

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 24, 2025  
Start: 10:12 a.m.  
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HELD AT: Council Chambers - City Hall

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

Linda Lee  
Chairperson

COUNCIL MEMBERS:

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Carmen N. De La Rosa  
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Mercedes Narcisse  
Susan Zhuang  
Shaun Abreu  
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Tiffany Cabán  
Farah N. Louis  
Darlene Mealy

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

Michelle Morse  
Department of Health and Mental Hygiene Acting  
Commissioner

Aaron Anderson  
Department of Health and Mental Hygiene Chief  
Financial Officer

Jean Wright  
Department of Health and Mental Hygiene  
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Corinne Schiff  
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Commissioner of Environmental Health

Rebecca Linn-Walton  
DOHMH Assistant Commissioner of Alcohol and Drug  
Abuse

Jason Graham  
Chief Medical Officer

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

Yvonne Williams  
OCME Deputy Commissioner for Administration and  
Finance

Nicholas Schultz  
OCME Chief Operating Officer and Deputy  
Commissioner of Forensic Operations and  
Investigations

Doctor Dre  
Health People

Misha Sharp  
32BJ Health Fund

Denise Mieses  
SAPIS Chairperson of DC37 Local 372

Meghan Peterson  
DC37 Local 3005

Samantha Rappa-Giovagnoli  
DC37 Local 3005

Gabriela De Leon  
Planned Parenthood of Greater New York

Kellen Doer  
Planned Parenthood of Greater New York

Stephanie Cannon  
Planned Parenthood of Greater New York

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

Maryam Mohammed-Miller

Planned Parenthood of Greater New York

Bella Macallister

Planned Parenthood of Greater New York

Gabriela Aguilar

Planned Parenthood of Greater New York

Gillian Dean

Planned Parenthood of Greater New York

Jane Kaufman

Planned Parenthood of Greater New York

Jessica Bathurst

Deidre De Leo

VNS Health Director of Behavioral Programs

Geordana Weber

Chief Program Officer of Service Program for  
Older People

Lori Podvesker

INCLUDEnyc

Brianna McKinney

Project Guardianship

Eric Blazsek

Center for Independence of the Disabled New York

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

Martha Neighbors  
Executive Vice President of Snug Harbor Cultural  
Center

Chris Norwood  
Health People

Kendra Oke  
Crossover TV, Live with Kendra

Jaya Yeeda  
Callen-Lorde Health Center

Sharon Brown

Ronni Marks  
Hepatitis C Mentor and Support Group

Jeannine Garriga  
Boom Health

Robert Desrouleaux  
Hepatitis C Mentor and Support Group

Michael Petti  
LifeLink Clubhouse

Michael Minguzzi  
LifeLink Clubhouse

Suzanne Stoute  
Chelton-Loft Clubhouse

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

Charles De San Pedro  
TOP Clubhouse

Claire Bigging  
DC37 Local 3005

Eugene Massey  
DOHMH Climate Health Team

Chelsea Rose  
Care for the Homeless

Veronica Smith  
Public Health Solutions

Jihoon Kim  
President of InUnity Alliance

Jordyn Rosenthal  
Correct Crisis Intervention Today

Sheina Banatte  
Correct Crisis Intervention Today

Ruth Lowenkron  
NYLPI

Jonathan Chung  
National Alliance for Mental Illness

Ashley Santiago  
Freedom Agenda

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

Anthony Feliciano  
Housing Works

Alyson Rosenthal  
West Side Campaign Against Hunger

Anita Kwok  
United Neighborhood Houses

Terry Troia  
Project Hospitality Staten Island

Laura Jean Hawkins  
SHAREing and CAREing Queens

Anna Krill  
SHAREing and CAREing

Gabriela Sandoval Requena  
New Destiny Housing

Maria Rodriguez  
New Destiny Housing, Voces de Cambio

Alice Bufkin  
Citizens Committee for Children

Paula Magnus  
Northside Center for Child Development

Arlene Cruz Escobar  
Make the Road New York

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

Fiodna O'Grady  
Samaritans of New York

Mackenzie Aranda  
NYC Alliance Against Sexual Assault

Rohini Singh  
School Justice Project at Advocates for Children  
of New York

Amber Song  
Asian American Federation

Mohammad Razvi  
Council of Peoples Organization Brooklyn

Suchiemi Tai  
Co-Deputy Director at Garden of Hope

Naima Dahir  
Arab American Family Support

Sarah Fajardo  
Korean American Family Service Center

Kendra Hall  
Ali Forney Center

Michael Schnall  
Botanic Gardens Brooklyn

Angel Hernandez  
New York Botanical Garden

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

Evie Hantzopoulos  
Queens Botanical Garden

Sherry Chen  
Coalition for Asian-American Children and  
Families

Emily Lee  
Korean Community Services

Katie Mui  
Supportive Housing Network of New York

Shelmit Levi  
Center for Justice Innovation Brooklyn Felony  
Diversion Program

Alex Park  
Korean Community Services

Lawrence Norman  
Bedford-Stuyvesant Family Health Center

Ann Casper

Tessoro Estrella  
Every Voice Choirs

Rulia Tuvah [sp?]  
Armory College Prep

Rebecca Jan [sp?]  
Armory Foundation

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

Alexis Archer  
Armory Foundation

Yanece Cotto  
STARS CGI, PowerPlay NYC

Scott Daly  
New York Junior Tennis and Learning

Christopher Leon Johnson

Andrea Arcila  
New York Edge

Daniele Gerard  
Children's Rights NYC

Edmond Loi  
Charles B. Wang Community Health Center

Jane Ni  
Community Healthcare Association of New York  
State

Jason Cianciotto  
Gay Men's Health Crisis

Justine Tetteh  
Lenox Hill Neighborhood House

Lily Shapiro  
Fortune Society David Rothenberg Center for  
Public Safety

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

Miral Abbas  
Coalition for Asian-American Children and  
Families

Nadia Chait  
CASES

Jennifer Parish  
Urban Justice Center Mental Health Project

Juan Pinzon  
Community Service Society



1 COMMITTEE ON HEALTH JOINTLY WITH COMMITTEE ON MENTAL  
HEALTH, DISABILITIES AND ADDICTION

13

2 SERGEANT AT ARMS: Good morning and  
3 welcome to today's New York City Council budget  
4 hearing for the Committee on Health joint with Mental  
5 Health, Disabilities and Addiction. At this time, we  
6 ask that you silence all electronic devices, and at  
7 no time is anyone to approach the dais. If you'd like  
8 to sign up for in-person testimony or have any other  
9 questions throughout the hearing, please see one of  
10 the Sergeant at Arms. Chairs, we're ready to begin.

11 [gavel]

12 CHAIRPERSON SCHULMAN: Good morning  
13 everyone. I am Council Member Lynn Schulman, Chair of  
14 the New York City Council's Committee on Health. I  
15 thank all of you for joining us at the Fiscal 2026  
16 Preliminary Budget hearing for the New York City  
17 Department of Health and Mental Hygiene. I would  
18 like to thank my fellow Council Member, Chair Linda  
19 Lee, for joining me for this hearing. I would also  
20 like to thank Acting Commissioner Doctor Michelle  
21 Morse and everyone who is with us today, and  
22 acknowledge that we have been joined by Council  
23 Members Menin, Nurse, Hanif, and Public Advocate  
24 Jumaane Williams. Before we start, I just have  
25 something that I would like to do with Chair Lee.

2 So, Danielle Hafetz [sp?] who has been our finance  
3 person for a very long time is leaving the Council,  
4 and so we're going to be giving her a certificate.  
5 So, we're going to do that now.

6 [applause]

7 CHAIRPERSON SCHULMAN: Congratulations,  
8 Danielle, we wish you a lot of luck in your future  
9 endeavors. Now, to the topic at hand. DOHMH's  
10 Fiscal 2026 budget totals \$2.1 billion which  
11 represents approximately 1.8 percent of the City's  
12 budget. This budget includes a little over \$1  
13 billion for the City's public health services which  
14 comprises \$478 million for personnel services and  
15 just over \$822 million for other than personnel  
16 services. Funding for public health was reduced by  
17 almost \$36 million from the Fiscal 2025 Adopted  
18 Budget which includes a decreased funding of  
19 approximately \$49 million in federal dollars.  
20 Currently, the United States has begun the process of  
21 leaving the World Health Organization which is an  
22 important resource for accessing healthcare data.  
23 several staffers at the Centers for Disease Control  
24 and Prevention who were assigned to work with DOHMH  
25 have been let go, effectively cutting off New York

2 City's direct line of communication with this  
3 critical public health agency. The federal  
4 government's policies have also threatened several  
5 existing federal grants provided to the City. While  
6 no programs have been officially cut as of today's  
7 hearing, the threat of losing federal funds is still  
8 prevalent. It is important that DOHMH assesses all  
9 of the rapidly changing developments on the federal  
10 level to prepare for both the best and worst case  
11 scenarios to ensure that the important Healthy NYC  
12 initiative to expand life expectancy can continue to  
13 move forward and that New Yorkers stay healthy.  
14 While the council is monitoring any potential federal  
15 funding reductions, we're also looking to restore  
16 other sources of funding that were reduced to DOHMH's  
17 budget. Between the Fiscal 2023 November Plan and  
18 the Fiscal 2025 Adopted Plan there was a reduction of  
19 over \$100 million due to the Program to Eliminate the  
20 Gap and other savings programs. So far, only HIV and  
21 AIDS services funding-- so far, only the HIV and AIDS  
22 services funding cut was restored and baselined at  
23 \$5.4 million. However, multiple programs have not  
24 been restored yet. It is important that DOHMH  
25 reverses the prior funding reductions to community-

2 based organizations and funds them at their prior  
3 funding level in Fiscal Year 2026. Before we begin,  
4 I would like to again thank the Finance Staff,  
5 Danielle Hyfits and Florentine Kabore for all of  
6 their work on this hearing, Committee Staff Chris  
7 Pepe [sp?] and Sarah Sucher [sp?], and Joshua Newman  
8 for their support. And finally, I would also like  
9 to thank my staff Jonathan Boucher, Kevin McAleer and  
10 Avygayl Zucker [sp?]. I will now turn to over to  
11 Chair Lee for her opening remarks.

12 CHAIRPERSON LEE: Good morning everyone.  
13 Good morning. Oh, I got a response. I love that.  
14 I'm Council Member Linda Lee, Chair of the Committee  
15 on Mental Health, Disabilities and Addiction, and I  
16 just want to welcome all of you here, especially our  
17 new Acting Commissioner. Thank you so much for you  
18 and your team for being here. DOHMH's Fiscal 2026  
19 budget includes \$713.6 million for the City's mental  
20 health services which comprises of \$60.3 million for  
21 personnel and \$653.4 million for OTPS. Drop in the  
22 bucket in my opinion, but yes. Funding for mental  
23 health was reduced by \$51.2 million in federal  
24 funding and \$41.5 million in City funding from last  
25 year's Adopted Budget. Between the Fiscal 2023

2 November Plan and last year's adopted plan, multiple  
3 mental health programs lost funding due to the  
4 citywide Program to Eliminate the Gaps. One of the  
5 several programs that lost part of its funding was  
6 New York City's 988, also known as New York City  
7 Well. NYC 988 serves as a mental health substance  
8 use and suicide prevention hotline that provides  
9 services 24 hours a day, seven days a week and in 200  
10 languages. NYC's 988's budget was also reduced by 33  
11 percent in the 2023 November Plan and as well as the  
12 other mental health programs that lost their funding,  
13 must have their funding restored in the Executive or  
14 Adopted Budget. And at this hearing today, I would  
15 also like to discuss DOHMH's budget for disabilities  
16 which services are the lowest funded area of the  
17 mental hygiene budget, been though it provides  
18 services to thousands of New Yorkers that rely on it.  
19 And I know a lot of our advocates are here in the  
20 room today for disabilities. So thank you all for  
21 being here. In addition, I will touch on the City's  
22 opioid settlement funding which has a budget of \$48  
23 million citywide starting in FY26. The Committee on  
24 Mental Health Disabilities and Addictions held a  
25 joint hearing with the Committee on Hospitals in

2 January, and while the hearing was very informative,  
3 we would still like additional clarity and  
4 transparency on how the funds are being spent. Among  
5 other issues we will discuss topics such as the  
6 Supportive Housing Program, coordination between  
7 DOHMH and other mental health offices and the  
8 Council-funded Club Houses contract. I'd like to  
9 thank the Finance Staff, Committee Staff, and my own  
10 staff for their preparation of this hearing, and I  
11 would also like to thank-- I know I said earlier,  
12 Doctor Morse for-- and her team for coming to testify  
13 on the budget. And now I will pass it-- oh, yes.  
14 And I'd love to recognize our colleagues Council  
15 Members Narcisse as well as Council Member Louis, and  
16 it is my pleasure now to introduce our Public  
17 Advocate Jumaane Williams who will be testifying as  
18 well.

19 PUBLIC ADVOCATE WILLIAMS: Thank you so  
20 much, Madam Chair. As was mentioned, my name's  
21 Jumaane Williams, Public Advocate of the City of New  
22 York. I want to thank Chair Schulman and Lee and the  
23 members of the Committees on Health and Mental  
24 Health, Disabilities and Addiction for holding this  
25 hearing today and allowing me the opportunity to

2 testify. I just want to make mention I was here a  
3 few months ago when there was a hearing on public  
4 safety. Unfortunately then, the only discussion was  
5 around law enforcement. I just want to make sure that  
6 we're clear that these conversations particularly  
7 around mental health are really important when it  
8 comes to public safety, and we have to broaden the  
9 scope of what we think public safety is. By  
10 recognizing the difficulty-- the difficult times the  
11 city and the country at large face with funding cuts  
12 at the federal levels, I'm pleased to see that there  
13 was a 3.32 percent increase in funding for Department  
14 of Health and Mental Hygiene in the Fiscal Year 2026  
15 Preliminary Budget. I do wonder if that is enough.  
16 After the steep fiscal cliffs experienced after the  
17 expiration of COVID era programs, I know that there's  
18 been a concerted effort to balance the budget and  
19 find new revenue streams for a variety of critical  
20 programs. So I do want to commend the Office of  
21 Management and Budget for their work. Now, more than  
22 ever, as New York City faces new questions on how to  
23 prepare for future public health emergencies without  
24 data and resources from the federal government, we  
25 need to invest in our public health systems. In any

2 given year, more than one in five New Yorkers  
3 experience psychiatric illness with low-income people  
4 of more color, often unable to access any treatment  
5 or support. Barriers to effective care include a  
6 host of issues related to a lack of adequate  
7 insurance stigma and discrimination, lack of access  
8 to stable housing and others. In his City of the  
9 State Address, the Mayor announced the Bridge to Hope  
10 program which would establish a supportive home like  
11 environment to Health + Hospital's patients with  
12 serious mental illness who are ready for discharge  
13 from the hospital but do not have a place to go.  
14 This program, it builds on the extended care units  
15 model which offers inpatient care to patients who  
16 have been historically disconnected from health and  
17 social services for up to 120 days. The Bridge to  
18 Home program can make a vital difference for people  
19 with limited resource, and we look forward to seeing  
20 it ramp up, expanded and beginning operations. I  
21 would like to turn my attention to involuntary  
22 transports. November 2022, the Mayor released a  
23 mental health and voluntary transport protocol  
24 outlining the process by which involuntary transport  
25 initiated by clinicians and all police officers will

2 be concluded. Under this protocol, individuals will  
3 be transported to a hospital emergency room to be  
4 evaluated for admissions to psychiatric treatment.

5 In 2024, there were a total of 7,060 officer-  
6 initiated involuntary transports and 660 clinician-  
7 initiated transports for 2024. Report from the  
8 Mayor's Office of Community Mental Health cites 58  
9 percent of clinician initiated transports resulted in  
10 admissions at a New York City public hospital, but  
11 the reports fail to report on the outcomes of  
12 officer-initiated transports. Just this morning  
13 there's an article that shows the program that  
14 connects-- links NYPD with clinicians as about 100  
15 involuntary removals just in the first six months,  
16 and we still seem to be wanting to change the laws  
17 around involuntary hospitalizations when quite  
18 frankly that tool already exists and what we should  
19 be focusing on is the continuum of care that people  
20 receive after the hospitals. It is not about  
21 involuntary hospitalization. It is about the  
22 continuum of care that's necessary after the  
23 hospitals. Programs like B-HEARD launched in 2021  
24 to address mental health crisis calls with non-police  
25 responses cover only about a third of all mental

2 health calls made in the City out of eligible mental  
3 health calls. B-HEARD teams responded to 14,900  
4 calls accounting for 73 percent of all eligible calls  
5 in the pilot area during the program's operation  
6 hours. This is an improvement from previous years,  
7 but I'm curious to hear how we can further support  
8 the work of the program as one of the primary  
9 challenges for the teams have been hiring enough  
10 social workers and EMS staff as a result of  
11 continuous cuts to the program's budget. I also  
12 would like to highlight the need for increased  
13 funding around overdose prevention. The number of  
14 drug overdoses have been increasing over the past  
15 decades, and the influx of fentanyl in the drug  
16 supply has only exacerbated this issue. 2024, the  
17 New York City Maternal Mortality Review Committee,  
18 NMMRC, determined that about more than 90 percent of  
19 all pregnancy- associated deaths were preventable  
20 with overdose ranking fourth amongst leading causes.  
21 Recent overdose deaths in our subways also highlight  
22 the need for collaboration on a number of measures  
23 ranging from syringes collection to distribution of  
24 overdose regressive medication. I'm hoping in the  
25 testimony today we can hear information about the

2 rate of officer initiated transports of the mental  
3 health and voluntary transport protocol, the fiscal  
4 needs for programs like B-HEARD and how we can  
5 integrate peer support specialists and other mental  
6 health infrastructure into their work, and does DOHMH  
7 have any program or policy in the pipeline to support  
8 overdose prevention. And finally, where the city is  
9 in terms of fulfilling the 15/15 mandate for  
10 supportive housing. Supportive housing is an  
11 essential component of responding to the City's  
12 mental health crisis. I'm concerned the city is  
13 lagging behind not only when it comes to constructive  
14 or supportive housing units, but also in processing  
15 applications for supportive housing. I look forward  
16 to hearing from the Administration on these matters  
17 and working with City Council to address the critical  
18 gaps in the system. Right now, I think the past  
19 seven years I've seen about 10 surges of police into  
20 our subways, including two surges of National Guard.  
21 We still haven't been able to address the mental  
22 health issue which means probably law enforcement  
23 themselves cannot solve this issue, and I really hope  
24 we start focusing on some other things. And as I  
25 said downstairs, I'm hoping that we can do what we

2 all agreed on, including law enforcement who do not  
3 want to be the primary people responding to mental  
4 health crisis, which is fund structuralized other  
5 options as well. Thank you so much.

6 CHAIRPERSON LEE: Okay, and I will now  
7 pass it on to the Committee Counsel to administer the  
8 oath.

9 COMMITTEE COUNSEL: Thank you, Chair.  
10 Good morning. If you can please raise you right  
11 hand? Now in accordance with the rules of the  
12 Council, I will administer the affirmation to the  
13 witnesses from the Mayoral administration. Do you  
14 affirm to tell the truth, the whole truth and nothing  
15 but the truth in your testimony before this committee  
16 and to respond honestly to Council Member's  
17 questions?

18 : Yes.

19 : Yes.

20 COMMITTEE COUNSEL: You may proceed.

21 ACTING COMMISSIONER MORSE: Good morning,  
22 Chari Schulman, Chair Lee and members of the  
23 Committees. I'm Doctor Michelle Morse, Acting  
24 Commissioner of the New York City Department of  
25 Health and Mental Hygiene. I'm joined today by our

2 Chief Financial Officer, Aaron Anderson, and members  
3 of the senior leadership team. Thank you for the  
4 opportunity to testify today on the Department's  
5 Preliminary Budget for fiscal year 2026. At the  
6 Health Department and across New York City  
7 government, we have a responsibility to serve all of  
8 New York City's residents, regardless of immigration  
9 status, race, ethnicity, ability to pay, employment  
10 status, or primary language. We're grateful to have  
11 a Council so focused on the health and wellbeing of  
12 all New Yorkers. The Health Department has a 220-year  
13 history of serving New York City. Today's hearing  
14 falls on World Tuberculosis Day, and TB provides an  
15 apt example of our historic impact. In 1850, when the  
16 Department was in its infancy, tuberculosis was the  
17 leading cause of death in New York City, and the  
18 average age of death was 20. Since 1904, we've been  
19 providing tuberculosis treatment at our clinics.  
20 Today, we are the main clinical provider for TB in  
21 New York City. We treat nearly half of all TB  
22 patients in the city and 75 percent of multi-drug-  
23 resistant cases. In recent years, tuberculosis cases  
24 have been ticking up again. We've confirmed 839 cases  
25 of TB in 2024, the highest rate in the city since

2 2008. We've contained outbreaks before, and we can  
3 do it again. TB is of course just one example. The  
4 New York City Health Department has been at the  
5 forefront of the HIV/AIDS crisis of the 1980s and  
6 90s; the COVID pandemic response, including our  
7 historic vaccination campaign, which saved the lives  
8 of an estimated 48,000 New Yorkers; and the  
9 facilitation of safe and legal abortions for people  
10 nationwide who lost their constitutional right to end  
11 a pregnancy in 2022. For 220 years, this agency has  
12 been a leader in public health—a field that has  
13 changed the course of human history. Public health  
14 can be a difficult story to tell because our greatest  
15 successes are crises averted. For instance, since  
16 Congress established the Vaccines for Children  
17 program in 1994, the CDC estimates that childhood  
18 vaccinations have prevented 504 million illnesses,  
19 helped avoid more than 1.1 million deaths, and saved  
20 nearly 2.7 trillion dollars in total societal costs  
21 just in the United States. Routine childhood  
22 vaccinations have effectively eliminated diseases  
23 like polio and measles in this country. The recent  
24 increase in measles cases in the United States is a  
25 sobering reminder of how important it is to continue

2 this life-saving work. There is perhaps no currency  
3 more valuable than time. By consistently investing in  
4 the health of this city, we've given generations of  
5 New Yorkers decades of more life. Over the last 120  
6 years, life expectancy in New York City has increased  
7 from the early forties to the early eighties.

8 However, in a society stratified by race, class,  
9 geography, and more, we are facing vast inequities in  
10 time that mirror historic inequities in resources. In  
11 New York City, life expectancy can vary by more than  
12 a decade from one neighborhood to the next. For  
13 instance, residents in SoHo live to nearly 88 years,  
14 while those in Brownsville die almost 12 years  
15 younger at 76. That is unacceptable, and we're  
16 working to change it. Ultimately, we're working to  
17 give every New Yorker as much time as possible with  
18 the people they love. At the Health Department, all  
19 of our work ladders up to one principal goal: to  
20 equitably raise New Yorkers' life expectancy to its  
21 highest level ever, 83 years by 2030. Our HealthyNYC  
22 campaign was launched not as a singular Health  
23 Department initiative, but as an overarching  
24 framework for how New York City should approach  
25 health, and we didn't do it alone. Thank you to Chair

2 Schulman and to this Council for unanimously passing  
3 legislation last year that codified HealthyNYC into  
4 law. This local law holds the Health Department  
5 accountable to extend and improve the lives of New  
6 Yorkers for years to come. Our most recent set of  
7 data indicates that we're moving in the right  
8 direction. But as we gain back some of the time we  
9 lost in the pandemic, we've maintained the pre-  
10 existing inequities in lifespan. Black and Latino  
11 communities die younger than their white and Asian  
12 neighbors. Despite citywide gains, Black New Yorkers  
13 are dying more than five years earlier than white New  
14 Yorkers. I want to take a moment to delve into what's  
15 driving both the increase in life expectancy and the  
16 persistence of racial inequity. First, we can take  
17 pride in the fact that we're gaining back years  
18 largely because our COVID-related mortality has  
19 dropped so dramatically. Our 2024 data shows that  
20 COVID deaths have dropped by 96 percent since 2020  
21 and hospitalizations are down 76 percent. That drop  
22 is in and of itself an enormous victory. But what  
23 stands out to me is that overall numbers have  
24 declined and the racial inequity in mortality rates  
25 has narrowed significantly. That was no accident.

2 When we realized that Black and Latino New Yorkers  
3 were getting vaccinated at lower rates, the Health  
4 Department created the Public Health Corps, a  
5 community health worker-led initiative focused on  
6 vaccine outreach in priority neighborhoods. As  
7 government, we recognized that we weren't the right  
8 messengers. The Public Health Corps ensured that  
9 people of color were getting information about and  
10 access to vaccines from trusted community members in  
11 the language, location, and approach that they  
12 wanted. Our COVID recovery trajectory is proof that  
13 we can make meaningful, equitable, and rapid change  
14 when we have the political will to work across  
15 sectors and take a whole-of-government approach, and  
16 when we appropriately invest in public health.

17 Unfortunately, extreme racial inequities persist  
18 among other causes of death in our city. There is  
19 perhaps no starker example than maternal mortality.  
20 We recently published our latest five-year analysis  
21 of maternal mortality in New York City. That data  
22 found that Black women and Black people who give  
23 birth are six times more likely to die of a  
24 pregnancy-related causes than their white  
25 counterparts. I'm grateful for the support of this

2 Council on maternal health—especially Speaker Adams,  
3 who leads the City Council Steering Committee on  
4 Maternal Mortality, which I have the honor of serving  
5 on. Maternal mortality is among our top strategic  
6 priorities because it so clearly highlights the  
7 health risks of systemic racism. Another element of  
8 our work aims to reach as many people as possible by  
9 focusing on chronic diseases, which continue to be  
10 the leading cause of death across all racial groups  
11 in New York City. Again, that’s the number one  
12 killer. We recently released a citywide report that  
13 details our existing and proposed new work on chronic  
14 disease prevention. It calls attention to the  
15 structural and environmental causes of chronic  
16 disease and seeks to address them directly. That  
17 requires a whole-of-government response, with a focus  
18 on neighborhoods with the most unjust health  
19 outcomes. Our chronic disease plan was a  
20 collaboration across 22 city agencies and offices,  
21 and we’re partnering with several of those agencies  
22 including New York City Public Schools, Health +  
23 Hospitals, and New York City Parks to launch and  
24 expand upon programs that recognize that fundamental  
25 needs like income, affordable housing, and access to

2 outdoor space directly impact our health. Our  
3 Neighborhood Health Action Centers, which are located  
4 in neighborhoods with the highest rates of premature  
5 death in the city, are a critical part of driving our  
6 resources to areas with the highest need. I believe  
7 wholeheartedly in the potential of this work. That,  
8 of course, is the reason we're all here today. Every  
9 piece of our work at the Health Department requires  
10 sustained funding to be successful. In public health,  
11 we often see a boom and bust cycle of funding, where  
12 money swells during emergencies and dries up in the  
13 aftermath. We're no longer in the COVID funding boom.  
14 Our pandemic response was bolstered with temporary  
15 federal funding. But much of the life-saving work  
16 funded by pandemic-era grants that will soon expire  
17 remains critical for the health of New Yorkers.  
18 Public health risks continue. COVID-19 is no longer  
19 our most urgent concern, but chronic disease, avian  
20 flu or H5N1, and vaccine-preventable diseases are  
21 threats today. We're at risk of losing the funding  
22 that equips us to prevent outbreaks, and should they  
23 occur, respond immediately. We're entering a public  
24 health funding bust while facing unique infectious  
25 disease threats and insecurity in our federal funding

2 under the current administration. Now, I'll turn  
3 explicitly to our Preliminary Budget. The Health  
4 Department has approximately 7,000 employees. 2024  
5 marked the second consecutive year in which hiring  
6 outpaced staff departures. We're successfully  
7 rebuilding our capacity in the wake of staffing  
8 shortages caused by pandemic. However, we have an  
9 operating budget of \$2 billion for Fiscal Year 2026.  
10 About \$1 billion of our funding is City Tax Levy; the  
11 rest is supported by federal, state, and private  
12 funding. Last fall, the city announced additional  
13 disbursement of the opioid settlement funds. The  
14 Health Department's investments in our harm reduction  
15 and treatment programs will total about \$24 million  
16 annually by Fiscal Year 2026. Reducing overdose  
17 deaths is a major HealthyNYC goal, and we are  
18 grateful to have the funds to make meaningful  
19 progress. The Preliminary Budget allows us to begin  
20 to execute on our HealthyNYC goals. At the state  
21 level, the Governor's Fiscal Year 2026 Executive  
22 Budget for New York proposes significant investments  
23 in mental health, maternal health, and the wellbeing  
24 of children and families, all of which align with our  
25 HealthyNYC goals. We're glad to see the Governor's

2 Executive Budget increase support for NYC mental  
3 health services, facilities, and workforce. The  
4 Health Department also supports Governor Hochul's  
5 proposed expansion of the child tax credit,  
6 guaranteed income program for pregnant people, and  
7 the Safety-Net Hospital fund. We're excited, too,  
8 about the proposed \$450 million in capital funding  
9 and \$100 million in operating support for the SUNY  
10 Downstate Medical Center. While we're pleased to see  
11 these proposed public health investments, existing  
12 state budget proposals fail to address a key issue  
13 that undermines the health of New York City in  
14 particular. Article 6: Article 6 determines the  
15 state's contribution to public health services  
16 provided by local health departments. And in 2019,  
17 New York City was the only jurisdiction in the state  
18 to have its matching funds for Article 6 cut from 36  
19 percent to 20 percent. In the years since, we have  
20 lost upwards of \$90 million a year in state public  
21 health funding. We're pushing to have our matching  
22 funds restored in this year's budget. I am grateful  
23 to have Commissioner McDonald's support on this  
24 issue, and I want to thank Chair Schulman, too, for  
25 her advocacy with state colleagues. I am asking for

2 the support of all Council members on this issue.

3 Finally, I'll speak to the federal budget. As is the  
4 case for local health departments throughout the  
5 United States, a portion of our budget is federally  
6 funded. Federal funding makes up about 20 percent of  
7 our budget, which amounts to \$600 million. The  
8 majority of that funding goes toward emergency  
9 preparedness and infectious disease control.

10 Historically, that money has been in place through a  
11 collection of grant agreements and contracts that  
12 represent commitments the federal government made to  
13 New Yorkers. As State Health Commissioner McDonald  
14 underscored in his testimony earlier this year, we  
15 expect the federal government to honor those  
16 commitments. In light of the White House directive to  
17 federal agencies asking them to reduce staff and  
18 funding, I sent a letter to HHS Secretary Kennedy and  
19 Acting CDC Director Monarez. In it, I urged them to  
20 preserve national public health infrastructure that  
21 has more than proven its worth for decades. The  
22 health of local jurisdictions is heavily dependent on  
23 a strong CDC. More than 80 percent of the CDC's  
24 domestic budget supports local communities through  
25 state and local health departments. We are preparing

2 for what might come next. Health Department staff  
3 have assessed our federal funding portfolio and are  
4 preparing for different scenarios. We're actively  
5 planning for how to best maintain core public health  
6 services, including infectious outbreak prevention.  
7 I'm grateful for the opportunity to testify on the  
8 preliminary budget today. The investments we're  
9 discussing represent the lifeblood of public health  
10 in this city. This money translates to more and  
11 better quality years of life for our family, friends,  
12 and neighbors. We're part of a field that has  
13 transformed and rewritten human history. Childhood  
14 vaccinations in the United States have saved more  
15 than a million lives in the last 30 years alone.  
16 We're heading into what promises to be a very  
17 challenging period for public health. It is  
18 absolutely imperative that the New York City Health  
19 Department continues to build on our legacy of  
20 leadership in the field. No matter what lies ahead,  
21 we are committed to protecting and promoting the  
22 health of every New Yorker, without exception. Thank  
23 you to the staff at the Health Department for their  
24 invaluable efforts in pursuit of that goal. Thank you  
25 to the Speaker, to Chairs Schulman and Lee, and

2 members of the committees for your dedication to the  
3 health of our city. I look forward to our continued  
4 partnership in advancing our HealthyNYC goals. Thank  
5 you again for the opportunity to testify. I'm happy  
6 to take your questions.

7 CHAIRPERSON SCHULMAN: Thank you,  
8 Commissioner. We have a lot of questions for you  
9 today.

10 ACTING COMMISSIONER MORSE: We're ready.

11 CHAIRPERSON SCHULMAN: Okay. In the  
12 Preliminary Plan, DOHMH's federal funding decreased  
13 by \$123 million in fiscal 2026 compared to last  
14 year's Adopted Budget due to the reduction of \$30.5  
15 million. The City primarily received federal funding  
16 for HIV services followed by environmental health and  
17 immunization services. With the new federal  
18 administration, we are concerned that the City might  
19 lose part of even all of its federal dollars for  
20 health services. Is the reduced budget due to the  
21 federal government's new policies, or is it due to  
22 external factors?

