way.

CHAIRPERSON MOYA: So, I just ask because like Queens borders Nassau County. Bronx like Westchester County. Sometimes those hospitals are closer than any other hospital that would be, you know, where they would reside in the five boroughs. We heard a lot of difficulty in coordination of retrieving the deceased residents in New York City that maybe just one or a few blocks out of the five

boroughs, and it was a problem. So is there a system in place on how you actually deal with that, because I'm just curious to find out how we can have a better system here, especially when we're dealing with folks who are traveling because of distance, not out of convenience.

CHIEF MEDICAL EXAMINER GRAHAM: Sure. That's a difficult question, but I appreciate the hardship that that might have created for families during the COVID period. I think that-- we have a limited ability to respond to that, because the death occurs outside our jurisdiction, and wherever the death occurs, that death becomes the jurisdiction of the Medical Examiner's Office there. If it's in Nassau County, it would be the Nassau County Office, for example. But the-- I think the communication with partners in the funeral industry, which we were in very close communication with through the COVID pandemic to a point that we were on-- had conference calls with them weekly and have continued to be in touch with them, but they are-- would be the primary resource for building out potential infrastructure, I would imagine, on effecting these transport-- the transport of these decedents back to the City. The

funeral homes would deal directly with the families, and the healthcare institutions. And so I think it would primarily be a quesiton for the funeral industry and how much infrastructure exists within the funeral industry and locally to help with those transports.

CHAIRPERSON MOYA: Okay. I'd like to look into this a little bit more, because this was something that really did come up throughout the process in Queens. There's very limited hospitals where people can travel to, and depending on your location and during that time period, people were forced to go out of New York City to get help, and that created a serious issue on that, which leads me to the other question here which is what lessons did you learn in the two surges that have taken place with dealing with repatriation? A lot of undocumented families went through a significant loss in terms of access, but then the repatriation process was sort of off the table for a long time. If you could just talk a little bit about what you saw? Did it work? Didn't work? What you see in the future on how that can be a much better system in case there is another surge again?

CHIEF MEDICAL EXAMINER GRAHAM: Yeah, well, thank you for that question. I think that we-- we built on what our routine approach to helping families is during the pandemic, and we work with families every day, generally first to work through the identification process, and when we recognize either dealing with a family or through our investigative process that there-- that someone may be a foreign national that repatriation may be something that family needs, we immediately engage in all those cases with the Mayor's Office of Immigrant Affairs, and work with them. We will also work with the consulate of the country involved. They are always notified. If foreign nationals are involved, we routinely notify the consulate if we learn of the death of a foreign national, and so we work with the consulate. We also work through the consulate if we need to help-- to help us find families to help affect an identification or help determine what the final disposition for an individual decedent may be. And not only that, the issues of families being unable to repatriate someone who's passed away. If that's something that they aren't able to affect, then we also work with the possibility of trying to

bring them here to have services here to provide a burial here. So we work with the families and really tailor whatever we're able to offer to whatever their specific needs are, working with our partners at the consulate, at the Mayor's Office of Immigrant Affairs, and directly with the family.

CHAIRPERSON MOYA: And I appreciate that, but during the surge it was much different, right? What you're talking about is what happens on normal times like this where that process can happen. But during the surge where no one was taking anyone, there was no ability-- I'm trying to get to that moment of how you were dealing with that and what were the lessons that you learned that worked, didn't work? In the event that we, you know, have something like that in the future.

CHIEF MEDICAL EXAMINER GRAHAM: Yes, I think that the process I just described works, but the problem during the pandemic was the timeline and no one was able to make that happen on any reasonably accepted timeline, and so we-- that was one of the great lessons learned during the pandemic for us in the build-out of our long-term storage operation at the South Brooklyn Marine Terminal. This allowed

families to take whatever time they needed, and there were prescribed limits. As long as it took for them to-- they may have been suffering from COVID themselves. They may have had financial issues. There was questions about the availability of funeral homes and crematories. Providing that long-term storage option for families to recover, to take the time that they need to make arrangements, to-- for things to settle to the point that they could then effect a repatriation through a funeral home or through the consulate. That long-term storage option was a critical lesson learned in terms of the service that it provided to families.

CHAIRPERSON MOYA: Okay, thank you, Doctor. I appreciate your answer, and thank you again. I'm now going to turn it back over to Counsel, because I know our colleagues have some questions. Thank you.

CHIEF MEDICAL EXAMINER GRAHAM: Thank you, Chair.

COMMITTEE COUNSEL: [inaudible] Chair Moya. I'm just going to pause for a moment to see if any Council Members have questions. Okay, seeing none, I will turn back to Chair Schulman to see if

she has any second round or if she wants to make any closing remarks.

CHAIRPERSON SCHULMAN: No, I just want to thank Doctor Graham and the staff for being on the call, and we really appreciate all your work. You know, we'll circle back and see if there's any other needs. But again, thank you for everything you've done during COVID and under the other challenges that we have with all the different items that are put on your plate. So thank you.

CHIEF MEDICAL EXAMINER GRAHAM: Thank you so much Chair, and thank you to all the other Chairs and committee members. Thank you.

COMMITTEE COUNSEL: Chair Lee, do you want to make a brief closing remark?

CHAIRPERSON LEE: Just to say thank you, because I know it's an underappreciated department in terms of the grand scope of things, and I think it's super important to have your piece to be able to figure out how we can improve the overall system. So, thank you so much for that and look forward to, you know, working with you to get more data and ideas involved in how we can address some of the issues.

COMMITTEE COUNSEL: Thank you. And Chair Moya, any closing remarks?

CHAIRPERSON MOYA: Yeah, and same here. Look, I think that this is one of the, you know, agencies that was really heavily hit throughout COVID you know, no one really can appreciate what you all have gone through. That system wasn't set up to help during that process, and I hope you take my questions as more of like I represent the epicenter of it all. You know, here in Corona in Jackson Heights, in this area here in Queens, I had to live through that as well, and I understand like I'm just looking at how better we can support the agency so that we are better prepared in the future. By no means, please don't take what I was trying to say as an attack on you. It's just more trying to get an understanding of what we can do better, and I truly appreciate all the work that you and the entire staff had to endure throughout the last two years. Thank you again for your service, as well, to the City of New York.

COMMITTEE COUNSEL: Thank you so much, Chair Moya. And that concludes the OCME portion of this hearing. We are next going to have the public panel. Again, we're going to take a very brief

break, this time just two minutes so folks can do what they need to do before we turn to the public. And again, we just want to thank everyone so much for their patience. Again, I promise, we will get to every single person and we'll see you all in two minutes. Thank you.

[break]

COMMITTEE COUNSEL: Okay, we're back now for the public portion of the hearing, and again, thank you all so much for your patience. I know a lot of folks had specific timing needs and panel requests. We are going to do our best to accommodate everyone, and again, just appreciate so much you all being here. I just want to remind everyone that you're going to be on mute until you're called, at which point the host will send you an unmute prompt, and please forgive us for any delays or confusion in that process. Additionally, there'll be a two-minute clock for each witness because we want to accommodate everyone. If anyone needs to jump off or wants to send us longer testimony, you can send that to testimony@council.nyc.gov. We read every single word of it, and it's included in the public record. So, with that, I'm going to call the first panel, and

that will include Finn Brigham, Andy Bowen, Lisa Sloan, Elana Lancaster, Elisabeth Benjamin, and Catherine Granham [sp?]. So, Finn Brigham, you can begin as soon as the Sergeant cues you.

SERGEANT AT ARMS: Your time will begin.

FINN BRIGHAM: Okay, actually, Andy Bowen was going to start.

COMMITTEE COUNSEL: Perfect, let's start with Andy Bowen. Andy, as soon as you're unmuted and the Sergeant cues you, you can go ahead.

SERGEANT AT ARMS: Your time will begin.

ANDY BOWEN: Thank you Chairs Schulman and Lee and Council Members and staff. I'm Andy Bowen, and I'm Principal of Bowen Public Affairs Consulting here to discuss the importance of continuing to fund the Trans Equity Programs Initiative in FY23 at the level of 4.1 million dollars. My written testimony contains more specific information about stats relating to the transgender and gender non-conforming and non-binary or TGNCNB communities. For this testimony, I want to speak from the heart. The organizations comprising trans equity programs initiative absorb money commensurate with community need, and they keep on meeting growing

community needs. Trans Equity Programs Initiative was started in FY19 with the advocacy effort of community legends Cecilia Gentili, and Kimberly Mckenzie. Trans Equity has included workforce programming, legal services, physical and mental health, support groups, street outreach, immigration support services, and also much more. These organizations have taken on COVID-19 by maintaining services frequently with outdoor outreach, dropping off PPE along with safe sex kits, referring people to vaccination information, attending to physical health, mental health, and legal needs that continued in spite of the pandemic. Last year, the organizations also worked for each TGNCNB communities more about the state's Gender Expression Non-discrimination Act building education about making complaints into their regular work, helping people with legal complaints under that act, and doing research and evaluation on these efforts. The initiative also grew to encompass several new partners last year at the funding level of 3.275 million, allowing the initiative to expand its reach in Queens. I'm presently sitting in the office of Trans Equity partner, Collectivo [sic] Trans in

Jackson Heights where today I've seen the staff bring in fresh food needed to feed food insecure community members. Staff brought drop-in services and they're going to be holding a meeting tonight to discuss legal issues faced by community members. Last year, Council funded us with an increase over FY21 and FY20, and we need evermore support as many partner and community members testifying today will detail. Thank you for your time and consideration, and I'm happy to answer any questions you have.

COMMITTEE COUNSEL: Thank you so much. And we'll now hear from Finn Brigham [sp?]. When you get a chance, you can begin.

FINN BRIGHAM: Good afternoon and thank you so much for the opportunity to testify today. My name is Finn Brigham and I am the Director of Project Management at the Callen-Lorde Community Health Center. For the past 50 years, Callen-Lorde has been the global leader in LGBTQ health providing comprehensive care which is free of judgement and regardless of ability to pay. We serve about 17,000 patients annually who are often left out of large healthcare system, and is one of the largest healthcare providers to the transgender and non-

binary community. We serve about 4,000 transgender and non-binary patients. I'm here today to urge the City Council to renew and increase funding for the Trans Equity Initiative at 4.1 million for the Fiscal Year 2023. This initiative was really groundbreaking when it was first created and supported by the City Council as it's one of the very few funding streams aimed at the transgender and non-binary community, even though the transgender and non-binary community has documented health disparities and poor health outcomes. I want to highlight some of the things that this funding has allowed us to do in the past. One thing we're able to do is to build and implement a transgender and non-binary clinical template within our electronic medical record. Most electronic medical records are not built with transgender people in mind. So for example, when we run a report of who is overdue for a mammogram or a pap, reports often excluded transgender patients who were overdue for these services because of the way the systems are set up. This new clinical template allows us to ensure we are accurate with our reporting and so we can get the transgender and non-binary patients we have their preventative screenings. It also allowed us to

create a self-injection video. As you can imagine during COVID, most of our patients were not able to come to the clinic to get their hormone injections and there was nobody with them at home that could do it. This video allowed people to learn how to safely inject their hormones at home, and they could continue to do that beyond COVID. I urge you to renew and increase the funding for the Trans Equity Initiative in order to continue this vital programming. Thank you for your time.

COMMITTEE COUNSEL: Thank you so much. And we'll next hear from Lisa Sloan. And Lisa, you can begin as soon as the Sergeant cues you.

SERGEANT AT ARMS: Your time will begin.

LISA SLOAN: Good afternoon, my name is Doctor Lisa Sloan and my pronouns are she/her/hers. I am the Deputy Director of the Pride Center of Staten Island, an LGBTQ+ community center that has received funding through the Trans Equity Initiative since Fiscal Year 2019. The Trans Equity Initiative has supported the creation and/or expansion of culturally competent programs and services for transgender, gender non-conforming, and non-binary that is TGNCNB individuals and their families across

New York City. I am asking for continued support of this initiative. To demonstrate the impact of Trans Equity supported programs on Staten Island, I want to share a statement from a Latino transgender man who has benefitted from Trans Equity programs and services at the Pride Center of Staten Island. He says, "Finding the Pride Center has truly done wonders for me. It's a place where I've always felt safe to express myself freely and find community. There aren't many LGBTQ+ safe places in my neighborhood, and even fewer places that don't revolve around alcohol use. Finding the Pride Center honestly changed my life for the better. If not for the amazing staff and the programs that they have available, I would be a very different place in my life. Everyone at the Pride Center has given the freedom and the space to figure out who I am, to understand my emotions, and most importantly, the Pride Center is a place that I feel seen for who I am instead of seen for what others want me to be. It has been a necessary part of my growth and in understanding myself better, and for that I'm always grateful." The transformative services that this transgender Staten Islander describes are made

possible by the Trans Equity Initiative. I urge you to maintain, if not enhance, the funding associated with the Trans Equity Initiative so that culturally competent programs and services for TGNC as individuals and families can continue in Staten Island and across New York City. Thank you.

COMMITTEE COUNSEL: Thank you so much, Doctor Sloan. And we'll next hear from Elana Lancaster, followed by Catherine Granham [sp?], followed by Elisabeth Benjamin. Elana, you can begin as soon as you're cued.

SERGEANT AT ARMS: Your time will begin.

ELANA LANCASTER: Good afternoon. My name is Elana Lancaster. I'm the Associate Director for Training at the Gender and Family Project at the Ackerman Institute for the Family. First off, I'd like to thank the Chairs, all the City Council Members, and all the community members and others who worked on this shearing. I was really gratified and kind of lit up to hear earlier people talking about how much of a priority youth mental health is, because that is where we live at the Gender and Family Project, specifically providing mental health services for trans and gender expansive youth from

all across the City. As a trans person working in trans health for many years, I have known for a very long time what a big deal it is and what a difference it makes when you are supported and they have the support of a loving family, but like, there's knowing and there's knowing, and since working at the Gender and Family Project I have gotten to see that impact in a totally different way, how transformative it is when a child and a family are able to get the support that they need. I was talking with one of our families before the hearing, and the mother used a metaphor that I've heard so many times from our families that it stops feeling like a metaphor. She said that watching her kid be surrounded by kids like them for the first time was like realizing that her child had been thirsty, wandering through a desert for years, and had a drink of water for the first time. I've heard that, that exact comparison actually, which I find fascinating, and amazingly beautiful from so many families. We see that all the time. Those services that help them grow, help them thrive are what the Trans Equity funding supports. They've been absolutely crucial to our work, making sure that we can provide family therapy, we can

provide community support services in English and in Spanish. We need expanded funding for these services because the need is greater than ever. We have new services for foster youth and everyone they consider family, and not just because of the pandemic, but because of the fact that youth across the country and their families are being attacked for being trans. It is more important than ever for them to know--

SERGEANT AT ARMS: [interposing] Time is expired.

ELANA LANCASTER: that our city and our City Council have their back, both with words and with action and services and funding. Thank you for your time.

COMMITTEE COUNSEL: Thank you so much. We will next hear from Catherine Granham [sp?] followed by Elisabeth Benjamin, and Catherine, you can begin as soon as you're cued.

SERGEANT AT ARMS: Your time has begun.

CATHERINE GRANHAM: Good afternoon. My name is Catherine Granham and I represent GMHC, and I'd like to thank you for your time. Please refund the program. They are-- not overly-- they are essential at maintaining an order to people's lives

who have been estranged. Before the pandemic, it was really bad. Now, it's totally critical. And I am in a position as the Peer Navigation Specialists that I can actually see their health in real-time, and it is immense. I run a group weekly, a virtual group that has regularly 30 people, and I can see the raise in self-esteem every group. I see a group that operates like a family. I see a group where older members educate newer members with lived experience, and it's really wonderful. And we've come a long way and we still have a long way to go. And I think it's really important that New York has always been a beacon for human rights, and Trans rights are human rights. At this time, where there are so many legislations that are just trying to make being transgender non-conforming and non-binary illegal. I think not only is the nation looking to New York as an example, I think the world is. And thank you for your time.

COMMITTEE COUNSEL: Thank you so much, Catherine. We'll next hear from Elisabeth Benjamin, and Elisabeth, you can start as soon as you're cued.

SERGEANT AT ARMS: Time will begin.