23 ACTING COMMISSIONER MORSE: Thank you for  
24 that question, Chair. I think the numbers that we  
25 have are slightly different than those. However, the

2 main difference in the budgets at this time is that  
3 some of our grant funding shows up and aligns a  
4 little bit differently than the current timeline for  
5 the budget numbers you mentioned, and then also that  
6 City Council designations are also loaded at a  
7 different time.

8 CHAIRPERSON SCHULMAN: So, can you share  
9 that with us, the details of that? If not now, if  
10 you can send that to us?

11 ACTING COMMISSIONER MORSE: We'd be happy  
12 to follow up.

13 CHAIRPERSON SCHULMAN: That would be very  
14 helpful, please. Oh, I just-- before I go on, I want  
15 to recognize that we've been joined by Council  
16 Members Bottcher and Marmorato. Is the reduced  
17 budget due to the federal governments- oh, wait, I'm  
18 sorry. What are the major federal grants that DOHMH  
19 receives for healthcare in Fiscal 2025?

20 ACTING COMMISSIONER MORSE: Thank you for  
21 that question. This is an area of intensive focus  
22 and planning for us right now. We have a total of  
23 about \$600 million in federal grants in FY25. Of those  
24 \$600 million of federal grants, the large majority  
25 are from the CDC and HERSA [sic]. The large majority

2 also is focused on public health surveillance,  
3 infectious disease outbreak prevention, and emergency  
4 preparedness. So those funds are really core  
5 activities of the New York City Public Health  
6 Department, and we are very concerned that they may  
7 be at risk considering the new federal  
8 administration's posture toward public health and  
9 what they've said at least in the media about CDC  
10 funding. However, at this time we have not been  
11 notified of any decreases to our existing federal  
12 funds or cuts to our current federal funds.

13 CHAIRPERSON SCHULMAN: Excluding any  
14 COVID-19 related funding, how much funding do you  
15 anticipate that DOHMH will receive from the federal  
16 government by adoption?

17 ACTING COMMISSIONER MORSE: Thank you for  
18 that question. We're expecting it to be similar to  
19 current year, but I'll pass to my Chief Financial  
20 Officer to share some more details.

21 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,  
22 thanks, Chair Schulman. Right, I mean we continually  
23 add new federal grants loaded as the year progresses,  
24 but as Doctor Morse said, we expect it to be similar.  
25 So, several hundred million dollars.

2 CHAIRPERSON SCHULMAN: I know--

3 CHIEF FINANCIAL OFFICER ANDERSON:

4 [inaudible]

5 CHAIRPERSON SCHULMAN: Thank you. I know  
6 you mentioned, Doctor Morse, that in your testimony  
7 that you're putting together contingency plans. So  
8 what other sources of funding could DOHMH utilize to  
9 cover any federal funding gaps?

10 ACTING COMMISSIONER MORSE: Thank you u  
11 for that question as well. At this time, since we  
12 haven't had any funding cuts officially happen, we  
13 are still in the process, a multi-month intensive  
14 process of doing a review of all of our current  
15 federal grants and doing some scenario planning about  
16 what possible scenarios for federal cuts could occur.  
17 However, as you all have seen, it is very difficult  
18 to predict the actions of this federal government and  
19 the timing of those actions, and therefore it makes  
20 it quite challenging to plan for different scenarios.  
21 Our ongoing work will be to be in conversation with  
22 OMB, the Law Department and the Mayor's Office to  
23 continue conversations about different scenarios and  
24 make sure that no matter what happens in terms of  
25 signals or decisions from the federal government,

2 that we'll be able to keep our core public health  
3 services and work going to protect New Yorkers.

4 CHAIRPERSON SCHULMAN: Do you anticipate  
5 that the changes will be included in the Executive  
6 Budget, or you think it stretches beyond that?

7 ACTING COMMISSIONER MORSE: That is a  
8 very good question. We are watching very closely  
9 announcements about the reduction in workforce  
10 exercise that federal agencies are going through. We  
11 know that the CDC is going through that exercise.  
12 The letter that I sent to Secretary-- HHS Secretary  
13 Kennedy and Acting CDC Director Doctor Susan Monarez  
14 really outlined, you know, our concerns about  
15 significant reductions in the workforce, but those  
16 plans were submitted as far as we know and there are  
17 several more weeks of planning around the White  
18 House's directive to agencies to reduce their  
19 workforce. So we'll be watching very closely for  
20 further announcements, but we expect that those are  
21 likely to impact significantly the CDC workforce and  
22 potentially CDC funding. The other thing that I'll  
23 mention is that it has been widely reported in the  
24 media and in the news that one of the areas of  
25 potential targeting for CDC funding is CDC's HIV

2 prevention programs. We were concerned to learn of  
3 that news, because we have seen a 71 percent  
4 reduction in HIV cases in New York City over the past  
5 20 years because of that funding, because of the  
6 prevention funding for HIV. So we'll be watching that  
7 news very closely as well, but in the coming weeks we  
8 may hear more about that specific reduction. We have  
9 about \$36 million in CDC HIV prevention funding, and  
10 that funding also funds many community-based  
11 organizations that do HIV prevention services and  
12 care.

13 CHAIRPERSON SCHULMAN: Okay. You haven't  
14 received a response yet, right, from your letter?

15 ACTING COMMISSIONER MORSE: I have not  
16 received a response.

17 CHAIRPERSON SCHULMAN: Would you be  
18 willing to share the response once you receive it  
19 with the committee staff?

20 ACTING COMMISSIONER MORSE: I'm happy to  
21 do so in consultation with our IGA teams at City  
22 Hall.

23 CHAIRPERSON SCHULMAN: Okay. Thank you.  
24 Federal grants provided to the City are expected to  
25 sunset soon due to a combination of lower COVID-19

2 case rate, the end of the state of emergency in May  
3 2023. The Fiscal 2026 budget for COVID-19 services  
4 is \$5.6 million, nearly \$50 million less than last  
5 year's Adopted Budget of \$55.6 million. When is the  
6 exact timeline that COVID-19 funding will completely  
7 sunset?

8 ACTING COMMISSIONER MORSE: Thank you for  
9 that question, Chair Schulman. This is a really  
10 great and challenging example of the boom/bust cycle  
11 in public health funding that makes it difficult for  
12 us to continue core services when funding only really  
13 increases during emergencies. We are-- we have been  
14 working with our federal partners around those funds.  
15 They have granted us an extension to use those funds  
16 through the next fiscal year which is helpful. And  
17 I'll pass to our Chief Financial Officer to share a  
18 few more details on that.

19 CHIEF FINANCIAL OFFICER ANDERSON: Thanks  
20 for the question, yeah. We have about \$200 million  
21 budgeted in FY25 and FY26 combined related to the  
22 COVID funding, and yeah, as Doctor Morse said, we're  
23 very pleased that we've been granted an extension.  
24 The two biggest components of that are the  
25 [inaudible] lab capacity funding which is sun setting

2 in July of 2026 and vaccination and immunization  
3 funding which is sunseting [sic] in June of 2027.

4 CHAIRPERSON SCHULMAN: Oh, okay. That's  
5 very good. Alright. With the \$50 million that  
6 DOHMH-- what funding sources would DOHMH use to fill  
7 the funding gap down the road?

8 ACTING COMMISSIONER MORSE: Thank you for  
9 that question. We are in conversation with OMB at  
10 this time about ways to ensure that the most critical  
11 parts of our services and programs continue for the  
12 money related to the COVID emergency funding, and  
13 we're having conversations again about how we can  
14 make sure our surveillance, vaccination and testing  
15 work continues despite the bust in federal funding  
16 for COVID-19. We also specifically have a  
17 vaccination program that is ending this fiscal year.  
18 It's about \$11 million in funding to community-based  
19 organizations for COVID-related prevention and  
20 management and referral of vaccination services, and  
21 this is just yet another example of why we think it's  
22 so important that the Article 6 match rate be  
23 restored this budget season so that our work can  
24 continue.

2 CHAIRPERSON SCHULMAN: There are 35  
3 positions budgeted for Fiscal 2026 while the Fiscal  
4 2025 Adopted Plan had 29 positions. Which positions  
5 were added?

6 ACTING COMMISSIONER MORSE: I'll pass  
7 this one to our Chief Financial Officer.

8 CHIEF FINANCIAL OFFICER ANDERSON: Thanks  
9 for the question, yeah. So these are really around  
10 surveillance and testing. We can get back to you  
11 with the specifics, but incremental increase to  
12 reflect shifting of funds from year to year.

13 CHAIRPERSON SCHULMAN: Okay. What are  
14 the 35 job titles, do you have those?

15 CHIEF FINANCIAL OFFICER ANDERSON: We can  
16 get back to you on those.

17 CHAIRPERSON SCHULMAN: Can we-- can you  
18 get those to us? Thank you.

19 CHIEF FINANCIAL OFFICER ANDERSON: Sure.

20 CHAIRPERSON SCHULMAN: Why were positions  
21 added when so much funding will be lost soon, or is  
22 that just the-- you're talking about the  
23 juxtaposition of the--

24 CHIEF FINANCIAL OFFICER ANDERSON:  
25 [interposing] It's just timing. I mean, there's a lot

2 funding that we haven't-- you know, this is around  
3 the time of year that roll a lot of grant funding to  
4 FY26. So we do expect that a lot will be rolled, and  
5 you know, again, we're pleased that the funds were  
6 extended.

7 CHAIRPERSON SCHULMAN: Right.

8 CHIEF FINANCIAL OFFICER ANDERSON: And so  
9 [inaudible]

10 CHAIRPERSON SCHULMAN: So, at a hearing  
11 held on February 19<sup>th</sup> jointly with the Subcommittee  
12 on COVID and Infectious Diseases, it was revealed  
13 that seven staffers at the U.S. Centers for Disease  
14 Control and Prevention which were assigned to work  
15 with DOHMH were laid off. Did DOHMH have a chance to  
16 work with the CDC staffers before they lost their  
17 jobs?

18 ACTING COMMISSIONER MORSE: Thank you for  
19 that question. Those seven staff are staff with  
20 expertise that is incredibly important for us to  
21 continue our work at the New York City Health  
22 Department. They were working on things like  
23 tuberculosis case management, vaccination programs,  
24 community engagement. So we value the expertise of  
25 those seven workers extremely highly. We are in

2 ongoing conversations with those seven workers about  
3 places they may be able to work with us in the Health  
4 Department, but however, technically they were  
5 reinstated by the CDC.

6 CHAIRPERSON SCHULMAN: So are they  
7 working for you now?

8 ACTING COMMISSIONER MORSE: We can follow  
9 up with the details. It's a little bit of a mixed  
10 bag.

11 CHAIRPERSON SCHULMAN: If you could  
12 follow up with the details of that, and then if  
13 you're looking for place-- if you're trying to get  
14 them placed within DOHMH, can you give us the amount  
15 of money that that would-- that you need to do that?  
16 One, do you have the money? Two, if not, can you  
17 tell us so that there may be something we can do with  
18 that?

19 ACTING COMMISSIONER MORSE: Yeah, we would  
20 be happy to follow up with the details, but yes,  
21 we're working within our current budget to try to  
22 make that happen.

23 CHAIRPERSON SCHULMAN: Okay. In the  
24 Preliminary Plan, DOHMH's Fiscal 2026 budget for  
25 health services is \$283.1 million, an increase of

2 nearly \$5 million from adoption. How much funding do  
3 you anticipate DOHMH will receive from the New York  
4 State Fiscal 2026 enacted budget, minus the Article 6  
5 which we're hoping for.

6 ACTING COMMISSIONER MORSE: Thank you for  
7 that question. Our partners in the State fund us  
8 about-- about a third of our budget is funding from  
9 the State. About half of that is mental hygiene  
10 related state aid, and our expectation is that our  
11 funding for the new fiscal year from the state will  
12 be similar to this current year. However, our  
13 sincerest and strongest hope is that Article 6 match  
14 is restored and that we have the money that the state  
15 owes us to continue our public health activities in  
16 the best way we can.

17 CHAIRPERSON SCHULMAN: well, a couple  
18 things. One is I want to acknowledge we've been  
19 joined by Council Member Brewer, Gale Brewer,-- Gale  
20 Brewer. The other is that I actually am putting  
21 together a sign-on letter just so you know, from me  
22 as Chair of the Health Committee, with my colleagues.  
23 So, my colleagues here who have signed on yet, please  
24 sign on. We're going to be sending it to the Governor  
25

1 COMMITTEE ON HEALTH JOINTLY WITH COMMITTEE ON MENTAL HEALTH,  
DISABILITIES AND ADDICTION 48

2 and to Andrew Store Cousins [sic] and Carl Hasty  
3 [sp?].

4 ACTING COMMISSIONER MORSE: Thank you for  
5 your support.

6 CHAIRPERSON SCHULMAN: So, advocating for  
7 that. And what I was told is that there may have been  
8 a little bit of flexibility shown within the  
9 Governor's staff. So, we're really trying to still  
10 push on that.

11 ACTING COMMISSIONER MORSE: Thank you for  
12 your support.

13 CHAIRPERSON SCHULMAN: Which programs  
14 would receive the most state funding that you have?

15 ACTING COMMISSIONER MORSE: Yes,  
16 absolutely. So out of all of our state funding which  
17 again is about a third of our overall budget, the  
18 majority-- about half of it is mental health state  
19 aid. So, related to mental health--varies mental  
20 health programs. Early intervention is a significant  
21 portion of our mental-- excuse me, our state funding,  
22 and then the current Article 6 match, although at a  
23 much lower rate than we should receive it at is also  
24 a part of our state health funding at this time.

25

2 CHAIRPERSON SCHULMAN: Can you share an  
3 update status to the concern about any cuts to  
4 Medicaid from the state?

5 ACTING COMMISSIONER MORSE: We are  
6 watching the federal conversations about Medicaid  
7 cuts very, very closely. The number that have been  
8 mentioned in the news are \$880 billion in cuts over  
9 10 years. This is certainly of concern to us in New  
10 York City. In New York City, half of New York City is  
11 on Medicaid, and 60 percent of our children are on  
12 Medicaid. So our expectation is that if those cuts  
13 do happen, there will be significant impacts  
14 unfortunately in New York City for both healthcare as  
15 well as social care. So we are very concerned about  
16 those potential cuts although they haven't happened  
17 yet. In addition, we do receive some reimbursements  
18 funds for the people who seek care in our sexual  
19 health clinics if they are insured by Medicaid,  
20 although a very small number of the people we see at  
21 our sexual health clinics and other clinics are  
22 insured. So that's another area of direct funding  
23 for Medicaid for us as well as early intervention.

24 CHAIRPERSON SCHULMAN: How much funding  
25 does DOHMH receive for Medicaid?

2 ACTING COMMISSIONER MORSE: I'll pass to  
3 our Chief Financial Officer.

4 CHIEF FINANCIAL OFFICER ANDERSON: Thanks  
5 for the question. Yeah, as Doctor Morse mentioned, on  
6 the direct billing side it's relatively modest. This  
7 is for the work that happens in the clinics. You  
8 know, our target is a few million dollars. But we do  
9 receive about \$60 million a year in Medicaid admin  
10 funding, and that's across a few different programs  
11 including School Health, Early Intervention, health  
12 insurance [inaudible].

13 CHAIRPERSON SCHULMAN: Can you pull the  
14 mic closer to you so we can hear you a little better?

15 CHIEF FINANCIAL OFFICER ANDERSON: Ah.

16 CHAIRPERSON SCHULMAN: Thank you.

17 CHIEF FINANCIAL OFFICER ANDERSON:

18 Apologies.

19 CHAIRPERSON SCHULMAN: And just pull it  
20 down a little. Thank you. Over the last two fiscal  
21 years combined, DOHMH's public health budget was  
22 reduced by \$104.4 million for Fiscal 2024 and Fiscal  
23 2025. Out of these reductions, \$5.4 million was  
24 fully restored and baselined at adoption for Fiscal  
25 2025 for various HIV and AIDS-related services. Yet,

2 the remaining cuts have not been restored to-date.

3 When we questioned these cuts during our budget

4 hearings last year, you testified that these were

5 mostly OTPS efficiencies and you assured us that

6 these were not impacting programs. At this point, we

7 still have a total contract reduction of roughly \$9

8 million yet to be restored. How much of the \$26.4

9 million OTPS efficiency reductions in Fiscal 2025

10 targeted specific programs?

11 ACTING COMMISSIONER MORSE: Thank you for

12 that question. It is never easy to go through PEG

13 scenarios, and we did go through two last year as you

14 described. We in the Health Department did our best

15 to make sure that service delivery was not impacted

16 as much as possible, and we also did our best to make

17 sure that, again, any cuts were related to other

18 kinds of efficiencies rather than direct service

19 delivery, but it was a very challenging time.

20 CHAIRPERSON SCHULMAN: How many

21 community-based organizations lost their contracts

22 due to the contract reductions in Fiscal 2025?

23 ACTING COMMISSIONER MORSE: I'll pass to

24 our Chief Financial Officer.

2 CHIEF FINANCIAL OFFICER ANDERSON: thanks  
3 for the question. I would just add one thing which is  
4 that we're in constant conversation with OMB about  
5 all of our resource needs and making sure that we  
6 have what we need. That's an iterative process.  
7 There were a number of reductions last year. The  
8 vast majority were efficiencies as opposed to sort of  
9 contract reductions [inaudible] services. I think  
10 we've shared that list previously. We're happy to  
11 share that again, but the--

12 CHAIRPERSON SCHULMAN: [interposing]  
13 Please.

14 CHIEF FINANCIAL OFFICER ANDERSON: But  
15 the number was pretty minimal. I mean--

16 CHAIRPERSON SCHULMAN: [interposing] Yeah,  
17 if you can provide the list of nonprofit  
18 organizations that lost funding broken down by the  
19 specific programs they covered and how much they  
20 lost. Were they-- I assume they were provided notice  
21 if there were funding reductions for them?

22 CHIEF FINANCIAL OFFICER ANDERSON: Yes,  
23 they would have been provided notice.

24 CHAIRPERSON SCHULMAN: What kind of notice  
25 were they given? I'm just--

2 CHIEF FINANCIAL OFFICER ANDERSON: I  
3 think we can get back to you on the specific--

4 CHAIRPERSON SCHULMAN: [interposing] Okay.

5 CHIEF FINANCIAL OFFICER ANDERSON: type  
6 of notice, but I'll--

7 CHAIRPERSON SCHULMAN: [interposing] And  
8 also-- oh, I'm sorry.

9 CHIEF FINANCIAL OFFICER ANDERSON:  
10 [inaudible] services. Sorry.

11 CHAIRPERSON SCHULMAN: No, no, go ahead.

12 CHIEF FINANCIAL OFFICER ANDERSON: No, I  
13 mean, this-- you know, these are tough decisions. I  
14 mean, we really made every effort to make sure that  
15 services were not impacted, you know. It's  
16 inevitable--

17 CHAIRPERSON SCHULMAN: [interposing] We  
18 can help you push, so that's why it's important to  
19 get us that information. And also, when we had--  
20 when we started our Preliminary Budget hearings and  
21 we met with the OMB, I specifically asked the  
22 question of whether or not DOHMH, if the grant-funded  
23 programs, if you had to do the-- still do the two for  
24 one in terms of-- and they said no, and Jacques said  
25 no. So, if that's not the case, then we need to know

2 that, because that's on record and under oath. Will  
3 DOHMH restore any of the reduced funding to the  
4 original budget, especially for community-based  
5 organizations? If yes, which contracts will be  
6 restored, and how much funding will be in it, and  
7 which plan will the restoration-- in which plan with  
8 the restoration take place?

9 ACTING COMMISSIONER MORSE: we are still  
10 in conversations again with OMB about funding  
11 priorities for FY26. So we're doing our best to make  
12 sure all of the priorities are appropriately funded.  
13 And again, this is another area where going back to  
14 the Article 6 match rate will certainly help to  
15 continue to make sure our service delivery continues.

16 CHAIRPERSON SCHULMAN: DOH-- now, we're  
17 going to go to maternal health, one of your favorite  
18 topics, Dr. Morse, and ours. DOHMH has several  
19 programs for maternal health care which had received  
20 funding reductions over the last financial plans. In  
21 the Fiscal 2025 budget year alone, the Maternity  
22 Infant Reproduction Program, Newborn Home Visiting  
23 Program, Nurse Family Partnership, and Universal Home  
24 Visiting Program lost a combination of \$5.5 million  
25 for Fiscal 2024, \$7.2 million for Fiscal 2025, and

2 \$6.6 million for Fiscal 2026. How did DOHMH make a  
3 determination to reduce the funding for these  
4 programs?

5 ACTING COMMISSIONER MORSE: Thank you for  
6 that question. We are honored to continue to work  
7 with the Council to make sure that our crisis in  
8 Black maternal mortality is addressed. Our goal is  
9 still to reduce Black maternal mortality by 10  
10 percent by 2030. So we do look forward to working  
11 with you all to advance that goal. Our current  
12 maternal health, our broad maternal health budget  
13 which covers a number of different visions is about  
14 \$58 million in FY25, and I'm not fully familiar with  
15 all of the different cuts that you mentioned, but I  
16 do know that some of what may be-- what you may be  
17 referencing and we'd love to follow up with you on  
18 the specific numbers-- is that some of the funding  
19 from City Council is not yet loaded, and some of our  
20 federal grants are also not yet loaded, but we would  
21 be happy to follow up to get into the specifics since  
22 I think our numbers are a little bit different.

23 CHAIRPERSON SCHULMAN: Okay, no that  
24 would be great. Did any nonprofits affiliated with  
25 these programs lose any funding?

2 ACTING COMMISSIONER MORSE: Thank you for  
3 that question. I'll pass to my Chief Financial  
4 Officer.

5 CHIEF FINANCIAL OFFICER ANDERSON: There  
6 was one area that I know there was funding reduced  
7 to, and that a vendor named Power of Two.

8 CHAIRPERSON SCHULMAN: Okay.

9 CHIEF FINANCIAL OFFICER ANDERSON: That  
10 was through an inter-city relationship with  
11 Administration for Children's Services.

12 CHAIRPERSON SCHULMAN: Can you give me--  
13 can you provide more details of that?

14 CHIEF FINANCIAL OFFICER ANDERSON: Sure.  
15 Yes. So, this was funding that had previously been  
16 provided to ACS via an MOU to support a portion of  
17 their contract with Power of Two. That activity was  
18 eliminated last year as a result of the cost-savings  
19 exercise that we undertook. You know, I would say  
20 that the Health Department still supports the New  
21 Family Home Visiting Program, you know, The Power of  
22 Two contract did not represent the only vendor and  
23 only service provider for that program. The program  
24 still offers a range of evidence-based home visiting  
25 services via trained healthcare workers, and the

2 program is open to first-time families in three  
3 neighborhoods--

4 CHAIRPERSON SCHULMAN: [interposing] So,  
5 who does-- so there's another provider that's  
6 providing that program, those services?

7 CHIEF FINANCIAL OFFICER ANDERSON: The  
8 services continue. They were just one provider.

9 CHAIRPERSON SCHULMAN: Okay, alright

10 CHIEF FINANCIAL OFFICER ANDERSON:  
11 [inaudible] yeah.

12 CHAIRPERSON SCHULMAN: No, thank you for  
13 that. In the Fiscal 2026 Preliminary Plan, DOHMH has  
14 a budgeted headcount of 4,289 positions. The actual  
15 headcount as of January was 4,210. Which programs  
16 have the largest vacancy rate?

17 ACTING COMMISSIONER MORSE: Thank you for  
18 that question. So, we do have-- unfortunately the  
19 highest vacancy rate is in our mental hygiene  
20 division, and the vacancy rate in mental hygiene is  
21 about 27 percent. That represents the fact that it  
22 has been challenging to recruit and hire some of our  
23 more specialized roles. These include clinical roles  
24 and social work roles. So, that's part of the

2 challenge with getting our vacancy rate lower for  
3 mental hygiene.

4 CHAIRPERSON SCHULMAN: okay. Is the  
5 hiring freeze rule now lifted for DOHMH?

6 ACTING COMMISSIONER MORSE: At this time,  
7 the hiring freeze has been lifted, yes.

8 CHAIRPERSON SCHULMAN: Okay, great. And  
9 remem-- as I mentioned earlier, the two for one  
10 hiring, we've got that on record. So please circle  
11 back with OMB that they're not doing that anymore  
12 with you guys, and if they do, then we have to talk  
13 about it.

14 ACTING COMMISSIONER MORSE: Thank you.

15 CHAIRPERSON SCHULMAN: HealthyNYC, in the  
16 Calendar Year 2020 due to the pandemic, the City's  
17 life expectancy, as you know-- you know all of this.  
18 How effective has HealthyNYC been so far?

19 ACTING COMMISSIONER MORSE: We are happy  
20 to report that in the 2022 data we released, we are  
21 on track to meet our goal of improving life  
22 expectancy to 83 years by 2030, on track to meet or  
23 exceed it. So we have seen significant progress and  
24 a huge reduction in the rate of mortality for COVID.  
25 We are still seeing some areas of concern in the

2 rates of overdose for Black and Latino New Yorkers in  
3 our Black maternal mortality rate, and in a few other  
4 areas. So we still have work to do.

5 CHAIRPERSON SCHULMAN: Are all seven  
6 mortality drivers other than the one you just  
7 mentioned on track to reach the goals by 2030?

8 ACTING COMMISSIONER MORSE: We really  
9 look kind of in an aggregate, but what we have seen  
10 is that we have seen a great significant reduction in  
11 COVID, as I mentioned, COVID-related mortality. We  
12 do still have work to do with the rate of overdose.  
13 It has plateaued citywide, but the racial inequities  
14 in overdose rates have increased for Black and Latino  
15 New Yorkers. So that is an area of concern. We've  
16 also seen a small increase in Black maternal  
17 mortality, and we have work to do again to address  
18 that.

19 CHAIRPERSON SCHULMAN: Which areas are  
20 improving the most so far?

21 ACTING COMMISSIONER MORSE: So far, our  
22 biggest improvements are in COVID-related mortality  
23 and cardiovascular and diabetes-related mortality,  
24 and we've seen stable rates of cancer-related  
25 mortality.

2 CHAIRPERSON SCHULMAN: Okay. Do you have  
3 the figures you can send us for those?

4 ACTING COMMISSIONER MORSE: We would be  
5 happy to. We actually just released the-- some of  
6 this data on a webpage that has interactive ability  
7 for the public to look at the ways in which our  
8 overall life expectancy and each of the seven drivers  
9 is trending.

10 CHAIRPERSON SCHULMAN: What do you  
11 attribute the success of some of those areas? Is  
12 there anything specific, or?

13 ACTING COMMISSIONER MORSE: For COVID-  
14 related mortality we believe strongly that that was  
15 related to our extensive vaccination campaign. For  
16 our cancer-related mortality, the story is evolving.  
17 So we have more data analysis to do, and we also have  
18 more data analysis to do really for all the other  
19 drivers as well. We've seen suicide stay about  
20 stable, but we have more analysis to do and more data  
21 to release eventually.

22 CHAIRPERSON SCHULMAN: As you're doing the  
23 analysis, presuming that at some point there are  
24 federal cuts, will you be able to adjust to show that  
25 that was because that whatever data you're getting

2 was based on something else that happened, some  
3 outside factor?

4 ACTING COMMISSIONER MORSE: We do have a  
5 number of ways that we're doing surveillance to  
6 monitor the impact of some of the federal decisions.  
7 And so we are doing that work. I think your question  
8 is kind of getting at, you know, with a \$600 million  
9 federal funding package and portfolio that, you know,  
10 includes CDC, HERSA, HUD, and many other federal  
11 agencies, AACF [sic], etcetera, what might the  
12 impacts of those potential cuts be on our HealthyNYC  
13 goals and we would love to continue to work with  
14 Council to make sure that we can still make progress  
15 on our HealthyNYC goals even if there are changes in  
16 federal funding, but certainly, any cuts to our  
17 federal funding would put a number of goals at risk,  
18 including our HealthyNYC goals. And I'll just give  
19 one example. Chronic disease specifically  
20 cardiovascular mortality and diabetes-related  
21 mortality is the number one killer of New Yorkers now  
22 that COVID is no longer number one. So this goes back  
23 to the number one killer that we had pre-COVID. So  
24 we have a lot of work to do in that realm. Right

2 now, only about \$30 million of our total agency  
3 budget is dedicated to chronic disease.

4 CHAIRPERSON SCHULMAN: And plus we have,  
5 not here particularly, but an increase in measles  
6 across the country and other chronic diseases that we  
7 thought were kind of put to bed and so now have been  
8 making a comeback, and then hopefully-- and then we  
9 have the Bird Flu which we'll talk about it as we do  
10 the questions. But--

11 ACTING COMMISSIONER MORSE: [interposing]  
12 We do have a number of public health threats that are  
13 very much of concern, and I would say that 2025 what  
14 those threats look like is quite different than 2019  
15 when the Article 6 match rate was cut. So again, I  
16 think it makes the case even clearer how important it  
17 is for Article 6 match to be restored, and the most  
18 clear example of that is how New York City again is a  
19 global city is hit first and hardest whenever it  
20 comes to a public health threat. In 2024 there were  
21 15 cases of measles in the whole state of New York  
22 and 14 of those cases were in New York City. So we  
23 do have much work to do to keep New Yorkers safe.

2 CHAIRPERSON SCHULMAN: Are there any  
3 budget asks from DOHMH to OMB to improve HealthyNYC's  
4 effectiveness?

5 ACTING COMMISSIONER MORSE: We are  
6 continuing to have conversations with OMB about  
7 making sure that we can achieve our HealthyNYC goals.  
8 I would also say that as is elevated in our chronic  
9 disease report, it was developed with 22 sister  
10 agencies. So we do see our chronic disease work as  
11 something that's collaborative and across city  
12 government and have been in conversation with OMB  
13 about those goals. We do see some great  
14 opportunities to continue current programs to focus  
15 more on diabetes, to focus on neighborhood stress-  
16 free zones and many other initiatives in our chronic  
17 disease portfolio to make sure that we do achieve our  
18 HealthyNYC goals and stay on track.

19 CHAIRPERSON SCHULMAN: I'm going to ask  
20 you at some point, I'm not going to push you too much  
21 today, but I am going to ask you to let us know if  
22 there are ways that we can help to supplement what  
23 you need in this budget.

24 ACTING COMMISSIONER MORSE: Thank you for  
25 your partnership.

2 CHAIRPERSON SCHULMAN: Have there been  
3 discussions with our state or federal partners  
4 regarding HealthyNYC?

5 ACTING COMMISSIONER MORSE: Thank you for  
6 that question. I do speak with Commissioner McDonald  
7 [sp?] quite often. We do share information with him  
8 and his team about HealthyNYC. So that has been a  
9 great and productive partnership. He also had a  
10 chance to take a look at our chronic disease report  
11 and found it to be quite on target, and at the  
12 federal level we have not had as many conversations  
13 about HealthyNYC.

14 CHAIRPERSON SCHULMAN: Okay. The Disease  
15 Prevention and Treatment for Immunization Programs  
16 has a Fiscal 2026 budget of nearly \$12 million. What  
17 is the total budget for children's vaccines  
18 specifically?

19 ACTING COMMISSIONER MORSE: Thank you for  
20 that question. We have been running the Vaccine for  
21 Children Program for the City since it started in the  
22 1990s. Overall, we partner with healthcare delivery  
23 organizations to distribute about 2.7 million  
24 vaccines per year through the Vaccines for Children  
25 Program. Our overall vaccination budget is about \$40

1 COMMITTEE ON HEALTH JOINTLY WITH COMMITTEE ON MENTAL HEALTH,  
DISABILITIES AND ADDICTION 65

2 million or so per year, and that funding of course  
3 helps us to do both the vaccination work as well as  
4 community engagement and education, communications  
5 campaigns and other work as well.

6 CHAIRPERSON SCHULMAN: Can you provide a  
7 breakdown of the budget by each type of vaccination?

8 ACTING COMMISSIONER MORSE: We would be  
9 happy to follow up with you--

10 CHAIRPERSON SCHULMAN: [interposing]  
11 Please, yeah.

12 ACTING COMMISSIONER MORSE: on that. Our  
13 COVID Immunization Supplemental Grant from the  
14 federal government is ending, so some of these  
15 numbers and investments are in flux, but we'd be  
16 happy to follow up with you.

17 CHAIRPERSON SCHULMAN: Yeah, please. The  
18 PMMR outlined a couple of performance indicators  
19 related to children's vaccinations. One indicator,  
20 the percentage of children aged 19 to 35 months with  
21 up-to-date immunizations decreased from 61.5 percent  
22 in the first four months of fiscal 2024 to 57.4  
23 percent in the first four months of fiscal 2025. Can  
24 you explain this decrease?

25

2 ACTING COMMISSIONER MORSE: Yes, thank  
3 you for that question. We have unfortunately seen a  
4 national trend and a local trend of decreased  
5 childhood vaccination rates. It I certainly of  
6 concern to us. We have a number of ways that we  
7 engage families, communities and providers around how  
8 to improve those vaccination rates. Our data tells  
9 us that pediatricians are the most trusted messengers  
10 when it comes to childhood vaccination rates. So we  
11 are continuing to partner with them to make sure that  
12 we improve those vaccination rates. The number I  
13 will emphasize is that when we look at 24 months, our  
14 measles, mumps, rubella vaccination rate is about 81  
15 percent right now for kids who are 24 months. A few  
16 years ago it was 94 percent. So we have over the  
17 years seen a decrease in even measles, mumps, and  
18 rubella vaccination rates across the City, and again,  
19 we have a number of levers that we are pulling to try  
20 to partner with providers and communities and  
21 families to make sure those vaccination rates  
22 improve. The good news is that as children start  
23 kindergarten, our vaccination rates are about 96  
24 percent for childhood vaccination, but we want two

2 year olds to be up-to-date. We don't wait until  
3 they're entering kindergarten.

4 CHAIRPERSON SCHULMAN: Is there a way to  
5 do a breakdown by neighborhoods of how the  
6 vaccination rates are? Because we can help as  
7 Council Members and see-- you know, and put you  
8 together with some of the folks in the community,  
9 too. So, if there's a way--

10 ACTING COMMISSIONER MORSE: [interposing]  
11 We'd be happy to follow up.

12 CHAIRPERSON SCHULMAN: we can do that  
13 breakdown, that would be helpful.

14 ACTING COMMISSIONER MORSE: We will  
15 definitely follow up on that.

16 CHAIRPERSON SCHULMAN: Okay, great. Is  
17 there a direct link between the reduced rate of  
18 children's vaccinations and spikes in communicable  
19 diseases in this city?

20 ACTING COMMISSIONER MORSE: Thank you for  
21 that question. I will-- well, there are a number of  
22 communicable diseases across the City, of course.  
23 The three cases of measles that we've seen in New  
24 York City in 2025 are unrelated. So that is not an  
25 outbreak. So I want to start by saying that to make

2 that piece clear. Our biggest campaigns and focus  
3 are on the seasonal flu vaccine and COVID vaccines.  
4 This winter we saw about two million flu vaccines and  
5 about 800 COVID vaccines, and that is just what is  
6 reported. It's not mandatory reporting, so that's  
7 probably an undercount of the amount of vaccination.  
8 We did have a particularly challenging flu season  
9 this year, however, our flu case rates are down by 14  
10 percent in our most recent data, and we do seem to be  
11 quite a bit past our peak in flu. For our COVID  
12 rates they have been somewhat similar for the past  
13 few months, but are not at this time increasing  
14 significantly, and we continue to engage with lots of  
15 communities and providers and partners around the  
16 importance and life-saving nature of both flu and  
17 COVID vaccines.

18 CHAIRPERSON SCHULMAN: On February-- I'm  
19 going to ask a question about the bird flu, and then  
20 I'm going to hand it over to Chair Lee and then come  
21 back, because I have some other questions about some  
22 other programs. On February 75<sup>th</sup>, 2025, live bird  
23 markets in the City were temporarily closed after  
24 traces of H5N1 bird flu were detected in markets

2 across the City. Does DOHMH or any other agency  
3 monitor these markets?

4 ACTING COMMISSIONER MORSE: Thank you for  
5 that question. We've been coordinating very closely  
6 with the State Department of Agriculture and the  
7 State Health Department around live bird markets.  
8 Our role here in the New York City Health Department  
9 is to number one, be informed. If there are  
10 detections of H5N1 amongst birds in live poultry  
11 markets across the City, so we're informed of that  
12 when it happens. And then our goal is to monitor any  
13 of the workers who were exposed to those birds for  
14 their-- for symptoms, for preventive measures, and to  
15 educate them about the potential risks. But at this  
16 time, there have not been any human cases of H5N1 in  
17 New York City. There have been about 70 cases  
18 nationally and almost all of them have been  
19 specifically related to exposures to either dairy  
20 cattle or poultry or wild birds that were infected  
21 with H5N1.

22 CHAIRPERSON SCHULMAN: Is there any set  
23 budget for the bird flu?

24 ACTING COMMISSIONER MORSE: At this time,  
25 we don't have a budget under the Health Department

2 for bird flu, but there is an emergency federal grant  
3 for \$3.5 million.

4 CHAIRPERSON SCHULMAN: Really? Okay,  
5 alright. Now, I'm going to hand it over to Chair  
6 Lee. I'll come back later to ask some other  
7 questions. Thank you, commissioner.

8 ACTING COMMISSIONER MORSE: Thank you.

9 CHIEF FINANCIAL OFFICER ANDERSON: Chair  
10 Schulman, if I could make one clarifying comment  
11 going back to OMB and hiring? So, we-- just to  
12 clarify, we're not exempt from the hiring freeze, but  
13 we do have exempt positions. So, public health  
14 sanitarians, city pest control aids, exterminators,  
15 public health nurses, grant--

16 CHAIRPERSON SCHULMAN: [interposing] Can  
17 you get us a list of what's--

18 CHIEF FINANCIAL OFFICER ANDERSON:  
19 [interposing] And grant positions.

20 CHAIRPERSON SCHULMAN: exempted?

21 CHIEF FINANCIAL OFFICER ANDERSON: The  
22 two for one is the policy.

23 CHAIRPERSON SCHULMAN: two for one is the  
24 policy? Alright. Well, we'll follow up on that.  
25 Thank you.

2 CHIEF FINANCIAL OFFICER ANDERSON: Okay,  
3 thanks.

4 CHAIRPERSON LEE: Hi. Hi, Doctor Wright.  
5 Sorry, I didn't see you sitting over there, but  
6 special shout out to you. And where's Ricky Wong?  
7 Like, I feel like this is not complete without Ricky  
8 Wong. He needs to be here. So just tell him I said  
9 hi.

10 ACTING COMMISSIONER MORSE: Will do.

11 CHAIRPERSON LEE: I'm just going to ask a  
12 few overall arching questions before I hand it off to  
13 my colleagues and then I'll come back later for some  
14 other deeper dive questions and to some of the  
15 topics. But I wanted to follow up on a question that  
16 Council Member Schulman had asked about the overall  
17 split in the budget between state/federal/city.  
18 Because I know that specifically-- and please, you  
19 know, correct me if I'm wrong, but for the mental  
20 hygiene budget specifically, for FY26, I believe the  
21 State has 54 percent, the City has 38 percent, and  
22 the federal is four percent. But just out of  
23 curiosity, the percentage of the federal budget that  
24 you had spoken to before previously, does that--  
25 like, in terms of the overall cuts-- potential cuts,

2 I'm sorry-- does that include the pass-through money  
3 as well that is embedded in the state and city  
4 funding, just out of curiosity? Like, the CDBG block  
5 grants, all that stuff, I just wanted to clarify  
6 that.

7 ACTING COMMISSIONER MORSE: I'll pass to  
8 Aaron.

9 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,  
10 thanks, Chair Lee. Yes, it does include pass-  
11 through, yeah.

12 CHAIRPERSON LEE: Okay. I just wanted to  
13 make sure that it was including all of those,  
14 including the pass-through money. Okay, perfect. And  
15 then just really quickly for-- so this is like, you  
16 know, probably one of my pet peeves which you've  
17 heard in previous hearings which is it's hard to  
18 track all the money that's within the mental health  
19 portfolio because so much of it sits within different  
20 city agencies. So, for example, some is with you  
21 all, some is with EMS. Others are with OCMH. Others  
22 are with Health + Hospitals. And so I just I wanted  
23 to-- and Department of Education, of course, has a  
24 bunch as well. And so it's challenging to track all  
25 the mental health services provided and how much the

2 City's full investment for mental health services is.  
3 so, I was just wondering is there a way to sort of--  
4 and how much of your hands do you have in the other  
5 city agencies, because I'm assuming-- and also,  
6 correct me if I'm wrong that, you know, when it comes  
7 to the mental health purview in that bucket, I would  
8 like to think there's some agency that's over-  
9 archingly [sic] looking at all of this data. So,  
10 just wanted to know how much information you share  
11 across agencies and how much you work together  
12 between the different agencies around the mental  
13 health services specifically.

14 ACTING COMMISSIONER MORSE: Sure. I can  
15 start and then I'll pass it to our CFO to share some  
16 more details on the budget side. In general, when it  
17 comes to programs and policy work, we do work very  
18 closely with other agencies, particularly OCMH and  
19 Health + Hospitals, and we also have a number of  
20 different ways in which we share data for the whole  
21 city with those organizations as well. That is in  
22 large part our role of our mental health report that  
23 came out last year, I think is a good example of  
24 that, and then just last week we released a report on  
25 the mental health needs of LGBTQ+ New Yorkers as

2 well. So those are the kinds of data and reports  
3 that our sister agencies look to us for in terms of  
4 guidance on programs, priorities, etcetera. So that  
5 work does occur. We also work collaboratively with  
6 New York City Public Schools on the school-based  
7 mental health clinics, etcetera. So there are a  
8 number of programmatic touch-points for coordination  
9 and partnership. I'll pass to Aaron about the budget  
10 questions, specifically.

11 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,  
12 thanks Doctor Mores. I would just echo that just as  
13 there are programmatic touch points, there are  
14 budgetary touch points. I'm always in contact with  
15 sister agencies, my counterparts, but really, OMB is  
16 probably the place where, you know, as an aggregator  
17 of information about where everything lives.

18 CHAIRPERSON LEE: Okay, because during  
19 our budget hearing with OMB, especially around the  
20 contracting piece, they were saying that's largely  
21 with DOHMH. So, my concern is is that I feel like  
22 there's no clear, sort of, overseer of all the  
23 buckets of mental health programs, and I know that  
24 technically OCMH's role is to do that. However, even  
25 when I speak with them, they seem like they're

2 limited in terms of how much reach they have with the  
3 budget as well as coordination. So, I just want to  
4 make that point, because I really, really hope that  
5 when it comes to the coordination of services--  
6 because as we all know, you know, I'm a whole person,  
7 right? So I may need homeless services. I may need  
8 drug addiction services, as well as mental health  
9 services, and I may be physically disabled and need  
10 help getting there. So, me as a whole person, I'm  
11 just saying that it's a little frustrating for me to  
12 coordinate, and if we're thinking of offering the  
13 best care to our city and folks that, you know,  
14 deserve it, it's a little, you know, difficult to  
15 navigate. And if it is possible-- I don't know if  
16 this is possible on your end, but if it is possible  
17 to get numbers from other agencies and also get a  
18 sense of where their budgets are, I think that would  
19 be great. I don't know if that lies with you all or  
20 if it lies with OCMH, but I just need to get some  
21 understanding of how much the total investments  
22 citywide are in terms of mental health services.

23 ACTING COMMISSIONER MORSE: Yeah, I do  
24 understand the challenge. I think what our CFO  
25 shared, OMB really holds most of that information.

2 We don't have access to the budgets of our sister  
3 agencies in an easy way, but I would also share that  
4 we do have programs like our single-point of access  
5 program that really does attempt to have, you know,  
6 one-stop-shop for a lot of mental health services,  
7 even though it's not every service that we offer.

8 CHAIRPERSON LEE: No, I appreciate that.  
9 Okay, I'm going to actually pass it off to my members  
10 to ask-- other colleagues to ask questions. Am I  
11 doing this? Okay. Alright, okay. First, I want to  
12 call upon-- I hope you're ready-- Council Member  
13 Menin followed by-- sorry, Council Member Narcisse.

14 COUNCIL MEMBER MENIN: Yes, thank you so  
15 much, Chairs, for today's hearing. So I have a number  
16 of questions related to the Office of Healthcare  
17 Accountability. As you know, the City Council  
18 unanimously passed my legislation creating this first  
19 in the nation municipal Office of Healthcare  
20 Accountability. The office was supposed to be fully  
21 operational and functional well over a year ago. My  
22 first question is how many staff members are  
23 currently working at the office?

24 ACTING COMMISSIONER MORSE: Thank you for  
25 your advocacy for this office, Chair-- excuse me,

2 Council Member Menin. We have certainly been working  
3 very hard to get the office up and running. As you  
4 probably saw, we did release our inaugural report on  
5 Friday. It is over 260 pages and it is extensive in  
6 its documentation of some of the challenges with  
7 healthcare and healthcare pricing across the City. At  
8 this time, we have seven candidates who are  
9 identified for the office, and we're continuing to  
10 make sure that the work required by law moves forward  
11 including the fact that our website with price--

12 COUNCIL MEMBER MENIN: [interposing] Okay,  
13 I just want to interrupt, I'm sorry, because the time  
14 is limited. So, the-- we fought really hard to get  
15 15 lines. Fifteen lines were supposed to be funded  
16 for this, encompassing a \$2 million budget. So  
17 you're saying seven have been identified, meaning the  
18 office only has one person fully hired one year after  
19 the implementation date for the creation of this  
20 office. And I might add, this office, studies show,  
21 will save the City \$2 billion a year. So my  
22 questions is why is only one person hired to fund  
23 this office?

24 ACTING COMMISSIONER MORSE: Thank you for  
25 that question, Council Member Menin. We are doing

2 our best to hire and move the office's work forward.

3 What I will share is that a number of the positions

4 that were created for this office are specialized

5 positions. We are glad that we were able to identify

6 seven candidates so far, but I think most importantly

7 we are thankful that we've been able to get this very

8 comprehensive report out as was required by law, and

9 we've also been able to move forward with all of the

10 planning to make sure that the website for consumers

11 is available and consumers are able to go to the

12 website to see the different prices for healthcare

13 access across different services and hospital

14 systems. So, what the report even showed was that

15 for something like a colonoscopy the prices are

16 anywhere from \$900 to \$11,000, depending on the

17 health system that you go to across the city. A C-

18 Section rate is anywhere from something like \$9,000

19 to \$54,000 depending on what hospital system you go

20 to. So we know that even though, again, we're

21 prioritizing hiring, that report is the result of our

22 agency taking this office very seriously.

23 COUNCIL MEMBER MENIN: Chair, can I just

24 ask one last question related to the report? So, the

25 report came out. As you know, I'm incredibly

2 frustrated that pieces of the report are missing  
3 critical data. There is enormous amount of  
4 information that has been redacted about hospital  
5 prices. The whole point of the creation of this  
6 office was to give consumers transparency around the  
7 price of every medical procedure at every New York  
8 City hospital, and to allow New York City who is  
9 spending 10 percent of the city budget on public  
10 sector employee, retiree, and dependent healthcare  
11 should be able to harness its purchasing power to  
12 drive down cost. That is nearly impossible to do if  
13 large swaths of this data is being redacted because  
14 Anthem is refusing to play ball and is utilizing the  
15 pretense of gag orders in these contracts. So, I  
16 can't tell you how disappointing and frustrating this  
17 is after fighting so hard for the creation of this  
18 office, and I really urge the administration to go  
19 beyond this roadblock that Anthem is putting up and  
20 to finally once in for all provide this information  
21 to the City of New York.

22 ACTING COMMISSIONER MORSE: Thank you for  
23 that, Council Member. I acknowledge that there are  
24 parts of the report that don't have the full data  
25 related to Anthem and other-- there are other reasons

2 as well. We were constrained somewhat by the law, in  
3 that the law says that it has to be publicly  
4 available, and so there have been conversations about  
5 that. But I will say that the three most-important  
6 things from the report from my perspective is number  
7 one. It's very clear that New York City healthcare  
8 prices are higher than anywhere else in the country.  
9 Number two, what we also see is there is wide  
10 variation in the costs that are charged to insurance  
11 companies despite quality. So this is unrelated to  
12 the quality of those services. And the third is that  
13 there's really inconsistent and incomplete reporting  
14 of community benefit across the hospitals in the  
15 system. But we do intent to fulfil the full letter  
16 of the law and make sure that the office actually  
17 does what it was intended to do when Council passed  
18 the law in 2023.

19 COUNCIL MEMBER MENIN: And I greatly  
20 appreciate that, but for Anthem to say that this  
21 information is not publicly available when federal  
22 CMS rules already mandate that every New York City  
23 hospital has to provide this data, it is just a  
24 completely ridiculous argument for Anthem to make.  
25 It doesn't hold water when federal rules mandate that

2 the hospitals have to disclose that. And we know  
3 that approximately only 14 percent of New York City  
4 hospitals are complying with the federal rules. So,  
5 I know my time is up, but I just wanted to make sure  
6 to make that point. Thank you.

7 ACTING COMMISSIONER MORSE: Thank you.

8 CHAIRPERSON LEE: Council Member  
9 Narcisse?

10 COUNCIL MEMBER NARCISSE: Good morning  
11 and thank you, Chair. Thank you for coming, Doctor  
12 Morse, and thank you, the whole team. The Fiscal  
13 2026 Preliminary Plan includes additional city  
14 funding of \$60.1 million in Fiscal 2025, only  
15 including a funding swap of \$36.1 million from the  
16 state funding. We're talking about our school. And  
17 if I'm correct, about-- roughly about 60 percent of  
18 our kids are on Medicaid now. So that's giving me  
19 more concern. How much is the current budget for  
20 school health?

21 ACTING COMMISSIONER MORSE: Thank you for  
22 that question, Chair Narcisse. We work very closely  
23 with New York City Public Schools to make sure that  
24 the Office of School Health is a priority and that  
25 the children across the City who need either general

2 health or behavioral health services have what they  
3 need, and we also have worked very closely with New  
4 York City Public Schools, Health + Hospitals and  
5 others to make sure that the number of school-based  
6 mental health clinics actually increases. In fact,  
7 the 16<sup>th</sup> clinic just opened last week.

8 COUNCIL MEMBER NARCISSE: And I'm so  
9 grateful for that.

10 ACTING COMMISSIONER MORSE: Which is very  
11 exciting. In terms of our overall budget for school  
12 health, I will pass to my Chief Financial Officer.

13 CHIEF FINANCIAL OFFICER ANDERSON: Thanks  
14 for the question, Council Member. Yeah, our school  
15 health nursing budget is approximately \$195 million  
16 this year.

17 COUNCIL MEMBER NARCISSE: Thank you. What  
18 factors were considered or identified to determine  
19 this budget?

20 ACTING COMMISSIONER MORSE: So, we have a  
21 number of mandates for what kinds of work we can do  
22 and how we can partner with New York City Public  
23 Schools on ensuring that school health services and  
24 mental health services are fulfilled and that nurses  
25 are working in those school-based health centers as

2 well-- excuse me, school-based health clinics as well  
3 as school-based health centers.

4 COUNCIL MEMBER NARCISSE: Okay. Will  
5 funding be allocated directly to schools?

6 ACTING COMMISSIONER MORSE: Thank you for  
7 that question. I'll pass to my CFO.

8 CHIEF FINANCIAL OFFICER ANDERSON: Thanks  
9 for the question. I think the school-based question  
10 is really a question for New York City Public  
11 Schools. I mean, our role in jointly operating the  
12 school health program is really to support the nurses  
13 in the schools.

14 COUNCIL MEMBER NARCISSE: Okay, so the  
15 money is not-- because the question is if they're  
16 going to get the money, the funding.

17 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,  
18 the way the school health works today is really the  
19 funding lives in our agency budgets, so New York City  
20 Public Schools and Health Department.

21 COUNCIL MEMBER NARCISSE: So, please  
22 hold, because I have a few questions. How has the  
23 city health system evolved and improved since COVID-  
24 19 pandemic, particularly in terms of infrastructure,  
25 access to care and public health preparedness? There

2 are specific lessons learned that have been  
3 incorporated into the budget to better support future  
4 health crisis. Now, I'm going to go to another  
5 question. How is the Health Department planning to  
6 integrate new technologies like AI and data analytics  
7 into the City's health system to improve service  
8 delivery and patient outcomes? What investment are  
9 being made in this area? What role-- that's another  
10 one. What role with public health campaigns play in  
11 raising awareness about preventive care, since my  
12 number one thing is to prevent. Are there specifics  
13 campaigns planned to educate New Yorkers about the  
14 importance of routine check-ups, cancer screenings,  
15 and other preventive health measures, because we  
16 realizes there's an increase in colon cancer for  
17 Black men, some under 20-- 29-- I mean, under 30s.  
18 Thank you.

19 ACTING COMMISSIONER MORSE: Thank you for  
20 those questions, Chair Narcisse. I will do my best to  
21 try to answer them. So, the first one I think you  
22 asked about changes kind of in healthcare, the  
23 healthcare system and service delivery since the  
24 pandemic. There are a number of things that did  
25 change during and after the pandemic, including

2 ability to seek care, ability to seek primary care  
3 prevention services, mammograms, colonoscopy,  
4 etcetera. So we did see significant changes in  
5 health-seeking behavior during and in immediate  
6 aftermath of the pandemic for a number of different  
7 reasons. One example that I'll give is we've talked  
8 a little bit about in our most recent HIV data, and I  
9 want to continue to highlight the work of our HIV  
10 teams, because it's such important and life-saving  
11 work. And what-- one of the things that we saw was  
12 actually there was an increase in diagnosis of HIV in  
13 2023 compared to 2022, but a decrease in new cases of  
14 HIV. So, the reason I mention that is it's an example  
15 of-- new diagnosis is usually someone actually had  
16 HIV, but didn't seek care early enough and we think  
17 the pandemic is part of the reason that happened, and  
18 then got a new diagnosis. So, even though the  
19 incidents, the new cases of HIV went down. People  
20 were getting their diagnosis of HIV a bit later and  
21 it made our numbers look higher. So that's just one  
22 example of changes in care seeking and healthcare  
23 delivery in the pandemic and after. There are many,  
24 many lessons from COVID. I can't speak to all of  
25 them today. the City did work on for two years on a

2 COVID After Action Report that describes in detail  
3 some of the challenges, the successes and the  
4 learnings from the COVID pandemic, and that report was  
5 published online I think a week or two ago. It  
6 really does list out extensively the things that we  
7 learned and the things that we hope to do better. I  
8 do believe that we learned quite a bit about historic  
9 marginalization and disinvestment and inequities both  
10 in geography and race led to some communities being  
11 unfairly hurt more by COVID than others, and we have  
12 a number of ways that we're trying to make sure that  
13 going forward health equity is at the center of all  
14 of our emergency response work. So much was learned,  
15 and I defer to that very extensive report. For AI  
16 and technology we have a Center for Population Health  
17 and Data Science and a Division of IT that are both  
18 working collaboratively to explore the ways in which  
19 our agency could benefit from AI technology and  
20 continuing to innovate and expand on the ways in  
21 which we do data surveillance, sharing that data with  
22 the public, etcetera. And then finally for public  
23 health campaigns on preventive health, that is our  
24 bread and butter. We fully agree with you and  
25 appreciate Council support of making sure that we

2 have the resources we need to educate the public  
3 about the most life-saving interventions and  
4 preventive care, and we plan to continue to do that  
5 work.

6 COUNCIL MEMBER NARCISSE: And about this  
7 sphygmomanometer, the blood pressure machine that we  
8 went around our city and then give folks some  
9 indicators how to seek help and when the blood  
10 pressure is not doing well, do we-- how-- where are  
11 we? Because we passed the bill, trying to get people  
12 to more compliant to what's going on in their lives.

13 ACTING COMMISSIONER MORSE: We do have  
14 quite a bit of work on hypertension. Hypertension is  
15 a part of our work within our HealthyNYC goals as  
16 well. And so for our blood pressure cuff  
17 specifically, sometimes it's covered by insurance.  
18 In fact, many insurance companies do cover blood  
19 pressure cuffs which is great. Often what I see as  
20 an internal medicine doctor and I practice at Kings  
21 County, as you know, I see people with high blood  
22 pressure all the time, and often times the challenge  
23 for them is not necessarily getting the blood  
24 pressure cuff, but it's actually having someone to  
25 support them like a community health worker to make

2 sure that they both know how to use the blood  
3 pressure cuff, know how to write down the results of  
4 the blood pressure cuff, know when to bring those  
5 results to their primary care doctor, and then have  
6 support in taking their medications as well as making  
7 some of the diet changes that are necessary when you  
8 have high blood pressure. So, I would say that our  
9 community health worker work is particularly  
10 important since many insurance companies do cover  
11 blood pressure cuffs. That's kind of getting from  
12 the blood pressure cuff to the actual action and  
13 patient engagement and support to the patient who is  
14 trying to improve their blood pressure control.

15 COUNCIL MEMBER NARCISSE: Thank you. But  
16 as an educator, I use to do home care. Thank you,  
17 Chairs. Thank you.

18 ACTING COMMISSIONER MORSE: Thank you.

19 CHAIRPERSON SCHULMAN: I want to  
20 recognize that we've been joined by Council Member  
21 Lincoln Restler, and I want to ask Council Member  
22 Louis to ask her questions.

23 COUNCIL MEMBER LOUIS: Thank you, chairs,  
24 and good to see you, Commissioner and CFO Anderson. I  
25 have three quick questions, so I'm going to just to

2 rapid fire, because the time is limited. And as you  
3 stated in your testimony, New York City continues to  
4 face alarming maternal health rates with Black and  
5 Brown women disproportionately affected as we've seen  
6 in high-profile cases in several hospitals across our  
7 city. So I wanted to know how does DOHMH justify the  
8 cuts in the city's worsening maternal health rates  
9 over the past year? I know you mentioned it earlier,  
10 but if you could elaborate on that. Second question  
11 is in regards to trauma recovery. I'm very concerned  
12 about the budget reductions within the Preliminary  
13 Plan which raised significant concerns about the  
14 city's ability to respond to its ongoing mental  
15 health crisis, especially for our vulnerable youth.  
16 Of the total mental health services budget in FY25  
17 and FY26, how much was specifically allocated for  
18 trauma recovery programs? And I specifically ask  
19 this question because in neighborhood experiencing  
20 persistent gun violence, a lack of trauma response  
21 and remediation services can contribute to cycles of  
22 violence. How will DOHMH address the potential  
23 consequences of these cuts, particularly during  
24 upcoming summer months where we know youth are out  
25 and about? And last question is regarding

2 reproductive health. Many consumer products  
3 including cosmetics, plastics and household goods  
4 contain chemicals linked to reproductive and uterine  
5 health issues, disproportionately impacting women of  
6 color. With \$42.6 million investment in the FY26  
7 Preliminary Budget, will DOHMH invest funds to expand  
8 the public health laboratory scope to include  
9 research and testing on product safety and its impact  
10 on reproductive and uterine health, especially in the  
11 absence of adequate federal protections? So those  
12 are the three, reproductive health, trauma recovery  
13 and gun violence.

14 ACTING COMMISSIONER MORSE: Thank you,  
15 Council Member.

16 COUNCIL MEMBER LOUIS: And maternal  
17 mortality. Thank you.

18 ACTING COMMISSIONER MORSE: Thank you,  
19 Council Member Louis. I'll start with the first  
20 question around our Black maternal health goal. Our  
21 goal, again, is to decrease Black maternal mortality  
22 rates by 10 percent by 2030, and we have a lot of  
23 work to do to make that goal. What I haven't-- I  
24 think we might again have slightly different numbers.  
25 Our FY25 budget for everything related to birth

2 equity is about \$58 million across multiple different  
3 programs, and we haven't-- we are not planning any  
4 decreases to that budget in FY26. There are-- there  
5 may be some differences in City Council designation  
6 numbers and in some of our federal grants.

7 COUNCIL MEMBER LOUIS: And that  
8 specifically just adjustment. So it'd be good to be  
9 clear on that, maybe not right now because time is  
10 limited, but if we could get that information.

11 ACTING COMMISSIONER MORSE: We can follow  
12 up with you on that, absolutely. We also have a  
13 mandate to do a maternal mental health pilot that is  
14 currently unfunded. So, that is a number-- another  
15 area within our maternal health work that we're  
16 hoping to be able to make more progress on in the  
17 future. For the trauma recovery programs  
18 specifically, I think-- are you referring to Trauma  
19 Recovery Centers? Okay. so, our team is looking  
20 into the Trauma Recovery Centers, the services they  
21 provide, the impact and the outcomes, and we are  
22 happy to follow up with Council about our findings as  
23 we do a bit more of a deeper dive to understand the  
24 model and its effectiveness. However, what I would  
25 say is that we do certainly still have services and

2 support through a number of other programs, including  
3 our Mobile Crisis Teams and other service delivery  
4 that theoretically could help to support some of what  
5 you're describing. And then the final question I  
6 think was about reproductive health and your concern  
7 and our concern also about chemicals that may be  
8 causing fibroids and other uterine-- I don't want to  
9 put words in your mouth, but I think you're talking  
10 about some of the chemical relaxers that have been  
11 shown to--

12 COUNCIL MEMBER LOUIS: [interposing] And  
13 also household items and other factors, all of it.

14 ACTING COMMISSIONER MORSE: And house  
15 hold items and other factors. So we'd be happy to  
16 follow up with you to share some of the work we've  
17 done in that space in the past. We continue to  
18 follow very closely all of the research and data  
19 that's emerging about associations between use of  
20 different products and health outcomes.

21 COUNCIL MEMBER LOUIS: Thank you so much.

22 ACTING COMMISSIONER MORSE: Thank you.

23 CHAIRPERSON SCHULMAN: Okay, next we have  
24 Council Member Hanif.

2 COUNCIL MEMBER HANIF: Thank you so much,  
3 and good morning Commissioner Doctor Morse and CFO  
4 Anderson. The Progressive Caucus which I co-chaired  
5 recently launched our budget campaign which we're  
6 calling Crisis to Care to secure \$61 million in  
7 mental health services and mental health treatment  
8 beds, and I want to go through some numbers for the  
9 Forensic Assertive Community Treatment Team, the  
10 Single Point of Access, and the Intensive Mobile  
11 Treatment team. For the IMT teams, we are asking for  
12 \$22 million in baseline funding which would bring the  
13 total-- the stagnant total-- well, the \$14 million is  
14 currently stagnant, but would bring the total to \$64  
15 million and for FACT teams we are calling for \$7  
16 million in baseline funding bring the total to \$21  
17 million. I want to start with Single Point of Access.  
18 Could you explain how someone might move through the  
19 DOHMH Single Point of Access system from initial call  
20 to treatment and dismissal? And what percentage of  
21 New Yorkers treated through SPOA are referred after  
22 911 or a 988 call, and what are the most common  
23 referrals-- referral sites for treatments through  
24 SPOA?

2 ACTING COMMISSIONER MORSE: Thank you for  
3 those questions, Council Member Hanif. I'll start,  
4 but I'm going to ask my Executive Deputy Commissioner  
5 for Mental Hygiene, Doctor Jean Wright, to join me at  
6 the table as well to support some of those responses.  
7 So, overall last year, FY24, we had 4,107 referrals  
8 through our Single Point of Access system, and that  
9 system does not have a wait list. It does provide  
10 referrals to programs like ACT and IMT as well as  
11 other programs. Our budget for our Single Point of  
12 Access program is about \$4 million. I think you had  
13 some specific questions about how someone would walk  
14 through that system. So I'm going to ask Doctor  
15 Wright to join us to share a little bit more about  
16 that.

17 COUNCIL MEMBER HANIF: And I also have  
18 questions about the wait list before you respond to  
19 my question. I wanted to point out the wait list  
20 you're talking about SPOA, is that 2024?

21 ACTING COMMISSIONER MORSE: We don't have  
22 a wait list, but we had 4,107 referrals in FY24--

23 COUNCIL MEMBER HANIF: [interposing] Oh,  
24 got it

25 ACTING COMMISSIONER MORSE: through SPOA.

2 COUNCIL MEMBER HANIF: And then I'm going  
3 to ask for some of the numbers for the wait list for  
4 IMT and FACT teams.

5 COMMITTEE COUNSEL: Good morning. If you  
6 could please raise your right hand? Do you affirm to  
7 tell the truth, the whole truth and nothing but the  
8 truth in your testimony before this committee and to  
9 respond honestly to Council Member questions? You  
10 may proceed.

11 COUNCIL MEMBER HANIF: Can you turn on  
12 the mic?

13 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
14 Thank you for your question. Our Single Point of  
15 Access, as Doctor Morse stated, helps providers  
16 connect with SMI to specialty mental health treatment  
17 and recovery services that provide high level of care  
18 over several years. Most referrals come from  
19 inpatient psychiatric services, including but not  
20 limited to Health + Hospitals, as well as  
21 Correctional Health and homeless services. The  
22 Health Department reviews and makes referrals as  
23 appropriate, the IMT, ACT, FACT, and we use care  
24 coordination as well. So, we have referral lists and  
25

2 those are not connected 988 or any of our mobile  
3 crisis.

4 COUNCIL MEMBER HANIF: Okay.

5 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:

6 So, if you have an immediate need for care or crisis,  
7 you can certainly call 988, chat or text, and those  
8 will be handled. So there are no referral lists for  
9 those other programs. For IMT and ACT, there are 672  
10 on the referral list for IMT and 682 on the referral  
11 list for ACT.