ELISABETH BENJAMIN: Thank you very much for having me. I really am so excited to be here in

front of Chair Lee and Chair Schulman and so many of you, and it's such an exciting day. I come from the Community Service Society of New York. We've been around for 175 years in counting, and we run a bunch of health access programs that help around 100,000 New Yorkers every year, saving them around 36 million dollars in undesired healthcare costs. So we help people enroll in coverage. We help people use coverage. We help people access care. We help people appeal denials of care, and we are fortunate enough to be funded by the City Council to run a program called the Managed Care Consumer Assistance Program, which is a partnership among CBOs, community-based organizations, NCSS [sic], and we are requesting an increase from our current budget amount of one million dollars to 2.3 million dollars. Why should we get these resources? Well, our program used to be a four million dollar program and it got zeroed out in the Great Recession, and we, you know,-- and since that time people have just been struggling with healthcare affordability and navigating our byzantine healthcare system. So we work with a network of 12 community-based organizations. We used to have 26, and that's why

we're seeking funding to restore our, you know, glory to our glory days, if you will. But since we've been restored in funding a couple of years ago-- and we launched in February 2020. Not the best timing in terms of the pandemic and getting the program off the ground, but we did. We handled more than 6,000 cases. We've had a favorable outcome in those cases 90 percent of the time. We serve clients who are 80 percent people of color and/or speak a language other English.

SERGEANT AT ARMS: Time is expired.

ELISABETH BENJAMIN: And we maintain a live answer [sic] rate of over 90 percent. I just want to close with a story that was handled by our community-based organization partner, South-Asian Council for Social Services. The client is named Rejit [sp?]. She is 37 years old. She's an immigrant from India. She lost both her husband to COVID and her job. We were able to help her and her children enroll in coverage, access food stamps, get a New York Times Neediest Cases Grant to pay her outstanding bills so she could relaunch her life. That's the kind of work we do every single day, and

we implore you to provide us adequate funds to broaden our reach. Thank you.

COMMITTEE COUNSEL: Thank you so much. And thank you to this entire panel. I'm going to pause for a moment to see if there are any Chair or Council Member questions. Okay, seeing none I'm going to call on the next panel, and that includes Ravi Reddi, Medha Ghosh, Emily Frankel, Danielle Christenson, and Yalda Nikoomanesh. Ravi, you can begin as soon as you're cued.

SERGEANT AT ARMS: Your time will begin.

COMMITTEE COUNSEL: I think we're still waiting for Ravi to be unmuted. Okay, it looks like you're unmuted, so let's start the clock now, and Ravi, you can begin.

RAVI REDDI: Thank you so much to the committee for hosting us. I want to thank Chairs Lee, Schulman, and the Council Members of both committees. I'm Ravi Reddi, the Associate Director of Advocacy and Policy at AAF. We represent the collective voice of 70 member nonprofits serving 1.5 million Asian New Yorkers. And with the pandemic recovery beginning, this conversation on mental health is one of the most critical dialogues we need

to have. The FY2023 budget is a critical [inaudible] for our city to address systemic inequities and funding for innovative and effective mental health work already being done by our community-based organizations. Just this past week, the first-ever Asian Mental Health Director went live on Asian American Federation website hosting a searchable database of providers providing mental health services in 17 Asian languages across all five boroughs, but City's support cannot come sooner amidst the pandemic recovery that has left out our community and rising anti-Asian hate. While battling cultural stigma and being the first resource community members seek out before going to city entities, our mental health providers remain chronically underfunded as Chair Lee knows all too well from her previous experience. From Fiscal Year 2002 to 2014 we received a mere 1.4 percent of the total dollar value of New York City's social service contracts, reflecting a trend. We're asking City Council to address the access and capacity challenges to mental healthcare for Asian New Yorkers by prioritizing funding for mental health providers with demonstrated language access and cultural competence.

We're glad to have heard from a number of Council Members raising up this concern and the importance of prioritizing the mental health providers within our communities first. With this investment, we can expand and sustain a citywide effort to build mental health service capacity to meet the burgeoning yet underserved needs of the Asian community made worse by COVID-19 and the rise of anti-Asian hate. Simply put, Asian-led Asian serving organizations must be prioritized like never before in funding and policy making, including the importance of nontraditional approaches and expanding the ability of our organizations to train mainstream organizations in cultural competence. As we've said before, CBOs have led--

SERGEANT AT ARMS: [interposing] Time has expired.

RAVI REDDI: by example-- I just have a little bit more-- led by example on how to spend city dollars effectively, and we have the opportunity with this budget to show that New York City can lead by example in protecting its most vulnerable. We at the Asian American Federation thank you for allowing us to testify and look forward to working with all of

you to make sure our communities get the mental health support they deserve. Thank you.

COMMITTEE COUNSEL: Thank you so much, Ravi, and we'll next hear from Medha Ghosh followed by Emily Frankel, Danielle Christenson, Yalda Nikoomanesh, followed by Cassondra Warney. Medha, you can begin as soon as you're called.

SERGEANT AT ARMS: Your time will begin.

MEDHA GHOSH: Good afternoon. My name is Medha Ghosh, and I'm the Health Policy Coordinator at CACF, the Coalition for Asian American Children and Families. Thank you very much Chair Schulman, Chair Lee, and Chair Moya for holding this hearing and providing the opportunity to testify. Today, I'm testifying on behalf of Access Health NYC, a critical citywide initiative that funds community-based organizations that provide culturally responsive and language accessible outreach to New York City's hard-to-reach population with vital information on accessing healthcare and health coverage. CACF urges the New York City Council to expand Access Health New York City for four million dollars. Founded in 1986, CACF is the nation's only Pan-Asian children and family's advocacy organization and leads the fight

for improving equitable policies, systems, funding, and services to support those in need. API's hail from south/southeast, east, and central Asian countries as well as from Pacific islands. In New York City we represent over 40 ethnicities, languages, and religions, and a multitude of cultures and immigration experiences. API's have the highest rate of linguistic isolation of any group in New York City at 42 percent, meaning that no one over the age of 14 in the household speaks English well or at all. Moreover, more than two in three API seniors in New York City are limited English proficient, and approximately 49 percent of all immigrants in New York City are limited English proficient. Language access, especially in healthcare settings has a major need for APIs and other immigrant communities here. As one of the four lead organizations of the Access Health New York City initiative, CACF urges the Council to ensure that New York City communities of color and immigrant communities, which include the API community have access to much needed linguistically accessible and culturally responsive services, which Access Health New York City organizations provide. Since 2015, Access Health New

York City has filled the information gap through healthcare systems in vulnerable communities. Access Health awardees conduct outreach that targets individuals and families who are uninsured, have limited English proficiency, are LGBTQ+ and are homeless or experiencing physical and cultural barriers to healthcare coverage. The four lead agencies train, monitor, evaluate, and provide information and technical assistance and guidance to the awardees as well as support a consumer help line. Throughout the past seven years, Access Health New York City has conducted over 1,400 educational workshops, trainings and outreach events, and has reached tens of thousands of individuals through this work.

SERGEANT AT ARMS: Time has expired.

MEDHA GHOSH: With our collaboration over the years with Council Members and leadership, Access Health New York City partners on the ground have tripled from 12 community-based organizations and federally qualified health centers to 38 current awardees across all five boroughs. I'll end here, but it is now more than critical that New York City Council expands Access Health New York City to four

million dollars to sustain our efforts to provide critical, culturally relevant, and language accessible health outreach and educational services, as well as bring a few recently added awardees up to a sustainable award level. New Yorkers must be able to continue to receive access to health services and information that they need during this difficult time. Thank you very much for your time.

COMMITTEE COUNSEL: Thank you so much, and we'll next hear from Emily Frankel, Danielle Christenson, Yalda Nikoomanesh, and Cassondra Warney. Emily, you can begin as soon as you're cued.

SERGEANT AT ARMS: Your time will begin.

COMMITTEE COUNSEL: Emily, we can't hear you. It looks like you're off of mute.

EMILY CRINKLE: [inaudible] 2575 Cedric [sic] Avenue, Apartment 2J [inaudible]

COMMITTEE COUNSEL: Emily, unfortunately, we still are unable to hear you. If you want, we'll come back to you at the end of this panel. Okay, we'll turn to Danielle Christenson, followed by Yalda Nikoomanesh, followed by Cassondra Warney. So, Danielle, you can begin as soon as you're cued.

SERGEANT AT ARMS: Your time will begin.

DANIELLE CHRISTENSON: Thank you, Chair Schulman, Chair Lee, and to the Committee for allowing me to speak today. I'm here on behalf of God's Love We Deliver. God's Love We Deliver is New York City's only not-for-profit provider of medically-tailored home-delivered meals and medical nutrition therapy for people living with life-altering illnesses. God's Love provides services to the most underserved and isolated populations in our city, those who are sick and unable to take care of their most basic need, the need for food and nutrition. We believe that being sick and hungry is a crisis that demands an urgent response and for New Yorkers living with complex illness. God's Love is the only service that stands between them and hunger. Each year, God's Love continues to grow to meet the demand. Last year alone, we delivered over 2.4 million meals to 9,300 New Yorkers living with severe illnesses throughout the New York City metropolitan area. God's Love is unique due to our focus on nutrition and illness. Although some individuals can tolerate regular food, illness can lead to a variety of complications that require a specialized diet. God's Love clients receive services from our eight

registered dietician nutritionists who tailor each meal to meet a client's specific medical needs. Our menu allows for individualization of meals according to dietary needs including texture restrictions such as minced and pureed and renal diets. Our goal is to provide clients with the least restrictive meals possible that meet their medical needs and nutritional requirements. Our services ensure that those living with life-altering illnesses have access to food while also improving health outcomes and reducing healthcare costs. God's Love is an integral part of the City's safety net that provides unique service not currently offered by any other provider. God's Love serves people of all ages living with serious illness who are unable to access benefits such as SNAP due to their mobility limitations, but we currently have no contractual relationship with DFTA, DOHMH, or any other city agency. The Council and Borough Presidents through discretionary funding are the only funding that God's Love receives from the City, and we currently fundraise 65 percent of our budget. So last year we received 200,000 from our FY23 Speaker Discretionary request, and this year

we are respectfully requesting an increase to 300,000 dollars. Thank you so much for your time.

COMMITTEE COUNSEL: Thank you very much, Danielle. We'll next hear from Yalda Nikoomanesh followed by Cassondra Warney, and then we'll turn back to Emily Crinkle [sp?] to see if their issues were resolved. So, Yalda, you can begin as soon as you're cued.

SERGEANT AT ARMS: Your time will begin.

YALDA NIKOOMANESH: Thank you. Thank you to the Chairs, Committee Members and staff for the opportunity to testify today on behalf of Rethink Food, a New York City based nonprofit with the mission to create a more sustainable and equitable food system, one where every New Yorker has access to dignified, culturally responsive, and nutritious food. My name is Yalda Nikoomanesh, and I'm the Executive Director of Institutional Giving. Rethink Food currently operates in 35 council districts across all five boroughs and has plans to expand to 40 districts by Fiscal Year 2023. I come to you today seeking citywide and discretionary support from the City Council and partnership so that we can continue to scale our models for addressing food

insecurity, sustainability, and local economic development, all issues that intersect with and help support the mental health and well-being of our fellow New Yorkers. Rethink was founded in 2017 and started with a commissary kitchen with the goal of transforming excess food from restaurants, corporate kitchens, and grocery stores into healthy meals that could be provided at no cost to communities in need. The kitchen operates today preparing an average of 8,000 meals per week distributed to eight CBOs, and last year, we recovered nearly 500,000 pounds of excess food. At the height of the pandemic, Rethink leveraged its experience to address the dual challenges of escalating food insecurity rates and restaurants facing widespread closures to launch Rethink Certified. Through this program we partner with local restaurants to prepare delicious culturally celebrated meals that are provided also free of charge to CBOs across the City. In exchange, Rethink provides small grants to offset the cost of food, operating, and staffing. In 2021 we delivered nearly 3.3 million meals to 88 CBOs and invested more than 15 million dollars into 76 restaurants, three-quarters of which were minority and/or women-owned.

COVID has only magnified and compounded the health inequities for the food insecure and those furthest from opportunity. Rethink services are needed now more than ever, with one out of every four New Yorkers experiencing food insecurity and so many restaurants still at risk of closure. We can't let millions of New Yorkers wonder where their next meal will come from, especially while perfectly edible food is still being wasted. Rethink requests the Council's partnership to help make two million meals available to 50 CBOs across all five boroughs. Thank you so much for the opportunity to testify today, and we look forward to partnering to feed New York's most vulnerable.

COMMITTEE COUNSEL: Thank you so much. And we'll next hear form Cassondra Warney and we'll turn back to Emily afterward. Cassondra, you can begin when you're ready.

CASSONDRA WARNEY: Hello, my name is Cassondra Warney. I'm the Senior Program Manager with the Corporation for Supportive Housing, CSH. Our mission is to advance solutions that use housing as a platform to deliver services to improve the lives of the most vulnerable, and we have a plan on how to

expand supportive housing for all people who need it on Rikers Island. DOHMH oversees the only supportive housing specific to people leaving Rikers, which is why I wanted to elevate this to the committee's attention. Several thousand people on Rikers Island, of approximately 2,500 people in a given year, are experiencing homelessness and struggle with ongoing behavioral health needs. When released, these community members struggle to find adequate support and they cycle through crisis systems and are likely to return to Rikers. And this group needs an intervention of supportive housing, which is a combination of affordable housing with voluntary individualized services. That 2,500 people who need supportive housing, they cost the City 1.4 billion dollars in a given year. To use the intervention of supportive housing would cost the City 108 million dollars a year. So, in the written testimony that I submitted, we have a link to our report where we outline the fiscal cost of supportive housing to serve this group of people. And I'll just raise up that for the JISH, the Justice-Involved Supportive Housing, which DOHMH oversees, really important to expand the rates. Currently there's only 120 JISH

apartments across the City. DOHMH put forth an RFP in 2019 to expand this by 380, meaning that there would be 500 JISH apartments citywide. Because the rates are so low, there's been no awards, and so we worked really closely with current JISH providers along with providers interested in moving into this space and coming up with our recommendations, and ultimately in terms of the budget, DOHMH will need around a little over 20 million dollars which represents around a 7 million dollar increase--

SERGEANT AT ARMS: [interposing] Time has expired.

YALDA NIKOOMANESH: to make sure that there's enough funding for providers to bid. Looking forward to working with you closely to make this happen. Thank you.

COMMITTEE COUNSEL: Thank you so much, Cassondra. And now we'll turn back to Emily Crinkle who hopefully resolved the audio issue.

EMILY FRANKEL: Let's hope so. Can you hear me?

COMMITTEE COUNSEL: Yes, perfect.

EMILY FRANKEL: Great. Thank you. Thank you for the opportunity. Thank you for letting me

present testimony and for your questions about Nurse Family Partnership. I'm the Government Affairs Manager for NFP. Nurse Family Partnership is a voluntary, evidence-based home visiting program that serves low-income first-time mothers and pairs them with registered nurses from early in pregnancy through a child's second birthday. NFP has served over 20,000 families across the City's five boroughs and currently serves nearly 3,000 families yearly. DOHMH directly provides NFP services and contracts with public health solutions, SEO Family of Services, and the Visiting Nurse Service of New York to deliver NFP across the City. NFP's baseline funding goes to support these programs. We thank the New York City Council, the Mayor and DOHMH for this funding. Under the de Blasio Administration, NFP funds were base lined at four million dollars in the New York City budget from FY2019 to FY2022. During the fall of 2020, DOHMH issued a new six-year NFP contract under which they reduced the number of families served by each network partner. At the FY22 final budget passage, the Council negotiated a deal with DOHMH that provided approximately 3.1 million dollars to NFP under the New Family Home Visits initiative.

This funding was used to increase the number of families served by each network partner for Fiscal Year 2022. In the FY23 Preliminary Budget we believe that the Mayor has maintained NFP's four million dollars baseline funding without including the 3.1 million dollar Council add. We request that the City Council advocate for the 3.1 million dollar add to be included in NFP's total baselined amount. This would provide us with 7.1 million dollars in FY23 Executive Budget. We also request that the Council ask the Mayor to baseline this funding from FY23 through FY26. On behalf of the 121 NFP nurses and New York City NFP, I thank you for your continued support of Nurse Family Partnership, and we look forward to working with you on maternal and child health issues affecting the City. Thank you.

COMMITTEE COUNSEL: Thank you so much, Emily, and thank you to this entire panel. Again, I'm going to pause in case there are any Council Member questions. Okay, seeing none, I'm going to turn to the next panel.

CHAIRPERSON SCHULMAN: [inaudible]

COMMITTEE COUNSEL: Oh, sorry. Go ahead Council Member.

CHAIRPERSON SCHULMAN: I wanted to ask the woman that talked about NFP, because we-- if you saw earlier in the testimony from the Administration, we asked them about it. Do you know why that they took that money out? Do you have any sense from a programmatic perspective, Emily?

EMILY FRANKEL: Hi, Chair. Why they took that money, I'm not sure why exactly. All I can say is like last year we advocated for NFP's funding and for them to increase it so that we could restore the number of families that the DOHMH had to decrease. We're not sure, and of course, we support all efforts in terms of bringing doulas and enhancing maternal and child health in the City, but we really want to make sure that the people who need NFP the most, which are those living in poverty and that are first time pregnant moms are getting the services, and that's our main concern. So we're looking forward to working with you and the committee on making sure that happens. And thank you for those questions. We appreciate it.