12 COUNCIL MEMBER HANIF: For FACT you said?

13 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:

14 For ACT.

15 COUNCIL MEMBER HANIF: ACT, okay. And  
16 what about for FACT?

17 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:

18 For FACT 51.

19 COUNCIL MEMBER HANIF: Got it. And how  
20 long does it take on average for someone to receive  
21 treatment from an IMT treatment team after an initial  
22 request? Same for FACT team and-- I'd like to learn  
23 a little bit more about the wait lists. Are there  
24 wait lists for the IMT and FACT teams?

2 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:

3 The referral lists for IMT and FACT are the numbers--

4 COUNCIL MEMBER HANIF: [interposing] Got  
5 it.

6 EXECUTIVE DEPUTY COMMISSIONER WRIGHT: I  
7 just gave you, and there are no referral lists for  
8 again, 988, Mobile Crisis Treatment, any of those  
9 things. And so your question again?

10 COUNCIL MEMBER HANIF: The average wait  
11 time.

12 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
13 So, while individuals are waiting to be connected to  
14 services, we have care coordination, and so those  
15 individuals are connected to services similar to a  
16 care manager or a case manager during that time. So,  
17 it does not preclude them from getting connecting to  
18 services even while they're waiting on referral to  
19 get to a specific program.

20 COUNCIL MEMBER HANIF: Thank you for  
21 that. These are extremely important programs. We  
22 need to expand them, and we're looking forward as a  
23 Progressive Caucus to getting this win, but thank you  
24 so much for your responses.

2 CHAIRPERSON SCHULMAN: Okay, Council  
3 Member Narcisse? Council Member Nurse, I'm sorry.  
4 I'm sorry.

5 COUNCIL MEMBER NURSE: Thank you, Chairs.  
6 I had a question about your testimony, and then  
7 something later you mentioned. You talked about-- in  
8 the mortality rates you talked about the uptick and  
9 racial inequity around overdose deaths. And I wanted  
10 to know a little bit more about where your resources  
11 are currently deployed to address this inequity.  
12 What are the tactics and strategies you're using  
13 specifically to bring this down?

14 ACTING COMMISSIONER MORSE: Thank you for  
15 that question. Our team has been looking very  
16 closely at the data and where we need to focus so  
17 that we longer see that trend of rising rates of  
18 overdose in Black and Latino communities. Our FY26  
19 budget we're expecting to have about \$77 million  
20 overall dedicated to our opioid overdose crisis work,  
21 and I'm also going to ask our Assistant Commissioner  
22 to join me at the table to share a little bit more  
23 specifics on where we're focusing resources to  
24 address the high and increasing overdose rates for  
25 Black and Latino New Yorkers.

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2 COUNCIL MEMBER NURSE: And before you--  
3 is that an increase or is that a--

4 ACTING COMMISSIONER MORSE: [interposing]  
5 It's an increase.

6 COUNCIL MEMBER NURSE: Okay.

7 ASSISTANT COMMISSIONER LINN-WALTON: Do I  
8 need to do the--

9 COMMITTEE COUNSEL: Sorry. Oh, wow. Good  
10 morning. Alright, please raise your right hand. Do  
11 you affirm to tell the truth, the whole truth and  
12 nothing but the truth in your testimony before this  
13 committee and to respond honestly to Council Member  
14 questions?

15 ASSISTANT COMMISSIONER LINN-WALTON: I  
16 do.

17 COMMITTEE COUNSEL: You may proceed.  
18 Thank you.

19 ASSISTANT COMMISSIONER LINN-WALTON:  
20 Yeah, so a lot of our work is actually looking at  
21 those communities where we're seeing the highest  
22 rates, and that's how we both disperse dollars, and  
23 then more importantly disperse people into  
24 communities and work with nonprofits in those  
25 communities. So for a good example, I always think

2 of is the relay teams. Those are our non-fatal  
3 overdose response in hospitals, and so we go very  
4 clearly by overdose rates, and then we work very  
5 closely with hospitals in those communities so that  
6 they're ready to receive our peers and other workers  
7 who are coming bedside to do response. So those are  
8 some of the ways in which we're doing it. also, our-  
9 - all of our programming really does focus, and  
10 wherever you see darker blue on the map of more  
11 people unfortunately overdosing, we're right there  
12 with a number across the whole spectrum from clinical  
13 care to harm reduction services, working with our HIV  
14 programs, because we know that there's a crossover  
15 with infectious disease, and then also prevention  
16 through helping people access clean syringes and  
17 other services that we know are going to drive down  
18 rates and help lives, and more importantly help  
19 people turn their lives around through the services  
20 we're providing.

21 COUNCIL MEMBER NURSE: I'm going to ask  
22 some questions about B-HEARD, but I want to keep on  
23 this track for a second. So, what are your  
24 interventions at the block level?

2 ASSISTANT COMMISSIONER LINN-WALTON: At  
3 the block level we're looking-- so we work with our  
4 state partners and our local city partners to make  
5 sure there's enough treatment access. There's enough  
6 slots for people to get treatment access. We're also  
7 working-- we go out with outreach-- our community  
8 providers go out with outreach teams so that they can  
9 engage someone who maybe isn't connected to any  
10 services right there on the street block.

11 COUNCIL MEMBER NURSE: Do you know what  
12 the capacity of your-- on the outreach teams are for  
13 your network?

14 ASSISTANT COMMISSIONER LINN-WALTON: We  
15 have-- this over-- sorry, the outreach and syringe  
16 litter [sic] teams, we have six who are connected to  
17 14 different syringe services programs, and so it's--  
18 they're canvassing the entire community. So it's not  
19 so much do they have enough slots. It's are they  
20 going out into the community, and the answer is  
21 they're right there on the streets, but we also work  
22 with DHS so that when they interact with someone who  
23 may also need services, it doesn't have to come  
24 through the OSL team. We want to make sure that all

2 of our partner agencies know where to come to get  
3 people connected to care.

4 COUNCIL MEMBER NURSE: I think you  
5 should-- I would recommend more outreach to your  
6 elected officials and your Community Boards so they  
7 understand exactly how to get those outreach teams.  
8 Because I would argue that most folks don't see those  
9 outreach teams on the street and certainly not when  
10 we request them for a sustained period of time. So  
11 I'd love to get a little more transparency on that,  
12 and I think it'd be great for y'all to do some deeper  
13 education around what that actually looks like and  
14 what the expectations are when there's an area where  
15 we know there is a sustained level of particularly  
16 syringe use. Okay, if I have a second? I wanted to  
17 ask about B-HEARD. I wanted to get a sense of what is  
18 the current vacancy rate for social workers on B-  
19 HEARD teams, and then I would love to get your  
20 opinion and thoughts about adding peers or people  
21 with their own lived mental health experiences on to  
22 B-HEARD teams.

23 ACTING COMMISSIONER MORSE: Thank you for  
24 the question, Council Member. B-HEARD is a program  
25 actually that the Health Department is not involved

2 in. it is fully run by OCMH. So we're not involved  
3 in the operations of that program. as far as peers  
4 go, we at the Health Department are very supportive  
5 and believe in the power of peers and work with peers  
6 in many of our other programs at the Health  
7 Department, although we can't comment on the utility  
8 of peers in B-HEARD, but we do believe in the peer  
9 model.

10 COUNCIL MEMBER NURSE: Alright. Do you  
11 all have peers on staff or within your department?

12 ACTING COMMISSIONER MORSE: That is a  
13 great question. I am-- I believe that we do, but we  
14 can follow up with you on the details.

15 COUNCIL MEMBER NURSE: That would be  
16 great. I will come back for second round. Thank you.

17 CHAIRPERSON LEE: Actually, can I just  
18 follow up on that? because I know that every DOHMH  
19 hearing and we ask about B-HEARD, the response is  
20 that you guys are not involved in that, but then on  
21 the OCMH website it says that they're working in  
22 direct partnership with you and H+H. I just-- if  
23 someone can clarify that, that'd be great, because I  
24 know OCMH is supposed to be overseeing it, but I  
25 can't understand how they possibly would not be

2 coordinating with guys on this. And maybe I'm just  
3 not getting it. I don't know.

4 ACTING COMMISSIONER MORSE: We can follow  
5 up.

6 CHAIRPERSON LEE: Okay, perfect.

7 CHAIRPERSON SCHULMAN: Okay, Council  
8 Member Bottcher.

9 COUNCIL MEMBER BOTTCHER: Hi.

10 ACTING COMMISSIONER MORSE: Hello.

11 COUNCIL MEMBER BOTTCHER: Understanding  
12 that B-HEARD is under the auspices of Health +  
13 Hospitals, what's your opinion of the effectiveness  
14 of the B-HEARD program, and how does that fit into  
15 your overall efforts to address mental health crisis  
16 on the streets of New York City?

17 ACTING COMMISSIONER MORSE: Thank you for  
18 the question. B-HEARD, as was mentioned, is run by  
19 OCMH, the Office of Community Mental Health. My  
20 understanding is that they do work closely with  
21 Health + Hospitals to run the program. I am not  
22 familiar with any of their annual programmatic  
23 reports or any of that work, so I unfortunately can't  
24 comment on the effectiveness of the program since the  
25 Health Department doesn't lead the program or lead

2 the interventions. What I would say, however, is  
3 that we continue to see lots of progress in other  
4 mobile treatment teams that we use to address severe  
5 mental illness, overdose, and other urgent and  
6 immediate behavioral health concerns across New York  
7 City, and we're certainly happy to follow up with  
8 programmatic data and outcomes data on any of those  
9 other programs, if you would find that useful.

10 COUNCIL MEMBER BOTTCHEER: Do you meet  
11 regularly with OCMH and the other entities that are  
12 involved in B-HEARD and share information about how  
13 these teams are working and how they fit in with your  
14 other teams?

15 ACTING COMMISSIONER MORSE: We could  
16 follow up with more details on how we do  
17 coordination. My understanding is that our Division  
18 of Mental Hygiene and our Executive Deputy  
19 Commissioner Dr. Wright does meet regularly with OCMH.  
20 As to the agenda and whether or not B-HEARD is a part  
21 of it, we can certainly follow up, but again B-HEARD  
22 is not a program that's run by DOHMH.

23 COUNCIL MEMBER BOTTCHEER: So, the main  
24 program in New York City for-- in which medical  
25 professionals respond to 911 calls for mental health

2 crisis is B-HEARD, and 31 precincts currently out of  
3 78, none of those precincts are in City Council  
4 District Three. The west side of Manhattan which  
5 includes Time Square, Garment District-- we need to  
6 expand this to all 78 precincts. The Mayor announced  
7 two years ago that that was the plan. Hasn't  
8 happened. And what I want to know is why isn't the  
9 administration allocating that funding requesting  
10 that that happen in this-- in next year's budget?

11 ACTING COMMISSIONER MORSE: I do  
12 understand your concern, Council Member Bottcher. I  
13 would refer you to Eva Wong [sp?] who leads OCMH for  
14 further conversation.

15 COUNCIL MEMBER BOTTCHEER: I think even  
16 though it might not be under your direct control, I  
17 think we all need to take some ownership over the  
18 effort to expand B-HEARD citywide, because we could  
19 do the right thing on all these other kind of  
20 outreach programs, but if we still have beat cops  
21 responding to 911 calls, people aren't going to get  
22 the help that they need on our streets. A couple  
23 weeks ago, Wendy Williams who lives in Hudson Yards  
24 in my district calls for help, mental health  
25 assistance, and you know, we got beat cops showing up

2 in force. No medical that I'm aware of, no mental  
3 health professionals on the scene. That's a policy  
4 failure in my view, and we have a program that's up  
5 and running in 31 precincts. So I would like to--  
6 even though it might not be under your direct  
7 control, I would like to follow up with you and work  
8 with you and everyone in Adams administration to get  
9 this expanded throughout the City, including in  
10 Council District Three which sees hundreds of  
11 millions of tourists a year and is the face of New  
12 York City for nearly every person who comes around  
13 the world-- from around the world. Their impression  
14 of New York comes from what they see in City Council  
15 District Three. Looking forward to working with you  
16 on this.

17 ACTING COMMISSIONER MORSE: Thank you,  
18 Council Member. The last thing I'll just mention is  
19 we'd also be happy to follow up and tell you more  
20 about 988 which is an alternative and a program that  
21 we believe in very strongly. Ninety percent of the  
22 calls to 988 are answered within 30 seconds. So we'd  
23 be happy to talk more with you about 988 as well.

24 COUNCIL MEMBER BOTTCHEER: Thank you.

2 CHAIRPERSON SCHULMAN: Thank you.

3 Council Member Marmorato?

4 COUNCIL MEMBER MARMORATO: Thank you,  
5 Chair. Good afternoon.

6 ACTING COMMISSIONER MORSE: Good  
7 afternoon.

8 COUNCIL MEMBER MARMORATO: So, the bird  
9 flu outbreak has impacted poultry supply chains.  
10 What steps are being taken to ensure that food safety  
11 in our local grocery stores, restaurants and markets  
12 like in my area in Morris Park are occurring?

13 ACTING COMMISSIONER MORSE: Thank you for  
14 that question. We are spending quite a bit of our  
15 time following H5N1 bird flu very, very closely.  
16 This is where our surveillance systems are just  
17 critical and super important. we do work also very  
18 closely with the New York State Health Department as  
19 well as New York State Department of Agriculture to  
20 make sure that we are sharing information, that we're  
21 notified if there are new cases amongst poultry, wild  
22 birds, or dairy cattle, although we don't have dairy  
23 cattle in New York City, and so that surveillance  
24 work is happening kind of in an invisible way behind  
25 the scenes. The safety of the public is our primary

2 concern in the New York City Health Department, so  
3 please do believe that we are taking all the cases of  
4 H5N1, any cases that we see in poultry, in live bird  
5 markets very seriously. Our role in the Health  
6 Department is to monitor the workers who are exposed  
7 to those live bird market, H5N1 infected poultry,  
8 very closely and make sure that they don't develop  
9 any additional symptoms, but the most important thing  
10 right now is that there is no person-to-person  
11 transmission of N5N1, and that is very reassuring.

12 COUNCIL MEMBER MARMORATO: Okay. Are  
13 there any initiatives or incentives for loss of wages  
14 to the employees who would-- possibly their place of  
15 business is closed, or at least are you able to  
16 direct them to the state agency or figure out a way  
17 to help them regain their wages?

18 ACTING COMMISSIONER MORSE: That does  
19 extend beyond our purview, although I absolutely  
20 understand there's an economic impact of closing live  
21 bird markets and doing the disinfecting and, you  
22 know, unfortunately clearing out the live bird  
23 markets, but that piece is a bit beyond our purview.  
24 We focus on the health of the workers.

2 COUNCIL MEMBER MARMORATO: Do you  
3 recommend that they look into one of the state  
4 agencies for health?

5 ACTING COMMISSIONER MORSE: I would say  
6 that, again, that's outside of our purview.

7 COUNCIL MEMBER MARMORATO: Okay. So, I  
8 just wanted to kind of clarify something as far as  
9 the COVID-19 vaccines and the federal funding. Did  
10 you guys say that the federal funding will run out in  
11 2027, is that correct?

12 ACTING COMMISSIONER MORSE: The federal  
13 funding for COVID-- well, number one, we're thankful  
14 that we were able to get an extension to use some of  
15 that federal funding, but there are different  
16 timelines for when it expires, and I'll pass to our  
17 Chief Financial Officer to share more.

18 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,  
19 thanks, Council Member. I think the one you're  
20 referring to is the immunization vax funding, and  
21 that has been extended to June of 2027.

22 COUNCIL MEMBER MARMORATO: Okay.  
23 Considering that we live in a state that you have to  
24 have health insurance-- so if I go for a COVID  
25 vaccine, my health insurance is getting charged.

2 Where is this funding going to? Like, I don't  
3 understand are we-- is it not covered under our  
4 health insurance?

5 ACTING COMMISSIONER MORSE: A lot of the  
6 funding is a for a number of different surveillance  
7 activities related to COVID, as well as activities to  
8 do community engagement, community education, and  
9 those types of--

10 COUNCIL MEMBER MARMORATO: [interposing]  
11 So, it doesn't just go towards the vaccine.

12 ACTING COMMISSIONER MORSE: It goes  
13 towards a number of different activities related to  
14 COVID prevention and vaccination.

15 COUNCIL MEMBER MARMORATO: Okay. Okay.  
16 Thank you. Thank you, Chair.

17 CHAIRPERSON SCHULMAN: Council Member  
18 Brewer?

19 COUNCIL MEMBER BREWER: Thank you. We  
20 have two cows at the Queens Farmhouse, just so you  
21 know.

22 CHAIRPERSON LEE: That's in my district.

23 ACTING COMMISSIONER MORSE: Let the  
24 record be corrected, alright.

2 COUNCIL MEMBER BREWER: I have a couple  
3 of questions. First of all, following up on school-  
4 based health, I am very supportive of it. I believe  
5 there are 105 schools that do not have a nurse, and  
6 so I don't know, do you keep track of that? I know  
7 you mentioned \$195 million total for nurses. Does  
8 that include all the schools, or is it supposed to?

9 ACTING COMMISSIONER MORSE: Thank you for  
10 that question. I can share those numbers. So, there  
11 are 134 school-based health centers that serve  
12 145,000 students in 314 public schools, and we offer  
13 support for 35 of those sites. So, but I think your  
14 question is actually for school nurses. The 1,400  
15 school nurses covers a broader swath than what I just  
16 mentioned.

17 COUNCIL MEMBER BREWER: A broad-- but I'm  
18 just saying-- Doctor Platt [sp?] is no longer alive  
19 or around I assume, but he had both DOE-- is he here?  
20 No. But he had-- the only person who had DOH and  
21 DOE. Does anybody else have that now?

22 ACTING COMMISSIONER MORSE: I don't  
23 believe that is the case now.

2 COUNCIL MEMBER BREWER: Okay, so who's in  
3 charge of school-based healthcare? That's what I'm  
4 trying to find out. Are you in charge of it?

5 ACTING COMMISSIONER MORSE: It is-- it's  
6 a shared responsibility between NYC Public Schools  
7 and us, but we do-- we are the lead on the Office of  
8 School--

9 COUNCIL MEMBER BREWER: [interposing]  
10 Okay. The reason I ask you is there's a big  
11 coalition, as you know, of school-based and they're  
12 not happy and they say there are a lot of  
13 deficiencies. I won't get into it now because of  
14 time, but they say 104/105 schools do not have a  
15 nurse. That's not good. And they calling for \$25  
16 million more with some possible state money to  
17 supplement or complement or underwrite, but it's a  
18 long story. We do not have good school-based  
19 healthcare right now. So, I'd love to have a further  
20 conversation about that.

21 ACTING COMMISSIONER MORSE: We'd be  
22 happy--

23 COUNCIL MEMBER BREWER: [interposing] The  
24 state has some responsibility also. Number two in  
25 terms of mental health and B-HEARD. I went out with

2 the B-HEARD in Queens. I went to Queens once in my  
3 life, and I went out-- once-- and there were-- we  
4 went out with the social worker and the EMS worker.  
5 The issue, though, which I do think is your problem  
6 is you can get support for somebody, but there's very  
7 few beds for them to go to. So what are we doing  
8 about that? That's 24,000 elephant in the room  
9 question New York City. Is that your responsibility?  
10 Is that Eva Wen [sic] response-- whose responsibility  
11 are these beds?

12 ACTING COMMISSIONER MORSE: Thank you for  
13 that question. We do have a combination of different  
14 ways we try to support housing for people who are  
15 dealing with mental illness. One of the most  
16 expansive ways is through our supportive housing  
17 programs. It's about 12,000 people. We also do  
18 function respite beds as a part of our scope of work,  
19 but you are right that there are often sometimes  
20 challenges with getting space for respite.

21 COUNCIL MEMBER BREWER: So, who's in  
22 charge of trying to figure that out, because they say  
23 that, you know, there's one program in East Harlem.  
24 One program, 11 beds for men, three for women, that's  
25 it. That's got 24-hour psychiatric OT and nursing

2 services. We need more of those. So who is in  
3 charge of trying to get more beds for this  
4 population, the one that B-HEARD excellently deals  
5 with?

6 ACTING COMMISSIONER MORSE: Thank you for  
7 that question. I'm going to ask our Executive Deputy  
8 Commissioner Dr. Wright to come back to the table to  
9 share a little bit more on those efforts.

10 COUNCIL MEMBER BREWER: Okay. So nobody  
11 has Dr. Platts-- what happened to his-- no, his thing  
12 that he hung around his neck, because it had two  
13 things in it. Go ahead, sir. I'm sorry. Two IDs in  
14 one-- only human being in the world. Go ahead.

15 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
16 Thank you, Council Member.

17 COUNCIL MEMBER BREWER: Where are my  
18 beds?

19 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
20 So, I'm thankful for the Council for promoting the--  
21 there's some valuable programs and supportive  
22 housing. My team testified on supportive housing at  
23 the end of last year, and we're proud to provide  
24 information on our role in this work alongside our  
25 partners at HPD, DSS and other agencies. So, it is a

2 combination of city agencies that work together to  
3 create more housing, and as Commissioner Morse said,  
4 we're very excited by the fact that we've been able  
5 to provide more than 12,458 housing-- place for  
6 housing.

7 COUNCIL MEMBER BREWER: Okay. I mean, I  
8 won't belabor it now, but the issue is it's sort of  
9 the in-between housing that you're looking for. I  
10 know what supportive housing is. I'm quite familiar  
11 with it, but in between to get person from B-HEARD to  
12 what you're talking about, it needs an in-between.  
13 It needs something that's going to get them  
14 stabilized so that they can go to the supportive  
15 housing, and those beds don't exist. So, I guess  
16 you're working on it.

17 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
18 Thank you, Council Member. Yes.

19 COUNCIL MEMBER BREWER: Somebody's  
20 working on it.

21 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
22 Thank you so much.

23 COUNCIL MEMBER BREWER: We don't know  
24 who, though, right?

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2 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:

3 And we're certainly always willing to learn more and  
4 to take in information.

5 COUNCIL MEMBER BREWER: Put out  
6 [inaudible]

7 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:

8 And so we're going to continue to do that. Thank  
9 you.

10 COUNCIL MEMBER BREWER: Okay. Next  
11 question is club houses. I want to thank Council  
12 Member Linda Lee. She's on the club houses. Are you  
13 going to support the smaller club houses? We like  
14 the old-- the big ones, but we want the smaller ones.  
15 Are you going to help us support them?

16 ACTING COMMISSIONER MORSE: What I'll  
17 start by saying is that we really believe in the club  
18 house model in the New York City Health Department.  
19 Eleven of the 12 club houses that were a part of the  
20 new RFP--

21 COUNCIL MEMBER BREWER: [interposing]  
22 Those are big ones.

23 ACTING COMMISSIONER MORSE: They are  
24 large, but they're in action, and so we're proud that  
25 that has happened. From our perspective the RFP is

2 closed. All the funds have been fully awarded and  
3 the contracts have been executed, so that's where we-  
4 - that's where we are on our club houses.

5 COUNCIL MEMBER BREWER: So, we're going  
6 to have to go back for the one year, one year, one  
7 year, one year to get the smaller ones.

8 ACTING COMMISSIONER MORSE: We do support  
9 the club house model.

10 COUNCIL MEMBER BREWER: Okay. We won't  
11 get into that anymore. In terms of rats, so  
12 obviously they're down between Caroline Bragdon who's  
13 my hero and the rat lady. So how big is that  
14 department and what is the budget, and is it  
15 increasing, decreasing? What's the budget?

16 ACTING COMMISSIONER MORSE: Our FY26  
17 budget for rat mitigation is \$4.7 million, and that  
18 work includes-- in FY24, for example, we conducted  
19 over 190,000 inspections related to concerns around  
20 rats.

21 COUNCIL MEMBER BREWER: How does that--  
22 did that show any improvement? What's your analysis  
23 with all that money?

24 ACTING COMMISSIONER MORSE: I do think we  
25 have seen some changes, but I'm going to ask our

2 Deputy Commissioner Corinne Schiff to join me at the  
3 table and share a little bit more.

4 COUNCIL MEMBER BREWER: Thank you.

5 ACTING COMMISSIONER MORSE: And as she's  
6 joining, I just want to also mention that the current  
7 Office of School Health at the New York City Health  
8 Department is led by Gale Adman.

9 COUNCIL MEMBER BREWER: Okay.

10 COMMITTEE COUNSEL: Good afternoon.

11 Please raise your right hand. Do you affirm to tell  
12 the truth, the whole truth and nothing but the truth  
13 in your testimony before this committee and to  
14 respond honestly to Council Member's questions?

15 DEPUTY COMMISSIONER SCHIFF: I do, yes.

16 COMMITTEE COUNSEL: You may proceed.

17 DEPUTY COMMISSIONER SCHIFF: Thank you,  
18 Council Member, for the question about rats and for  
19 your ongoing support for that program, and I'll be  
20 sure to--

21 COUNCIL MEMBER BREWER: [interposing]

22 Mostly for Caroline.

23 DEPUTY COMMISSIONER SCHIFF: I will be  
24 sure to pass on your regards to Caroline Bragdon and  
25 to Kathy Corradi, who's the city's--

2 COUNCIL MEMBER BREWER: [interposing] The  
3 Rat Lady.

4 DEPUTY COMMISSIONER SCHIFF: The so-  
5 called Rat Czar who's been doing a terrific job  
6 coordinating efforts among the different agencies  
7 that do rat control work. We are starting to see  
8 some improvements. We've seen complaints dropping, a  
9 and you heard Dr. Morse talk about our increasing  
10 inspections, and I think we will also see ongoing  
11 improvements with the Department of Sanitation's  
12 efforts to containerize trash and the changes that  
13 the Council made to the Dining Out New York. So I  
14 think that the trajectory is really good on rats  
15 after we had seen a lot of improvements before the  
16 pandemic and then lost some ground.

17 COUNCIL MEMBER BREWER: Alright. Can you  
18 keep the committee updated so that maybe in six  
19 months let us know what the improvements are or not?

20 DEPUTY COMMISSIONER SCHIFF: We sure can,  
21 and then I would also encourage you to look on our  
22 Environmental Health Data Portal where we provide  
23 some of that data and on our Rat Information Portal  
24 where New Yorkers can check to see our inspections on  
25 their particular properties.

2 COUNCIL MEMBER BREWER: Okay, alright.  
3 ACC, I am a big supporter of Rita, but obviously  
4 there are people out there who are always  
5 complaining. So, my question is what's the status of  
6 the numbers of animals? Are they able to continue to  
7 take in dogs and cats? What's the budget? They  
8 always are needing staff because they have such hard  
9 work to do. Can you update me on ACC?

10 ACTING COMMISSIONER MORSE: Yes, I'll  
11 pass to Corinne Schiff.

12 DEPUTY COMMISSIONER SCHIFF: Yes. Thank  
13 you for your support for ACC. It has been a  
14 challenging time for ACC since the pandemic. Intakes  
15 are up. We encourage New Yorkers who are looking to  
16 add a pet to their family to visit our new Manhattan  
17 Pet Adoption Center. ACC is always open. It is New  
18 York City's only open admission shelter. So we are  
19 never closed for intakes. ACC has a really robust  
20 program to help New Yorkers who are looking for ways  
21 to keep their pet to do that.

22 COUNCIL MEMBER BREWER: What's their  
23 budget? And does-- have they-- are they part of any  
24 new needs? Because they do need more staff?

2 ACTING COMMISSIONER MORSE: Our current  
3 budget for ACC is \$34 million in this year and for  
4 next year it'll be \$37 million.

5 COUNCIL MEMBER BREWER: Okay, and what  
6 are they planning to do with the extra money?

7 ACTING COMMISSIONER MORSE: I'll pass to  
8 Corinne Schiff.

9 DEPUTY COMMISSIONER SCHIFF: Their budget  
10 is for all of their ongoing operations. As you know,  
11 and Chair Schulman was with us when we opened the  
12 Queens Animal Care Center which is a beautiful big  
13 state-of-the-art animal shelter, and we are looking  
14 forward to opening the first full-service shelter in  
15 the Bronx, and there's the full renovation happening  
16 right now in Brooklyn.

17 COUNCIL MEMBER BREWER: Okay. Planned  
18 Parenthood is leaving Manhattan. It's irritating me  
19 quite a bit. Will that have any impact, or is this  
20 not your expertise to have to deal with? I do find  
21 they're going to be in other boroughs, but you know,  
22 I find it upsetting that they're leaving Manhattan.  
23 Does that have anything to do with my concern and  
24 your concern that people get good healthcare?

2 ACTING COMMISSIONER MORSE: This is 100  
3 percent priority for us in the New York City Health  
4 Department and for the whole entire city. We do  
5 operate an abortion access hub which is a phone line  
6 that anyone in the whole country can call actually to  
7 get information--

8 COUNCIL MEMBER BREWER: [interposing] I'm  
9 aware.

10 ACTING COMMISSIONER MORSE: about access,  
11 and since it started we've had over 8,000 calls and  
12 chats. A number-- about a thousand of those calls  
13 are people from out of state. So we still are  
14 touching and engaging New Yorkers the most. We are  
15 always concerned about any changes in capacity for  
16 reproductive healthcare, but our commitment is to  
17 continue to work with all the partners who are  
18 providing that care to make sure that New Yorkers  
19 have access to the care.

20 COUNCIL MEMBER BREWER: So you're not  
21 concerned that this closure of Bleecker Street will  
22 impact the care?

23 ACTING COMMISSIONER MORSE: We are happy  
24 to follow up with you with any more specifics about  
25 any concerns we have with capacity. But currently we

2 also offer abortion services at our Sexual Health  
3 Clinics in the New York City Health Department, and  
4 the last I heard it's about a two-week wait and so--  
5 which is still pretty timely, but we'd be happy to  
6 follow up with you with more information.

7 COUNCIL MEMBER BREWER: Okay. And then  
8 the issue of inspections of both for cigarettes, for  
9 vaping, for restaurants, etcetera, obviously this is  
10 a big aspect of your multifaceted Department. My  
11 question is, do you have enough staff to do that? Is  
12 that something that has had to take a back seat  
13 because of all the budget cuts? And I just want to  
14 know where we are with that issue?

15 ACTING COMMISSIONER MORSE: Thank you for  
16 that question.

17 COUNCIL MEMBER BREWER: Then I'll stop,  
18 Madam Chair.

19 ACTING COMMISSIONER MORSE: Thank you for  
20 the question. Our current budget for food safety is  
21 about \$24 million, and we do inspections of food  
22 service entities, about 30,000 or so per year. We  
23 have been working to hire up in that particular  
24 program to make sure that our inspections are done in  
25 a very timely way. But we're happy to follow up--

2 COUNCIL MEMBER BREWER: [interposing]

3 What's the vacancy?

4 ACTING COMMISSIONER MORSE: We can follow  
5 up with specifics on our vacancy.

6 COUNCIL MEMBER BREWER: thank you.

7 ACTING COMMISSIONER MORSE: Thank you.

8 COUNCIL MEMBER BREWER: I think it's a  
9 problem. Thanks.

10 ACTING COMMISSIONER MORSE: Thank you.

11 CHAIRPERSON SCHULMAN: Commissioner,  
12 we're going to have-- Chair Lee is going to ask  
13 questions, then I'm going to ask the rest of my  
14 questions, and then we're going to do a second round,  
15 okay. So, just wanted you to be aware of that.  
16 Chair Lee?

17 CHAIRPERSON LEE: Yes, let us know if you  
18 need coffee or water or anything else. And just as a  
19 personal PSA, I turned 45 last year and got my  
20 endoscopy/colonoscopy. So I fully recommend everyone  
21 do that, and mammograms every year. Very, very  
22 important.

23 ACTING COMMISSIONER MORSE: That's great.

24 CHAIRPERSON LEE: Yes. Okay. So let me  
25 switch over to JISH. I feel like Dr. Wright should

2 just stay up here and get comfortable. But so I know  
3 the Preliminary Plan also in terms of supportive  
4 housing, it is \$64.2 million of the fiscal 25 only,  
5 and out of that total \$42.9 million was dedicated to  
6 support units of 1515 supportive housing, and there  
7 are currently 4,500 1515 units, and 8,500 pre-1515  
8 units in the City. In addition, \$500,000 is  
9 dedicated to Justice-Involved Supportive Housing  
10 known as JISH, \$4.8 million is dedicated to New York  
11 Three Supportive Housing, and \$16 million is  
12 dedicated to additional mental health services. So,  
13 how many 1515 units will be supported with this  
14 funding, and where are they located?

15 ACTING COMMISSIONER MORSE: Thank you for  
16 that question. I am going to ask my colleague, Dr.  
17 Wright, to join me at the table to share a response.

18 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
19 Thank you, Chair Lee. The City's commitment to  
20 develop 15,000 units in 15 years, half congregate and  
21 half scattered, we're on track for the congregate,  
22 but not on track for the scattered. The Health  
23 Department has been opening new supportive housing.  
24 In recent updates for 1515, the units were awarded  
25 and towards this overall goal. The Health Department

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2 focuses on the services provided in the units and are  
3 open and available.

4 CHAIRPERSON LEE: Okay. So not on track  
5 for the-- you're on track for the congregate you  
6 said, right?

7 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
8 Yes, but not the scattered.

9 CHAIRPERSON LEE: Not the scattered,  
10 okay. Where are we at with that, the scattered?

11 EXECUTIVE DEPUTY COMMISSIONER WRIGHT: In  
12 terms of the-- we have about-- I'll have to get back  
13 to you on the actual number on the scattered, if  
14 that's okay, Chair.

15 CHAIRPERSON LEE: Okay.

16 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
17 Okay.

18 CHAIRPERSON LEE: And then is-- are there  
19 any new units that are being built with the funding?

20 EXECUTIVE DEPUTY COMMISSIONER WRIGHT: So,  
21 we're on track to reach our goal of 15,000. So, yes,  
22 there will be new units built.

23 CHIEF FINANCIAL OFFICER ANDERSON: And  
24 just to clarify, Chair, the funding that was added in  
25

2 the Preliminary Budget is all to support the ongoing  
3 roll out of existing units and we--

4 CHAIRPERSON LEE: [interposing] To  
5 support? I'm sorry.

6 CHIEF FINANCIAL OFFICER ANDERSON: Oh,  
7 sorry. To support the roll out of existing units and  
8 recently built ones. So, the money--

9 CHAIRPERSON LEE: [interposing] Okay.

10 CHIEF FINANCIAL OFFICER ANDERSON: that  
11 was just added.

12 CHAIRPERSON LEE: Okay. And how many  
13 DOHMH staff work on the 1515 supportive housing  
14 needs.

15 ACTING COMMISSIONER MORSE: I'll pass to  
16 Dr. Wright on that one as well.

17 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
18 How many staff?

19 CHAIRPERSON LEE: Yes, are working on  
20 that initiative to make sure that everything within  
21 1515 and JISH gets done.

22 EXECUTIVE DEPUTY COMMISSIONER WRIGHT: I  
23 do not have a number with me today, Chair. I'll have  
24 to get back to you on that.

2 CHAIRPERSON LEE: Okay. And how will  
3 JISH units be served by the additional \$500,000 and  
4 which units will receive the additional supports?

5 ACTING COMMISSIONER MORSE: I'll ask Dr.  
6 Wright to share some updates on that as well.

7 EXECUTIVE DEPUTY COMMISSIONER WRIGHT: So,  
8 as our CFO has stated, the money is for the current  
9 units, and so I'll have to get back to you in terms  
10 of anything coming in the future.

11 CHAIRPERSON LEE: Okay. Do you know if  
12 the state also-- and I don't know, because I know you  
13 guys regularly speak with the state as well. I for  
14 one have Creedmoor which is in my district, and so I  
15 just wanted to know if you have heard that there are  
16 going to be additional beds and supportive services  
17 and supportive housing, because I know they have some  
18 groups on that campus already.

19 ACTING COMMISSIONER MORSE: I think we'll  
20 have to follow up with you on that.

21 CHAIRPERSON LEE: Okay. \$16 million is  
22 dedicated to a program that is described as mental  
23 health voluntary. So can you provide details on this  
24 program in the budget?

2 ACTING COMMISSIONER MORSE: I will have  
3 to pass to my Chief Financial Officer. I'm not  
4 familiar.

5 CHAIRPERSON LEE: Okay, and then going  
6 back to the housing-- sorry, supportive housing.

7 ACTING COMMISSIONER MORSE: Sorry, can  
8 you clar-- can you just say the name of that program  
9 again?

10 CHAIRPERSON LEE: Mental health  
11 voluntary.

12 ACTING COMMISSIONER MORSE: Mental health  
13 voluntary.

14 CHAIRPERSON LEE: Yeah, it's \$16 million  
15 so I just wanted to know what that was, if you can  
16 give me more details? And if you don't need that  
17 money, can we put that somewhere else? That's my  
18 other question. Okay. If you could just let-- I'm  
19 going to switch over to club houses, and I know that  
20 Council Member Brewer also asked questions about  
21 this. And by the way, I can attest to the fact and  
22 was a witness of her expletives that came out of her  
23 mouth when she came out to Queens to visit. But yes,  
24 the club houses are, you know, obviously in the  
25 spectrum and continuum of care that we're talking

2 about when it comes to mental health. It's super,  
3 super critical and important, and is there a chance  
4 that-- and I think I know the answer to this and I'll  
5 ask a follow-up, but is there a chance that he  
6 current contracting with the larger club houses, that  
7 there's room for amendment to those?

8 ACTING COMMISSIONER MORSE: Thank you for  
9 the question, Chair Lee. We again remain very  
10 committed to the club house model and have seen great  
11 impact from it. We're glad that 11 of the 12 club  
12 houses are in action for the RFP that we recently  
13 issued. That was the first time that that RFP had  
14 been issued since the 1990s. So we do think it was a  
15 good step forward actually to address any issues with  
16 service delivery to reissue that RFP. In terms of  
17 amendments to the RFP, the RFP is closed and all the  
18 funds have been awarded and the contracts have been  
19 signed with those 11 club house.

20 CHAIRPERSON LEE: Okay. And if the scope  
21 of work slightly were to change, there's no reason  
22 why a new RFP that does include some of the smaller  
23 club houses would not be able to happen, correct?

24 ACTING COMMISSIONER MORSE: We'd be happy  
25 to follow up with you to have a conversation about

2 that, but at this time we do feel that the RFP that  
3 we issued was very comprehensive. It was \$30 million  
4 in funding. We're glad that those \$30 million are  
5 getting out to the 12 club houses. We expect even  
6 more New Yorkers to be able to access club house  
7 services because of this new RFP and our increased  
8 investment in club houses.

9 CHAIRPERSON LEE: Okay. And I'm sure,  
10 obviously as you know, that, you know, it's not a  
11 one-size-fits-all which I think is some of the  
12 concern that the community members have, especially  
13 the five Chelton Loft, Job Connect Center, Life  
14 Links, Rainbow Club, and Top Club Houses. I just  
15 wanted to mention that those are part of the five  
16 that did not meet the threshold of the numbers in  
17 terms of the annual membership. And so I just want to  
18 make sure, I mean, what is-- what is DOHMH doing then  
19 to make sure that in the future moving forward that  
20 they're going to be able to receive the resources  
21 that they need?

22 ACTING COMMISSIONER MORSE: I do  
23 acknowledge that those are club houses that have been  
24 providing services for time, so I do understand your  
25 concern. From our perspective again, the RFP with

2 the increased investment, \$30 million, has been  
3 closed out and all of the contracts have been awarded  
4 and the dollars have been awarded to the club houses.  
5 So I do understand your concern about the smaller  
6 club houses. However, we feel that, again, this new  
7 RFP is the best path forward to make sure New Yorkers  
8 have more access to club house services.

9 CHAIRPERSON LEE: Okay. Subcontracting,  
10 hub and spoke, those kind of models. I know that I  
11 had previous conversations, but just want to  
12 emphasize that I still would love to look into those  
13 options as well. And then according to OCMH's annual  
14 report, 10 of the DOHMH-funded club houses are  
15 currently open while three will open soon if I'm  
16 understanding this correctly. And so which club  
17 houses are not open yet, and why was their opening  
18 delayed?

19 ACTING COMMISSIONER MORSE: Apologies,  
20 the numbers that I have is that 11 of the 13 club  
21 houses are up and running, including seven that were  
22 previously established. Our expectation is that  
23 we'll have about 6,600 members enrolled by July 2027.

24 CHAIRPERSON LEE: Okay. I'm going to  
25 switch gears a little bit to the opioid settlement

2 funds, because I know DOHMH received \$23.4 million in  
3 fiscal year 25 and some of these questions have been  
4 asked already. But as discussed in the hearing, \$4.1  
5 million will be allocated to expand wraparound  
6 services at all the 14 syringe service providers with  
7 one million to expand the relay program and \$3  
8 million to improve and expand services on Staten  
9 Island. An additional \$4 million will be allocated  
10 to expand buprenorphine access and \$3 million will  
11 expand recovery support. What will the remaining  
12 \$15.8 million be spent on?

13 ACTING COMMISSIONER MORSE: Thank you for  
14 the question, Chair Lee. We do work very closely  
15 with OMB on how the funds for OSF are allocated. It's  
16 a combination of us at the New York City Health  
17 Department plus Health + Hospitals plus OCME that all  
18 receive OSF funding to try to, again, meet our goal  
19 in HealthyNYC of reducing overdose deaths by 25  
20 percent by 2030. So we are continuing to find ways  
21 to do that work. For the specific question about  
22 where the \$15 million is going to go, I'm going to  
23 ask my colleague Rebecca Linn-Walton to join me at  
24 the table again to share some more specifics.

2 ASSISTANT COMMISSIONER LINN-WALTON: So,  
3 happy to talk about the Health Departments-- and  
4 thank you so much for having an OSF-specific hearing  
5 a few months ago. That was very welcome and needed.  
6 And so I can talk about we have a number of-- we have  
7 five really exciting initiatives. So we have  
8 expansion to all of the continuum of care on Staten  
9 Island, and we have the ongoing investment in  
10 Onpoint's [sic] care. We also have the relay  
11 expansion you mentioned with the hospitals. We also  
12 have the treatment initiative to get-- expand access  
13 for opioid use disorder at 10 recovery clinics, and  
14 that was the model I talked about before wanting that  
15 to really be the standard of care across the city for  
16 same day access to medication-assisted therapy. And  
17 then we also have recovery supports expansion which  
18 expands recovery supports at the eight recovery  
19 centers across the city. So I can easily say that  
20 it's a full investment across the continuum of care.

21 CHAIRPERSON LEE: Okay. So there's no  
22 remaining \$15.8 million?

23 ASSISTANT COMMISSIONER LINN-WALTON: I  
24 defer to my colleague, the CFO, for numbers.

2 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,  
3 all of the funding has been accounted for. A part of  
4 the balance that you were talking about is \$3 million  
5 for OCME so we differ to them on that piece.

6 CHAIRPERSON LEE: Yeah, that one I know  
7 is going to them, but I was just-- because according  
8 to our numbers, we're seeing that there's a \$15.5  
9 million dollars to be spent. And so I'm just  
10 wondering where that money is going to go.

11 CHIEF FINANCIAL OFFICER ANDERSON: I  
12 think it's-- I mean, we can quickly run through the  
13 list if it'll be helpful.

14 CHAIRPERSON LEE: Okay, because I'm not  
15 good at math, so I need help with this.

16 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,  
17 so the round two expansion was really-- so Staten  
18 Island was \$3 million. SSP service expansion was  
19 \$4.1. Relay was \$1 million. Treatment expansion was  
20 \$4. Recovery expansion was \$3. So, that's the \$15.1  
21 increase in the round two, and then that's on top of  
22 the remaining funds for-- that were allocated to  
23 Onpoint which was \$8.4 million.

2 CHAIRPERSON LEE: Okay, because \$23.4 in  
3 FY25 and then another \$26.9 in FY26. So I just want  
4 to make sure.

5 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,  
6 so the numbers are a little bit different than the  
7 ones you have. So the correct number is about \$20 in  
8 the current year and about \$24 starting next year.

9 CHAIRPERSON LEE: Okay. So, maybe we can  
10 have a follow-up conversation, because--

11 CHIEF FINANCIAL OFFICER ANDERSON:  
12 [interposing] Sure.

13 CHAIRPERSON LEE: I want to figure out  
14 where the discrepancy in those numbers are. And I  
15 know that DOHMH publishes an annual report on the  
16 opioid overdose prevention programs that received  
17 settlement funding. Would it be possible for future  
18 reports to include the amount of opioid settlement  
19 funds that are in-- that each program uses as well as  
20 information on what the funds are spent on?

21 ACTING COMMISSIONER MORSE: We are  
22 required by law, or the City's required by law to  
23 report on how we spend all of the OSF funding  
24 annually. So, we can certainly look at that report,  
25

2 that annual report that's required by law and see  
3 what the opportunities are to make it clearer.

4 CHAIRPERSON LEE: Okay, perfect. And I'm  
5 just going to-- and this round for myself with  
6 questions arounds disabilities, and then I'll wait  
7 until round two. So, I know this is obviously not  
8 your department, but the Mayor's Office of People  
9 with Disabilities, MOPED, has in my opinion an  
10 atrociously low budget. It's \$678,657. So I just  
11 want to be very clear, \$678,657, it's not even a  
12 million, which is \$138,254 more than at adoption, but  
13 there's been ups and downs with that budget number.  
14 And so it's-- I know MOPED obviously is not  
15 technically under DOHMH, but it does provide services  
16 to one million New Yorkers with disabilities. And  
17 was DOHMH involved in any discussions, or has there  
18 been any coordination with MOPED about the budget?

19 ACTING COMMISSIONER MORSE: Thank you for  
20 the question. We are also in the Health Department  
21 very much aligned with prioritizing New Yorkers with  
22 disabilities. We don't have any say over the budget  
23 of other agencies or other offices.

24 CHAIRPERSON LEE: Okay. So, let's talk  
25 about the DOHMH disabilities services funding, then,

2 because in DOHMH's budget for FY26 for developmental  
3 disabilities program area it's about \$9.5 million  
4 which is only 1.3 percent of the mental hygiene  
5 budget for FY26, and in addition the developmental  
6 disabilities program area is \$883,545 less than it  
7 was at adoption last year. And is-- so quick  
8 question, is all of that funding contracted out for  
9 the \$9.5?

10 ACTING COMMISSIONER MORSE: I'll pass to  
11 the Chief Financial Officer for that question.

12 CHIEF FINANCIAL OFFICER ANDERSON: Yeah.  
13 Thanks for the question, Cahir Lee. The vast  
14 majority of that funding is contracted out.

15 CHAIRPERSON LEE: Okay. And what are the--  
16 - if you could just go through what are the  
17 disabilities related services that DOHMH provides for  
18 the record.

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

21 CHAIRPERSON LEE: Okay. Sorry, I'm just  
22 kind of pausing, because I'm like how do we-- I feel  
23 like we should know the answer to that question, but  
24 okay. How many people with disabilities did DOHMH  
25 work with in the calendar year 2024? If possible,

2 can you provide a breakdown of the number of people  
3 that were treated by each disability-related program?

4 ACTING COMMISSIONER MORSE: I'm going to  
5 have to just tell you that we'll get back to you with  
6 the specific numbers for the number of people  
7 treated.

8 CHAIRPERSON LEE: Okay. Alright, I'm  
9 going to pause for now there. Sorry.

10 ACTING COMMISSIONER MORSE: Thank you.

11 CHAIRPERSON SCHULMAN: Alright. So I'm  
12 going to ask some questions, and then we're going to  
13 do a second round with folks. So, DOHMH partnered  
14 with Undue Medical Debt, formerly known as Rest in  
15 Peace Medical Debt, to clear New Yorkers of two  
16 billion dollars in medical debt. The program was  
17 first announced last year in January and was first  
18 funded in the Fiscal 2025 Executive Plan for \$18  
19 million dispersed between fiscal years 2025 through  
20 2027. As of January 17<sup>th</sup>, 2025, 35,000 New Yorkers  
21 were relieved of a total of \$80 million in medical  
22 debt. How many people were addressed by this program  
23 and how much medical debt was relieved since then?

24 ACTING COMMISSIONER MORSE: Thank you for  
25 the question. We are excited that we've been able to

2 launch this program, considering the extensive amount  
3 of medical debt that many New Yorkers hold and the  
4 fact that it impacts those with poverty and  
5 healthcare seeking behavior extensively. We have a  
6 contract with Undue Medical Debt that's \$6 million  
7 per year for three years, and that contract allows us  
8 to partner with them to relieve large amounts of debt  
9 to the number that you described. We can follow up  
10 with you with the specific number of how much debt  
11 has already been relieved since the contract just  
12 started this year.

13 CHAIRPERSON SCHULMAN: Okay, that would  
14 be really good. Are DOHMH and Undue Medical Debt  
15 working on target goals for how many people will be  
16 addressed as well as how much medical debt has been  
17 cleared throughout the timeframe of the program?

18 ACTING COMMISSIONER MORSE: Yes, we do  
19 work very closely with them on both the number of  
20 people impacted and the amount of debt relieved, but  
21 we're happy to follow up with specific numbers.

22 CHAIRPERSON SCHULMAN: Okay. And you're  
23 monitoring the work that they're-- that Undue Medical  
24 Debt is conducting?

25

2 ACTING COMMISSIONER MORSE: Yes, that is  
3 correct.

4 CHAIRPERSON SCHULMAN: How many staff are  
5 assigned to monitor this program and how is the work  
6 monitored?

7 ACTING COMMISSIONER MORSE: I'll have to  
8 pass to my Chief Financial Officer.

9 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,  
10 I mean, there are a variety of staff throughout the  
11 agency that work on this. We can get back to you  
12 with specifics.

13 CHAIRPERSON SCHULMAN: Alright, please.  
14 Yeah, there-- we have a number of things for you guys  
15 to get back to us on, so let's make sure that we get  
16 that. What criteria-- what's the eligibility for  
17 someone to be qualified for their medical debt to be  
18 cleared, do you know?

19 ACTING COMMISSIONER MORSE: Yeah. The  
20 eligibility criteria is outlined. It's been shared  
21 publicly. This is for people with debt at the  
22 hospitals that we have a-- that Undue Medical Debt  
23 has a partnership with, and it's for people who have  
24 up to 400 percent of the poverty line in income as  
25 well.

2 CHAIRPERSON SCHULMAN: Okay. Is this  
3 service being advertised, and if yes, what methods  
4 are being used to advertise it?

5 ACTING COMMISSIONER MORSE: Undue Medical  
6 Debt works specifically with the hospitals directly  
7 to reach out to individuals who meet the criteria  
8 that I just described and then sends those  
9 individuals letters specifically outlining the amount  
10 of debt that is going to be relieved. So, I don't--  
11 it's not broadly advertised, but it really is in  
12 partnership. Undue Medical Debt partners with the  
13 hospitals to move-- to move that work forward.

14 CHAIRPERSON SCHULMAN: So, do you know if  
15 those hospitals go to the patients and advertise it  
16 that way or tell them about it? [inaudible]

17 ACTING COMMISSIONER MORSE: My  
18 understanding is that the communications come from  
19 Undue Medical Debt.

20 CHAIRPERSON SCHULMAN: Undue, okay.  
21 Alright, so I also want to ask you-- every year I ask  
22 this question in the budget. You have a line for  
23 emergency preparedness. What does that really  
24 involve, because I just want to-- I just want the  
25

2 delineation between that and the Office of Emergency  
3 Management?

4 ACTING COMMISSIONER MORSE: Absolutely.  
5 So, our agency is very, very much focused on and  
6 invested in emergency preparedness.

7 CHAIRPERSON SCHULMAN: Right.

8 ACTING COMMISSIONER MORSE: In fact, I  
9 would say that all 7,000 employees of the Health  
10 Department have the potential to have a role in any  
11 emergency response. Each of them based on their  
12 skillset is assigned within our systems for-- because  
13 of their expertise a role that they could or would  
14 potentially play were there to be a public health  
15 emergency. So, that is kind of one of the ways in  
16 which we organize all of our emergency preparedness  
17 work across the New York City Health Department.  
18 That is distinct from NYCEM. NYCEM does coordination  
19 for emergencies on behalf of the City. We do have,  
20 again, all staff play-- have the potential to play a  
21 role in an emergency, but we do have one division  
22 that is specifically focused on emergency  
23 preparedness operations, training, etcetera, and the  
24 budget for that division is \$41 million.

2 CHAIRPERSON SCHULMAN: And so that--  
3 that's for staff and for the training and everything  
4 else, because that's a lot of money. That's why I'm  
5 asking. If we could have a breakdown, because I  
6 always ask every year and then we don't get it, but--

7 ACTING COMMISSIONER MORSE: [interposing]  
8 Sure. We'd be happy to share that and follow up.

9 CHAIRPERSON SCHULMAN: Thank you.  
10 Alright, now I'm going to ask about the Animal Care  
11 Centers. Do you want to bring up your--

12 ACTING COMMISSIONER MORSE: [interposing]  
13 Depends on the question. You can ask the question.

14 CHAIRPERSON SCHULMAN: Okay. So what are  
15 DOHMH's fiscal 2024 and fiscal 2025 budgets for the  
16 Animal Care Centers?

17 ACTING COMMISSIONER MORSE: Thanks. I'm  
18 going to pass to my Chief Financial Officer for those  
19 budgets.

20 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,  
21 thanks for the question. So our budget this year is  
22 \$34 million for ACC, and next year is going to be \$37  
23 million.

2 CHAIRPERSON SCHULMAN: Okay, can you give  
3 a breakdown of PS and OTPS by each Animal Care  
4 Center?

5 CHIEF FINANCIAL OFFICER ANDERSON: It's a  
6 little bit complicated to give a breakdown in that  
7 way, because the resources are shared across sites.

8 CHAIRPERSON SCHULMAN: Okay.

9 CHIEF FINANCIAL OFFICER ANDERSON: We're  
10 always working with ACC to make sure they have their  
11 needs met.

12 CHAIRPERSON SCHULMAN: You have-- the  
13 Brooklyn site is currently closed, am I correct?  
14 Yeah. And so when do you expect that to come back  
15 online? Because that's creating a problem for the  
16 other centers.

17 CHIEF FINANCIAL OFFICER ANDERSON: I  
18 think it's two years, but I'm--

19 DEPUTY COMMISSIONER SCHIFF: Yes, we are  
20 doing a full renovation of the Brooklyn Care Center  
21 and we're anticipating it would reopen in the fall of  
22 2026.

23 CHAIRPERSON SCHULMAN: Okay. I know each  
24 Animal Care Center is different, but do you know the  
25 average cost to operate each center?

2 DEPUTY COMMISSIONER SCHIFF: I think as  
3 Aaron said, we'll get back to you about details, and  
4 it's hard to break it down in that way, but we'll  
5 share some of those details.

6 CHAIRPERSON SCHULMAN: Okay. What is  
7 DOHMH's fiscal 2025 headcount under the ACCs broken  
8 down by location and the positions and salaries? I  
9 assume you're going to have to get back to me on  
10 that, too.

11 ACTING COMMISSIONER MORSE: Well, it's a  
12 contract that allows us to partner with them based  
13 on--

14 CHAIRPERSON SCHULMAN: [interposing] Okay.

15 ACTING COMMISSIONER MORSE: their needs,  
16 but I'll pass to our CFO to share more.

17 CHIEF FINANCIAL OFFICER ANDERSON: That's  
18 right. We'll get-- it is a contract, and again, there  
19 are a number of positions that are shared across  
20 sites.

21 CHAIRPERSON SCHULMAN: So, if we can get  
22 that information. What is the total capital cost for  
23 renovations for the Brooklyn ACC?

24 ACTING COMMISSIONER MORSE: I'll pass to  
25 my CFO.

2 CHIEF FINANCIAL OFFICER ANDERSON: I will  
3 tell you in just a second. So, Brooklyn is about \$50  
4 million in capital.

5 CHAIRPERSON SCHULMAN: Okay. Now, the  
6 Bronx ACC is the only resource center and so it  
7 doesn't provide adoptions or medical services. So,  
8 I'm just curious why the construction for the  
9 Brooklyn ACC, how is the determination made to keep  
10 it fully closed as opposed to partially closed while  
11 it's under construction, because there's such a  
12 dearth of facilities and resources?

13 DEPUTY COMMISSIONER SCHIFF: So, so as we  
14 planned for the full renovation of the Brooklyn site-  
15 - actually, the initial plan was to develop it in  
16 stages and to keep it open in pieces. As the  
17 development of the Queens site moved along, it turned  
18 out that those two projects were fairly aligned in  
19 timing, and that gave us the opportunity to move--  
20 essentially move the Brooklyn activities to Queens  
21 which is letting us do the development in Brooklyn  
22 much more quickly, and also spare what we were  
23 concerned about which was having the animals and  
24 staff at the site during the construction. So this  
25 was a way to move the renovation more quickly, and

2 once we were done in the fall of 2026 we will-- our  
3 expectation is we will have a full service shelter in  
4 every borough which has been a long-standing goal of  
5 the Council and the Health Department.

6 CHAIRPERSON SCHULMAN: How many animals  
7 were in the Brooklyn ACC when it closed, and how many  
8 were moved to each of the other ACCs?

9 DEPUTY COMMISSIONER SCHIFF: I don't have  
10 the animal count. I know that Risa Weinstock who's  
11 the President and CEO of Animal Care Centers is  
12 always happy to meet with Council Members, and I  
13 know, Chair, you've been to the site, and she--

14 CHAIRPERSON SCHULMAN: [interposing] Yes.

15 DEPUTY COMMISSIONER SCHIFF: would be  
16 happy to provide those details to you I'm sure.  
17 There's also-- there's a wonderful video, I don't  
18 know if you've seen it, of the move of the animals  
19 from Brooklyn to Queens.

20 CHAIRPERSON SCHULMAN: No, I haven't seen  
21 it.

22 DEPUTY COMMISSIONER SCHIFF: Oh, I've seen  
23 it many times. I could watch it a million more, but  
24 I'm sure that Ms. Weinstock would be happy to share  
25 that with you.

2 CHAIRPERSON SCHULMAN: You could share  
3 that. That would be good. How many employees worked  
4 at Brooklyn ACC and where did they go after the  
5 facility was closed?

6 DEPUTY COMMISSIONER SCHIFF: So, for the  
7 most part, the staff who were working in Brooklyn  
8 have moved to the staff-- have moved to Queens. We  
9 do provide staffing numbers in the Local Law 59  
10 report that we submit so you can find those there.

11 CHAIRPERSON SCHULMAN: What alternative  
12 options do people that live in Brooklyn have for  
13 adoptions and medical care?

14 DEPUTY COMMISSIONER SCHIFF: The Queens  
15 ACC is actually essentially on the border with  
16 Brooklyn, so residents of Brooklyn are welcome to go  
17 to the Queens ACC for adoption, or as I mentioned to  
18 Council Member Brewer's question, to our beautiful  
19 new Pet Adoption Center in Manhattan. And I do urge  
20 all New Yorkers looking for a pet, come to ACC.

21 CHAIRPERSON SCHULMAN: Are there any  
22 conversations to expand the services available in the  
23 Bronx ACC so people living in that borough can access  
24 them?

2 DEPUTY COMMISSIONER SCHIFF: We are very  
3 excited that-- we're hoping in the spring and about  
4 a year from now, spring of 2026, to open that  
5 borough's first full-service shelter, and we're very  
6 much focused on that, and at that time, the Bronx  
7 residents won't have to travel to ACC in another  
8 location to adopt.

9 CHAIRPERSON SCHULMAN: Local Law 59 which  
10 you mentioned of 2011 mandates that DOHMH submits a  
11 detailed report annually by February 28<sup>th</sup> on the  
12 management and operation of all full-service shelters  
13 in the City. There were-- excuse me one second.  
14 Never mind. I apologize for that. I'm actually  
15 going to ask about HASA now, people living with HIV  
16 and AIDS. I'm done with these questions. The Housing  
17 Opportunities for Persons with AIDS program is a  
18 federal program that assists low-income individuals  
19 with HIV or AIDS with housing and support services.  
20 HOPWA is funded at \$22.3 million in fiscal 2026 and  
21 has seven funded positions in the Preliminary Plan.  
22 How many people currently live on HOPWA sites in the  
23 City?

24 ACTING COMMISSIONER MORSE: Thank you for  
25 the question. HOPWA is certainly a program that we

2 have seen a great impact from and is a very positive  
3 one for people living with HIV. We-- I'm not sure  
4 that we actually have the number for how many people  
5 are living in HOPWA right now, but we can follow up  
6 with you.

7 CHAIRPERSON SCHULMAN: Okay. In the  
8 Preliminary Plan the funding was increased by \$1.1  
9 million in federal dollars in fiscal 2025 for the  
10 HOPWA program. Will this funding be allocated to the  
11 construction to new sites, or it will be allocated  
12 for other services?

13 ACTING COMMISSIONER MORSE: I'll pass to  
14 my CFO.

15 CHIEF FINANCIAL OFFICER ANDERSON:  
16 Thanks, Chair. That's actually just the technical  
17 adjustment around, you know, increasing grant  
18 funding, rolling out grant funding as it comes in.  
19 So, that was a technical adjustment.

20 CHAIRPERSON SCHULMAN: So, there's no  
21 additional specific services that are going to be  
22 funded with that.

23 CHIEF FINANCIAL OFFICER ANDERSON:  
24 Correct.

2 CHAIRPERSON SCHULMAN: On February 12<sup>th</sup>,  
3 the Committee on General Welfare held a joint hearing  
4 with the Committee on Health on the HIV/AIDS Services  
5 Administration, HASA, which provides temporary and  
6 supportive housing in addition to support services.  
7 What is HOPWA's relationship to HASA?

8 ACTING COMMISSIONER MORSE: Thank you for  
9 the question. We can get back to you with more  
10 details on that.

11 CHAIRPERSON SCHULMAN: Okay. The PMMR  
12 highlights the number of new HIV diagnoses in  
13 calendar year 2023 which has increased to 1,686 from  
14 1,567 in 2022, and 1,595 people in 2021, 122 in-- and  
15 1,347 in 2022. What factors aside from the COVID-19  
16 pandemic has impacted the number of new diagnoses?

17 ACTING COMMISSIONER MORSE: Thank you for  
18 that question. This is kind of what I'm referencing  
19 earlier that there were a new-- that there was an  
20 increase in the number of new diagnoses for HIV, but  
21 a decrease in the number of new infections. And  
22 again, we believe that that is related to changes in  
23 care-seeking behavior during the pandemic, in that  
24 people were getting diagnosed with HIV a bit later  
25 post-infection.

2 CHAIRPERSON SCHULMAN: Are new HIV  
3 infections a reporting metric?

4 ACTING COMMISSIONER MORSE: They are.

5 CHAIRPERSON SCHULMAN: Okay. Are there  
6 additional PPMR-- PPMR, rather, metrics related to  
7 HIV or AIDS that DOHMH would consider adding in the  
8 future such as the percentage of people living with  
9 HIV that is undetectable?

10 ACTING COMMISSIONER MORSE: we would be  
11 happy to have conversations with Council--

12 CHAIRPERSON SCHULMAN: [interposing]  
13 Great.

14 ACTING COMMISSIONER MORSE: in the future  
15 about that.

16 CHAIRPERSON SCHULMAN: Okay. And I have  
17 one capital program question, and then I'm going to  
18 give it to other folks. The Capital Commitment Plan  
19 allocated \$2.4 million in fiscal 2028 for a computed  
20 tomography simulator. How many people will be served  
21 with the CAT [sic] simulator?

22 ACTING COMMISSIONER MORSE: I'll pass to  
23 my Chief Financial Officer?

24 CHAIRPERSON SCHULMAN: Okay.

2 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,  
3 I-- we'll have to get back to you on that one, Chair.

4 CHAIRPERSON SCHULMAN: Okay. So the  
5 other questions that go with that, so you can get us  
6 that also, is the Jamaica Hospital currently have any  
7 CAT simulators or CT simulators or scanners, and why  
8 is this funding scheduled for several years into the  
9 future? And these are DOHMH capital projects.

10 CHIEF FINANCIAL OFFICER ANDERSON: We'll  
11 have to get back to you on that.

12 CHAIRPERSON SCHULMAN: Okay. I appreciate  
13 it. I'm going to ask Lincoln-- Council Member Restler  
14 to ask his questions. Thank you.

15 COUNCIL MEMBER RESTLER: Thank you very  
16 much, Chair Schulman. Really appreciate your  
17 thoughtful leadership of this committee and also just  
18 want to thank Chairperson Lee. I often hear from  
19 mental health advocates and substance use advocates  
20 across my district about just how grateful they are  
21 to have Chairperson Lee championing their needs here  
22 on the City Council. So thank you very much for  
23 that. And I'll just say Deputy Commissioner Schiff,  
24 if you are failing to send around cute pet videos to  
25 the Chair and other members of the committee, I am

2 questioning your priorities. But with that, I will  
3 shift to mental health issues. So I'm really  
4 concerned about 988. I think we'd all agree that we  
5 want to see more mental health professionals  
6 responding to calls where their expertise is best  
7 suited. Has the call volume been increasing for NYC  
8 988 with the change in the political climate? Are  
9 there sufficient resources to handle crisis calls  
10 from LGBTQ and Spanish-speaking communities right  
11 now?

12 ACTING COMMISSIONER MORSE: Thank you for  
13 the question. We agree that 988 is an invaluable  
14 resources and we partner closely with OMH to make  
15 sure that it is working and is meeting the needs of  
16 New Yorkers.

17 COUNCIL MEMBER RESTLER: Do we have  
18 capacity to handle the increase vol-- is there  
19 increased call volume and do we have the capacity to  
20 handle it?