CHAIRPERSON SCHULMAN: No, and we'll follow up, too, because I'm trying to figure out based on what they said and, you know, and hearing

from you guys, from the advocates. That's why we want--

EMILY FRANKEL: [interposing] Right, I actually-- sorry, to interrupt. I didn't know-- the way they were talking about it made it sound like they're now merging NFP with this new program that they established. So we're a little confused about that, too.

CHAIRPERSON SCHULMAN: Right. We'll follow up on that, but thank you very much.

EMILY FRANKEL: Thank you, Chair.

COMMITTEE COUNSEL: Thank you so much to this entire panel. We'll next hear from Nathalie Interiano, Scott Daly, Rehan Mehmood, Annabelle Ng, Mon Yuck Yu, Lawrence Norman, Suzanne Robinson Davis, and Y-Uyen Nguyen. Nathalie, you can begin as soon as the Sergeant cues you.

SERGEANT AT ARMS: Your time will begin.

NATHALIE INTERIANO: Okay, there you go. Hi, my name is Nathalie Interiano. I'm the Director of Policy and Advocacy at Care for the Homeless. Thank you for the opportunity testify today. I'm here to talk about the importance of funding for public health initiatives, and specifically, the

Access Health initiative in City Council. Care for the Homeless has 38 years of experience providing medical and mental healthcare services inclusively to people experiencing homelessness in New York City. We operate 27 FQHC's [sic] in state licensed community health centers in all five boroughs. Our services are co-located in facilities operated by other nonprofits. That includes shelters, single adult families, assessment centers, soup kitchens and drop-in centers. Additionally our community-based health center model brings services directly to neighborhoods where the need is most significant. Both models reduce barriers that homeless New Yorkers regularly face in navigating very complex healthcare system by increasing access to high-quality patient-centered healthcare. All services are always provided regardless of documentation or ability to pay. We've often testified about the need to provide appropriate medical and mental healthcare to New Yorkers experiencing homelessness and many don't have easy [inaudible] access that hinders opportunities to work, the ability to maintain healthy lives and to obtain and keep permanent housing. For uninsured low-income and otherwise under-resourced populations,

language access gaps, culturally competent care, and lack of affordability lead to delayed diagnosis and treatment and lack of continuous care which exacerbates the adverse health outcomes. We know that the leading cause of death among people experiencing homelessness is due to substance use. Much of that has been exacerbated in the last few years, and we have seen a significant increase in the numbers, as outlined in the newly released 2021 homeless desk [sic] report. This is a strong motivator to focus on community efforts on mitigating the effects of unstable housing and putting into action permanent solutions to this public health crisis. Increasing access to comprehensive medical care is a start. I would be remiss to not add that ultimately access to stable housing is what will ensure the health community that we serve. For the last several years City Council has funded our highly successful peer outreach program through the Access Health initiative as well as other public health initiatives. The funds allow us to employ [inaudible] specialists who seek out and assist unstable households to not only help them access healthcare, but also establish a focus on ongoing

preventive healthcare. They're able to create trust--

SERGEANT AT ARMS: [interposing] Time expired.

NATHALIE INTERIANO: that others aren't able to duplicate. Last year we were able to engage about 3,000 individuals in education about available health resources. Of those individuals we were able to connect 2,000 to health services. We provided HIV-related education, that included HIV testing and linkages to Prep [sic] and HIV medication. We also enrolled clients in health insurance and linked them to a behavioral health provider. The New York Access Health initiative is an important funding source for the many organizations working to increase healthcare for marginalized communities, many of which continued to do so during the public health emergency. Also important are the public health focused initiatives like ending the epidemic and mental health services for vulnerable populations that provide organizations like CFH resources to expand our systems of care and focus on lowering the barriers of access for unstable households in New York City. We ask that you please fund the Access Health initiative at four million

dollars and renew funding or all the public health focused initiatives in this year's budget. Thank you very much.

COMMITTEE COUNSEL: Thank you so much. And we'll next hear form Rehan Mehmood followed by Annabelle Ng. And Rehan, you can begin as soon as you're cued.

SERGEANT AT ARMS: Your time will begin.

REHAN MEHMOOD: Thank you. I'm Rehan Mehmood, Director of Health Services at South Asian Council for Social Services, or SACSS. I would like to thank Chair Schulman, Chair Lee, and Chair Moya for this-- for their continued support, especially during these crucial times. At SACSS we focus on three major areas, healthcare access, needing [sic] support services, and food security. Majority of the clients we assist not only lack access from comprehensive healthcare but are also unaware of the services that they can get. More recently, we heard from many community members that they were hesitant to get COVID testing or vaccination because a friend told them that it would impact their immigration status. Rumors floated around such as, your personal information will be sent to ICE, or you're using a

free public service, you will not get your green card. Access Health initiative has enabled our staff to advocate for client health and help them understand and navigate the healthcare system. At SACSS we speak 19 different languages, 12 South Asian languages, and Spanish, Mandarin, Cantonese, Hakha [sic], Creole, and Mali [sic]. Throughout the pandemic, SACSS provided services not only virtually, but also continued in-person outreach events in hard-to-reach and underserved neighborhood of Queens. We were able to hear firsthand accounts from clients about their challenges in accessing healthcare, including COVID-19 testing and vaccinations. Take the case of Mr. Ravi [sp?], an asylee who came to the United States with the hope of restarting a new life. However, he met with an accident that led him to become home-bound and out of work. Mr. Ravi needed to get a life-saving surgery, but did not have any insurance and kept postponing the surgery. He stopped going to the doctor and was living in pain. He was told by friends and family members that his asylum case would be rejected if he signed up for low-cost health insurance. He was also misinformed that he would receive deportation orders and arrested

by ICE if he signed up for Medicaid. Mr. Ravi was experiencing sleeplessness, depression, and anxiety. He met with our outreach worker at a trip to the grocery store and learned that he could get access to Medicaid. He's scheduled for his surgery next week. This is like next week, and has a dedicated social worker at SACSS who provides him with supportive counseling. As part of Access Health Initiative, we will continue to educate and connect New Yorkers with essential healthcare health related services. We would request the esteemed City Council to increase the funding of Access Health Initiative to four million dollars. Thank you.

COMMITTEE COUNSEL: Thank you so much, Rehan. We'll next hear from Annabelle Ng, followed by Scott Daly. Annabelle, you can begin as soon as you're cued.

SERGEANT AT ARMS: Your time will begin.

ANNABELLE NG: Good afternoon. My name is Annabelle Ng, and I'm the Health Policy Associate at the New York Immigration Coalition, or NYIC. Thank you to the Chairs and Council Members of both committees for the opportunity to testify today. The NYIC is an advocacy and policy umbrella organization

for more than 200 multi-ethnic, multi-racial, and multi-sector groups across the state working with immigrants and refugees. Our members serve communities that speak more than 65 languages and dialects. And I want to talk today about our top city priority, the City Council-funded Access Health NYC Initiative. Access Health NYC is a citywide initiative that funds community-based organizations and federally qualified health centers to provide education, outreach, and assistance to all New Yorkers about how to access healthcare coverage. And as my colleagues have testified earlier, this year we're advocating for Access Health NYC to be funded at four million dollars. Supporting CBOs must be prioritized in the City's efforts towards achieving lasting recovery from the COVID-19 pandemic, and so we request that the City again fund Access Health NYC which empowers reliable CBOs to provide culturally competent and accurate information to ensure that all New Yorkers understand their rights to health coverage and services. We also urge the City Council to address the longstanding structural problems in the execution of contracts and payments by city agencies and we support the steps taken by Mayor

Adams and Comptroller Lander to create the taskforce to get nonprofits paid on time, and look forward to improvements in the city contracting and procurement process. To jut finish off, CBOs really need initiatives like Access Health NYC to ensure that all New Yorkers understand their rights to health coverage and services, and thank you for the opportunity to testify today.

COMMITTEE COUNSEL: Thank you so much, Annabelle. And we'll next hear from Scott Daly followed by Mon Yuck Yu. And Scott, you can begin as soon as you're unmuted, and the Sergeant cues you.

SERGEANT AT ARMS: Your time--

SCOTT DALY: [interposing] Okay, thank you very much. Good afternoon. I want to thank you Chair Schulman and members of the community for allowing me to testify today. My name is Scott Daly and I'm the Senior Director of Free Community Tennis for the New York Junior Tennis and Learning. We are legally incorporated NYJTL. For 50 years we have partnered with the Council and we've been a driving force in the City's youth and tennis community. Additionally, every year, we will service about 85,000 New York City kids who otherwise would never

have the chance to have a tennis racket or play tennis in the City. It is our belief, as it always has been, that the-- that talent is universal, but the opportunity and access is not. That's what we provide. We provide free tennis to kids throughout the City regardless of income, regardless of where they live. With COVID-19 still present and we're just coming out of it, may kids have gotten, during the COVID situation, less and less activity. It's been proven that tennis is a safe sport. We have been. Kids are able to get out and escape the loneliness of the house and being stuck on their computers. We have done this for the past year and a half all through COVID, and we're allowed to go back without any incidents because we've adhered to strict protocol, safety and health protocols. As you all know, studies have proven that the sport of tennis offers young people many numerous physical and psychological benefits. Regular tennis has proved and has been demonstrated to improve physical fitness, and also in the following areas: aerobic, cardiovascular health, anaerobic, general body conditioning, body strength, density, hand/eye coordination. Psychological benefits of getting

outside for regular tennis may also help children learn and develop. I want to thank everybody on behalf of the New York Junior Tennis League for allowing us to testify today. The work ethic, discipline, sportsmanship, teamwork, social skills, resiliency, all these are incorporated into tennis. Once again, I want to thank everyone for the opportunity. We have free programs throughout the City of New York. Thanks again on behalf of the New York Junior Tennis League.

COMMITTEE COUNSEL: Thank you so much, Scott. We'll next hear from Mon Yuck Yu, followed by Lawrence Norman. So, Mon Yuck Yu, you can begin as soon as you're unmuted and cued to go.

SERGEANT AT ARMS: Your time will begin.

MON YUCK YU: Good afternoon. My name is Mon Yuck Yu, Executive Vice President of the Academy of Medical and Public Health Services or AMPHS. Thank you for the opportunity to testify. AMPHS is a not-for-profit healthcare organization in Sunset Park that works to bridge the health equity gap along communities of color by providing free clinical screenings and bilingual mental health therapy integrated with individualized health education and

social services for the immigrant populations of New York City. Free and-- free of cost and regardless of immigration status. We work primarily with undocumented immigrants who suffer high-risk chronic infections and behavioral health issues due to their lack of health insurance status. I want to tell you the story of Maria, undocumented immigrant. She never learned to read or write and turn away at hospital reception because she could not communicate in English during COVID-19. Maria borrowed money to see a private doctor to find out that she had COVID and diabetes. When she came to AMPHS, our social worker connected her to follow-up care, helped her navigate free treatment and complicated online patient portal so that she could understand her results, and helped her secure funding for diabetes medication as well as mental health therapist for free ongoing care in Spanish. During the pandemic-- Our work and this type of holistic support that organizations like ours are able to provide. During the pandemic, our work has become more important than ever, reaching over 400,000 people through our outreach and education efforts. Our community health workers offer to [inaudible] Spanish, Arabic, and

three Chinese dialects to help community members navigate [inaudible]. We would like to thank the City Council for its historical support of our funding through the Immigrant Mental Health Initiative, and I would like to urge the City Council to continue an enhanced funding for the immigrant health initiative and mental health services [inaudible] vulnerable populations support this work. Cuts to funding during the pandemic have been detrimental while demand for services have tripled, and many of our staff are stretched thin. And mental health stressors have exacerbated the mental health needs in our community. While we have a waiting list of 50 individuals seeking support for free mental health services, we cannot meet them by our current funding levels,--

SERGEANT AT ARMS: interposing] Time has--

MON YUCK YU: and we are one of few organizations offering bilingual therapy services, and the need is high. It's particularly difficult to sustain bilingual therapists due to personal scarcity and competition of larger institutions that can offer higher salaries, not to mention the outreach that we

must do to combat mental stigma. We're here for communities and we ask that you be here for our work to make it possible. I humbly thank the City Council for supporting organizations like AMPHS or working on the ground to provide culturally competent services during this challenging time. Thank you.

COMMITTEE COUNSEL: Thank you so much. We will next hear from Lawrence Norman followed by Suzanne Robinson Davis. Lawrence, you can begin as soon as you're unmuted and the Sergeant cues you.

LAWRENCE NORMAN: Good afternoon, Committee Council. I would like for Ms. Suzanne Robinson Davis to go first, and then I go after her. Would that be permitted?

COMMITTEE COUNSEL: Yeah, that's no problem [sic] at all. We're just going to re-mute you so we don't have background noise, and we'll call--

LAWRENCE NORMAN: [interposing] Thank you.

COMMITTEE COUNSEL: Suzanne, as soon as you're unmuted, you can begin.

SUZANNE ROBINSON DAVIS: [speaking Spanish] Health Committee and congratulations on your appointment. [speaking Spanish] Suzanne Robinson Davis and I represent the Bedford Stuyvesant Family

Center, and [inaudible] by the health center in Brooklyn serving over 16,000 people annually. In 2016, Bed-Stuy Family Health Center was one of the inaugural agencies funded for the Access Health NYC Initiative. As an agency, we have invested and building an infrastructure that implements our Access Health Equity Team, engages and supports thousands of people with health information, builds partnerships and collaboration, and effectively monitoring the work of the program. Each year, the Access Health NYC Initiative has produced strong results. The appeal [sic] is being tabled [sic] to refund the initiative for the requested for four million dollars. In Fiscal Year 2021, Bed-Stuy hosted five health fairs, 11 workshops, and 46 unique outreach events. The program pivoted to include COVID-19 partners with the goal of increasing education and testing in black and brown communities. Food pantries and clothing drives featured more [inaudible] work. One of the core program activities is providing preventive screening, an important issue and an entry-point in addressing health disparities. Screening included Hepatitis-C, for which we are also funded by the City, HIV/STI, syphilis, diabetes, and

cancer screening. We reached a total of 1,707 people. We know all too well that these people are not just numbers or statistics used to justify our work. Each number represents a person, a New Yorker, a family member, a story. With that said, I will ask Lawrence Norman to speak to one of our many success stories. Thank you.

COMMITTEE COUNSEL: Thank you so much, Suzanne, and now we'll turn back to Lawrence, and Lawrence just accept the unmute cue, and you can begin when you're ready.

SERGEANT AT ARMS: Your time will begin.

LAWRENCE NORMAN: Good afternoon Committee. This is Lawrence Norman, Health Educator for the Bedford Stuyvesant Family Health Center. I'm so happy to be here. I'm happy to see John Woods [sic] and a whole bunch of people with Access Health programs work with. If you know me, we work with a variety of different people throughout the Brooklyn community, holding different events, fairs, anything that makes sure that we get Access to Health to people. A part of the work in which we do is working with people that are documented/undocumented. One story that I could share with you, what I just

recently did back in January, was working with a woman that came from the caravan [sic]. She actually had two children with her, and she spent like six months on the caravan before she was allowed into the U.S. She first entered and then went to New Jersey, and her family experienced a little suffering because the father was arrested. So [inaudible] where she end up coming into New York City and to a place called Kingston Family Residence, which is a partnership in which I developed because-- developed partnership with different shelters and a whole bunch of other things. To make a long story short, she needed a variety of different things for herself and her children. Through the work that I've done with her and with her case manager, also the Director from the Kingston Family-- family shelter. She was able to get services for-- can you hear me?

COMMITTEE COUNSEL: Yes, we can hear you perfectly. We were getting a bit of feedback from your other one, but I think the other one is not on the Zoom, but now we can hear you perfectly.

LAWRENCE NORMAN: Yeah, sorry about that. Through the Access Health program and working with myself, she was actually able to get health

insurance. Well, she went to other people, she couldn't access it, because not too many people work with people of her caliber. You know what I'm talking about, too. So I handled all of the difficult cases inside of Access Health. She was not just undocumented coming from Haiti, she also has children that was born in Chile. So she had her ID, which is from Haiti, and the children had their IDs which is from Chile. So not too many people wanted to take that case. So she ended up to where she got two infants that haven't received any type of healthcare. Through our program we was able to not only just get her healthcare and health coverage, but also WIC through Bedford Stuyvesant Family Health Center, and also because she didn't have any type of clothing for the winter, we gave-- through the many different types of collaborations we have, we was able to get her coats and clothing, food. So, at the end, we just want to just make sure that the Access Health program and all of the work that we do is continued. If we had a vehicle, it'd be even more, but we wanted to make sure that this program is refunded for four million dollars, and with your help we can keep all of these things going for the health

and services that's needed inside of our communities. Thank you for allowing me to speak.