21 ACTING COMMISSIONER MORSE: There-- as of  
22 December 2025, there were 29,000--

23 COUNCIL MEMBER RESTLER: [interposing]  
24 December 24.

2 ACTING COMMISSIONER MORSE: Thank you.

3 December 2024 there were 29,000 inbound calls, and we  
4 get about 335,000 calls per year--

5 COUNCIL MEMBER RESTLER: [interposing] No  
6 new data for the Trump administration?

7 ACTING COMMISSIONER MORSE: through 988.

8 COUNCIL MEMBER RESTLER: No new data  
9 through the new year?

10 ACTING COMMISSIONER MORSE: We would be  
11 happy to follow up for 2025.

12 COUNCIL MEMBER RESTLER: I'm just totally  
13 confounded why the Health Department would propose a  
14 30 percent cut to 988 considering how critical a  
15 service this is, how important a resource it is for  
16 communities at risk. Why would your department  
17 propose such a draconian cut at this time when this  
18 resource is more important than ever?

19 ACTING COMMISSIONER MORSE: Our current  
20 budget for Vibrant, our contract with Vibrant which  
21 is the organization that runs our 988 contract in  
22 partnership with OMH, is \$22 million.

23 COUNCIL MEMBER RESTLER: Down from?

24 ACTING COMMISSIONER MORSE: And--

25

2 COUNCIL MEMBER RESTLER: [interposing]

3 Down from what the previous year? 32--

4 ACTING COMMISSIONER MORSE: [interposing]

5 Down from \$33 million the previous year.

6 COUNCIL MEMBER RESTLER: Right. So  
7 that's a 30 percent cut year over year. This service  
8 is more needed than ever. Call volume is going up.  
9 Why a 30 percent cut? Is there a-- could you explain  
10 the rationale?

11 ACTING COMMISSIONER MORSE: Absolutely.  
12 So we expected there to be an increase in volume in  
13 FY23 and FY24, because of a number of different  
14 things. What we were expecting for those years was  
15 about 500,000 calls per year. That never  
16 materialized, so that higher rate of funding was  
17 really with the anticipation of having a higher  
18 number of calls, again about 500,000 calls per year.  
19 What we're seeing right now is about 335,000 calls  
20 per year. And so our \$22 million per year contract  
21 with Vibrant right now is meeting that need.

22 COUNCIL MEMBER RESTLER: I think  
23 inherently if you were to actual-- if this cut that  
24 you all have imposed, a 30 percent cut, on Vibrant  
25 and the 988 call capacity were to be realized, it

2 would significantly reduce the ability of 988 to  
3 respond to calls in the ways that we all want to see.  
4 And it takes time to build up a new infrastructure, a  
5 new number for people to call so they don't just go  
6 to 911. And I think we're, you know, cutting off our  
7 nose to spite our face here. It saves-- it's pound--  
8 it's penny wise, but pound foolish. It doesn't make  
9 sense for us to impose such significant cuts to this  
10 mental health infrastructure that we need so much.

11 Cahir could I do two more topics briefly? I really--

12 ACTING COMMISSIONER MORSE: [interposing]

13 Can I just mention, Council Member Restler, we take  
14 that concern extremely seriously. Mental health  
15 concerns for the City are one of our top priorities,  
16 and as I already mentioned within HealthyNYC we both  
17 have an overdose and suicide reduction goal. We know  
18 that we have to have a certain level of service  
19 delivery--

20 COUNCIL MEMBER RESTLER: [interposing] I

21 respect you articulating that, but--

22 ACTING COMMISSIONER MORSE: [interposing]

23 Can I finish my comment?

24 COUNCIL MEMBER RESTLER: Please, go

25 ahead.

2 ACTING COMMISSIONER MORSE: So, our  
3 expectation is for us to get to that goal. We are  
4 going to have to make sure our service delivery is  
5 commensurate with it. At this time, 90 percent of  
6 the calls to 988 are answered within 30 seconds, and  
7 we have mobile crisis teams that are mobilized. In  
8 fact, we had more mobilized this year than last year  
9 to address the needs of callers to 988. So, I would  
10 say that I do understand your concern and definitely  
11 want to make sure that New Yorkers get the services  
12 that they need, but we do have a \$22 million with  
13 contract with Vibrant, and we're in discussion with  
14 Vibrant again about any changes in call volume that  
15 are expected.

16 COUNCIL MEMBER RESTLER: I hear you.  
17 It's-- you know, I appreciate that you articulate  
18 it's a priority that you want to reduce the number of  
19 overdose deaths and mental health crises in New York  
20 City, but when we cut this resource it undermines  
21 those goals. So, just briefly on a couple other  
22 topics before the Chairs kick me out. How many DOHMH  
23 health clinics, the kind of city-owned DOHMH clinics  
24 operate in the City of New York?

2 ACTING COMMISSIONER MORSE: We have eight  
3 clinics currently operating.

4 COUNCIL MEMBER RESTLER: And are there a  
5 certain number that are closed that are no operating?

6 ACTING COMMISSIONER MORSE: We do have a  
7 couple of clinics that are not yet reopened.

8 COUNCIL MEMBER RESTLER: So, I just-- one  
9 of the pieces that I thought was missing from your  
10 testimony was the-- you know, you mention the risk in  
11 federal funding, but I'm more concerned about the  
12 shift in federal policy, right? We have somebody  
13 who's in charge of our Health and Human Services  
14 Department who doesn't believe in vaccines. Have you  
15 considered activating each of DOHMH health clinics  
16 that are conveniently located in neighborhoods across  
17 the boroughs to make them immunization and  
18 vaccination hubs to expand those resource and  
19 services so that we can be that first line of  
20 defense?

21 ACTING COMMISSIONER MORSE: Thank you for  
22 the question. Immunizations and vaccination rates are  
23 a top concern for us. We are concerned about the  
24 national and local decreases in childhood vaccination  
25 rates, and we have a number of different initiatives

2 that are currently in place and active to make sure  
3 that we get our vaccination rates higher. We think  
4 this partially a legacy again of care-seeking  
5 behavior during the pandemic and also partially a  
6 legacy of misinformation. Even though our clinics  
7 are essential and critical public health  
8 infrastructure and are often the safety net of the  
9 safety net, the programs that really get the largest  
10 number of vaccines out there are programs that are in  
11 partnership with our pharmacies and our other  
12 healthcare delivery systems across the city. Through  
13 that method, we get \$2.7 million childhood vaccines  
14 per year out to New York City for our Vaccine for  
15 Children program. So those programs are already in  
16 action, and we're always open to speaking with  
17 Council about new ideas for expanding impact of a  
18 childhood vaccination.

19 COUNCIL MEMBER RESTLER: Well, I think  
20 it's-- you know, we're the ones who can help break  
21 through in culturally-competent ways to the  
22 communities across New York that are not being as  
23 responsive as they should be to vaccinations. And  
24 so, I do think that this is a moment where we really  
25 need the Health Department to get a lot louder and be

2 a lot more present in outreach campaigns in  
3 partnerships with each of us and our communities,  
4 because these diseases are coming to our doorstep,  
5 and the federal government is totally giving up their  
6 responsibility to do anything about it. And so it's  
7 falling on you and us to help keep our communities  
8 safe. I'm going to shut up.

9 ACTING COMMISSIONER MORSE: We're happy  
10 to partner with you.

11 COUNCIL MEMBER RESTLER: Last thing. I'm  
12 really concerned that we can no longer trust  
13 information from the CDC, that we no longer have a  
14 CDC that's going to be sharing information with us  
15 about what infectious diseases are breaking out and  
16 where and what we need to do about it. In your role  
17 as Commissioner, Acting Commissioner, are you  
18 thinking about how to convene stakeholders? We have  
19 some of the leading public health experts at New York  
20 City-- not just our Health Department, but in New  
21 York City hospitals, research institutions, so that  
22 we can begin to try and provide New Yorkers with the  
23 clear, basic information they need, how to stay safe  
24 for public health emergencies that are coming into  
25 our neighborhoods and communities?

2 ACTING COMMISSIONER MORSE: We are also  
3 watching very closely the messages and the fact-base  
4 of the information that's coming from the new federal  
5 government. So it's-- believe me, it's one of our  
6 top concerns. We are concerned about misinformation  
7 around vaccines. That has been a concern of ours for  
8 quite some time. Even before this federal  
9 administration there were concerns about  
10 misinformation about vaccines. So, all those things  
11 considered, one of the ways that we're working to  
12 increase our ability to ensure that New Yorkers have  
13 accurate and scientific information is partnering  
14 even more closely with our colleagues in the State  
15 Health Department, and I have found that to be very,  
16 very productive. We're also in constant conversation  
17 with health departments and city health departments  
18 in the region of New York City to make sure again  
19 that we're all sharing information and that we're  
20 aligned.

21 COUNCIL MEMBER RESTLER: Right.

22 ACTING COMMISSIONER MORSE: But I would  
23 say that ultimately your support in getting the  
24 Article 6 match rate restored would be one of the  
25

2 most impactful ways that we could ensure that what  
3 you're describing actually happens.

4 COUNCIL MEMBER RESTLER: I signed onto  
5 that letter with Council Member Schulman. I'll just  
6 say, you know, we have all-- many of us have lost  
7 faith that this mayor is going to stand up to  
8 President Trump and his appointees, but the medical  
9 professionals and Health Department have Hippocratic  
10 oath, and we need you to speak out and speak up, and  
11 we need you to educate New Yorkers to stay safe,  
12 because the federal government is no longer a partner  
13 we can depend on. Lastly, cuts at the-- major cuts  
14 at the FDA, we're down-- we're up I think slightly  
15 this year on restaurant inspections. We're still not  
16 going to hit our 100 percent goal. Do we need to be  
17 doing more when outbreaks of salmonella, listeria,  
18 other things are a risk to our communities to be  
19 doing extra restaurant inspections, doing more to  
20 keep New Yorkers safe? How do we help fill that gap?

21 ACTING COMMISSIONER MORSE: Thank you for  
22 the question and for your concern. I will say that  
23 we have, as you said, improved the number of vacc--  
24 excuse me, not vaccinations-- restaurant inspections.  
25 We are doing about 30,000 per year of food delivery

2 sites across the city. Our Environmental Health team  
3 is working very actively to make sure that we're  
4 adequately staffed to make sure that we can continue  
5 to improve and meet our goal of 100 percent.

6 COUNCIL MEMBER RESTLER: But we're not  
7 going to meet that goal this year.

8 ACTING COMMISSIONER MORSE: We are  
9 working towards it.

10 COUNCIL MEMBER RESTLER: But I mean the  
11 PMMR said you're not going to meet the goal this  
12 year. Is there something I'm missing that you're  
13 working toward it but we're not going to hit it?  
14 Don't we need to be doing more if the FDA isn't going  
15 to take on its responsibilities?

16 ACTING COMMISSIONER MORSE: Well, first  
17 of all, I'm not aware of the FDA changing the number  
18 of the staff that they currently hire. Although I  
19 know that that's been under discussion. And I would  
20 say that we are always willing to partner with  
21 Council to do more. So we'd be happy to speak with  
22 you offline.

23 ACTING COMMISSIONER MORSE: Thank you for  
24 answering my questions, Dr. Morse. I appreciate it.

2 CHAIRPERSON SCHULMAN: Thank you. I  
3 apologize for earlier. I do have an ACC question and  
4 I was missing a sheet. So, Local Law 59 of 2011  
5 mandates that DOHMH submits a detailed report  
6 annually by February 28<sup>th</sup> on the management and  
7 operation of all full-service shelters in the City.  
8 The report for 2024 includes the total amount of  
9 animals adopted, returned to their owners,  
10 transferred to other shelters, or euthanized broken  
11 down by location, but the totals of those three don't  
12 fully align to the total animal intake. What happens  
13 to an animal if they're brought to the ACC, but  
14 aren't adopted, returned, transferred, or euthanized?

15 ACTING COMMISSIONER MORSE: I'll pass to  
16 Corinne.

17 DEPUTY COMMISSIONER SCHIFF: That Local  
18 Law report, as you say, has us provide to you the  
19 number of intakes in the calendar year and the  
20 outcomes in the calendar year. So the gap in the  
21 numbers are the animals for which there are not yet  
22 an outcome. So those are animals that are still at  
23 ACC or with foster care.

24 CHAIRPERSON SCHULMAN: On average, how  
25 long does an animal spend at the ACC?

2 DEPUTY COMMISSIONER SCHIFF: I would like  
3 to have Ms. Weinstock reach out and have a  
4 conversation with you. That's a complicated number. I  
5 don't have that number off-- at my fingertips.

6 CHAIRPERSON SCHULMAN: Okay. Alright.  
7 That was the question I wanted to ask, and now--  
8 well, two things. One, I want to acknowledge that  
9 we've been joined virtually by Council Member Ariola,  
10 and Council Member Narcisse? Council Member  
11 Narcisse?

12 COUNCIL MEMBER NARCISSE: Thank you.  
13 Thank you. Thank you, Chairs, and thank you, Mr.  
14 Anderson for giving us all the data and how we're  
15 spending our money, and of course, our Commissioner  
16 Morse. Thank you for being here again. I have a  
17 question on diabetes and related with our limb  
18 amputations. Do we have an increase in the City of  
19 New York?

20 ACTING COMMISSIONER MORSE: Thank you for  
21 your question about diabetes. This is an area  
22 certainly of concern for us as well. There are about  
23 800,000 New Yorkers who reported that they had  
24 diabetes from our 2022 data and about 11-- that's  
25 about 11 percent of New Yorkers. We do see

2 significant racial inequities in the rates of  
3 amputation across New York City, and we're happy to  
4 share some of that information in follow-up. We're  
5 also, of course, required by law to-- under Local Law  
6 52 we're required to release a progress report on the  
7 citywide diabetes reduction plan, and that would  
8 have, again, more information about some of the  
9 programs and data as well. And that report is due on  
10 April 1<sup>st</sup>.

11 COUNCIL MEMBER NARCISSE: On April 1<sup>st</sup>.

12 How does that tie with HealthyNYC, too?

13 ACTING COMMISSIONER MORSE: Absolutely.

14 It is intimately related. Cardiovascular, cardio  
15 metabolic and diabetes-related diseases are the  
16 number one killer of New Yorkers. so we do see  
17 diabetes as well as cardio metabolic disease as a top  
18 priority and we did just release an extensive chronic  
19 disease report at the end of January that really does  
20 describe a number of the main issues that we see with  
21 chronic disease across the city, the inequities we  
22 see in chronic disease, and it proposes 19  
23 initiatives to really advance the city's response to  
24 diabetes prevention and addressing diabetes-- excuse  
25 me, chronic disease prevention and chronic disease

2 management across the City. Included within that is  
3 diabetes, a number of diabetes initiatives.

4 COUNCIL MEMBER NARCISSE: Can you walk me  
5 through some initiatives, because especially where  
6 you see the increase? I'm assuming it's a lot-- has  
7 to do with the chronic illnesses in Black and Brown  
8 communities.

9 ACTING COMMISSIONER MORSE: That's  
10 correct. One of the initiatives that we proposed in  
11 the chronic disease plan is that we start a  
12 guaranteed basic income pilot in the Bronx. The  
13 Bronx has one of the highest rates of diabetes in the  
14 whole entire city, and through this pilot program,  
15 were it to be funded, we would look at the ways in  
16 which guaranteed basic income address and meet the  
17 needs of New Yorkers with diabetes, and hopefully  
18 demonstrates and improved set out outcomes for their  
19 diabetes and for their health overall. Guaranteed  
20 basic income has been looked at in a number of areas,  
21 but it has not been looked specifically for chronic  
22 disease. So we'd be very excited to speak with  
23 Council more about this initiative and what it would  
24 take to move it forward.

1 COMMITTEE ON HEALTH JOINTLY WITH COMMITTEE ON MENTAL HEALTH,  
DISABILITIES AND ADDICTION 171

2 COUNCIL MEMBER NARCISSE: Surprisingly,  
3 we have an increase in Manhattan as well.

4 ACTING COMMISSIONER MORSE: In diabetes  
5 specifically?

6 COUNCIL MEMBER NARCISSE: Amputations,  
7 yeah.

8 ACTING COMMISSIONER MORSE: Okay. I'm  
9 happy to follow up with any more information about  
10 amputations.

11 COUNCIL MEMBER NARCISSE: Okay, can you  
12 send us a breakdown to our boroughs specifically so  
13 we'll have-- especially those related to diabetes,  
14 the amputation--

15 ACTING COMMISSIONER MORSE: [interposing]  
16 Yes.

17 COUNCIL MEMBER NARCISSE: to diabetes?

18 ACTING COMMISSIONER MORSE: Yes, that  
19 will be included in our annual report.

20 COUNCIL MEMBER NARCISSE: All our  
21 boroughs, and five years if possible so we can have a  
22 better look at it?

23 ACTING COMMISSIONER MORSE: We can-- yes,  
24 we can follow up on that.

25

2 COUNCIL MEMBER NARCISSE: Alright. Thank  
3 you, Chairs. I don't want to take [inaudible]. Thank  
4 you. Appreciate your time, Dr. Morse, as usual.

5 ACTING COMMISSIONER MORSE: Thank you.

6 CHAIRPERSON SCHULMAN: Council Member  
7 Nurse?

8 COUNCIL MEMBER NURSE: Alright, thanks. I  
9 wasn't sure which one of us were first, so I'll just  
10 pick up on the IMT. I wanted to go back to the  
11 Single Point of Access line of questions that we  
12 talked about, and perhaps there's some language  
13 discrepancy here. But it was mentioned that there  
14 isn't a wait list until-- that's fine if we don't  
15 want to use that word, but I think there's some  
16 clarity that we're looking for in terms of when  
17 people-- when you're reviewing this referral and you  
18 all determined that someone qualifies for one of  
19 these teams, how long are they generally on average  
20 waiting to be connected to those teams? And then  
21 additionally, if you could in a detailed way talk  
22 about the access to care coordination they're getting  
23 in between the timeline it's determined they're  
24 eligible and they're waiting for the actual  
25 connections.

2 ACTING COMMISSIONER MORSE: Absolutely.  
3 I'll ask Dr. Wright to join me at the table again.  
4 I'll start the response and then I'll pass to him.  
5 There are-- for IMT specifically, our current annual  
6 budget for IMT is \$42 million. There were 1,028  
7 individuals served in FY24 in our IMT program, and we  
8 have 38 teams for IMT. There are about 672  
9 individuals who've been referred to IMT, but are not  
10 yet enrolled in the program. The time that they wait  
11 depends a little bit on their comorbidities and their  
12 unique situation. So there is triage in the list of  
13 people who've been referred, and I'll pass to Dr.  
14 Wright to share more about the specifics of case  
15 management while they're waiting to enroll in the  
16 program.

17 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
18 Thank you, Commissioner. Thank you, Council Member.  
19 So, the SPOA, as you just indicated, is the referral  
20 process. So that is-- all the referrals come through  
21 the SPOA. So there's not a specific time that I can  
22 give you for that, but in terms of those that are  
23 waiting for a particular service, they're receiving  
24 care coordination which is similar to case management  
25 so that they can be connected to services, and

2 nothing precludes them from being connected to  
3 services while they're waiting on their specific  
4 referral.

5 COUNCIL MEMBER NURSE: Alright. You  
6 might have to walk it-- talk it out to me like I  
7 don't know anything, and I'm [inaudible] to be-- I'm  
8 ignorant of this. So, if you get referred-- someone  
9 is referred and you find-- you review their case.  
10 This is person should be connected to a FACT team.  
11 How long on average are they waiting for that to be--  
12 directly start working with that team or a team,  
13 however you want to call it.

14 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:

15 Thank you for your question. I understand your  
16 question, and I will have to get back to you to give  
17 you an average of wait time.

18 COUNCIL MEMBER NURSE: Is there-- I mean,  
19 I'm imagining y'all are going to be here for a little  
20 bit. Is there the ability with everybody here to  
21 maybe pull some data or ask a question back at your  
22 HQ and see if we can get something, just a little bit  
23 of something here to have?

24

25

2 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:

3 Yeah, so there's-- you mentioned several different  
4 programs. You mentioned FACT, ACT--

5 COUNCIL MEMBER NURSE: [interposing] I'm  
6 specifically looking for FACT and IMT.

7 EXECUTIVE DEPUTY COMMISSIONER WRIGHT: We  
8 will certainly get back to you with that information.

9 COUNCIL MEMBER NURSE: Okay. It'd be  
10 great if we could get anything here for today.

11 EXECUTIVE DEPUTY COMMISSIONER WRIGHT: I  
12 will do my best.

13 COUNCIL MEMBER NURSE: But if not, I will--  
14 - we will accept direct follow-up.

15 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
16 Okay.

17 COUNCIL MEMBER NURSE: How much-- how many  
18 people-- what would be the personnel capacity that  
19 you would need, or dollar amount, to reduce that gap  
20 and get everyone connected to a service they need for  
21 that-- for those IMT and FACT teams?

22 ACTING COMMISSIONER MORSE: That's a  
23 number I think we'd have to follow up with you about.

24 COUNCIL MEMBER NURSE: Yeah, it would be  
25 great for us to know what do you need to reduce that,

2 whatever, referral period. It's a waist list even if  
3 you don't want to call it that. But knowing how  
4 much-- how many people you need, what money do you  
5 need to recruit for it, what money do you need to  
6 retain people to do that so that we can drop that  
7 down? And then I had one other question. I'm sorry  
8 if it's not fully-relevant to you all, but I had a  
9 question about respite centers. I don't know if we're  
10 calling them respite centers still. The Local Law we  
11 passed-- wondering for a timeline on the four crisis  
12 respite centers that the Council passed legislation  
13 on to stand up, and if we have a timeline or any are  
14 operational, if there's a contract out for anything,  
15 any information would be helpful if that's relevant  
16 to you all.

17 ACTING COMMISSIONER MORSE: Yes, we do  
18 offer crisis respite residences, and folks who are in  
19 need are able to stay for up to one week in those  
20 crisis respite centers. I will pass to Dr. Wright to  
21 share a little bit more about the program.

22 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
23 Thank you. So, the crisis residences, I think you  
24 referred to previously as respites, provide an  
25 alternative to hospitalization, as you know and,

1 COMMITTEE ON HEALTH JOINTLY WITH COMMITTEE ON MENTAL HEALTH,  
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2 people experiencing emotional crisis. The crisis  
3 residences offer stays for up to one week as  
4 Commissioner stated and provide an open door setting  
5 where people--

6 COUNCIL MEMBER NURSE: [interposing] No, I  
7 understand what they are.

8 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
9 Okay.

10 COUNCIL MEMBER NURSE: But just can you  
11 give us a--

12 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
13 [interposing] a timeline.

14 COUNCIL MEMBER NURSE: a timeline.

15 EXECUTIVE DEPUTY COMMISSIONER WRIGHT: I  
16 do not have a timeline.

17 COUNCIL MEMBER NURSE: Okay. What are  
18 the bottlenecks that you can share here with us?

19 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
20 I'll have to get back to you on that specific  
21 question.

22 COUNCIL MEMBER NURSE: Alright. Do you  
23 have the money for it or do you need more personnel?  
24 Do you need to issue an RFP for providers?  
25

2 EXECUTIVE DEPUTY COMMISSIONER WRIGHT: I  
3 do not have that information. I'll have to get back  
4 to you.

5 COUNCIL MEMBER NURSE: Okay.

6 EXECUTIVE DEPUTY COMMISSIONER WRIGHT: I  
7 do have an answer to your previous question in terms  
8 of the ACT if you would allow me.

9 COUNCIL MEMBER NURSE: Yes, please.

10 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:  
11 Okay. so it's important to recognize that some  
12 individuals that are on the referral list for ACT are  
13 currently receiving ACT services and are waiting  
14 referral to a team closer to their residence to where  
15 they are. So that, as you can imagine, this is a  
16 very transient population to some degree, and the  
17 program is designed to meet people where they at--  
18 where they are at. And so there are some systemic  
19 issues nationwide, as you know, with access to mental  
20 healthcare, but many of these individuals are already  
21 on a team. They're waiting for another to get  
22 something closer to home.

23 COUNCIL MEMBER NURSE: Okay. We were  
24 hearing on our end that it's anywhere from six months  
25 to a year for someone who has identified that they

2 could really benefit from this. You all agree before  
3 they actually get that. we want to help you get what  
4 you need to do that, because everyone's up in arms  
5 about people having a crisis everywhere and we really  
6 want to make sure you have what you need to attach  
7 people and get them to dedicated care. So, please  
8 let us know candidly what you need in the follow-up.

9 EXECUTIVE DEPUTY COMMISSIONER WRIGHT:

10 Absolutely. We appreciate your support, and we will  
11 definitely do that.

12 COUNCIL MEMBER NURSE: Thank you, Chair.

13 CHAIRPERSON SCHULMAN: Council Member  
14 Hanif?

15 COUNCIL MEMBER HANIF: Thank you. It's  
16 really disappointing that the administration does not  
17 have the average wait period for these services and I  
18 hope that during the duration of today's hearing,  
19 that you're going to be able to come up with some  
20 number, because what's this hearing about then, if  
21 you're not presenting us with numbers? I want to ask  
22 about reproductive rights and trans rights. I  
23 authored Local Law 75 of 2022 requiring the City to  
24 conduct public information and outreach regarding  
25 safe access to reproductive healthcare. It's really-

2 - it's been really sad to hear from providers like  
3 Planned Parenthood, about what's happening to our  
4 providers, and we want-- we need to have New York  
5 City be a leader in abortion-- in safe abortions and  
6 reproductive healthcare more broadly. Could you  
7 provide an update regarding compliance with this law?

8 ACTING COMMISSIONER MORSE: So, thank you  
9 for your concern about abortion care and reproductive  
10 care and access to care. We do run a number of  
11 different clinics that offer access to abortion care  
12 in New York City. We also do--

13 COUNCIL MEMBER HANIF: [interposing] I'm  
14 sorry. My question is just simply about the law that  
15 mandates that the City do outreach and ensure that  
16 everyone in our city know, including folks from anti-  
17 abortion states.

18 ACTING COMMISSIONER MORSE: Yes, we have  
19 done extensive public outreach including a  
20 communications campaign that specifically shared  
21 information all across the City about our abortion  
22 access line. It gave information both on social  
23 media, online, television ad-- perhaps not television  
24 ads, excuse me, but ads on the trains and subways as  
25 well to make sure that New Yorkers have access to the

2 information about where to call if they need abortion  
3 care or if they have reproductive health questions.  
4 So if are, from our perspective, in compliance with  
5 the law.

6 COUNCIL MEMBER HANIF: And how is the  
7 existing clinic access law being enforced? Do we  
8 have any data regarding the number of violations or  
9 relevant penalties that were assessed?

10 ACTING COMMISSIONER MORSE: We would have  
11 to follow up with you about that information  
12 specifically.

13 COUNCIL MEMBER HANIF: This should be  
14 hand-in-hand with Local Law 75 given we want to make  
15 sure that folks know the protections that exist in  
16 our city. The clinic access law is incredibly  
17 important and not having the number of violations is  
18 simply disappointing. And hopefully the number is  
19 zero. Moving on, you know, it's been very painful and  
20 devastating to learn from some constituents of mien  
21 who have had pre-existing appointments for gender-  
22 affirming care cancelled at NYU and Langone-- NYU  
23 Langone and Mount Sinai. What is the administration  
24 doing to ensure that our healthcare providers are not  
25 discriminating against patients on the basis of

2 gender identity? And are you tracking which  
3 healthcare providers within the City are continuing  
4 to deliver-- resume delivery of gender-affirming  
5 care?

6           ACTING COMMISSIONER MORSE: We are very  
7 concerned and following very closely access to  
8 gender-affirming care. It's something that we at the  
9 Health Department do believe in, although we do not  
10 offer those services ourselves directly. We don't in  
11 the New York City Health Department regulate our  
12 healthcare partners across the city. That is the  
13 role of the State Health Department, and my  
14 understanding is the State Health Department has been  
15 in contact with many different health providers  
16 across the city. That is the role of the State  
17 Health Department, and my understanding is the State  
18 Health Department has been in contact with many  
19 different health providers across the City about  
20 their legal requirement to care for all people. I  
21 also am aware of a letter from the Attorney General  
22 at the State, also stating those same values and  
23 legal requirements. So we're very aligned with that,  
24 although we ourselves at the New York City Health  
25 Department don't enforce any assurances that the New

2 York City healthcare delivery organizations would be  
3 doing that. And then I did just want to follow up on  
4 your prior question about the number of organizations  
5 or clinics that might be in violation of Local Law  
6 75. It's not our agency that does the enforcement of  
7 that law. It's DCWP that does enforcement related to  
8 violations for Local Law 75.

9 COUNCIL MEMBER HANIF: Thank you. I  
10 understand that the State Department has jurisdiction  
11 over healthcare providers, but what is the City  
12 specifically doing to ensure that that news, that  
13 information is reaching New Yorkers. Like, is there-  
14 -

15 ACTING COMMISSIONER MORSE: [interposing]  
16 [inaudible] what information [inaudible]

17 COUNCIL MEMBER HANIF: Has there been any  
18 outreach around not discriminating, healthcare  
19 providers not discriminating against folks with  
20 gender identity?

21 ACTING COMMISSIONER MORSE: Absolutely,  
22 yes. Well, we-- I'm happy to follow up with  
23 communications that have described that. We use our  
24 social media channels that are both on Twitter and  
25 LinkedIn, as well as Instagram as channels to educate

2 the public about their rights, and we have done  
3 social media posts to that effect. We're happy to  
4 follow up with those specific posts.

5 COUNCIL MEMBER HANIF: That would be  
6 great, because I certainly haven't seen anything  
7 clear on this issue from the administration, and with  
8 our civil rights being stripped away, and trans folks  
9 particularly being very, very vulnerable, we can't be  
10 the city that allows for our hospitals to deny care.  
11 Thank you.

12 ACTING COMMISSIONER MORSE: We understand  
13 and agree.

14 CHAIRPERSON SCHULMAN: Okay. Council  
15 Member Bottcher?

16 COUNCIL MEMBER BOTTCHER: Hi. According  
17 to CDC data, 13.6 percent of New York City high  
18 school students have attempted suicide, not  
19 contemplated suicide, attempted suicide. That's an  
20 increase of 56 percent since 2021, and it's more than  
21 50 percent higher than the national average. One of  
22 my proudest accomplishments as a Council Member was  
23 passing legislation requiring the Department of  
24 Education to distribute suicide prevention resources  
25 to all New York City students. As a survivor of teen

2 suicide, it's incredibly moving to me to see how many  
3 resources are out there that exist now that didn't  
4 exist when I was 15, but what is being done to get  
5 those resources out to our teen when more than one in  
6 10 New York City high school students report having  
7 attempted suicide? That's a statistic that should  
8 terrify all of us. What is the New York City  
9 Department of Health doing to address this crisis?  
10 To what factors do you attribute this crisis and what's  
11 your action plan?

12 ACTING COMMISSIONER MORSE: Thank you so  
13 much for raising awareness about the concerning  
14 trends in suicide. It is certainly top of mind for  
15 us as well. We have a number of initiatives that are  
16 focused on youth mental health, and overall where are  
17 we going on this issue? Our goal within HealthyNYC  
18 is to decrease suicide rates by 20 percent by 2030.  
19 So that's our north star and that's what we're  
20 working towards with the many programs that I'll  
21 share. In FY25, our youth mental health budget was  
22 \$75.8 million, and that includes a number of  
23 different programs including peer support, work that  
24 we've done around social media, and youth mental  
25 health, as well as youth suicide prevention work. In

2 addition to that, I do want to highlight our program  
3 called Teen Space. Teen Space is a program that many  
4 New York City teens with mental health concerns have  
5 addressed-- excuse me, have engaged. Since the  
6 launch of Teen Space, over 20,000 New York City teens  
7 have engaged in services through Teen Space, and our  
8 FY26 budget for Teen Space is \$10.8 million. And 80  
9 percent of the users of Teen Space identify as people  
10 of color, and almost 60 percent live in tree [sic]  
11 neighborhoods. So we do believe that our Teen Space  
12 program is another way to improve access to mental  
13 healthcare and prevent suicide. Thank you.

14 CHAIRPERSON SCHULMAN: Chair Lee?

15 CHAIRPERSON LEE: Alright. Actually,  
16 perfect segue, because I wanted to follow up on  
17 asking questions around youth mental health programs.  
18 So, you said \$75.8 million total is how much is being  
19 spent on mental health services related to youth,  
20 correct?