COMMITTEE COUNSEL: Thank you so much, Lawrence. We really appreciate your testimony. We will next year from Y-Uyen Nguyen, and you can begin as soon as the Sergeant cues you.

SERGEANT AT ARMS: Your time will begin.

COMMITTEE COUNSEL: Oh, you're still on mute. You may need to accept an unmute prompt from the host. There you go.

Y-UYEN NGUYEN: Hello. Thank you. Good afternoon. Thank you for having me here today. My name is Doctor Y-Uyen Nguyen. I'm the Hepatitis B Program Director at Charles B Wang Community Health Center. Our Health Center provides medical care to the low-income and underserved community. And before I start to speak to you about Hepatitis B and the Check Hep B Program, I would like to thank the City Council for your support for the past several years for the Viral Hepatitis Prevention Initiative. So, Hepatitis B is a virus that cause chronic liver disease, and it is a leading cause of liver cancer. It is estimated that in New York City there are 241,000 New Yorkers living with Hepatitis B.

However, it is often undiagnosed because Hepatitis B usually does not cause symptoms until it is severe. And currently, the risk-based screening guidelines are not effective in identifying positive cases. the two-third of the people living with Hepatitis B are not aware that they are infected, and if it is left unmonitored or untreated, Hepatitis B can cause severe damage to the liver, potentially causing liver failure or liver cancer. This issue has become particularly pressing during the COVID-19 pandemic when many patient delay or did not seek care for their chronic Hepatitis B condition because of the fear of the risk of the COVID-19 exposures in healthcare facilities, and resulting in significantly fewer Hep B screening and monitoring, and Hepatitis B disproportionately impacts the individual born in Africa or from Asia who already face ongoing challenges in accessing care due to the cultural and linguistic barriers. So the Check Hep B program, which is supported under the City Council viral Hepatitis Prevention Initiative, provides culturally and linguistically competent health [inaudible], patient navigation, and care management services for the chronic Hepatitis B. And from July 2014, through

June of 2020, the program has enrolled more than 1,800 New Yorkers living with Hepatitis B, and of those who were linked to care through this program, the Check Hep B program, 99 percent a Hep B medical evaluation. And with the continued funding and resources, the Check Hep B program throughout the City can continue to address burden of Hepatitis B among our communities, and we ask that the City Council continues to fund the Check Hep B programs and support our efforts to eliminate viral Hepatitis in New York City by 2030. Thank you very much for your support.

COMMITTEE COUNSEL: Thank you Doctor Nguyen, and thank you to this entire panel. I'll pause briefly here to see if there are any Council Member questions. Okay, seeing none, I'm going to turn to our next panel. That will be Anna Kril, Laurie Podvesker [sp?], Salma Mohamed, Diya Basu-Sen, Erin Verrier, Chris Norwood, and Minister John Williams. Anna Kril, you can begin as soon as the Sergeant cues you.

UNIDENTIFIED: No, no, yeah, and that.

SERGEANT AT ARMS: Your time will begin.

COMMITTEE COUNSEL: We can hear you. I think you just went back on mute.

UNIDENTIFIED: Okay.

COMMITTEE COUNSEL: Okay, now we can hear you. Go ahead.

UNIDENTIFIED: Okay. Just start. They can see, we just can't see them.

ANNA KRIL: Oh, okay. I'm sorry. Good afternoon, Chair Schulman and members of the Committee. My name is Anna Kril. I am the Founder and President of Astoria Queens Sharing and Caring. I am a two-time breast cancer survivor, having received a second primary breast cancer diagnosis in 2020 during the pandemic, 27 years after being first diagnosed. Last month was my one year anniversary of completing chemotherapy. I am here today to ask the Council to restore funding to the Cancer Services Initiative and to support our request for 200,000 dollars. The pandemic triggered a significant amount of fear, anxiety, and concern among cancer survivors, resulting in an increased demand of 25 percent over 2019 for our services, specifically the need for counseling and emergent needs assistance. People who pre-pandemic would have been consider job, housing,

and food secure are no longer and turn to us for help. At the same time, the restrictions put in place in 2020 and 2021 regarding group gatherings basically eliminated all of our traditional fundraising activities, resulting in a loss of over 300,000 dollars in revenue. This loss of revenue has been compounded by the fact that as of today, nine months into FY23, we still have not received our FY21 funding from the Council due to delays at the Department of Health. We are a small nonprofit, and this delay on the part of the Department of Health has been devastating. I am at a loss of words to express the full impact that the agency's inaction has had on our organization. Our doors remain open and the staff paid, only due to the understanding of our landlord who has agreed to defer our rent for the next few months. Sharing and Caring was founded 28 years ago by me and three other breast cancer survivors to address the needs of Queens's women living with breast and ovarian cancer. It was our position then, and remains so today, that Queens residents should not have to leave the borough for quality cancer treatments, care, and support. Council funding of 200,000 dollars would enable us to keep up

with the increased demand for our services and allow us to continue to assist those living and coping with cancer in Queens County. We are their face of hope, and I respectfully request that you please support the cancer initiative. Thank you very much on behalf of myself and all of the survivors that Sharing and Caring represents. Thank you very, very much.

COMMITTEE COUNSEL: Thank you so much for your testimony. We'll next hear from Salma Mohamed followed by Diya Basu-Sen. Salma, you can begin as soon as you're unmuted as the Sergeant cues you.

SERGEANT AT ARMS: Time starts.

SALMA MOHAMED: Thank you, Chair Schulman, Chair Lee, Chai Moya, City Council Members and community members. My name is Salma Mohamed, and I'm representing the Arab American Family Support Center. At AAFSC we provide a range of free social services citywide, which is adult education classes, mental health services, domestic violence case management, food security, and much more. We welcome all those who are in need, but with 27 years of experience, we have developed a research-driven community-focused, trauma-informed, culturally responsive, and linguistically competent approach to

serving New York's growing Arab, Middle Eastern, Muslim, and South Asian, [inaudible] community, communities that have been historically under-represented and underserved. Our staff is representative of our client base. We speak 36 languages on-staff, enabling us to serve people that mainstream providers are largely unable to effectively reach. Over the course of our needs assessment, 60 percent of respondents reported at least one unmet health-related need. We experienced a 625 percent increase in the proportion of households reporting a need for mental health support over the past two years, and 325 percent increase in the mental health counseling referrals over the past year, and a 59 percent increase in demand for food assistance. Seeing this increase in need, we scaled our efforts to provide wrap-around to support serving 10,000 people in 2021. Access Health NYC enabled us to enroll 2,144 people in health insurance, 835 people in SNAP, and get food benefits. Ninety-four percent of SNAP recipients reported being food secure after receiving our case management support and we take pride in our holistic approach, addressing mental and physical needs for our community. to

address the alarming increase of need, especially for immigrant communities, we request that the City expand Access Health New York City funding to four million dollars and ensures that all legislation addresses the unique and multi-layer challenges immigrants face, as well as prioritizes community-based organizations that provide culturally and linguistically competent services for funding for city initiative. Thank you.

COMMITTEE COUNSEL: Thank you so much for your testimony. We'll next hear form Diya Basu-Sen followed by Erin Verrier. Diya, you can begin as soon as you're cued.

SERGEANT AT ARMS: Time starts.

DIYA BASU-SEN: Thank you, Chair Schulman, Chair Le, and Council Members for allowing me to speak today. I'm Diya Basu-Sen, Executive Director of SAPNA NYC. At SAPNA, we believe that the health of a community is defined not only by rates of disease and mortality, but also by quality of life and mental wellbeing. Our services are holistic and address health in all its aspects, ensuring that our community has food and shelter, creating social supports, assisting with benefits and resources,

offering counseling, providing health information, education and more all under one roof. Our community comes to SAPNA for help, because just as with other AAPI CBOs, they know they can receive services in all languages from people who understand their culture. This is particularly important when it comes to our most vulnerable. The Access Health Initiative funding has been essential in allowing SAPNA to address the rapidly evolving needs of our community during the pandemic. The flexibility of the funding allowed us to change everything almost overnight in 2020 when we suddenly found ourselves faced with COVID. It allowed us to shift once again as we saw a growing need for application assistance for resources like EWF and ERAP [sic]. It allowed us to adjust as we saw the vaccines weren't reaching our community and that misinformation was right. For communities with low English proficiency and even lower digital literacy, community-based organizations are a lifeline. For AAPI CBOs like SAPNA, funding with Access Health is invaluable. Fatima [sp?] starting to come to SAPNA's food pantry because her husband was out of work and being undocumented, they weren't eligible for any benefits. So we learned more about

the family we submitted applications for ERAP, COVID rent relief, EWF and other emergency assistance. In a little over a year we were able to bring her family close $2,500. At a health event we hosted last year, Fatima not only got a COVID vaccine, but for the first time in her life, she got a mammogram. She also recently began counseling, sharing that she thought about suicide more than once in the past and carried shame and guilt around her issues with conceiving. Fatima speaks very little English and never even considered counseling before joining our Women's Circle. Getting counseling from someone she trusts who can speak to her in her native Bengali made all the difference. Linguistically accessible and culturally competent services keep women like Fatima from being left behind. We're asking--

SERGEANT AT ARMS: [interposing] expired.

DIYA BASU-SEN: City Council to invest in our immigrant communities and the CBOs that have worked tirelessly throughout this pandemic to make sure our communities survive. We're asking for four million for the Access Health Initiative and an expansion of the mental health initiative to include AAPI providers at a time when our community is

suffering from the dual pandemic of anti-Asian hate and COVID. This funding is essential for the health and wellbeing of our immigrant communities, communities who are the backbone of New York City. Thank you for your support this past year, and we look forward to continuing to work together.

COMMITTEE COUNSEL: Thank you so much. We'll next hear from Erin Verrier followed by Chris Norwood, and Erin, you can begin as soon as you're cued.

SERGEANT AT ARMS: Time starts.

ERIN VERRIER: Hi, everyone. Thank you for the opportunity to speak today. My name is Erin Verrier and I manage policy for Community Healthcare Network, a nonprofit network of 14 federally-qualified health centers in New York City including two school-based health centers and a fleet of medical mobile vans. I want to speak to the comprehensiveness of our primary care, behavioral health, and social services for over 80,000 New Yorkers per year regardless of their ability to pay. In addition to typical primary care services, we also provide dentistry, podiatry, substance use disorder treatment and more. I want to say that when the

pandemic hit, we stayed open at all of our health centers for in-person visits and quickly pivoted to telehealth as well. In 2021, 50 percent of our visits where via telehealth. We were also innovative with COVID testing and treatment-- and vaccination, excuse me. In partnership with community and faith-based organizations we held over 85 pop-up vaccine events, administered over 30,000 vaccines, not just for patients, but for their community. I would also like to emphasize our work to address patient's social determinants of health, one of them being housing insecurity. We have been innovative by partnering with affordable and supportive housing developers to create new affordable housing buildings that place our health centers on the ground floor. This allows us to expand our square footage, serve more patients, and meanwhile support there being more affordable housing in the communities we serve. Doing work like this requires significant capital funding, hence, our incoming request of four million from City Council to support construction and outfitting of our redevelopment and renovations for our existing spaces. In addition, non-capital requests this year relate to sustaining programs like our Mental Health

Services for Veterans initiative and programs like our new food pantry in East New York. I want to close by expressing our interest in the roll-out of Intro Number 1668 to incorporate FQHC's into the Health + Hospitals New York City Cares Program to--

SERGEANT AT ARMS: [interposing] Time.

ERIN VERRIER: increase access to care for undocumented and uninsured New Yorkers. We're here as a leader, a committed partner, an ally to City Council, and look forward to working with you in the year to come. Thank you.

COMMITTEE COUNSEL: Thank you so much, Erin. We'll next hear from Chris Norwood followed by Minister John Williams. Chris, you can begin as soon as you're unmuted and the Sergeant cues you.

SERGEANT AT ARMS: Time starts.

COMMITTEE COUNSEL: Chris, you're still on mute. There you go.

CHRIS NORWOOOD: Anyway, thank you. Good day Chairs and Council Member. Thank you for this hearing. I'm Chris Norwood, Executive Director of Health People [sic] and Co-founder of Communities Driving Recovery, a citywide coalition of CBOs engaged in COVID prevention and effective community

solutions for a recovery that renews health. New York City has one million people with diabetes, but it doesn't and never has had a plan to reduce the terrible toll of its most widespread disease. The New York City Department of Health has completely and totally ignored Local Law 221, passed by the Council in 2019, requiring the Department to produce a diabetes plan and to provide updated data in diabetes cases, ethnic, racial, and neighborhood distributions and key statistics every six months. With full recognition of the impressive work done to control COVID we must still recognize that New York would never have suffered as terribly as it did if diabetes prevention and improved care had been addressed properly. As witnessed, the City's 356 percent increase in diabetes deaths in the first COVID surge, the largest in the nation by far. Yet, in two years, even in the face of this death rate, nothing has been done, there are no evident funds for diabetes in yet another city budget. I am pleading with the City Council to start to put an end to the public crisis and actually public health crime of exploding ignored diabetes. One, please provide oversight to assure the Department released proper diabetes data and

produces an actual plan as required. Insist the Department start to as powerfully address diabetes as it does infectious disease, especially by contracting with community groups to bring effective evidence-based diabetes self-care to communities. And please, start your own citywide Council initiative. We and the National Black Leadership Commission on Health have submitted a citywide plan called New York's Diabetes Disaster Must Stop. We have in New York City 276 dialysis centers and almost half the patients there are there because of diabetes-related kidney disease, but right now the New York City Department of Health will not fund one single diabetes self-care course anywhere, even though these courses are well-evaluated to reduce--

SERGEANT AT ARMS: [interposing] Time.

CHRIS NORWOOD: new cases of kidney disease by 90 percent. In other words, we will let these patients become commodities for a multi-billion dollar industry before our city will pay for them to have demonstrated education which can prevent dialysis, amputations, blindness, and other thousands of tragedies. Thank you.

COMMITTEE COUNSEL: Thank you so much, Chris, for your testimony. We'll next hear from Minister John Williams, and Minister, you can begin as soon as you're unmuted and the Sergeant cues you.

SERGEANT AT ARMS: Time starts.

MINISTER JOHN WILLIAMS: Thank you very much my good friends, all the Chairs and the Council Members, for this opportunity to come before you today. My name is Minister John Williams. I'm the Founder and President of New Creation Community Health Empowerment Inc. It's a community-based and faith-based health organization that is affiliated and partnering with over 300 churches, mosques, and community centers in Central Brooklyn. NCCHE was founded in Central Brooklyn over 38 years ago, and basically formed the Central Brooklyn Diabetes Taskforce which was launched by Borough President Eric Adams in 83 geographic areas of Brooklyn that we call the Island of Flatbush, the Village of Bed-Stuy, Bushwick, and the town of East New York, Brownsville, which represents Central Brooklyn which is the epicenter of the diabetes epidemic in our city. We have proven that diabetes could be prevented. It could be managed effectively, and it could be

reversed. We have hundreds, literally hundreds-- the Borough President [inaudible] or the Mayor, our new Mayor, that should notice that it is reversible. And so we have a program that is called Church-base, Faith-based Preventive Health Centers Initiative where over 300 faith organizations come together with a treatment modality using the National Diabetes Prevention Program and the Stanford University Diabetes Self-Management Program and our 12 weeks to run this program that has proven that can really make an impact in reducing the economic crisis that this disease has formed, especially with COVID, being that most of the people that died from COVID are seniors, and most of them have diabetes, which is a precursor to the mortality rate of the COVID. So, we are asking that if the Council can fund us with three million dollars, we can prove to you in Central Brooklyn that we can be a model for the entire city in bringing down this diabetes crisis, but most importantly, you need-- the City need to recognize and declare diabetes a crisis like all you did for the opioid crisis, the measles crisis, and now with this being successfully, by performing and making this a crisis we would be funded to really save the

City an enormous amount of money. Thank you very much for this opportunity, and I look forward to working with the City Council with the funding to bring this to an end.

COMMITTEE COUNSEL: Thank you so much, and thank you to this entire panel. We really appreciate your testimony. I'm going to just pause for a moment here to see if there are any questions or comments. Okay, seeing none, we'll turn to our next panel, and that will include Deidre Sully, Anthony Feliciano, Melody Yang, Eva Kornacka, Arline Cruz, Peggy Herrera, and Ruth Lowenkron. Deidre, you can begin as soon as you are unmuted and the Sergeant calls you.

SERGEANT AT ARMS: Time starts.