21 ACTING COMMISSIONER MORSE: Correct.

22 CHAIRPERSON LEE: Okay. And then how  
23 much of that is specifically for the school-based  
24 mental health clinics?  
25

2 ACTING COMMISSIONER MORSE: That is  
3 actually in a separate budget from the youth mental  
4 health. So, our school-based mental health clinics  
5 are clinics that we support--

6 CHAIRPERSON LEE: [interposing] Right.

7 ACTING COMMISSIONER MORSE: in  
8 partnership with New York City Public Schools.  
9 There's over 360 school-based mental health clinics  
10 that we support in partnership with New York City  
11 Public Schools through our Office of School Health.  
12 The Health Department's role in that work is really  
13 to offer technical assistance to the community-based  
14 organizations who provide the school-based mental  
15 health services and service delivery within those  
16 schools.

17 CHAIRPERSON LEE: Those are the Article  
18 31's?

19 ACTING COMMISSIONER MORSE: Correct.

20 CHAIRPERSON LEE: Okay. So, there's 360  
21 locations?

22 ACTING COMMISSIONER MORSE: There are  
23 about 360 clinics and the number of schools I have  
24 here and I can tell you is 223 clinics in 366  
25 schools, supporting 366 schools.

2 CHAIRPERSON LEE: Okay. And how many  
3 schools have mental health clinics that are still in  
4 need? Like, in other words, how many schools have  
5 requested to want to start one that have not received  
6 a school-based mental health clinic yet?

7 ACTING COMMISSIONER MORSE: That would be  
8 a question for New York City Public Schools. They're  
9 the ones that provide the funding for the actual  
10 service delivery for the school-based mental health  
11 clinics. Our role is to really partner with the  
12 organizations doing the care delivery and helping  
13 them to make sure that their service delivery is as  
14 impactful and effective as possible.

15 CHAIRPERSON LEE: Okay, so we'll follow  
16 up with that. And then quick question-- have there  
17 been any increases in the budget? Because I know one  
18 of the biggest complaints from the provider side is  
19 that in order to start up the clinic at-- which is  
20 considered one of their off-site locations, they only  
21 have I think about \$25,000 in start-up costs which we  
22 know is pretty much nothing. And so I just want to  
23 know if there's an increase to that start-up cost and  
24 if in general there's more of an increase in terms of  
25 the school-based mental health clinics? I know it's

2 regulated more so through Medicaid and the insurances  
3 and the reimbursements and everything, but on top of  
4 that is there additional support that DOHMH is able  
5 to offer them?

6 ACTING COMMISSIONER MORSE: We do offer  
7 the technical assistance that I was mentioning, but  
8 the question about funding for service delivery  
9 specifically would have to go to New York City Public  
10 Schools who funds that part.

11 CHAIRPERSON LEE: So you guys don't fund  
12 any of this, it's just oversight?

13 ACTING COMMISSIONER MORSE: We do  
14 partnership, technical assistance to improve service  
15 delivery, and that's our role.

16 CHAIRPERSON LEE: Okay. Have you had  
17 conversations with DOE about the challenges in  
18 starting up a lot of these clinics as well as  
19 maintaining? Because you know, as we know, things  
20 like education workshops within the schools or to the  
21 school community, those are not reimbursable  
22 services. And so my question I'm wondering is, has  
23 there been any joint conversations with you as well  
24 as DOE in terms of making sure that that-- that those  
25 clinics survive? Because, you know, as we've just

2 heard from Council Member Bottcher and others, and I  
3 know Cahir Stevens is a huge obviously advocate for  
4 youth mental health services. Just wanting to know  
5 that we're setting them up to thrive and not fail.

6 ACTING COMMISSIONER MORSE: WE are in  
7 constant conversation with New York City Public  
8 Schools about youth, you know, school children age  
9 mental health concerns, and the Chancellor has  
10 communicated to me directly that student wellbeing is  
11 one of her top concerns. So we are in very, very  
12 frequent communication with them.

13 CHAIRPERSON LEE: Okay. And then what is  
14 the current budget for the mental health continuum?  
15 Because I know that that's a super popular program  
16 from everyone that I speak to whether you're the  
17 agency or provider, and so just wanting to know what  
18 the budget is for that.

19 ACTING COMMISSIONER MORSE: Sure. I'll  
20 pass to my Chief Financial Officer.

21 CHIEF FINANCIAL OFFICER ANDERSON: Sure.  
22 Thanks, Chair Lee. These are typically funds that  
23 are added during the Adopted Budget, but if it's  
24 based on historical practice, it's about \$472,000 for  
25

2 the Health Department, and of course, there are lots  
3 of other funds in the DOE and H+H as well.

4 CHAIRPERSON LEE: Okay. Sorry, it was  
5 400-- can you repeat that?

6 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,  
7 historically it's been annual of-- about \$472,000 a  
8 year for the Health Department portion.

9 CHAIRPERSON LEE: Oh, okay.

10 CHIEF FINANCIAL OFFICER ANDERSON: And I  
11 think there's substantially more in New York City  
12 Public Schools and H+H.

13 CHAIRPERSON LEE: Yeah, I think-- yeah.  
14 If I don't-- if I recall, I think it's \$5 million  
15 total which I think is-- I've always been advocating  
16 and pushing that there needs to be more for that,  
17 because I think this is definitely one of the  
18 programs that people say is successful and that  
19 they're very much in support of. So whatever we can  
20 do to increase that number would be amazing. And then  
21 I had a quick question around services related to  
22 veterans, actually. Sorry, let me just find-- so  
23 just really quickly, on March 19<sup>th</sup>, 2025, Mayor Adams  
24 and Department of Veteran Services Commissioner  
25 described the efforts the Administration has been

2 making to connect veterans in New York with mental  
3 health services. During the FY26 Preliminary Plan  
4 the Administration highlighted the Bridge to Home  
5 program as an effort the City will take to ensure  
6 that mentally-ill homeless New Yorkers are receiving  
7 the services they need. So my question is, are any  
8 of those hundred beds in the Bridge to Home program  
9 allocated or set aside for veterans?

10 ACTING COMMISSIONER MORSE: Thank you for  
11 that question. The Bridge to Home program is very  
12 exciting. It is a Health + Hospitals program, so I'm  
13 not able to comment on that.

14 CHAIRPERSON LEE: Okay. Can we follow up  
15 with that then, if possible, because I would love to  
16 figure out how many of those beds also could be  
17 allocated for veterans. And what programs dedicated  
18 to veterans does DOHMH provide?

19 ACTING COMMISSIONER MORSE: We don't have  
20 any specific service delivery that's only for  
21 veterans. That does come through the Veterans  
22 Affairs services, but we certainly do-- we comply.  
23 There is a Local Law that specifically asks us to  
24 document how many people are veterans, and my  
25 understanding is we are in compliance with that law.

2 CHAIRPERSON LEE: Okay. Just want to  
3 make sure-- in terms of the treatment courts, whether  
4 it's for veterans or just overall mental health  
5 treatment courts, I know that you all are involved in  
6 that. So I just want to make sure how that is in  
7 terms of the staffing, because it seems like those  
8 are much more underfunded, and I just want to-- is  
9 that in partnership with you and H+H?

10 ACTING COMMISSIONER MORSE: I am not  
11 familiar with exactly what program you're referencing  
12 when you're talking about the treatment courts.

13 CHAIRPERSON LEE: So, if someone is going  
14 to let's just say, you know, have committed crime,  
15 they're in the que to go to Rikers. There should be  
16 some sort of assessment that's done where-- you know,  
17 if they come to, you know, before a judge, there  
18 should be something in place in the treatment courts  
19 where it'll either, you know, have those folks go  
20 towards treatment versus having to go Rikers, let's  
21 just say. So, from my understanding it seems like  
22 the treatment courts are severely understaffed and  
23 underfunded, and I just wanted to see-- and I know  
24 that veterans also have a separate treatment court.

2 So I just wanted to know the status on the staffing  
3 for those and what the budget is for that as well?

4 ACTING COMMISSIONER MORSE: We don't have  
5 jurisdiction over the treatment courts. That's  
6 separate from us in the New York City Health  
7 Department.

8 CHAIRPERSON LEE: Okay, thank you.

9 ACTING COMMISSIONER MORSE: Thank you.

10 CHAIRPERSON LEE: OH, and sorry, just  
11 wanted to clarify, the vacancies for DOHMH for--  
12 specifically for the mental hygiene positions and  
13 programs, is that-- at 33 percent I know that you had  
14 mentioned 27 percent vacancies earlier. So I just  
15 want to-- because we had 33. I just wanted to  
16 clarify.

17 ACTING COMMISSIONER MORSE: Yes, the  
18 number that I have is 27 percent.

19 CHAIRPERSON LEE: Okay, perfect. Thank  
20 you.

21 ACTING COMMISSIONER MORSE: Thank you.

22 CHAIRPERSON SCHULMAN: Commissioner,  
23 thank you. You've been here for a long time and we  
24 appreciate. I know you're leaving somebody here--

2 ACTING COMMISSIONER MORSE: [interposing]

3 Yes, we are.

4 CHAIRPERSON SCHULMAN: to listen to the  
5 public testimony. And we're just going to take a  
6 five-minute break, and then we're going to do the  
7 Office of the Chief Medical Examiner. Thank you.

8 ACTING COMMISSIONER MORSE: Thank you.

9 [break]

10 SERGEANT AT ARMS: Ladies and gentleman,  
11 please find your seats. Quiet down. Please find  
12 your seats. We're about ready to start. Quiet down,  
13 please.

14 CHAIRPERSON SCHULMAN: Good afternoon  
15 everyone. and now I would like to welcome the Office  
16 of the Chief Medical Examiner that investigates  
17 mortalities and conducts forensic research for the  
18 City, as well as Chief Medical Examiner Jason Graham.  
19 OCME's Fiscal 2026 budget is \$119.6 million which  
20 includes \$91.7 million for personnel services and  
21 about \$28 million for other than personnel services.  
22 OCME's budget has increased by \$15.2 million compared  
23 to last year's Fiscal 2025 Adopted Budget. OCME has  
24 had federal grants in the past, but none in the  
25 Fiscal 2026 Preliminary Plan. To echo our concerns

2 with DOHMH's public health budget, we want to ensure  
3 that OCME has a contingency plan in case the loss in  
4 federal grants is permanent. In addition, we will  
5 discuss OCME's staffing for forensic pathologists.  
6 There's a notable vacancy rate in this position which  
7 is concerning because they provide autopsies for the  
8 City, and in the Fiscal 2025 PMMR it was reported  
9 that 600 fewer autopsies were prepared in the first  
10 four months of Fiscal 2025 than there were at the  
11 same time in Fiscal 2024. In addition, OCME has  
12 during the past year reportedly paused autopsies  
13 conducted on decedents that were suspected of passing  
14 away from a drug overdose due to these staffing  
15 concern, and we want to get their response to these  
16 allegations and their plan to resolve any issues with  
17 autopsies in this category. Salaries for medical  
18 examiners within OCME have not kept pace with similar  
19 positions in other U.S. municipalities, contributing  
20 to the vacancy rate and morale levels within the  
21 office. This past December, the administration  
22 reached a five-year contract agreement with the  
23 Doctor's Council SEIU to institute long overdue wage  
24 increases for the City's medical examiners. With  
25 this agreement, my hope is that OCME will be able to

2 recruit train and retain medical examiners for years  
3 to come. OCME has historically done excellent work  
4 for the City, and as Chair of the Health Committee, I  
5 want to ensure that OCME has the resources it needs  
6 to operate at the highest level. Once again, I would  
7 like to thank the committee staff and my own staff  
8 for their work on this hearing. I will now turn it  
9 over to Doctor Graham for his opening remarks.

10 CHIEF MEDICAL EXAMINER GRAHAM: Good  
11 afternoon.

12 COMMITTEE COUNSEL: Chief Medical  
13 Examiner, we do have to just swear you in first. Oh,  
14 I'm sorry. I'm so sorry, yes. You can continue with  
15 your testimony and then we will move to swearing in  
16 after.

17 CHIEF MEDICAL EXAMINER GRAHAM: Alright.  
18 Good afternoon, Chair Schulman, Chair Lee, members of  
19 the Committee on Health and the Committee on Mental  
20 Health, Disabilities and Addiction. On behalf of the  
21 Office of Chief Medical Examiner or the OCME, I  
22 appreciate the opportunity to testify today. We  
23 value your leadership and ongoing support in our  
24 mission to serve New York City's communities in times  
25 of profound need. My name's Jason Graham. I'm the

2 Chief Medical Examiner for the City of New York. In  
3 attendance with me from the OCME are Yvonne Williams,  
4 our Deputy Commissioner of Administration and  
5 Finance, and Nicholas Schultz, Chief Operating  
6 Officer and Deputy Commissioner of Forensic  
7 Operations and Investigations, and we look forward to  
8 providing an update on our budget and our activities  
9 today and answering your questions. Since we last  
10 met in these chambers one year ago much has changed  
11 and much remains the same. One constant is the  
12 steadfast dedication of our employees to the OCME  
13 mission, to protect public health and serve impartial  
14 justice 24/7 by providing the highest-quality  
15 forensic science and medicine. While not always  
16 easy, this singular focus is grounded and propelled  
17 by the core values of OCME Cares. I want to take a  
18 moment to tell you about these five guiding  
19 principles of our agency which are so fundamental to  
20 everything we do. Adopted in spring of 2024  
21 following a process of deep reflection and with input  
22 from across our agency, our core values inform how we  
23 relate to each other and to the stakeholders we  
24 serve. These core values are commitment,  
25 accountability, resilience, excellence, and service

2 which taken together, as you'll note, spell the word  
3 'cares.' I'll tell you a little bit about each value  
4 now. Commitment: we're dedicated to the mission at  
5 all times. Accountability: we're responsible to each  
6 other and the community. Resilience: we adapt in  
7 the face of adversity. Excellence: we achieve and  
8 maintain the highest quality. And Service: we  
9 innovate to meet evolving needs. CARES represents  
10 the essence of who we are and what we do at OCME.  
11 These core values are infused throughout our work and  
12 sustain us through the triumphs and the challenges  
13 that I'll discuss today. This month marks the fifth  
14 anniversary of the first recorded death from COVID-19  
15 in New York City. While we remember all those we lost  
16 and honor all those who served in the response, we  
17 also recognize how the impacts of the pandemic  
18 continue to reverberate throughout our communities.  
19 Indeed, as I previously stated in these chambers, if  
20 not for the COVID-19 pandemic, the number of  
21 unintentional overdose deaths following in its wake  
22 would be the public health emergency of our times.  
23 OCME continues to cope with a 30 percent increase in  
24 caseloads compared to the immediate years before the  
25 pandemic, driven in large part by overdose fatalities

2 stemming from the fentanyl crisis. This elevation is  
3 now our new normal, and the Administration has  
4 acknowledged the urgency of our need in the FY26  
5 budget. I'm pleased to report that OCME will receive  
6 \$11.3 million, the bulk of which will support 83  
7 positions to help us mitigate the impact of increased  
8 caseload volume across our agency. With this  
9 generous investment, the Administration recognizes  
10 the importance of our work and the key role OCME  
11 plays in achieving the goals of HealthyNYC and its  
12 vision of longer and healthier lives for all New  
13 Yorkers. We're still in the early stages of  
14 allocating these resources with a focus on our  
15 forensic operations areas including mortuary,  
16 transportation, and outreach, and we look forward to  
17 continuing to update you. As we adjust to our new  
18 equilibrium, OCME continues to grapple with a severe  
19 shortage of medical examiners, the highly trained  
20 forensic pathologists who are the namesake and in  
21 many ways the bedrock of our agency since its  
22 founding in 1918. This national problem was not  
23 created overnight, nor will it be solved in a matter  
24 of months. In fact, our situation grew more  
25 challenging over the past year as we continue to lose

2 medical examiners often due to relocations to other  
3 jurisdictions. Our staff of full-time forensic  
4 pathologists today stands at approximately two-thirds  
5 of where it stood this time last year, and  
6 permanently growing their ranks will require the  
7 cultivation of a new generation of doctors  
8 specializing in this noble work to meet the urgent  
9 national demand. In the meantime, we are adapting to  
10 support our medical examiners, because resilience is  
11 a core value at OCME. We completed an operational  
12 realignment in September to optimize our staffing and  
13 resources across two forensic pathology centers in  
14 Manhattan and Brooklyn in the interest of upholding  
15 the highest quality of service for New Yorkers. As a  
16 part of this process, we've strengthened our  
17 engagement and bonds with the community, updating  
18 autopsy protocols to accommodate religious  
19 requirements and meeting with faith-based and  
20 community leaders. Concurrent with the successful  
21 realignment, we've begun implementing post-mortem  
22 computed tomography or CT scanning into our  
23 operations. CT scanners help medical examiners with  
24 diagnosis and facilitate religious objections to  
25 autopsy while also hoping in the future to increase

2 the potential number of eligible tissue donations  
3 that can save lives. In mid-December, the  
4 Administration reached a tentative five-year contract  
5 agreement with the Doctor's Council Service Employees  
6 International Union, as Chair Schulman mentioned.  
7 That's to deliver wage increases and bonuses for our  
8 medical examiners which will help us retain and  
9 recruit these highly-skilled professionals who  
10 continue to be in demand by medical examiners offices  
11 across the nation. Our renowned Forensic Pathology  
12 Fellowship Program remains among the leading training  
13 programs in the nation, attracting physicians who  
14 want to specialize while immersed in the most  
15 comprehensive resources of any medical examiner's  
16 office in the country. we continue to hire from the  
17 ranks of our graduates every year, and I'm pleased to  
18 report for the academic year 2026/2027 we have a  
19 record number of highly-qualified candidates, and we  
20 hope to match applicants for all six of our coveted  
21 fellowship seats, reaffirming the New York City OCME  
22 as the largest training program of its kind in the  
23 nation. To further bolster the ranks of medical  
24 examiners during this period, we're using locum  
25 tenants to add additional board certified forensic

2 pathologists for case work on a temporary basis.

3 Locums provide a mechanism to employ highly-qualified  
4 forensic medicine positions to help fill gaps in  
5 coverage on a part-time basis. We also remain active  
6 in planning for the Science Park and Research Campus  
7 at Kips Bay, SPARC Kips Bay, the project anticipated  
8 for completion in 2031. We're thrilled to be making  
9 strides toward moving our Manhattan forensic  
10 pathology operations from the current aging facility  
11 which we've occupied for over half a century into  
12 this first of its kind health and science campus that  
13 integrates public health institutions, public  
14 education, and private industry. The addition of  
15 OCME's Forensic Pathology Center to the campus as a  
16 training institution and national leader in forensic  
17 science and medicine will enhance SPARC's purpose to  
18 support public health and secure New York City's  
19 place as a leader in life science's innovation for  
20 years to come. Beyond forensic pathology, OCME is  
21 home to world-class fully accredited laboratories  
22 that support our mission at the intersection of  
23 public health and justice. Staffing levels at our  
24 laboratories remain strong thanks to prior  
25 investments in personnel and equipment, allowing our

2 hundreds of dedicated forensic scientists to stay  
3 accountable to the public for timely and accurate  
4 testing results. Despite the sustained increase in  
5 caseloads our laboratories continue to perform at a  
6 consistently high level and set the standard in  
7 innovation. Our Department of Forensic Biology  
8 operates the largest public DNA crime laboratory in  
9 North America, analyzing evidence submitted from  
10 cases across the five boroughs. The impartial  
11 findings of the laboratory help to convict the guilty  
12 and exonerate the innocent. Over the past year, the  
13 lab received more than 10,000 cases, on-boarded and  
14 trained new analysts, and pursued cold case and post-  
15 conviction work, all the while remaining responsive  
16 to urgent requests from the criminal justice system  
17 such as our expedited efforts to analyze evidence  
18 from the scene of the fatal shooting of a CEO in  
19 Midtown this past December. More than half the cases  
20 handled by our DNA laboratory involve gun violence.  
21 Our first in the nation DNA Gun Crimes Unit formed in  
22 2022 has consistently reached its goal of a 30-day  
23 turnaround time for testing evidence in gun crime  
24 cases, the fastest of any major jurisdiction in the  
25 country. Accelerated testing of gun crime evidence

2 helps to process cases more rapidly in the criminal  
3 justice system and informs work to address the urgent  
4 public health issue of gun violence affecting our  
5 communities. The lab maintained this strong  
6 performance while undertaking the largest quality  
7 control review in its history, launched when our  
8 robust internal systems detected limited instances of  
9 cross-contamination in examined evidence in late  
10 summer of last year. As our comprehensive review  
11 winds down, I can report that the retrospective  
12 evaluation has found now deleterious impact on the  
13 outcome of cases in the criminal justice system, and  
14 we'll continue to keep stakeholders updated, because  
15 accountability is a core value at the OCME. Our  
16 forensic toxicology laboratory is the oldest of its  
17 kind in the nation. The lab advanced its legacy of  
18 excellence in the last year, bolstered by investments  
19 from the administration in the fight against the  
20 overdose crisis. An infusion of staff and new  
21 equipment from the opioid settlement funds allow the  
22 lab to perform more sensitive testing with an  
23 accelerated turnaround time, reducing the time it  
24 takes to deliver testing results in fatal drug  
25 overdose cases by nearly 50 percent to 40 days. The

2 efforts of the forensic toxicology laboratory to  
3 provide timely and accurate data for the public  
4 health and justice systems contributed to the first  
5 slight reduction in the number of overdose deaths our  
6 city has seen in four years, as reported by the  
7 administration in the fall. But we still have a long  
8 way to go, and too many families are still being  
9 affected. We're making progress in this battle, and  
10 OCME is marshaling our resources of forensic science  
11 and medicine to make a difference for New Yorkers.  
12 The sensitive nature of our work provides OCME with  
13 unique access to populations experiencing the most  
14 challenging events of their lives. This special  
15 relationship built on trust gives us an opportunity  
16 to play a more expanded role for families with the  
17 aim of saving the lives of those still at risk after  
18 tragedy occurs. Our embrace of this role exemplifies  
19 our core value of service, how OCME innovates to meet  
20 the evolving needs of communities. Our growing work  
21 to help the loved ones of those lost to overdose  
22 illustrates this innovation. The Drug Intelligence  
23 and Intervention Group, or DIIG, works with surviving  
24 loved ones and close contacts following an overdose  
25 death. DIIG evolved from our years of work on the

2 front lines of the overdose crisis where our data  
3 over time showed that those who experience the death  
4 of a loved one from overdose often struggle with  
5 unmet needs of their own, from grief counseling to  
6 accessing social services and assistance with  
7 substance use. DIIG expanded in 2022 to help this  
8 population make connections, and today, more than  
9 2,500 close contacts of those who died from overdose  
10 have been reached. Nearly three-quarters of those  
11 reached have accepted direct services and referrals  
12 to potentially life-saving interventions. Our DIIG  
13 program is staffed by social workers, epidemiologists  
14 and program specialists pioneering and inspiring  
15 model for how OCME can help populations affected by  
16 other public health challenges. While embracing  
17 innovation in the service of communities, OCME also  
18 stays grounded in our fundamental duty to provide  
19 answers for families no matter how long it takes.  
20 This is why we exist as an agency. Our core value of  
21 commitment keeps us dedicated to the mission at all  
22 times, no matter the obstacles. Recent developments  
23 in our work to identify the coldest cases attest to  
24 this dedication. For more than a decade, our annual  
25 New York City Missing Persons Day event has made the

2 most advance forensic science and support services  
3 available in-person and free of cost to families  
4 seeking help to find long-term missing loved ones,  
5 making dozens of identifications in the process. In  
6 addition to hosting the event in Manhattan with  
7 partners including NYPD this past June, we brought  
8 New York City Missing Persons Day to the Bronx for  
9 the first time ever in December. The two events  
10 connected more than two dozen families with  
11 confidential support and expert resources bridging  
12 the gap for those still seeking closure. We invite  
13 anyone in need of assistance with a long-term missing  
14 loved one to contact our office at any time, and we  
15 look forward to bringing this special event to more  
16 locations throughout the City. Our missing person's  
17 work of today extends from our experience with the  
18 World Trade Center disaster of 2001, an effort that  
19 pushed the frontiers of DNA science and continues to  
20 this day. This is our solemn pledge to the families  
21 of the 2,753 victims who died in the attacks. This  
22 promise was depicted in a special segment of CBS News  
23 60 Minutes by the same name that aired in November,  
24 and I want to thank the families who shared their  
25 stories in the interest of helping those who are

2 still searching for answers. OCME never gives up,  
3 and that's why we recently invited family members of  
4 World Trade Center victims who may never have  
5 submitted DNA reference samples to get in touch with  
6 our office. The remains of 1,103 victims of the  
7 World Trade Center disaster have yet to be  
8 identified, and we're still working to match them to  
9 their names. By renewing our call for reference  
10 samples, we aim to solve these cases that have been  
11 open for nearly 25 years, reaching new generations of  
12 family members undeterred and undaunted by the  
13 passage of time, because OCME cares. I would like to  
14 conclude with a thoughtful anecdote shared by an out-  
15 of-state family member recently assisted by our  
16 office. Despite coping with a sudden loss of a loved  
17 one and the complicated logistics of making final  
18 arrangements, this family member took the time to  
19 write and share positive feedback on the outstanding  
20 service provided by a member of our Identification  
21 Unit. OCME's dedicated public servant worked with  
22 the family every step of the way to ensure they  
23 received a copy of their loved one's death  
24 certificate the very day it was issued, including  
25 recommendations on how to obtain this crucial

2 document in-person and following up by phone the next  
3 day to make sure the family had everything they  
4 needed. As the family member wrote, "New Yorkers get  
5 a reputation for cold and gruff treatment of others,  
6 especially from the viewpoint of a southerner like  
7 me. I cannot, however, imagine I'd ever find better  
8 treatment here in my own city." Thank you for this  
9 opportunity to testify today, and we look forward to  
10 your questions.

11 COMMITTEE COUNSEL: Thank you. And then  
12 at this point if you could please raise your right  
13 hands. In accordance of the rules of the Council, I  
14 will administer the affirmation to the witnesses from  
15 OCME. Do you affirm to tell the truth, the whole  
16 truth and nothing but the truth before this committee  
17 and to respond honestly to Council Member's  
18 questions?

19 CHIEF MEDICAL OFFICER GRAHAM: I do.

20 COMMITTEE COUNSEL: Thank you. Proceed.

21 CHAIRPERSON SCHULMAN: Thank you. So, in  
22 the Preliminary Plan, OCME's federal funding  
23 decreased by \$23.2 million in Fiscal 2026 compared to  
24 the Fiscal 2025 Adopted Budget down to zero. While  
25 OCME has received federal funding for COVID-19

2 services in the past prior to the sun-setting of  
3 COVID-19 dollars. OCME has also received additional  
4 federal grants for services such as opioid abuse and  
5 forensic research. Does OCME anticipate receiving  
6 additional federal grants for Fiscal 2026?

7 CHIEF MEDICAL EXAMINER GRAHAM: The vast  
8 majority of our budget at OCME is city tax level,  
9 over 99 percent, and our current federal grants are  
10 not affected by any federal cuts. We are-- at this  
11 point have had no solid communication as to the-- any  
12 unambiguous communication from the federal government  
13 as to what if any effects to grants we will incur  
14 going forward. We're going to work closely with OMB  
15 once we have additional guidance, but our grants at  
16 the moment have been unaffected and we for FY25 have  
17 federal grants of \$7.1 million.

18 CHAIRPERSON SCHULMAN: Okay. Is there  
19 any chance that those will go away, or?

20 CHIEF MEDICAL EXAMINER GRAHAM: At the  
21 moment we would have to wait for additional guidance.  
22 We have no reason to believe that at this point.  
23 They've been unaffected so far.

24 CHAIRPERSON SCHULMAN: Okay. Has-- OCME  
25 has had difficulty in the past as you've

2 acknowledged, Dr. Graham, with hiring forensic  
3 pathologists to perform autopsies which resulted in a  
4 backlog. What is the current amount of forensic  
5 pathologists at OCME?

6 CHIEF MEDICAL EXAMINER GRAHAM: We  
7 currently have 24 medical examiners on staff at OCME.

8 CHAIRPERSON SCHULMAN: What is the vacancy  
9 rate at this position right now?

10 CHIEF MEDICAL EXAMINER GRAHAM: If we are  
11 fully staffed we have 39 medical examiners. We have  
12 24 at the moment, and there are presently 18  
13 vacancies.

14 CHAIRPERSON SCHULMAN: What steps are you  
15 taking to retain employees in this position and to  
16 recruit new ones?

17 CHIEF MEDICAL EXAMINER GRAHAM: Well, I'm  
18 pleased to echo the settlement that you alluded to  
19 that occurred in the fall of last year between the  
20 Doctor's Council and the City. I think this was a  
21 measure that provided wage increases and bonuses for  
22 our medical examiners that make us far more  
23 competitive and will increase our ability to recruit  
24 and retain not only trainees, but also senior staff,  
25 medical examiners. And in addition to the pay

2 increases, we are-- we have implemented various  
3 mechanisms internally at the OCME to better support  
4 our medical examiners in doing their work every day,  
5 an operational realignment that provides additional  
6 staffing efficiencies that allow them to more  
7 directly focus on their work as physicians. Also,  
8 the incorporation of support in the form of locum  
9 attendance pathologists who are going to be able to  
10 relieve some of that staffing burden. In the process  
11 of continuing to train a significant number of new  
12 medical examiners in our forensic pathology training  
13 program which has been the pipeline of medical  
14 examiners for the city historically. And so we're  
15 anticipating a continued number of trainees that will  
16 hopefully be able to be retained on senior staff  
17 after their training period. So, we are  
18 incorporating a multipronged approach at this  
19 staffing situation that has been challenging to say  
20 the least.

21 CHAIRPERSON SCHULMAN: Okay. The  
22 Preliminary Plan added \$3.9 million in fiscal 2025,  
23 and \$11.3 million in fiscal 2026 for the hiring of 83  
24 people at OCME. How many of these people are  
25 forensic pathologists?

2 CHIEF MEDICAL EXAMINER GRAHAM: The 83  
3 headcount that will be added to our office is across  
4 a range of departments focusing on forensic  
5 operations, frontline areas of our operation ranging  
6 from investigations to mortuary to outreach, and we  
7 have positions for forensic pathologists and the  
8 issue is less for us the ability to hire than where--  
9 than the number of pathologists available to hire. So  
10 we're in the process of recruiting and hopefully  
11 retaining our trainees, but the focus of the 83  
12 headcount that's coming to the agency will be  
13 directed primarily at forensic operational areas.

14 CHAIRPERSON SCHULMAN: Okay, great. Why  
15 was suspected overdose autopsies specifically chosen  
16 to be paused?

17 CHIEF MEDICAL EXAMINER GRAHAM: So, we  
18 have-- we continue to do autopsies every day, seven  
19 days a week, and that includes autopsies that may  
20 involve overdoses. In the midst of the record  
21 caseload in the face of staffing concerns we  
22 evaluated our data and were able to-- base on our  
23 experience over the course of many years dealing with  
24 the opioid crisis and the experience of performing  
25 autopsies on the part of our doctors over these

2 years, we were able to be flexible and change our  
3 guidance about certain types of cases that gave our  
4 doctors greater flexibility to use their medical  
5 judgment about whether or not an autopsy is performed  
6 or not. In addition to adding that flexibility, our-  
7 - I would say that we have two basic medical  
8 procedures that we perform in our office, either an  
9 autopsy which is an invasive procedure versus an  
10 external physical examination of a person by our  
11 physicians, and in both instances those examinations  
12 are done in the context of a complete death  
13 investigation, a scene investigation if it occurs in  
14 the field, in addition to comprehensive toxicology  
15 testing. So, we perform a comprehensive toxicology  
16 testing to determine if there's a drug that may be  
17 involved in someone's death, and we've also  
18 incorporated new post-mortem imaging, our CT scanning  
19 capability which gives our doctors more diagnostic  
20 information than they've had before that they put to  
21 use in making those judgments about which cases need  
22 an autopsy and which do not. So we've not stopped  
23 performing autopsies at all.

24 CHAIRPERSON SCHULMAN: Right.

2 CHIEF MEDICAL EXAMINER GRAHAM: We  
3 continue to perform autopsies every day. We've added  
4 a level of flexibility that increases the judgment of  
5 our doctors in terms of what's medically necessary as  
6 a doctor in a hospital would decide what procedures  
7 may or may not be needed.

8 CHAIRPERSON SCHULMAN: On average, how  
9 many suspected overdose cases does OCME receive  
10 annually?

11 CHIEF MEDICAL EXAMINER GRAHAM: Well, as  
12 has been reported by the Health Department, we were  
13 pleased to be able to see that there's been a slight  
14 reduction in the number of confirmed overdose,  
15 unintentional overdose deaths in the city, but for  
16 the past-- the previous couple of years we've seen  
17 over 3,000 overdose deaths in the city and our death  
18 certificates, the information about which drugs are  
19 involved in those deaths become very important to  
20 local and national vital statistics, and our death  
21 certificates serve to inform those-- that data.

22 CHAIRPERSON SCHULMAN: How many forensic  
23 pathologists would you need-- would need to be  
24 employed at OCME for the suspected autopsy pause to  
25

2 be lifted, or is that still sort of-- you know, you  
3 go to people, see what's needed, what's not needed?