DEIDRE SULLY: Greetings. Thank you to the Committee Chair, Chair Lee, and the New York City Committee Council Committee on Health and members of the City Council. I'm Deidre Sully, Senior Director of Health Policy and Community Affairs at Public Health Solutions. Thank you for your time today and your commitment to addressing the need for continued resources for public health and human service programming for New York City-based organization,

specifically public health and social service nonprofits. Public Health Solutions mission is to support underserved New Yorkers and their families in achieving optimal health and building pathways to reach their potential. We provide services to other nonprofit organizations as well as direct services to address public health challenges including food insecurity, nutrition, maternal and child health, reproductive health, HIV prevention and care, healthcare access, and tobacco control. Today, I want to highlight an important area which is to continue resources for public health and social services programming, specifically among three areas, our sexual reproductive health program, maternal and child health, and our Access Health Initiative. If we learned anything from the last two years is that health disparities exist and are especially persistent among New York's most vulnerable population. Comprehensive efforts to provide those in undeserved neighborhoods and communities are key to closing the health equity gap. Our direct service programs like sexual and reproductive health, Access Health, and maternal and child health are all aimed at providing vital services that improve the health

of low income and high-risk families in communities throughout New York City. Resources for public health programming is the key to closing the health equity gap. PHS addresses this issues through both direct service as well as contracting and management services. The discretionary funding that we received from the City Council is key to ensuring that we fill any gap in access and services. The last several years, PHS has relied on these resources to keep these services available to communities most in need. We want to ensure that this continues. We also look forward to efforts that address late contracting executions and payments, which programs like those at PHS actually [sic] continue to rely on. We look forward--

SERGEANT AT ARMS: [interposing] Time.

DEIDRE SULLY: to continue working with you in the near future. Thank you for your ears and your time.

COMMITTEE COUNSEL: Thank you so much for your testimony. We'll next hear from Anthony Feliciano followed by Melody Yang. Anthony, you can begin as soon as you're cured.

SERGEANT AT ARMS: Time starts.

ANTHONY FELICIANO: Good afternoon. My name is Anthony Feliciano. I'm the Director of the Commission on the Public's Health System. We are one of the three leads of Access Health NYC, and just like my colleagues and 38 organizations that come together under that initiative, we're asking for enhancement of four million to fund Access Health NYC. I just want to give, and particularly to new Council Members, perhaps not Councilwoman Lee who ran an organization that was part of Access Health, but we should see this as a capacity building tool for community-based organizations. Access Health, our organizations, sometimes get contracts from the state to do navigation, and Access to Healthcare's areas, but don't-- cannot use that funding to do education and outreach and to do the networking they need to do. So, Access Health NYC fills that void from the City level. I also want to reach in terms of my colleague Chris Norwood, as both of us part of Community Driving Recovery, leading that group. It is also about looking at all the array of opportunities for community-based organizations to have more enhanced funding and more support to address those chronic diseases that were fueled and exacerbated

during this pandemic. You heard about the New Family Health Visiting Program, but I still believe that the City must allocate more funding to support adequate prenatal and post-partum healthcare support for immigrants and communities of color. The City should identify more resources for better coordination between hospital and community-based services for pregnant women. Services should include perinatal case management services, comprehensive doula support programs, and pregnancy programs. There's also a cut of 1.36 million funding for geriatric mental health programs, which is quickly particularly important during the time when many of our older adults are socially isolated. Also, we should talk about investing and improving language access as part of the ongoing COVID-19 response. I also want to make sure that our Council Members join with the Mayor and lead [sic] something that we can unify. The State made a discriminatory cut for several years on something called Article VI State Matching. It helps for local department pay from-- [inaudible] matching [inaudible] health program and services, but it also [inaudible] for several--

SERGEANT AT ARMS: [interposing] Time.

ANTHONY FELICIANO: ways of contracting community-based organizations to do major amount of array services that help communities of color, LGBTQIA, immigrants, and many other marginalized communities. So it's critically important to look at that. I also want to say that you're in a unique position to urge to reform contracting processes from establishing criteria request for proposal, scoring [sic] determination, awards allocation, and making less cumbersome [sic]. Many often small CBOs do not have the capacity to undertake the application process and satisfy the deliverables. And I just want to say that most not-for-profits are predominantly run by females, foreign-born, or people of color, and so we need to respect that and invest and not de-vest in those organizations moving forward. And the final thing is I want to say that while this is not a healthcare issues, it's a public health issue for us. There's still a punitive orientation in terms of city policy from the Mayor's proposal on the budget that still increases funds for institutions that criminalize and destabilize many of our communities, particularly low income communities of color through to the jail system and through the

funding the police. So I just wanted to add that. Thank you.

COMMITTEE COUNSEL: Thank you so much. And Chair Schulman, did you want to jump in?

CHAIRPERSON SCHULMAN: Yeah, I just wanted to say that I'm having trouble with my video and I wanted everyone to know that I've been sitting here listening intently to all of the testimony. Thank you Mr. Feliciano. I-- as you heard earlier I asked questions about Article VI, so we're going to follow up with all of these things, and I appreciate everyone's input and questioning, but that's why you see that I'm not on-- that I'm not on because I was having-- I am having trouble with my video, but I'm here.

COMMITTEE COUNSEL: Thank you so much, Chair Schulman. We'll next hear from Melody Yang followed by Eva Kornacka. Melody, you can begin as soon as you're cued.

SERGEANT AT ARMS: Time starts.

MELODY YANG: Thank you for inviting me. Good afternoon. My name is Melody Yang, and Access Health Specialty [sic] from Chinese American Planning Council. In our community, Community Service Center

where I work, I help our community members with [inaudible] health and social services. The mission of Chinese-American Planning Council, CPC, is to promote social and economic empowerment of Chinese-American immigrants in low income communities. CPC is the largest Asian-American social service organization in the US providing vital resources to more than 60,000 people a year through more than 50 program and over 35 across Manhattan, Brooklyn, and Queens. I'd like to share a story of one community member who I work with. He is struggling to pay his prescription medication bill. Last August, he make appointment to consult with me on how to pay a large medical bill. He working [inaudible] over 30 years and now retire with Medicare. He had a coronary bypass surgery and suffered from side effects after receiving the booster. After that, he had to take three types of [inaudible] medication relating to mental health. in 2021 he already paid 10,000 dollars on his medical bill, but his social security retirement benefits is struggling to cover those medical bills, since he also need to pay for housing. During my conversation with him we discussed Medicaid [inaudible] program and the Medicaid [inaudible]. I

help him understand how the programs work together and his eligibility. As his case was extremely complex, in December made another appointment with me with the Medicaid application which was condition [sic] and approved in January 16th of this year. He feels he will be drowned in medical debt and thankful for our help. He share that no one ever take time to help him sort everything out and work out with him step by step like CPC did. In New York City--

SERGEANT AT ARMS: [interposing] Time.

MELODY YANG: Sorry. It's now more critical than ever that New York City Council restore and expand funding for Access Health NYC at four million and continue to support community-based nonprofit organizations that fill the gap and provide critical culturally competent and language accessible health outreach and education services. CPC appreciates the opportunity to testify on this issue. So grateful [sic] impact our communities we serve and look forward to working with you on them. Thank you.

COMMITTEE COUNSEL: Thank you so much, Melody. We'll next hear from Eva Kornacka followed by Arline Cruz. Eva, you can begin as soon as the Sergeant cues you.

SERGEANT AT ARMS: Time starts.

EVA KORNACKA: Yes, I'm ready. Good afternoon, or-- yeah, good afternoon I guess at this hour. My name's Eva Kornacka. I'm the Executive Director at Polonians Organized to Minister to Our Community. We are a nonprofit CBO. We've been around for over 40 years. We're serving predominantly the Polish and Eastern European Communities. And thank you so much for this opportunity to speak before the Council. I'm going to speak a little in support of Access Health NYC. We've been part of the initiative for a while. This is an amazing initiative. I cannot stress enough that we're helping clients, immigrants find health insurance, even people without status, and that sometimes overlooked, and we know that such a large part of a community is without status. So this is very important. Just from-- I'm not going to give you numbers. I just want to say a few words from our perspective as a CBO and the impact of this initiative on our work. We resumed our services in-person back in June 2020. That was very early, and we are assisting our clients with one-on-one cases regarding health insurance applications, renewals,

other benefits like SNAP, unemployment. At the same time we're screening them for other possible eligibility that they may not be aware of. This could never be done remotely. This has to be done in-person, so that's very important. At the same time, we use this opportunity to talk to our clients about COVID awareness. We share our experiences. We promote the idea of, you know, getting vaccinated and how crucial it is to themselves--

SERGEANT AT ARMS: [interposing] Time.

EVA KORNACKA: and their families. We could not do this without this funding. I just want to leave it at this. and as a final note, I'm going to submit a fully testimony, but let's just all keep in mind that even though the number of people that are COVID positive is going down, the number of people that have unfortunately become sick with post-COVID conditions and mental health issues like depression, anxiety, even domestic violence is something that we need to address, and this funding is really crucial for programs like ours to continue working with our communities and hopefully doing the best we can do assist them.

COMMITTEE COUNSEL: Thank you so much, Eva.

EVA KORNACKA: Thank you.

COMMITTEE COUNSEL: We'll next hear from Arline Cruz followed by Peggy Herrera. Arline, you can begin as soon as you're cued.

SERGEANT AT ARMS: Time starts.

ARLINE CRUZ: Thank you. Good afternoon. My name is Arline Cruz and I am the Associate Director of Health Programs at Make the Road New York. We thank the committee for the opportunity to testify today on behalf of Make the Road and our 24,000+ members. Our Queens, Brooklyn and Staten Island communities have been some of the hardest hit by COVID-19. Many passed away. Many got sick, and many lost family. Through it all, we have continued to provide essential health, legal [sic] education, and survival services while advocating for black, brown, low-wage, and immigrant New Yorkers. Based on the experience, we are making the following recommendations for the Fiscal Year 2023 budget to support crucial health access services for the hardest hit communities. Make the Road is one of the over 30 frontline community-based organizations that

have been funded by T2 since 2020 for COVID-19 prevention and vaccination work. Together we have reached hard-to-reach communities and diverse languages via one-on-one street outreach, vaccination events and more. While we are grateful for the funding, we often find out at the last minute that the contract has been extended for only three months at a time. This unpredictability has been very challenging. Stable, long-term funding is critical to ensure a COVID recovery for all. We ask the Council to expand funding for the Access Health Initiative, as you've heard from some of our collages, to four million and allocate 2.3 million for the MCAHP [sic] initiative. Access Health and MCAHP are key programs that provide funding for community-based organizations to conduct outreach and education efforts regarding health access, coverage, and help individuals navigate health systems. We ask the Council to maintain two million dollars allocated to the Immigrant Health Initiative. [inaudible] Make the Road tackle health disparities among low-income and immigrant New Yorkers that have been magnified by COVID. By continuing to improve access to healthcare, addressing culturally and language

barriers and more. We also ask the Council to maintain seven million in funding for the Ending the Epidemic Initiative. This funding will support prevention education and outreach. We will offer virtual HIV prevention events and screenings, referrals and prevention and other services. Those--

SERGEANT AT ARMS: [interposing] Time.

ARLINE CRUZ: And also, the City should ensure sustainable municipal funding for the Community Health Workers Program. Community Health Workers are the frontline health workers and trusted members of the community they serve, connecting their neighbors to culturally competent health services. The City must expand upon existing models that place CHWs at CBOs when [inaudible] them into hospitals and clinics, which help expand immigrant access to care. Thank you so much for your time today.

COMMITTEE COUNSEL: Thank you very much, Arline. And we'll next hear from Peggy Herrera followed by Ruth Lowenkron. Peggy, you can begin as soon as you're unmuted.

SERGEANT AT ARMS: Time starts.

PEGGY HERRERA: Good afternoon, Chair Lee and community members-- Committee Members. My name

is Peggy Herrera. I am a leader and a member with Freedom Agenda and the Treatment Not Jail Coalition and several advocacy organizations, but most importantly, I am a mother of a handsome son who struggles with mental health issues. I'm here today as your support in advocating for more community-based services and resources for mental health. I've been advocating for my son since he was in elementary school, but since August 2019 I have fought even harder, and until this day, getting help for my son has been a task. I have devoted years to searching for intensive and quality treatment for him, but it seems like law enforcement is the only thing our so-called progressive city has to offer in unlimited supply. One day after being profiled and stopped by police while on probation, my son landed on The Boat in the Bronx. Sleeping in the bullpin [sic] with roaches climbing on him. He wasn't offered a bed, a bath, or a phone call, and I didn't hear from him for three days. New York City runs the most expensive and most heavily jail system in the country, but doesn't even provide basic services to people in their custody. We spend over 556,000 dollars per year to incarcerate people who were never offered

real support in the community. The huge amount of money devoted to DOC, more than 2.7 billion dollars this year, would be far better used outside of the jail system to help people. The Mayor's budget basically promises more of the same and that is unacceptable. What that status quo has meant for my family is that when my son goes into a crisis, I go sleep in my car because I'm too afraid for his safety to call for help. in a city as rich as ours, we should all have access to resources like mental health services, mobile crisis teams, mentoring, jobs, behavioral health, education, social services, and housing right here in my community and in our schools that could have benefitted my son. While my son continues to deal with the struggles of mental health, Mayor Eric Adams has deployed more police and revived the NYPD unit that further traumatizes our communities instead of addressing the real issues that affect our families. Our community's mental health--

SERGEANT AT ARMS: [interposing] Time.

PEGGY HERRERA: [inaudible] because we are facing a mental health crisis. As a mother, I'm deeply concerned about the potential harm for our

youth and communities resulting from over-policing. I believe that the way to deal with [inaudible] is to invest in the services that help people. We need to engage people before enduring a crisis. After all our communities have been through in the last two years, and starting long before that, this is not the time for business as usual [inaudible]. We are counting on the City Council to use every ounce of your power to push for a budget that finally responds to the needs of our communities. I know that if funds are not provided for what my community needs, it is not because there wasn't enough money, but because elected officials put a law enforcement union ahead of people in need. Thank you for letting me testify today.

COMMITTEE COUNSEL: Thank you, Peggy. We'll next hear from Ruth Lowenkron, and Ruth, you can begin as soon as you're unmuted and the Sergeant cues you.

SERGEANT AT ARMS: Time starts.

RUTH LOWENKRON: Good afternoon. Thank you for allowing me to testify before you. My name is Ruth Lowenkron. I'm the Director of the Business Visibility Justice Program at New York Lawyers for

the Public Interest, and New York Lawyers for the Public Interest is a supporting member of correct crisis intervention today in New York City on whose behalf I'm testifying right now. And I'm here to tell you what I told you last week when I came before you, what I told you months ago when I came before you, and I don't want to be telling you again. Please hear me. We have a crisis in terms of our ability in the City to appropriately respond to mental health crises. Please, please listen to us. We are asking that you no longer allow a police response to mental health crisis, you no longer allow the horrific track record that we have seen with 19 individuals being shot and killed at the hands of the police in the last six years alone. Last year, you were good enough to allocate 112 million dollars for a non-police response, but that money has gone to a program the City has put out called B-HEARD, and that program is anything but a non-police response. So, we ask that you ensure that that 112 million dollars or what's left of it, is allocated to a true non-police response. As I enumerated last time, as I think we've made amply clear by other advocates, that program is jointly run by the police. It utilizes

911, which is operated by the police. It utilizes EMS workers who work with the police, and most critically he continues to provide 82 percent response by police. That's not a non-police response. We have a model that we asked you to fund, and we ask that you fund at least at the level of 112 million dollars. I know my time is running. I want to ask for another financial funding request, and that is with respect to what we're seeing with the Mayor's subway safety plan. We are very concerned that that is a plan that has people being locked up and not receiving appropriate treatment. We ask that the Council do what is needed and provide appropriate treatment. I have a laundry list of programs that are voluntary and that work, and that are really what is going to help people with mental health issues, and really make sure that there are no violent incidents as much as we can do that. And I ask you to support those voluntary programs and not the creation of more beds and not the idea that we're going to sneak off individuals who are homeless and have mental health issues from the subways and do nothing for them. Thank you so much for your attention.

COMMITTEE COUNSEL: Thank you very much, and thank you to this entire panel. I'm going to pause briefly now to see if there are any questions. Okay, seeing none, I'm going to call upon the next panel, and that will include Rebecca Sour [sp?], Fiodhna O'Grady, Nora Moran, Nadia Chait, Ronald Richter, Farhana Hussain, and Evelyn Alvarez. Rebecca, you can begin as soon as you are cued.

SERGEANT AT ARMS: The time will begin.

CYNTHIA STEWART: Hi, can you hear me?

COMMITTEE COUNSEL: Yes, we can hear you.

CYNTHIA STEWART: Hello Chairs Lee and Schulman. I'm actually not Rebecca Sour. She had to hop. I'm Cynthia Stewart, and I'm the Chief Operating Officer at the Supportive Housing Network of New York. The network represents 100 nonprofits that operate supportive housing in New York City with the help of tens of thousands of city-contracted human service workers. Collectively, our members house more than 35,000 formerly homeless individuals and families and provide wraparound support services. Today, we're asking the Council to include the following in its budget response. First, support our essential workforce. Long term underfunding of our

sector has resulted in the staggering 20 percent staff vacancy rate, and we are proud members of the Just [inaudible] Campaign which calls on the City to do the following: Establish, fund, and enforce and automatic annual cost of living adjustment on all human services contracts, which for FY23 the Coalition [inaudible] 5.4 percent to match the state's current commitment, totaling approximately 108 million dollars; set a living wage floor of no less than 21 dollars an hour for all city-funded human service workers; and create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human service workers. Second, fully fund scatter site contracts. A recent City Limits article detailed the negative impacts of underfunded scatter site programs on the health and wellbeing of our tenants. Some DOHMH contracts have total budgets of just 16,000 dollars per household per year, which includes the JISH [sic] program, which my colleague Cassondra just spoke about. This is 5,000 dollars short of covering fair market rent for a studio apartment, leaving zero dollars for services. The state is proposing an increase of 104 million dollars over two years for mental health

housing, on top of the 5.4 percent COLA. The City should at least match this commitment. Although, a responsible budget would include fair market rent and 17,000 dollars--

SERGEANT AT ARMS: [interposing] Time is expired.

CYNTHIA STEWART: [inaudible] dollars for services. This is urgent. Nonprofit providers are losing money operating these programs, and some are getting ready to return their contracts to the City if they don't get an increase. We're submitted more detailed written testimony and providing additional testimony to the General Welfare Committee on the supportive housing referral and placement system, as well as the Housings and Buildings Committee. Thank you so much for the opportunity to testify.

COMMITTEE COUNSEL: Thank you, Cynthia. We'll next hear from Fiodhna O'Grady, followed by Nora Moran. Fiodhna, you can go when it's your turn, when you're cued.

SERGEANT AT ARMS: Your time will begin.

FIODHNA O'GRADY: Thank you very much to Chairs Lee and Schulman and all the members for the opportunity to speak today. My name is Fiodhna

O'Grady and I represent the Samaritans of New York Suicide Prevention Center, which has operated in New York City's only confidential 24-hour suicide hotline since 1982, responding to over 1.5 million people who are depressed and suicidal, part of the international organization that created that world's first suicide hotline 70 years ago, but now operates in 42 countries. Samaritans runs New York City's only 24-hour crisis response service staffed entirely by caring volunteers from the city's culturally diverse communities who donate over 800,000 dollars a year in free labor that answered close to 75,000 calls last year, with 312,000 in Council funding, and that we ask you to restore in FY23. Samaritans also provides educational and awareness projects to nearly 800 sites citywide. Providing immediate and ongoing support to those in distress and a safe alternative to existing clinical government-run programs, Samaritans is the go-to service for the underserved, untreated, and those most impacted by state [inaudible]. When it comes to the ever-increasing number of New Yorkers who need healthcare, recent efforts have proved costly, and in many cases ineffective as the rates of self-harming and behavior

related hospitalizations even for children continue to rise. To quote Thomas Insel, the former head of the National Institute for Mental Health who oversaw 20 billion dollars in research to improve this country's mental healthcare, "The scientific progress in our field has been stunning, while the public health outcomes got worse." The fact is, you cannot control how people get help. The gigantic budget devoted to Thrive documents the fact that bigger is not always better. New is not necessarily improved, and one size does not fit all. Samaritans' experience responding to tens of millions of people around the world has taught us that people feel more comfortable and more likely to access care when the services are confidential, community-based, and delivered for those they trust. These are the reasons we ask that you again restore our 312,000 dollars in citywide funding for Samaritan's 24-hour hotline under the mental health vulnerable populations initiative, and we encourage you to utilize Samaritans' 40 years of experience, something the previous Mayor and Thrive never did, as you seek to find ways to improve mental health services for all New Yorkers. With the CDC reporting that over 15

percent of people who experience psychological disorders never receive care, the need to invest in New York City's community and volunteer-based programs, especially in the days of COVID is greater than ever, something that NYC's CBOs and the Coalition for Behavioral Health echo today. Thank you very much for the privilege of testifying.

COMMITTEE COUNSEL: Thank you so much, Fiodhna. We'll next hear from Nora Moran followed by Nadia Chait. Nora, you can go as soon as you're cued.

SERGEANT AT ARMS: Your time will begin.

NORA MORAN: Thank you so much, Chair Schulman and Lee for the chance to testify. My name is Nora Moran. I'm the Director of Policy and Advocacy at United Neighborhood Houses. We're a policy organization representing New York City Settlement Houses. Our written testimony has a lot more detail, but I'm just going to uplift a couple of recommendations. First is that the City Council restore funds to all eight of its previously funded mental health initiatives, which would total 21.8 million. In particular, we urge the Council to restore the Geriatric Mental Health Initiative, the Children under Five and Autism Awareness Initiatives.

All of these initiatives fill critical gaps in the city's mental health system and allow CBOs to provide a range of mental health interventions. Second, to support youth mental health, we urge the City to invest 28.5 million in school-based mental health clinics. This model allows for a wide range of services including diagnosis, clinical treatment, group and individual therapy. The City currently has 280 school-based mental health clinics where CBOs operate satellite sites of their licensed clinics in schools. An investment of 28.5 million would help to start 100 new clinics over the next two years and would also support the existing ones who have struggled with staff retention due to the lack of pay parity between clinic staff and DOE staff, including DOE social workers. Third, to support older adults is to reverse the cuts to the DFTA Geriatric Mental Health Program. The Preliminary Budget saw a reduction in this Fiscal Year for that program as part of the PEG. It reappears in FY23, but the City can't afford any delay in implementing mental health services for older adults. So we urge that cut to be reversed so providers can proceed to get new programs up and running. And finally, our last request is to

support DOHMH to be able to clear the backlog of comprehensive background checks for childcare and youth programs. Providers strongly support rigorous background checks for all staff and volunteers and unfortunately, DOHMH has not been able to complete these background checks in a timely manner. We have perspective staff who are waiting for months to be able to work in their childcare and after school programs. That then leads to, you know, programs inability to open because they don't have enough staff. They're operating under capacity. Investing in DOHMH to have enough staff to complete these checks would help ease burdens in the childcare and youth services field and make sure that childcare is available at a moment when it's very critical for working families. Thank you.

COMMITTEE COUNSEL: Thank you, Nora. We'll next hear from Nadia followed by Ronald Richter [sp?]. Nadia Chait, you can begin as soon as you're cued.

SERGEANT AT ARMS: Your time will begin.

NADIA CHAIT: Thank you for the opportunity to testify today. I'm Nadia Chait, the Director of Policy and Advocacy at the Coalition for

Behavioral Health. Our members provide mental health and substance use services to over 600,000 New Yorkers annually, and are on the frontlines of the dual mental health and substance use crisis that are facing our city right now. We've heard a lot today about the impact of the [inaudible] and I want to center my testimony on some of the solutions. One of the biggest challenges that we face in providing services and access to care is that we don't have a sufficient workforce to actually provide the mental health and substance use services that New Yorkers need, and so we were proud to sign on to the Just Pay [sic] Campaign of the Human Services Council that urges the City to establish, fund, and enforce an automatic and annual cost of living adjustment on all human services contracts and to create, fund and incorporate a comprehensive wage and benefit schedule for contracted human services workers that is comparable to the salaries made by City employees. The people who work in our programs work incredibly hard and they deserve competent [sic] salaries that recognize their confidence, their experience, and the value that they provide to New Yorkers every day. It's critical that the City fund the work that they

do and ensure that our providers can pay competitive salaries. We also are seeking that the City provide additional support to build the pipeline of mental health professionals so that we have a more robust pipeline of folks entering our field and a more diverse pipeline of folks entering our field, and a more diverse pipeline of folks coming into the field, and so we're requesting five million dollars for funding for clinical internships for mental health professionals. A key part of working in our field is that clinical internship, but it's not paid, and it's a significant financial barrier for folks coming into the field. So we're requesting that the City fund that. To support our children's mental health, we're requesting 28.5 million dollars to expand access to school-based mental health clinics. We need to be doing everything we can for our children who are facing a substantial mental health crisis, and this is a key step in serving children--

SERGEANT AT ARMS: [interposing] Time expired.

NADIA CHAIT: where they are and providing the services that they need. And lastly, we-- [inaudible]. We encourage full funding for the

City Council's Mental Health Services initiatives such as 21.8 million dollars, and we encourage the City to restore the funding for the Geriatric Mental Health Service initiative at DFTA and to not have the same year cut for that program. Thank you.

COMMITTEE COUNSEL: Thank you so much, Nadia. We will next hear from Ronald Richter followed by Farhana Hussain. Ronald, you can go as soon as you're cued.

SERGEANT AT ARMS: Your time will begin.

WENDY FINKEL: Good afternoon. I am testifying for Ronald Richter. My name is Wendy Finkel, and I am Director of Government Relations at JCCA. JCCA is a traveling family services agency that works with about 17,000 of New York State's children and families each year. We provide foster residential care and behavioral health services. This year JCCA is proudly celebrating its 200th anniversary. We began as an orphanage in the 19th Century depression [inaudible] time, and now 200 years later we're emerging from a pandemic that has similarly left many children without families who can meet their needs. Although there is national consensus that health and behavioral health supports

are desperately needed for huge swaths of the population, we're facing a shortage of medical and mental health providers. This shortage is particularly poignant in low-income communities that rely on community-based high-needs services such as Article 31 and 29 I [sic] clinics, health homes and other services. Turning clients away because we don't have the staff to provide the support is devastating. The reimbursement rate for services is so low that programs are staffed mainly with per diem workers who don't receive healthcare benefits or guaranteed working hours. When a workforce is almost entirely per diem, it's more transient. Clients lose continuity of care, staff is more likely to move on when they find employment benefits. We're upset if a child's teacher changes mid-year. Imagine the disruption for a traumatized child to repeatedly lose their mental health provider. But what can New York City do? Although the State sets reimbursement rates, the City has a role in supporting our children and family's health and mental health. First, with comprehensive wage and benefits scheduled, the Mayors budget can create pay equity between nonprofit workers and city employees doing the same job. The

budget would include a compressive wage and benefit schedule for contracted health and mental health workers that's comparable to salaries made by city employees.

SERGEANT AT ARMS: Time expired.

WENDY FINKEL: City funding could fill the gap between Medicaid reimbursement and competitive wage rate. Could support a diverse workforce with educational and training supports. Finding providers that speak the languages that our clients speak and embrace the race, equity, and inclusion ethos of our desired workforce is a challenge, but with tuition assistance, loan forgiveness, and internship funding, we could support people who live in underserved neighborhoods working in health and mental health provider serving populations. Finally, we ask that you fund the COLA and commit to future COLA's to support city-- to support nonprofit employees. Thank you very much for taking the time to listen to our testimony. We appreciate your support.

COMMITTEE COUNSEL: Thank you, Wendy. We'll next hear from Farhana Hussain, followed by

Evelyn Alvarez. Farhana, you can begin as soon as you're cued.

SERGEANT AT ARMS: Time will begin.

FARHANA HUSSAIN: Thank you for providing us this opportunity to speak in front of the City Council Committee on Health in conjunction with the Mental Health, Disabilities and Addition Committee. I'm here today on behalf of India Home, a nonprofit organization founded by healthcare professionals dedicated to serving South Asian older adults in New York. Our mission is to improve the quality of life for older adults of New York City by providing quality care in a culturally appropriate environment. Currently, we serve more than 500 seniors across Queens and beyond on a weekly basis with our holistic services such as home-delivered meals, senior center programs, case management, mental health, recreational activities, and advocacy. As we know, immigrant older adults are an underserved and under-represented demographic that faces a unique set of challenges, especially in accessing and receiving quality healthcare. We have found that our seniors are not only vulnerable to chronic illnesses such as diabetes and high blood pressure, but they're also

dealing with mild to severe mental health stressors such as depression, dementia, prolonged social isolation, and loneliness. The COVID-19 pandemic has exacerbated these challenges, as many immigrant seniors have lost their spouses or one or more beloved family members. At India Home, we recognize the urgent need for culturally competent mental health services to be available in the communities we serve. In fact, over 25 percent of our current client base reported experiencing a male issue. This is why since the start of the pandemic we have made, and in fact we are continuing to make, over 30,000 wellness check-up calls on our seniors to see how they're doing, understand their needs, or just lend a listening ear, and show that we care about them. Mental health is not a widely discussed topic in the South Asian community. In fact, articulating mental health issues and accessing these services still attracts stigma from most South Asian seniors and their caregivers. Moving forward, we recommend the City take the following steps: provide funding to grassroots organizations like India Home to hire and train mental health workers to share culturally tailored mental health programming; support

organizations that provide engaging social and recreational activities as part of their mental health services; and reducing the stigma around mental health by making counseling resources and workshops accessible in different target languages to our clients and their families. Thank you so much for your time and cooperation.

COMMITTEE COUNSEL: Thank you, Farhana. We'll next hear form Evelyn Alvarez. Evelyn, you can go as soon as you're cued.

SERGEANT AT ARMS: Your time will begin.

EVELYN ALVAREZ: Hello. Can you hear me?

COMMITTEE COUNSEL: Yeah, we can hear you perfectly.

EVELYN ALVAREZ: Wonderful. Let me just put up my volume. My name is Evelyn Alvarez, and I'm the Senior Director of Family Initiatives at Ramapo for Children. I am a colleague, friend, and supporter of the proud parents of children affected by autism. I want to say thank you to the New York City Council for your longstanding commitment to funding the Autism Awareness Initiative. The last few years have been really, really difficult for parents and caregivers of children with disabilities.

Many have embraced the roles and they've become service coordinator, power [sic] professional, social skills instructor, counselor, and tutor as our children navigated unprecedented and unpredictable school schedules without access to structures and the needs of caregivers. So, Ramapo for Children is a New York City-based agency with an extraordinary track record of serving children and adults who work with them since 1922. Through direct service youth programs and highly-regarded training programs for adults, Ramapo works on behalf of children who face obstacles to learning, including children of all abilities, enabling them to succeed in the classroom, at home, and in life. We have been a parent and caregiver education workshop provider for the New York City Council Autism Awareness Initiative for 12 years. Ramapo's workshops serve thousands of families impacted with Autism Spectrum Disorder, and our virtual workshop calendar was at capacity by February with higher attendance than ever before. Too frequently, parents have little access and information to help their children. Our workshops serve working parents, grandparents, immigrant populations, Russian, Latin-x, Chinese from Mott

Haven to Staten Island to Bensonhurst, just to name a few. We partner with hospitals, community centers and public schools. Every year, we identify new groups of New Yorkers who are parenting children with disabilities and set up workshops to bring information and support them in their neighborhood. So we move beyond cultural awareness, the cultural respect and understanding. We ask you to continue and to increase the funding for these opportunities for families, and we want to thank the New York City Council for their time and support. Thank you.

COMMITTEE COUNSEL: Thank you so much, Evelyn, and thank you to this entire panel. I'm going to pause briefly here to see if there are any questions. Okay. Seeing none, I'll turn to the next panel, and that will be Dawn Yuster, Jimmy Meagher, Cal Hedigan, Soraya Elcock, Mackenzie Arnold, and Erika McSwain. And again, thank you all so much for your patience. We're nearing the last couple of panels here, and again, we'll do a sweep at the end to make sure that we haven't inadvertently left anyone out. So, Dawn, you can go as soon as the Sergeant cues you.

SERGEANT AT ARMS: Time will begin.

DAWN YUSTER: Good afternoon. My name is Dawn Yuster, and I'm the Director of Advocates for Children of New York School Justice Project. We speak out for students whose needs are often overlooked, such as students with disabilities, students with mental health needs, students involved in the juvenile criminal legal system and others. We are here today to discuss the urgent need for our city to invest in a comprehensive system to ensure that our young people have access to and receive behavioral and mental health supports in schools. As highlighted in the recent US Surgeon General's advisory and as spoken about today, the pandemic has exacerbated youth mental health needs that existed before the pandemic and spurred a national youth mental health crisis. Many young people in our city experienced unimaginable trauma and loss are struggling with the return to in-person learning this year. For students to thrive in school, they must feel safe and supported by their school communities, and our schools must be places that are healing-centered. Despite the trauma that youth have faced, too often when students are struggling they are met with harmful practices, the same harmful practices they

were met with before the pandemic, exclusionary school discipline and policing practice that only further traumatize them and perpetuate the school to prison pipeline, disproportionately harming black and brown students and students with disabilities. Through our work assisting individuals, students, and families, we know the traumatic impact of NYPD intervention, EMS transport, unnecessary hospitalization on students, families and school staff. Furthermore, these responses do nothing to address the root causes of student behavior. Reduced time spent in class learning and correlate with poor academic outcomes. So I'm here today to talk about what needs to be done to address this issue, and it's really more urgent than ever that the City prioritize investment in practices that support our young people and divest from practices. To this end, we urge the Administration and City Council to work towards creating a comprehensive integrated system of mental health and behavioral health supports for students, and making a couple of budget recommendations-- and I'm almost done. First is base lining five million dollars for the Mental Health Continuum, which Doctor Chokshi mentioned, which is a promising model

integrating a range of direct services in developing stronger partnerships between schools and hospital-based mental health clinics. This model, thanks to the Council, efforts-- we're thankful that five million dollars was put into the Fiscal Year 20-22 budget. However, this funding ends this year unless it's renewed. So we're asking for it to be base lined. The second and final thing that I have to say is requests for an increase in the number of school-based mental health clinics so that more students have access to this timely ongoing mental healthcare at school. And thank you so much everyone for staying here so long, and there's a lot more in my written testimony which I hope that the Chairs and Council Members will take the time to read, and we look forward to working with you to prioritize these investments. Thank you so much.

COMMITTEE COUNSEL: Thank you, Dawn, and thank you for that reminder. We absolutely read every single word of written testimony. Feel free to submit to testimony@council.nyc.gov, and it will become part of the official public record. We'll next hear from Jimmy Meagher followed by Cal Hedigan.

Jimmy, you can begin as soon as the Sergeant cues you.

SERGEANT AT ARMS: Your time will begin.

JIMMY MEAGHER: Thank you for the opportunity to provide testimony today. My name is Jimmy Meagher and I'm Policy Director at Safe Horizon, the nation's largest nonprofit victim services organization. We offer a client-centered trauma-informed response to 250,000 New Yorkers each year who have experienced violence or abuse. I'll limit my remarks today and submit written testimony, but I'm here to focus on the needs of the nonprofit human services sector with specific focus on the core asks of the Just Pay Campaign and to highlight the City Council initiative funding contracted through DOHMH that we rely on to provide health and mental health services to survivors of violence and abuse across the five boroughs. We're a proud member of the Just Pay Campaign, which is a racial equity and gender justice campaign committed to ending the government exploitation of human services workers. Each year you hear from providers, many here, who are struggling due to the crisis of underfunding of the human services sector s budgets are balanced on the

backs of low-income neighborhoods and [inaudible] communities. This practice has resulted in poverty-level wages for human services workers who are predominantly women of color-- women and people of color. To address this crisis, we ask the City to immediately adopt three core reforms, an automatic annual cost of living adjustment, a living wage floor of no less than 21 dollars and hour, and a comprehensive wage and benefits schedule for government contracted human services workers. The COLA is the biggest action that could be taken during this budget season. Ideally, we would love to see a multi-year COLA agreement, but in the absence of that, we're asking for a 5.4 percent COLA. My written testimony goes into detail on our initiative funding requests, but briefly, the City Council supports our street work project for runaway and homeless youth through the Viral Hepatitis Prevention Initiative, our counseling center through the court involved youth mental health initiative, and children under five mental health initiative, and our community programs [inaudible] through the Mental Health Services for Vulnerable Populations initiative. These funds allow us to provide trauma-

informed healing, healthcare and mental healthcare to our clients and their families. We urge the Council to continue to invest in these mental health initiatives. Thank you for this opportunity and thank you for your support.

COMMITTEE COUNSEL: Thank you so much for your testimony. We'll next hear from Cal Hedigan followed by Soraya Elcock. And Cal, you can go as soon as the Sergeant cues you.

SERGEANT AT ARMS: Your time will begin.

CAL HEDIGAN: [inaudible]

COMMITTEE COUNSEL: Cal, it's a bit difficult to hear you. No, it sounds a bit grainy. We're going to come back to you at the end. For now I'll turn to Soraya Elcock followed by Mackenzie Arnold. Soraya, you can begin as soon as you're cued.

SERGEANT AT ARMS: Time will begin.

SORAYA ELCOCK: Good evening.

COMMITTEE COUNSEL: Soraya, I just tried unmuting you again. Can you try speaking?

SORAYA ELCOCK: Hi. Can you hear me?

COMMITTEE COUNSEL: There's a pretty bad echo.

SORAYA ELCOCK: Is it still there?

COMMITTEE COUNSEL: Yeah, unfortunately. Okay, we're going to try to come back to you. We'll turn to Mackenzie Arnold followed by Erika McSwain.

MACKENZIE ARNOLD: Thanks. Hopefully third time's a charm and we can go back to the others. Thank you again for everyone for allowing us to testify here today. My name is Mackenzie Arnold. I'm a Legal Fellow at New York Lawyers for the Public Interest. We heard from Ruth Lowenkron earlier today and she mentioned that we work with CCIT NYC trying to advance non-police supportive response to mental health crises in New York. I also want to flag a thank you on behalf of NYLPI, that they received funding as well from the City Council's Immigration Health Initiative. It's been really helpful in advancing our work to provide support to immigrants both in HIV treatment and other filing of immigration [inaudible]. But specifically, I would like to address the most recent budget proposal and specifically what it means for those who are unhoused and those with serious mental health needs. Just last month, the Mayor had announced a new subway safety plan, one that drew considerable concern from those

who are effected, peer advocates, and community leaders. And specifically, where that concern was based from was that it focused so much on removing people from one of the few places where they felt safe, or that they could stay, especially during cold winters, and that while the program said that it would be focused around providing voluntary care and voluntary alternatives to living or staying in the subway, we really have to interrogate what that means. For services to be voluntary, the City needs to offer things that people want, that people see as tangible life-affirming, long-term, and stable support options. In other words, they need to have a choice, something that can actually help put their lives in a better place than it was before. And as we've heard from a number of people today, we all know that many of the services that people actually need in those situations are already in extremely short supply. Council Member Bottcher talked extensively about clubhouses and how there's only a few thousands spots for more than a few hundred thousand people who could use those services. And when we look at the Mayor's proposed budget, we see that rather than expanding services, we-- there's

over 115 million dollars that is cut from the Department of Homeless Services, and an additional shortfall in terms of supportive housing and affordable housing. So, to reiterate some of the requests that were made by our colleagues at CCIT NYC earlier, we ask that the Council focus both on sending funding to services that we know are most effective, including CCIT NYC's model, and that they appropriately fund the sorts of long-term supportive services that we need to connect people to in these situations. Thank you.

COMMITTEE COUNSEL: Thank you so much, Mackenzie. We'll next turn to Erika McSwain, and then we're going to try to go back to Cal followed by Sorarya. So, Erika, you can go as soon as the Sergeant cues you.

SERGEANT AT ARMS: Your time will begin.

ERIKA MCSWAIN: Thank you. Good afternoon, Chair Lee, Chair Schulman and esteemed Council Members of Committee on Health and Committee on Mental Health, Disabilities and Addiction. My name is Erika McSwain. I'm the Director of Queens Borough Initiatives for the Center for Court Innovation. Briefly, the Center for Court Innovation is an

organization that researches and implements justice reforms that advance fairness and effectiveness while we use our reach to provide expert assistance across the world. The majority of our direct service sites are in New York where we help provide-- I'm sorry-- help improve civil, family, criminal, and non-court based processes touching the justice system. Mental health and the justice system cannot be siloed [sp?]. They are inextricably intertwined. Properly addressing the mental health needs of all New Yorkers is necessary now more than ever. Before with the stressors of COVID-19 weighing heavy on already under-resourced communities will allow us to lessen harmful interactions with the justice system and law enforcement, and on the flipside, ensure that the contact with the justice system is humane with an emphasis on providing culturally competent treatment and programming. Ideally, we address the mental health needs of individuals before they ever intersect the justice system. The Center offers trauma-informed mental health programming in communities experiencing high rates of violence in all five boroughs. We urge the Council to continue and expand support of the center's Queens Community

Justice Center's Uplift program and the Staten Island Justice Center's Youth Wellness Initiative. To address high levels of exposure to community violence and trauma among young people of color, young men of color in Queens, the Center's Uplift program provides trauma and healing services to justice involved male, youth, and young adults by offering client-driven individual therapeutic sessions and supportive group workshops. Through case management, victim service assistance and advocacy and mentoring, participants supported to recognize process and heal their trauma resulting in better life outcomes with partial funding from Council-- with partial funding from City Council this past funding season, we have been able to roll out a small cohort for this programming. We are hoping to secure our full funding request which will allow us to serve more young adults through this very vital programming. By partnering with the Center, Council can go beyond transforming the justice system to cultivating vibrant and prosperous communities that the Center-- that center health, wellness, and security for all its members. We thank the Council for its continued partnership, and are

available for any answer-- any questions you may have. Thank you.

COMMITTEE COUNSEL: Thank you so much, Erika, and we're going to turn back to Cal Hedigan now, and hopefully we'll be able to hear you.

CAL HEDIGAN: How do I sound?

COMMITTEE COUNSEL: Perfect, perfect.

CAL HEDIGAN: Okay. Thank you again for hearing my testimony this evening. My name is Cal Hedigan, and I'm the CEO of Community Access, an organization that has been supporting the self-determination of people living with mental health concerns since 1974. Our 350-person staff work daily to support thousands of New Yorkers through supportive housing, mobile treatment teams, training, supported education, advocacy, and other healing-focused services. I ask you to please direct your attention to my written testimony which goes into greater detail, but I will focus on a few key areas now. I join my many nonprofit colleagues in supporting the Just Pay Campaign for human services workers, the vast majority of whom are women of color. Many of us have told you our key demands, so I will skip those for now. The impact of the current

wage structure and decades of underfunding have led to a terrible workforce crisis. At Community Access, our supportive housing staff vacancy rate is close to 30 percent. I cannot overstate the importance of investing in this sector to enable providers like us to recruit and retain staff to do this critical work. Every day, the human services workforce ensures that there is a safety net for our city's most vulnerable residents. Adequately compensating them for their labor must be a budget priority. And as our city continues to grapple with record numbers of people experiencing homelessness, we must look at this not as a homelessness crisis, but as the affordable housing crisis that it is. I am deeply disappointed in the proposed budget's lack of investment in supportive and affordable housing capital which falls significantly short of the four billion dollars the Mayor promised while campaigning. We need accelerated investment in supported and deeply affordable housing today to pave the way for a future where all New Yorkers will be stably housed--

SERGEANT AT ARMS: [interposing] Time expired.

CAL HEDIGAN: And as we imagine a safer and more just city, it is critical that we reject the use involuntary and coercive measures such as Kendra's Law [sic]. These measures are ineffective, strip New Yorkers of their civil liberties, increase people's distrust in the mental health system and have been applied in a racially discriminatory manner since their inception. New York must increase investment in community-based mental health services that are culturally competent and trauma-informed, and that put the dignity and rights of individuals first. And lastly, the City must end the use of law enforcement in response to mental health crisis calls. I join my colleagues from Correct Crisis Intervention today in calling for a health-only, peer-led, crisis response that fully removes police as responders. The City's current crisis response pilot B-HEARD, as you've heard from others, is not meeting this need. More than six months into this pilot, only 20 percent of the calls are being diverted to the B-HEARD teams. We urgently need a true non-police response. Live are at stake. We ask the Council to allocate the 112 million dollars allocated for crisis response to the CCIT NYC

proposal for a peer-driven, non-police response. Thank you so much for listening to my testimony. I look forward to working with you to advance budget priorities that create a more just and equitable city for us all.

COMMITTEE COUNSEL: Thank you very much, Cal. We're going to try to come back now to Soraya Elcock. Soraya, as soon as you receive the unmute prompt, please accept it, and hopefully we'll be able to hear you.

SERGEANT AT ARMS: Your time will begin.

SORAYA ELCOCK: Can you hear me?

COMMITTEE COUNSEL: I'm still having the issue with the feedback.

SORAYA ELCOCK: [inaudible]

COMMITTEE COUNSEL: Well, there's an echo when you're speaking, unfortunately. I don't know if you're near another device. That might be the issue.

SORAYA ELCOCK: No. [echo]

COMMITTEE COUNSEL: Sorry about that. We're going to try to come back at the end. The next panel, which is also our last panel, will be Judith Cutchin, Jeannine Mendez, Sharon Content, Frank Proscia, Michael Day, and Patrick Boyle.

Additionally, we have an attendee that's called in, so we're going to unmute you, and please just tell us your name for the record when we do. We'll turn to you at the end after this panel, and we'll also try to come back to Soraya. Maybe if you log out and log back in that would help. So let's start with Judith, and Judith, you can begin as soon as you're unmuted and the Sergeant cues you.

SERGEANT AT ARMS: Your time will begin.

JUDITH CUTCHIN: Thank you. My name is Judith Cutchin. I am a member of the New York State Nurses Association Board of Directors, also known as NYSNA, President of the NYC H+H Mayoral Executive Council, which represents 9,000 public [inaudible] for nurses. I am also a registered nurse employed for more than 30 years at Woodhull Hospital in Brooklyn. The Mayor's Preliminary Budget for Fiscal Year 2023 includes two new healthcare initiatives that NYSNA support. The budget adds 30 million to the baseline budget to permanently fund the New Family Home Visits Program. This program provides home visits by a health professional for new mothers and babies and targets the 33 neighborhoods that was most affected by COVID and the highest disparity in

health in access to services. The budget also proposes a new three million dollar program to improve maternal health by creating a health home program for expectant mothers to coordinate their care and simulation training for H+H staff to handle high-risk delivery. We support these proposals but think the City Council and the Mayor should provide funding to forcibly address racial and social inequities in healthcare, improve the public health system to get through COVID and prepare to meet future health needs. First, we think that funding for the early intervention program, including the Nurse Family Partnership, the New Family's Home, and the Newborn Home Visit Programs should be increased. Programs like the Nurse Family Partnership has a proven track record of improving health conditions of children suffering from the outcome. In addition, these programs pay for themselves by reducing the social and budgetary costs of incarceration, poor health, and unemployment. The budget for these programs should not be reduced. We need to add more money instead. Secondly, you should not cut or reduce funding for DOH or H+H. The Preliminary Budget will cut current funding for each by more than

1.1 billion next year. We understand that some of these cuts are because of lower federal aid and fewer COVID costs, but DOH and H+H are a key to addressing the serious levels of inequity in healthcare and will be key in creating more equitable healthcare systems. Therefore, more funding should be allocated to H+H and DOH, not cut. We urge the Council to restore the proposed cuts in support of DOHMH and New York City H+H, and to improve substantial increases in their funding to correct these persistent racial and socio/economic disparities in care. Thank you, Chair Schulman and the Committee for allowing me to testify today. Our positions are laid out in more detail in our written testimony. Thanks again.

COMMITTEE COUNSEL: Thank you so much, Judith. We'll next hear from Jeannine Mendez followed by Sharon Content. Jeannine, you can go as soon as you're unmuted.

JEANNINE MENDEZ: Good evening all. My name is Jeannine Mendez. I'm the Director of Government Relations at Astor Services for Children and Families which is a nonprofit social service agency that works with children and families suffering from mental and behavioral health

challenges. I would like to speak with you today about the alarming workforce shortage facing many mental health providers that is only getting worse by the day. We need investments in the children's mental health workforce, a group that has traditionally been underpaid, yet on the frontline for the most vulnerable. We've heard many people today testify regarding additional programs and the need for additional programs, but the true issue doesn't lie necessarily in the workforce, but more about capacity. We can have numerous, numerous programs, but if we don't have the workforce in place in which to administer those programs, it's really going to be a horrible cycle. Capacity and workforce retention has always been an issue in the human services field. Providers are expected to do more with less, and that cannot be more evident than in the current backlogs and wait times that most families in our communities are facing when trying to schedule appointments. That is why we are also working with our coalition partners to change the scope or practices that pertains to the role of licensed mental health counselors in our state to be able to continue to diagnose, as it is in danger of

being taken away. There's currently legislation being proposed from both the assembly and the senate to address the critical workforce shortages in the public mental health and substance use disorder systems of care across the state. Providing a mechanism that allows qualified mental health practitioners to diagnose will help provide services efficiently and effectively and avoid significant access to care issues. Astor currently employees close to 800 staff agency-wide that range from direct care workers to clinicians and mental health counselors. All these roles are crucial in maintaining our infrastructure needed to bring our state back to normalcy. More than 50 percent of our Bronx clients identify as Hispanic and we are asking for more support and enhanced salaries to keep and attract talent that is in line with our mission to provide services in a culturally and linguistically appropriate manner. Our largest age cohort is between the ages of eight and 17, which encompasses a sizeable proportion of our school aged population,--

SERGEANT AT ARMS: [interposing] Time is expired.

JEANNINE MENDEZ: with the three top diagnoses being Attention Deficit Disorder, Depressive Disorder, and Disruptive Operational Disorder. These three make up over 60 percent of the overall primary diagnoses we see in the Bronx and require trained and competent staff that can speak and understand the cultures and communities in which we serve. That is why Astor is looking to expand and reinvest in its bilingual Spanish workforce that will enable us not only to hire Spanish-speaking clinicians and non-clinical staff, but also allow us to provide language professional development opportunities to our current staff so that we can create an internal language blank [sic] to provide the best service and support possible. Thank you.

COMMITTEE COUNSEL: Thank you so much for your testimony, Jeannine. We'll next turn to Sharon Content followed by Frank Proscia. Sharon, you can go as soon as you're unmuted and the Sergeant cues you.

SERGEANT AT ARMS: Your time will begin.

SHARON CONTENT: Good evening. Thank you so much. My name is Sharon Content and I'm the Founder and CEO of Children of Promise NYC, a trauma-

informed program that for the past 12 years has served New York City children and families impacted by parental incarceration. CPNYC is a one-of-a-kind organization with an innovative model that combines an Article 31 licensed outpatient mental health clinic with comprehensive youth development in an afterschool and summer day camp setting. We infuse mental health in all aspects of our program, developing a safe space for scholars to develop coping mechanisms to deal with the stigma, the shame, and for so many, the secret of having a parent in prison. Throughout our two locations, one in Bedford Stuyvesant, Brooklyn, and the other in the South Bronx, we currently serve upwards to 500 children per year between the ages of six and 18. Long before the Surgeon General declared a crisis in youth mental health, the scholars that attend CPNYC were already dealing with the immense trauma associated with having an incarcerated family member. Then, we had to face the effects of the pandemic. COVID-19 hit our population hard and brought about additional struggles that have continued to leave them dealing with feelings of isolation, learning loss, becoming ill, having ill family members, as well as those that

were deceased and lost employment. Nevertheless, throughout this time, CPNYC has consistently pivoted and risen to meet the needs and provide support to the children and the families we serve. When schools, business, and government agencies were closed, CPNYC and so many of the community-based organizations on this call this evening kept our doors open the entire time, providing our comprehensive programming and services in addition to mental health services which is the core of CPNYC's mission. During the pandemic we opened a new facility in the Bronx to provide mental health services and trauma-informed programming to a high needs community impacted by mass incarceration. CPNYC is the first and only organization in New York City designed specifically to provide mental health services, co-located with an afterschool and summer day camp program, for children with parents serving time in prison. While we collaborate and partner with several youth agencies throughout the City, our community-based organization is set apart from agencies that provide social services and traditional youth development afterschool programming. I'm deeply moved every time I hear a scholar ask when

will they be assigned a clinician because it means we have lifted the shame and the stigma around mental health services in communities where mental health services is not the traditional part of the healing process. However, the Delta and the Omicron surges have made our work challenging. The latest surges exasperated what were already significant healthcare professional shortages in the City, in New York State, as well as across the country. Many are leaving the industry in droves due to the trauma and the impact this two-year pandemic has wreaked on their physical and mental health. These impacts have been especially devastating in black and brown communities. And CPNYC has felt these impacts profoundly in our ability to recruit and retain in-person, on-site clinical staff to administer the mental health services that our scholars and our families need. At CPNYC we meet the overwhelming need and have made a strategic decision to shift aspects of our clinical program and mental health resources to a hybrid in-person, and virtual model. By offering virtual services, we are no longer geographically limited. We can cast a wider net and attract the best and brightest professionals at the

top of their field. In this model, our scholars at both locations will continue to receive clinical support, much in the way that we have previously, regularly scheduled weekly sessions with clinicians in the same session rooms-- same session rooms and spaces, spur of the moment meetings when they're experiencing a rough day, or challenges like personal development and integration into our other programming. But this means we have lost-- excuse me. But this means we have to invest scarce resources into renovating our clinical spaces with the necessary technology and equipment to make the shift to virtual sessions seamlessly. We bore these costs because our scholars are worth it, and mental health is the foundation to healing lives and communities impacted by trauma and other adverse experiences. But the rising costs to meet these challenges, CPNYC is creating new and tremendous opportunities for families we serve. We are also eventually able to offer services to more children in other parts of the City, ensuring that any young person experiencing the trauma of losing a parent to the criminal justice system could have-- will not have to carry this burden alone or in isolation. The

pandemic brought about a change that is almost simultaneously exposing and increasing the urgent need to more mental health resources in our communities. To end, the Academic Psychiatric Association estimates that removing racial disparities to access mental health services will save the country upwards of one billion dollars. It is my sincere hope that the City will meet this moment by-- excuse me-- will meet this moment by increasing funding to mental health resources and expanding access to mental health care for vulnerable communities, and the return on the investment will be immeasurable. Thank you so much for your time this evening.

COMMITTEE COUNSEL: Thank you very much, Sharon. We'll next hear from Frank Proscia followed by Michael Day followed by Patrick Boyle, and then we're going to go back to Soraya Elcock who was unable to testify before. Frank, you can go as soon as you're unmuted and cued.

FRANK PROSCIA: Thank you very much for providing me this opportunity to speak. My name is Doctor Frank Proscia. I'm President of Doctor's Council SEIU. We represent doctors throughout New

York City, New York State and elsewhere. For time constraints, please read my complete testimony that was submitted. I will focus today on the DOHMH and the abuse our doctors and members receive with respect to on-call issues. On-call is obviously, as people know, is when a doctor is required to make themselves available after their regular work hours, usually at home. In mid-December of 21, the Doctor's signed and the Union sent a petition to the Commissioner. They wanted a meeting with him to express their concerns and provide direct feedback about the on-call issue. Unfortunately, he never got back to these repeated messages and calls. In addition to all the work these doctors do during regular work hours. On-call duty includes answering calls, addressing medical issues, and can include 16 additional hours each weekday, the time between weekday shifts, and 24 hours each weekend, Saturday, Sunday, and holiday. One week of on-call has doctors working an additional 128 hours, and all of it is uncompensated and without benefits. Is a doctor's time suddenly worthless after 5:00 p.m.? I think not. On some on-call occasions, Doctors are also asked to deal with issues outside of their specialty

that they have not received training on. Thus, calling into question the quality of care, as well as the protocols being utilized by the DOH. What if a doctor makes a mistake? This creates medical and legal liability, potential bad care, puts a doctor's own medial license on the line. We, you know, we as Doctor's Council hope that the City Council will call on the City and the DOHMH to do the right thing and make on-call voluntary rotated among qualified personnel properly assigned and compensated with pay and benefits. Thank you for the opportunity to testify today. Thank you.

COMMITTEE COUNSEL: Thank you so much, Frank. We'll next hear from Michael Day followed by Patrick Boyle, followed by Soraya. Michael, you can begin as soon as you're ready.

SERGEANT AT ARMS: Time will begin.

MICHAEL DAY: Thank you very much for allowing me to testify today. I am a Senior Vice President for Bright Horizons and I'm here testifying both on behalf of Bright Horizons and the Early Care and Education Consortium, which is a national organization serving over a million children and specifically includes nine childcare providers

operating in New York City. Between those providers, we operate 75 child development centers in the City but the issue I am here to discuss impacts every childcare program in the City. As Nora Moran from United Neighborhood Houses mentioned in her testimony, DOHMH processes background checks for employees at childcare programs in the City. Background checks play a critical role in assuring parents that their children will be safely cared for. Nevertheless, the current length of time for clearances is undermining our ability to provide New York City's children with care and quality educational programs. Extreme delays in background checks by DOHMH currently last an average of six months, some over a year. This compares to programs in the city under the Department of Education, as well as other childcare programs outside the city, but in New York State that range between two and six weeks to complete the checks. New York State programs, in fact, cannot exceed 45 days to carry out a background check by statute, and the City should not either. We applaud your recent investment in new staffing for the Department to focus on this issue and ask you to make further investments that will

allow the Department to reduce the backlog to match the New York City DOE and New York City timeframes of two to six weeks. This is a standard that almost every other locality meets. Teachers are the critical component of the early childhood programs and deserve the same resources, response, and time frame. As mentioned, New York State is committed by statute to completing background checks within 45 days, while New York City it is averaging over four times that long--

SERGEANT AT ARMS: [interposing] Time expired.

MICHAEL DAY: for teachers at 180 days, which is simply untenable. Without resolution to this backlog of background checks, childcare centers will be forced to reduce hours, services, and face classroom closures. Thank you very much for your time.

COMMITTEE COUNSEL: Thank you so much, Michael. And we'll next hear from Patrick Boyle, and then we'll turn back to Soraya Elcock. At this time, those are our last two witnesses. So if we've inadvertently missed anyone, please use the Zoom raise hand function, and we'll make sure to call on

you. And after we turn to Soraya, we'll turn back to Chair Schulman for closing remarks and to close out the hearing. Patrick, you can begin as soon as you're cued.

SERGEANT AT ARMS: Your time will begin.

PATRICK BOYLE: Thank you. My name is Patrick Boyle. I'm an Assistant Vice President of Public Policy with Volunteers of America Greater New York. We run 66 programs in the region across a number of different populations served. We're a nonprofit developer. We work in mental health services, behavioral health, substance abuse, many other categories of vulnerable people that we serve. We really just want to highlight what Community Access said with the supportive housing network said, what maybe a dozen other groups said throughout this hearing with respect to a cost of living adjustment and just pay for the human services sector. You know, as we're kind of coming out of this pandemic, you know, this is really the moment. This is really the budget to really bring pay equity to that sector. A great number of our staff who are really on the front lines of dealing with people with severe mental health disorders and, you know, really some of our

last challenging other policy issues. You know, a great number of our staff are paid poverty wages based on the government contracts that we receive. You know, we were disappointed that the proposed budget doesn't address that despite really years of advocacy by the nonprofit community, but we're hopeful that the Council is going to take up the charge on that. So we certainly want to echo that, and our submitted testimony has sort of more details on some of the specifics. We're also concerned about the three percent budget pay, because to a lot of different agencies, I think New Yorkers in the streets of the subways, you know, can really acutely feel the mental health crisis sort of on a day-to-day basis. It sort of sounds absurd that we would be considering three percent cuts in unfulfilled positions at DHS and HRA, but that's exactly what we're doing. So we certainly want to see those agencies brought up to full staffing. So we have more detail in our submitted testimony, which we'll direct you to, and I just want to thank the Chair and the Committee for the opportunity to testify. Thanks.

COMMITTEE COUNSEL: Thank you so much, Patrick. And we're next going to turn to Soraya Elcock who will be our last witness. Again, I want to remind anyone who we may have in advertently forgotten to please use the Zoom raise hand function, and we will call on you. Soraya, let's give it another try here.

SORAYA ELCOCK: Can you hear me?

COMMITTEE COUNSEL: Yes, perfect.

SORAYA ELCOCK: Woohoo. Thank you so much for your patience. Good evening all. My name is Soraya Elcock and my pronouns are she/her. I am the Chief Strategy Officer at Hetrick-Martin Institute. Just briefly, founded in 1979, Hetrick-Martin Institute, also known as HMI, is the nation's oldest and largest nonprofit leader in LGBTQ+ services. Operating from a core belief that all young people deserve a safe and supportive environment in which to achieve their full potential. We have developed a comprehensive and integrated portfolio of services that are focused on the mental/emotional wellbeing of LGBTQ youth ages 13-24. Our members are 94 percent youth of color, and 80 percent are Title I recipients living at or below

federal poverty level. After 40+ years, HMI remains a grassroots community-based organization committed to expanding access to care, decreasing isolation, and delivering critically needed mental health services to LGBTQ youth and their families citywide. Now, the complexity of the multiple crisis that LGBTQ youth are dealing with, many of which we are all aware of, homelessness, hunger, victimized by violence and sexual abuse, disowned by families, marginalized by society based on their race, gender expression, sexual orientation. All of these demand that organization and institutions charge with providing concrete mental health and life-saving services need to develop fully-responsive systems, policies, and programs that really address the core needs. In order to achieve that goal, we believe that we need to create, fund, and support free high-quality, long-term therapy across a wide range of modalities that integrate and center liberation, focus, and anti-racist mental healthcare into practice. Liberation focused healing recognizes the impact of systemic oppression, racism, homophobia, transphobia, poverty, lack of access to resources, as root causes of some mental health systems, especially

symptoms, especially in LGBTQ youth. Not enough clinical models and evidence-based practices actively serve the needs of historically excluded BIPOC folks and LGBTQ youth. HMI's unique outpatient mental health models--

SERGEANT AT ARMS: [interposing] Time expired.

SORAYA ELCOCK: centers around liberation focused healing. Our practice means that we recognize the impact of systemic racism and other oppressions. We understand that these systems and lack of access to resources are often the root causes of mental health systems, and we locate the problem outside of the individuals seeking care, and in a more systemic way. We acknowledge the disproportionate impact the system harm [sic] is done on black and transgender youth members, and we're actively committed to centering youth voices into telling us what mental needs are. Our vision has created an institute that provides youth with high-quality, holistic, long-term free mental healthcare that supports their creativity, their essence, their history, and their culture, and who they are. And these resources come directly from the New York City

Council, and we're hoping to have them reinstated. With the start of the pandemic, we saw huge increase in the demand for counseling with 37.3 percent of our youth members reporting experiencing at least one hardship during this crisis. LGBTQ youth are experiencing a different world than their heterosexual and cisgender peers. You're not born predisposed to mental health illness. a world that often deems them as abnormal, sick, and disposable lays the foundation for mental health illness, and a world that does not recognize that racism, homophobia, and transphobia. Its feeding ground for mental health illness will never have an impact. I would like to thank the City Council and Chairwoman Schulman and Lee for convening this hearing. Thank you for your commitment and I look forward to your investment and working with you to reduce the overwhelming mental health illness impacting LGBTQ youth, especially youths of color across our city. Thank you.

COMMITTEE COUNSEL: Thank you so much, Soraya, and thank you to this entire panel. I'm going to pause again to see if we've inadvertently missed anyone or if any Council Members have any

questions. Okay, seeing none, I'm going to turn it back to Chair Schulman followed by Chair Lee to give brief closing remarks, and then Chair Schulman will close out the hearing. And again, thank you so much to all the witnesses who hung around this entire time. We really appreciate your testimony. And Chair Schulman, please give us some closing remarks.

CHAIRPERSON SCHULMAN: Thank you. Again, I apologize, my camera-- there's something wrong with my camera. So if I turn it on I'll look like something out of a science fiction movie. So you'll get to hear me. I have to fix it later. But at any rate, a couple of things. One is we had this marathon session today. We had two committees, one subcommittee. We had the Administration, and I want to thank everyone. I want to thank particularly the staff for all of their work, but I also want to give a very, very special thanks to you the advocates because you're the ones that do the work. You're the ones on the ground, and we couldn't do any of this without you, and we really appreciate you hanging in there. And we-- you know, this is the first step in the budget process, and we look forward to working with each and every one of you. I heard about all of

the different issues, diabetes, LGBTQIA, you know, just Trans, everything. So, just like I said-- I wanted to-- mental health issues which is more my colleagues committee. I also want to thank my colleagues in particular, Council Member Lee and Council Member Moya for their work today. And I will hand it back over to the Committee Counsel. Thank you very much, everyone.

COMMITTEE COUNSEL: Thank you very much, Chair Schulman, and Chair Lee, I don't know if you wanted to give a brief closing remark?

CHAIRPERSON LEE: Sure. No, again, I just wanted to echo what Council Member Schulman has said, and for those that don't know, I'm a social worker myself and came from the nonprofit work, direct social service side of things. So, I was just on your end of things, and so hearing all of your testimonies, it makes me feel like I'm at home with family because I totally hear all the things that you guys have been doing, especially, accessibility Access Health NYC, all the advocates here, especially the folks at CSS, PHS, all the acronyms, and you know, there's a lot we need to do around mental health. We're at a crucial time, and as other

colleagues like Council Members Barron and others have mentioned, we need to increase the pie when it comes to mental health services and it's been at a deficit for many, many year's pre-pandemic levels. And so even before that, it was so-- it was so underfunded, and so I think we have a real opportunity now. I think now is the moment, and hopefully we can, you know, keep the pressure on to make sure that, you know, we're addressing this from all angles, but it's the private sector. It's the health insurance companies. It's, you know, funding. It's a-- we need more workforce. We need to create more of a pipeline, and it's not a one-size-fits-all because we have so many different need in the community, and so we need to make sure that we're utilizing you all as community groups and advocates, because you know your communities best that you're serving. So I just really wanted to say thank you, and I had to go in transit, so I'm in the car right now, but I have been intently listening to everything that you guys have been saying, and I just really appreciate everything and all the work you do. So thank you so much, and I'll hand it back over.

COMMITTEE COUNSEL: Thank you so much. And Chair Schulman, you can officially close out the hearing.

CHAIRPERSON SCHULMAN: So, I officially close out the hearing. Thank you all, and I hope you have a wonderful evening.

COMMITTEE COUNSEL: Thank you.

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date April 14, 2022