4 CHIEF MEDICAL EXAMINER GRAHAM: Yeah, I  
5 believe that we are-- as medicine changes based on  
6 data and evidence-driven changes in our practice, I  
7 think that these changes that we have made and our  
8 guidance will persist. We have an adequate number of  
9 doctors at the moment to be able to perform what's  
10 necessary in order to accurately determine the cause  
11 and manner of death. We are intending to continue to  
12 hire medical examiners, but these changes in our  
13 practice have in no way altered our ability to  
14 accurately determine cause and manner of death and  
15 provide answers to families, to the criminal justice  
16 system and public health systems.

17 CHAIRPERSON SCHULMAN: How-- I mean, I  
18 know each case is very different, but how long does  
19 an average autopsy take to do? I know there's  
20 toxicology involved in some aspects as well, so.

21 CHIEF MEDICAL EXAMINER GRAHAM: That's  
22 correct, and the-- to be clear, the autopsy procedure  
23 itself is something-- is an examination of someone  
24 that takes places within 24 hours of our receiving  
25 the body, and we perform the examination and the body

2 is able to released. That-- there is no delay for  
3 families with respect to the release of their loved  
4 one to a funeral home for a final disposition. So  
5 the autopsy procedure itself takes place very  
6 rapidly. The report of autopsy may take additional  
7 time depending on what's involved. If toxicology  
8 testing is required for us to determine ultimately  
9 the cause of death. That takes a bit of time, but  
10 I'm also equally pleased to report our toxicology  
11 turnaround times have dramatically improved since  
12 last testifying in this chamber, and to nearly 50  
13 percent improvement in that turnaround time, and that  
14 also is reflected in the autopsy reports that depend  
15 on those toxicology reports to be able to be  
16 completed. And so we've had also a significant  
17 improvement in our autopsy report turnaround time  
18 which ash improved to 30 percent roughly. And so  
19 it's variable depending on the nature of the  
20 individual case.

21 CHAIRPERSON SCHULMAN: Right. But just  
22 give me a ballpark average.

23 CHIEF MEDICAL EXAMINER GRAHAM: Well, now  
24 our toxicology turnaround times have decreased to

2 around 40 days. We ultimately want to have autopsy  
3 reports soon follow that in turnaround time.

4 CHAIRPERSON SCHULMAN: And the actual  
5 autopsy itself, forgetting about toxicology takes  
6 about what?

7 CHIEF MEDICAL EXAMINER GRAHAM: The--  
8 well, once the doctor gets the toxicology results,  
9 they have place those results in the context of the  
10 case and then--

11 CHAIRPERSON SCHULMAN: [interposing]  
12 right.

13 CHIEF MEDICAL EXAMINER GRAHAM: finalize  
14 the autopsy report. So, we ultimately want a  
15 turnaround time for our autopsy reports in drug  
16 overdose deaths to be within 45 days

17 CHAIRPERSON SCHULMAN: Okay.

18 CHIEF MEDICAL EXAMINER GRAHAM: The  
19 target turnaround time is 90 days for autopsy reports  
20 overall.

21 CHAIRPERSON SCHULMAN: Okay.

22 CHIEF MEDICAL EXAMINER GRAHAM: So, we're  
23 in a much better position in that regard.

24 CHAIRPERSON SCHULMAN: Good. On  
25 September 6<sup>th</sup>, the Council was notified of the

2 consummation of eight forensic biology cases on July  
3 31<sup>st</sup> which were immediately instigated. A root cause  
4 analysis report was published on November 4<sup>th</sup>  
5 detailing what had happened, how OCME addressed the  
6 situation and next steps to prevent contamination.  
7 Can you provide an overview of what happened that  
8 resulted in the contaminated cases? Is that done  
9 now, that invest-- or it's still on?

10 CHIEF MEDICAL EXAMINER GRAHAM: It's--  
11 the root cause analysis committee report has been  
12 issued. The investigation is ongoing now at a-- on a  
13 smaller scale versus the initial steps that were  
14 taken. And so this involved a limited number of case  
15 to case contamination events between cases involving  
16 evidence that was being examined in our lab. We--  
17 through our own internal robust quality assurance  
18 measures identified this in the late part of the  
19 summer of last year. We immediately moved to form a  
20 root cause analysis committee and do a comprehensive  
21 investigation of these cases, and do a complete  
22 evaluation of cases occurring from March through  
23 early part of August of last year, and that  
24 encompassed more than 20,000 samples over 5,700  
25 cases. And this a limited set of events, limited to

2 nine individual criminalists on our staff, and the  
3 cases that are involved had no impact at all  
4 whatsoever with respect to their involvement in the  
5 criminal justice system. So there were no impacts,  
6 no deleterious impacts to the cases in the court  
7 system. And this is now reaching its final stages in  
8 terms of the investigation which we will keep you  
9 updated about. We have placed many-- we have  
10 implemented the recommendations of the root cause  
11 analysis committee in our lab to help ensure that  
12 this doesn't occur again going forward. And I have a  
13 very robust QC monitoring program to that end.

14 CHAIRPERSON SCHULMAN: No, I appreciate  
15 that. And you'll-- when it's totally completed  
16 you'll circle back with us.

17 CHIEF MEDICAL EXAMINER GRAHAM: Certainly.

18 CHAIRPERSON SCHULMAN: Thank you. In the  
19 preliminary plan, OCME received \$1.3 million in  
20 Fiscal 2025 and \$1.8 million starting in Fiscal 2026  
21 for collective bargaining under the Doctor's Council  
22 Union. DOHMH had also received \$2.1 million in  
23 fiscal year 2025 and \$2.3 million starting in Fiscal  
24 2026 for Doctor's Council. What is OCME's role with  
25 the Doctor's Council?

2 CHIEF MEDICAL EXAMINER GRAHAM: So, all  
3 of our physicians, all of the forensic pathologists  
4 who serve as city medical examiners are members of  
5 the Doctor's Council. They're represented by the  
6 Doctor's Council which is within the Service  
7 Employees International Union. So, that settlement  
8 affected essentially all of our medical staff and the  
9 new contract is effective going back from June of  
10 2021 through December of 2026, and again as mentioned  
11 before, I'm very hopeful that some of the staffing  
12 constraints that we've had will be improved. Going  
13 forward by our ability to recruit and retain based on  
14 better salaries and bonus structures for our doctors.

15 CHAIRPERSON SCHULMAN: Before you know  
16 it, you're going to have to start negotiating again.

17 CHIEF MEDICAL EXAMINER GRAHAM: Very soon  
18 it feels, yes.

19 CHAIRPERSON SCHULMAN: OCME's cars are  
20 currently ineligible to be designated-- we've had  
21 this conversation-- as emergency vehicles with alarms  
22 attached to reach their destination quickly. This  
23 has resulted in delays with both OCME's ability to  
24 reach the decedent and their ability to return to the  
25 headquarters. What criteria would OCME cars need to

2 meet to be eligible to be designated as emergency  
3 vehicles?

4 CHIEF MEDICAL EXAMINER GRAHAM: Well,  
5 we're certainly a response agency. When EMS, Fire  
6 Department, NYPD respond and there is a death  
7 involved in the field, OCME is also a responder, and  
8 there are-- according to the New York State vehicle  
9 and traffic laws, there are designated emergency  
10 response vehicles. At the moment, the medical  
11 examiner vehicles do not have such designation. So  
12 we're working with the Administration and certainly  
13 appreciate the support of the Council and your  
14 support, Chair Schulman, in this regard in terms of  
15 our attempt to aband [sic] the New York State  
16 vehicles and traffic law to recognize medical  
17 examiner vehicles in this way. This will allow us to  
18 respond to scenes more quickly. We have-- we are a  
19 relatively small agency compared to those much larger  
20 response agencies, and yet, we have responses that  
21 are required across all five boroughs, and the  
22 ability for us to respond more quickly will not only  
23 provide better service to the families, but it'll  
24 also provide the ability of those responding units on  
25 the part of EMS and NYPD to be back in service much

2 quickly. We also have a responsibility I should say  
3 in the event of a mass fatality incident. We're the  
4 lead agency with respect to dealing with mass  
5 fatality incidents in the City, and the ability to  
6 quickly respond is important, and so we're hopeful  
7 that we will be successful in that attempt to get--

8 CHAIRPERSON SCHULMAN: [interposing]

9 What's the average response time, do you know?

10 CHIEF MEDICAL EXAMINER GRAHAM: It  
11 depends on the-- what specific area you're looking  
12 at.

13 CHAIRPERSON SCHULMAN: Okay.

14 CHIEF MEDICAL EXAMINER GRAHAM: Our MLI  
15 response times are two hours 20-- 2:42. So, there  
16 are variabilities in response times because it's a  
17 coordinated response.

18 CHAIRPERSON SCHULMAN: Right.

19 CHIEF MEDICAL EXAMINER GRAHAM: Crime  
20 scene, for example, we're not called to respond to  
21 that scene until after a period of time has passed  
22 for a crime scene to process the scene.

23 CHAIRPERSON SCHULMAN: Right.

24 CHIEF MEDICAL EXAMINER GRAHAM: Other  
25 situations we're dependent on the NYPD, for example,

2 to report cases to us, and then our response occurs  
3 from that point forward. So, it's variable depending  
4 on the type of case.

5 CHAIRPERSON SCHULMAN: Okay. What would  
6 be your ideal response time from your perspective?

7 CHIEF MEDICAL EXAMINER GRAHAM: Well, I  
8 don't know necessarily that I have an ideal response  
9 time in mind. I think being that it is a coordinated  
10 response like that, it's difficult to say how long a  
11 crime scene may take to process, for example, and  
12 then--

13 CHAIRPERSON SCHULMAN: [interposing]  
14 Right, but if it's not a crime scene?

15 CHIEF MEDICAL EXAMINER GRAHAM: If it's  
16 not a crime scene, it's as soon as possible. We-- I  
17 don't-- I wouldn't have a, you know, I think a  
18 specific target in mind, but I think that clearly we  
19 have-- there are families at death scenes. There are  
20 other members of other response agencies, and it's--  
21 the onus is on us to respond as quickly as possible.

22 CHAIRPERSON SCHULMAN: Do you know what  
23 they do in other cities, what other city response  
24 times are like, or if they have-- are there other  
25

2 cities that do have-- where they're treated as  
3 emergency vehicles, or-- just out of curiosity.

4 CHIEF MEDICAL EXAMINER GRAHAM: I don't  
5 know that I have figures off the top of my head.

6 CHAIRPERSON SCHULMAN: Okay.

7 CHIEF MEDICAL EXAMINER GRAHAM: We could  
8 provide that in follow-up.

9 CHAIRPERSON SCHULMAN: Okay.

10 CHIEF MEDICAL EXAMINER GRAHAM: And just  
11 to correct that our current response times are-- for  
12 investigations in the field is two hours 25 minutes.

13 CHAIRPERSON SCHULMAN: Okay, thank you.  
14 HealthyNYC has an initiative which is primarily led  
15 by DOHMH with the goal of increasing life expectancy  
16 rates in the City over the next five years. The  
17 program includes the investigation of mortality  
18 trends in the City to attempt to determine the  
19 reasons why the life expectancy rate has decreased in  
20 recent years. What role does OCME play with  
21 HealthyNYC?

22 CHIEF MEDICAL EXAMINER GRAHAM: Well, I  
23 think we have several important roles. The-- one of  
24 the most important has to do with being a source of  
25 critically important data. Our death certificates

2 provide data that inform all of our stakeholder  
3 partners on both the criminal justice and the public  
4 health side, including not just violent deaths,  
5 homicides, suicides, accidents, but also the number  
6 of sudden unexpected natural deaths that we  
7 investigate and that we determine the cause of death  
8 for. Providing disease and injury epidemiologic data  
9 on things-- not only those violent deaths, but also  
10 heart disease, high blood pressure, diabetes,  
11 undiagnosed cancers. All of those are elements that  
12 via our death certificates inform policy and  
13 programmatic changes that will ladder up to the  
14 ultimate goal of HealthyNYC and the reduction and the  
15 reduction mortality and the extension of our life  
16 expectancy as a city. aside from being a critical  
17 data source, another critical area that has-- that we  
18 have been very active with is outreach to families  
19 particularly around drug overdose deaths, and our  
20 Drug Intelligence and Intervention Group engages  
21 social workers to actively perform outreach to family  
22 members who have lost someone to a drug overdose and  
23 connect them to care and services including-- up to  
24 and including substance use support and healthcare  
25 services that may be potentially life-saving. And so

2 I feel like this is very direct primary care  
3 prevention work in addition to serving as source of  
4 data. And another area that is, I think, very  
5 innovative in a way that we are again going beyond  
6 the traditional role of medical examiner office in  
7 active life-saving prevention work is around our  
8 molecular genetics laboratory, and we have a full-  
9 time genetic counselor who when someone dies suddenly  
10 or unexpectedly due to a genetic cause, we have a  
11 genetic counselor that reaches out to that family who  
12 may be at risk of losing someone else to that same  
13 genetic or hereditary problem. And having a  
14 conversation with them and connecting them to care  
15 potentially, that can be lifesaving. And so I think  
16 in many facets the work of the OCME, and as I've said  
17 before, everything we do is for the living, and we  
18 take that very much to heart.

19 CHAIRPERSON SCHULMAN: the Mayor's  
20 Management Report and Preliminary Mayor's Management  
21 Report serve as a report card for the agencies and  
22 the services they provide. The PMMR indicated that  
23 1,504 autopsies were performed in the first four  
24 months of fiscal 2025, while 2,156 were performed  
25 during the same period in fiscal 2024. The reduced

2 rate of autopsies accounts for OCME's limited  
3 autopsies on decedents that were suspected to die  
4 from a drug overdose. What other factors resulted in  
5 a lower rate of autopsies performed?

6 CHIEF MEDICAL EXAMINER GRAHAM: Many of  
7 the factors that I mentioned previously with respect  
8 to our guidance to our doctors who now have the  
9 flexibility to make a medical judgment and determine  
10 which cases an autopsy is needed for, in which may be  
11 an adequate investigation with an external physical  
12 examination of the body and toxicology testing. This  
13 is, again, in the presence of additional testing  
14 options such as post-mortem CT scanning. So, this is  
15 a judgment-- a shift in the judgment based on our  
16 doctor's ability to ascertain which cases need an  
17 autopsy and which do not without compromising our  
18 cause and manner of death determination.

19 CHAIRPERSON SCHULMAN: Is there a backlog  
20 now of autopsies?

21 CHIEF MEDICAL EXAMINER GRAHAM: There's  
22 not an autopsy backlog--

23 CHAIRPERSON SCHULMAN: [interposing] Okay.

24 CHIEF MEDICAL EXAMINER GRAHAM: in terms  
25 of the performance of autopsies. We-- there is no

2 delay in performing autopsies at either of our  
3 forensic pathology centers.

4 CHAIRPERSON SCHULMAN: Okay, great.

5 Let's see-- the median time for scene arrivals by  
6 medical legal investigators was two hours and 25  
7 minutes in the first four months of fiscal 2025 while  
8 it took one hour and 48 minutes during the same time  
9 period in fiscal 2024. In addition, the median time  
10 for fiscal 2024 as a whole was two hours and 13  
11 minutes which in fiscal 2023 it was one hour and 37  
12 minutes. So, I know you talked a little bit about  
13 this. What factors resulted in OCME's longest scene  
14 arrival time?

15 CHIEF MEDICAL EXAMINER GRAHAM: This--  
16 aside from the factors I mentioned before, I think a  
17 couple of other reasons will factor in. One, the  
18 sustained increase of case volume, the 30 percent  
19 increase in our volume. And internally over the  
20 course of the past year, we've also had staffing  
21 adjustments within our investigations, Forensic  
22 Investigations Division. Five of our death  
23 investigators were moved into higher level  
24 supervisory managerial roles which affected the  
25 number of individuals immediately responsive. We are

2 now with the infusion of this 83 new headcount.

3 These new resources, we're fully anticipating that  
4 with investigations being one of the areas that will  
5 benefit. We're anticipating that this response time  
6 will improve considerably over the course of the next  
7 year.

8 CHAIRPERSON SCHULMAN: Are there specific  
9 neighborhoods that take longer for an investigator to  
10 arrive, or is that just-- I mean, you sort of alluded  
11 to it a little bit.

12 CHIEF MEDICAL EXAMINER GRAHAM: Yeah,  
13 there are many factors aside from just geography and  
14 the City. I think the time of day also has, you  
15 know, clear implications with respect to traffic flow  
16 and our ability to, you know, again without emergency  
17 responder status--

18 CHAIRPERSON SCHULMAN: [interposing]  
19 Right.

20 CHIEF MEDICAL EXAMINER GRAHAM: be able  
21 to respond in a timely way from, you know, northern  
22 Bronx to Staten Island to Far Rockaway. And so it's  
23 a citywide set of variables.

24 CHAIRPERSON SCHULMAN: No, I appreciate  
25 all this, and thank you for all the great work that

2 you do. And so my last question for you is-- and you  
3 may not answer it here. But the question is, what do  
4 you need from us the Council in terms of resources,  
5 budgetary resources?

6 CHIEF MEDICAL EXAMINER GRAHAM: Well, I  
7 would certainly like the opportunity to follow up  
8 with you and provide--

9 CHAIRPERSON SCHULMAN: [interposing]  
10 Please.

11 CHIEF MEDICAL EXAMINER GRAHAM: an answer  
12 to that, but I would also add that I think it would--  
13 it is much appreciated the support for our work to  
14 amend the New York State Vehicle and Traffic Law to  
15 change the status of our vehicles, and so any support  
16 would be appreciated.

17 CHAIRPERSON SCHULMAN: Alright, no I  
18 appreciate it. Chair Lee? No? Council Member  
19 Narcisse?

20 COUNCIL MEMBER NARCISSE: Thank you,  
21 Chairs. Thank you. Thank you so much, and thank you  
22 for being here. One of the question that I just  
23 asked-- I mean, I just heard the Chair say that what  
24 can we do to help you. But it seems like you're  
25 doing very well. You don't need much help. The

2 Preliminary Plan added \$3.9 million in fiscal 2025  
3 and \$11.3 million in fiscal 2026 of the hiring of 83  
4 people of OCME, right? How many of those people are  
5 forensic pathologists? And how many people were  
6 hired for different titles within their OCME?

7 CHIEF MEDICAL EXAMINER GRAHAM: Yes, this  
8 is a significant, obviously, infusion of resources of  
9 the agency. These 83 headcount will be directed  
10 toward our very frontline forensic operations areas  
11 which would range from death investigations to city  
12 mortuary operations to our outreach to families. We  
13 have vacant positions in terms of our forensic  
14 pathologists. So, as I alluded to before, it's not  
15 necessarily a matter of having lines for forensic  
16 pathologists for our medical examiners. We have  
17 adequate lines. It's a matter of being able to staff  
18 those lines with qualified doctors. Whereas the 83  
19 headcount will go toward all of our forensic  
20 operational divisions and increase the support for  
21 those doctors that we do have.

22 COUNCIL MEMBER NARCISSE: Thank you.  
23 Have you hired anyone yet? Because your vacancy is  
24 still high.

2 CHIEF MEDICAL EXAMINER GRAHAM: This was  
3 a-- yes, and that relates to the fact that this was--  
4 this just came to our agency, and so we are  
5 relatively speaking very shortly ago, and so we are  
6 very actively working with OMB to recruit, interview,  
7 hire, and on-board these 83 staff across various  
8 operational agencies. So we're expecting significant  
9 progress in that regard moving into the summer.

10 COUNCIL MEMBER NARCISSE: Appreciate  
11 that. Have you had any high level of departures?  
12 Because we're talking about vacancies, and you have--  
13 I mean, have you had any high level of departures  
14 other than the medical-- you have some medical  
15 examiners who have left, right?

16 CHIEF MEDICAL EXAMINER GRAHAM: Yes.

17 COUNCIL MEMBER NARCISSE: Have you had a  
18 high level of departure?

19 CHIEF MEDICAL EXAMINER GRAHAM: Well, I  
20 think that very often aide from the medical examiner  
21 staffing situation that we've already discussed, I  
22 think that there is always amongst our laboratories a  
23 continuous rate of turnover. Whether that differs  
24 significantly from previous years, I would have to  
25 get back with some statistical information for you.

2 COUNCIL MEMBER NARCISSE: Okay. So  
3 having said that, are you doing anything to retain  
4 the staff?

5 CHIEF MEDICAL EXAMINER GRAHAM: Well,  
6 certainly with respect to the medical examiner--  
7 well, across many sectors of our operation, the  
8 contract negotiations I think were very critically  
9 important, that involving DC37, for example, the  
10 Doctor's Council for our doctors, those were I think  
11 critically important in ensuring our ability to  
12 retain staff. And with respect to our doctors, some  
13 of the additional steps that we've taken in, as I  
14 said, a multi-pronged approach to not only keep  
15 senior doctors that we have, train new doctors, but  
16 also better support the doctors that we have on staff  
17 by realignment in many ways in our forensic  
18 operations so that they are able to-- have additional  
19 layers of support and that includes the addition of  
20 the locum attendants [sic] pathologists who are going  
21 to be able to fill in some of the staffing gaps until  
22 we have an adequate amount of time to reconstitute  
23 fully our medical examiner staff which I'm hoping  
24 will happen over the course of months.

2 COUNCIL MEMBER NARCISSE: The way I'm  
3 pushing so hard is because we have a gold standard  
4 lab, because we are leading-- in that aspect, New  
5 York City stand-- outstanding job, and I want to say  
6 thank you for that. But what's concerning me is the  
7 equity in getting those bodies as well. Some  
8 families that calling me-- some bodies stay with them  
9 hours. So there's a problem there. So I want to  
10 find out where-- how we going to pick up those-- how  
11 you plan-- you know, your plan been going. Do we  
12 have equity in picking up bodies throughout? Because  
13 I know in Brooklyn we have a situation. So, how are  
14 we doing with that?

15 CHIEF MEDICAL EXAMINER GRAHAM: I  
16 appreciate that question, and I feel that this is an  
17 area of concern of ours as well, and we are  
18 continuously working to improve our response times.  
19 However, some of the factors that I mentioned before  
20 often play a role in the situation that you  
21 described. We are-- EMS responds to a death scene.  
22 NYPD responds to a death scenes. It's often a  
23 coordinated response. If it is a crime scene or  
24 judged to be a potential crime scene, that requires a  
25 different response and at a different times than

2 would be a more routine case. When NYPD responds to  
3 death scenes, they contact our office, and then our  
4 office responds from that point forward. And so  
5 there are many factors that go into the overall  
6 response times which I feel like we are working  
7 together to try and improve overall between EMS, NYPD  
8 and the OCME.

9 COUNCIL MEMBER NARCISSE: We are here for  
10 you. Do you have a Chief of Lab now?

11 CHIEF MEDICAL EXAMINER GRAHAM: Our Chief  
12 of Labs position is currently vacant. We anticipate  
13 that that position will be filled. We're pleased  
14 that there are many qualified applicants who are in  
15 the process of interviewing for that position. We  
16 anticipate that position will be filled probably by  
17 mid-April or so.

18 COUNCIL MEMBER NARCISSE: So, in the  
19 meanwhile, who's helping the process?

20 CHIEF MEDICAL EXAMINER GRAHAM: We have  
21 assistant directors who are in charge and who are  
22 running the day-to-day operation of the forensic  
23 biology laboratory in forensic biology. We have  
24 laboratory directors in for each of our other  
25 forensic laboratories which we have five total

2 forensic science laboratories at the OCME. Each has  
3 a director. We are in the process of selecting a new  
4 Chief of Laboratories who will serve as the executive  
5 overseeing all five of those laboratories.

6 COUNCIL MEMBER NARCISSE: While we're  
7 talking about pay equity, we need to address that too  
8 as well, because a lot of complaints that I got,  
9 because I'm, you know, Chair for Hospital and I'm  
10 hearing it. So that's the reason I have those  
11 questions for you. We just celebrated the five years  
12 anniversary of COVID-19. Considering the nature of  
13 your work and what your employees see day-to-day, do  
14 you have any concern about the mental health of your  
15 employees, and if so, how are you addressing that?  
16 Because those are folks that dealing with bodies day-  
17 in and day-out.

18 CHIEF MEDICAL EXAMINER GRAHAM: Thank you  
19 for that question. I think it's very important and  
20 it is something that we have been attending to in a  
21 much more significant way over the course of the past  
22 several years, vicarious trauma on the part of our  
23 staff who are day-to-day dealing with violent death,  
24 and our staff that managed the largest multi-fatality  
25 incident in modern history who were dealing with

2 enormous numbers of fatalities during the pandemic,  
3 including our laboratory staff who were redeployed to  
4 morgue operations, for example. So this is something  
5 that's absolutely on our minds. We several years ago  
6 developed a wellness program that focuses on  
7 vicarious trauma, overall health and wellness. That  
8 program has grown in many ways over the past several  
9 years working with Work Well New York City. We've  
10 built a robust, I believe, wellness program that not  
11 only addresses mental health concerns, but physical  
12 health and wellness, and that has been an active part  
13 of our agency for some time now. And it's something  
14 that historically I think generally in medicine we  
15 have-- could have been better at, but it's something  
16 that we fully recognize now and are working actively  
17 to mitigate any sort of deleterious effects, the very  
18 difficult and emotionally challenging work that we do  
19 every day.

20 COUNCIL MEMBER NARCISSE: Thank you. I  
21 appreciate you. DEI is under attack. So, are you  
22 ensuring diversity within the workplace right now?  
23 Because I'm very concerned about that.

24 CHIEF MEDICAL EXAMINER GRAHAM: Yes, we  
25 have a Chief Diversity Officer. We also have a

2 belonging and inclusiveness group at our agency which  
3 is focused on the-- making certain that we have an  
4 inclusive work environment and that's, I think, a  
5 very active group in our agency now that we're  
6 looking forward to future programming with.

7 COUNCIL MEMBER NARCISSE: Thank you.

8 That's not my hearing, but I would say that the Chief  
9 of Staff that you have, hopefully everybody put it  
10 together and I think that's Mr. Schultz-- that's  
11 Schultz, right? I hope I'm right. Okay, you're the  
12 COO, right? So, how that going? Because that's a  
13 lot of stress over there because you don't have  
14 enough staff.

15 CHIEF OPERATING OFFICER SCHULTZ: We're  
16 very fortunate as the Chief Medical Examiner  
17 explained that we are getting a new infusion of  
18 resources and doing very well. We have a lot of  
19 support from the administration and OMB and working  
20 very closely with them to staff up all our positions.

21 COUNCIL MEMBER NARCISSE: So, I'm hoping  
22 that you have experience in the forensic that you can  
23 help.

24 CHIEF OPERATING OFFICER SCHULTZ: Yes.

25 COUNCIL MEMBER NARCISSE: You do?

2 CHIEF OPERATING OFFICER SCHULTZ: Yes.

3 COUNCIL MEMBER NARCISSE: Alright. So,  
4 thank you, Chair. Thank you for your time.

5 CHAIRPERSON SCHULMAN: Chair Lee would  
6 like to make some closing remarks.

7 CHAIRPERSON LEE: No, yeah. I didn't want  
8 to-- I didn't have any questions, but just wanted to  
9 say thank you to Dr. Graham and your team at OCME,  
10 because I don't think folks understand and realize  
11 sometimes how much work you guys do behind the scenes  
12 and how critical your data is when it comes to public  
13 health trends, a lot of the mental health trends, the  
14 drug addiction trends. And so I just want to say  
15 thank you and shout out to your team who is sitting  
16 with us today for all the work you do.

17 CHIEF MEDICAL EXAMINER GRAHAM: Thank you  
18 very much. It's very kind.

19 CHAIRPERSON SCHULMAN: I want to say the  
20 same, and I've been-- I encourage my colleagues to go  
21 and visit the OCME. It's quite the experience, and  
22 there's a lot that you can learn, and there's a lot I  
23 learned, and I'll be taking my staff there, too, at  
24 some point. So we really do appreciate the work that  
25 you guys do. It's very behind-the-scenes, but it's

2 very-- something that's extremely needed in the City  
3 and you're a premier medical examiner's office. So,  
4 thank you very much--

5 CHIEF MEDICAL EXAMINER GRAHAM:

6 [interposing] Thank you so much--

7 CHAIRPERSON SCHULMAN: for your

8 testimony.

9 CHIEF MEDICAL EXAMINER GRAHAM: Chair

10 Schulman. Really appreciate you and the Council, and  
11 open invitation to anyone for a visit anytime.

12 COUNCIL MEMBER NARCISSE: Take you on

13 that one.

14 CHIEF MEDICAL EXAMINER GRAHAM: Alright.

15 COUNCIL MEMBER NARCISSE: Thank you.

16 CHIEF MEDICAL EXAMINER GRAHAM: Thank

17 you.

18 CHAIRPERSON SCHULMAN: Okay. Alright.

19 I'm now going to open the hearing for public  
20 testimony. I remind members of the public that this  
21 is a government proceeding and that decorum shall be  
22 observed at all times. As such, members of the  
23 public shall remain silent at all times. The witness  
24 table is reserved for people who wish to testify. No  
25 video recording or photography is allowed from the

2 witness table. Further, members of the public may  
3 not present audio or video recordings as testimony,  
4 but may submit transcripts of such recordings to the  
5 Sergeant at Arms for inclusion in the hearing record.  
6 If you wish to speak-- if you wish to speak at  
7 today's hearing, please fill out an appearance card  
8 with the Sergeant at Arms and wait to be recognized.  
9 When recognized, you'll have to minutes to speak on  
10 today's topic of the fiscal 2026 Preliminary Budget  
11 for DOHMH and OCME. If you have a written statement  
12 or additional written testimony you wish to submit  
13 for the record, please provide a copy of that  
14 testimony to the Sergeant at Arms. You may also email  
15 written testimony to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov) within  
16 72 hours of this hearing. Audio and video recordings  
17 will not be accepted. We have a lot of people who  
18 are-- who have asked to testify, so I am going to  
19 keep people to two minutes. If you want, you can  
20 summarize your testimony and then submit it to us,  
21 and all the testimony will be gone through by the  
22 staff. Thank you. Okay. First panel Misha Sharp,  
23 Samantha Rappa-Giovagnoli, Denise Mieses, and Meghan  
24 Peterson. And Doctor Dre is also on this panel.

2 UNIDENTIFIED: Thank you for your  
3 patience, everyone. We'll start in a few minutes.

4 CHAIRPERSON SCHULMAN: Doctor Dray, do  
5 you want to go first?

6 DOCTOR DRE: I was waiting for everybody  
7 else.

8 CHAIRPERSON SCHULMAN: That's alright.

9 DOCTOR DRE: [inaudible]

10 CHAIRPERSON SCHULMAN: We're just waiting  
11 for everybody to settle down, so.

12 DOCTOR DRE: And Kendra Hardy [sic], can  
13 they also join me, please. We're a panel. You let  
14 me know.

15 CHAIRPERSON SCHULMAN: Dr. Dray, do you  
16 want to testify now or do you want to wait for-- do  
17 you want to wait--

18 DOCTOR DRE: Again, I'm at your disposal.  
19 Whenever you're ready.

20 CHAIRPERSON SCHULMAN: alright, yeah,  
21 we're ready to hear you.

22 DOCTOR DRE: Oh, you're ready for me now?  
23 I didn't know--

24 CHAIRPERSON SCHULMAN: [interposing] Yes,  
25 yes, yes.

2 DOCTOR DRE: Oh, okay. My name is Doctor  
3 Dre. Okay, my name is Doctor Dre. I am a blind  
4 amputee and a type II diabetic. I consider myself to  
5 be Superbad, because I don't let things keep me down.  
6 I actually go out and make things happen. So being  
7 blessed working with the Healthy People Organization,  
8 Ms. Chris Norwood and Kendra O'Hardy. We need  
9 resources so that we can help educate people with  
10 diabetes, help educate people with amputations, help  
11 educate people with nutrition, help educate people of  
12 course with physical fitness. All these elements--  
13 we treat diabetes like it's a curse for people. Oh,  
14 you did it to yourself. It doesn't happen that way  
15 all the time. It's based on what-- especially Type  
16 II diabetics. What's around our regions such as  
17 Staten Island, Brooklyn, Queens, Manhattan uptown and  
18 downtown, and of course the alarming rates that are  
19 happening in the Bronx which are out of control. And  
20 me being here as an advocate and not only an  
21 advocate, but I am a food-- and I am a food-- you  
22 with me? I'm a food person that eats the wrong  
23 stuff, just like everybody else, because you eat  
24 where you live and you live where you eat. Everybody  
25 can't eat the best food or get, especially at these

2 prices. Have you seen the price of eggs now? That  
3 cuts the cake down, but we need to get the cream,  
4 because cash rules everything around me, dollar,  
5 dollar bill. But let's change that to more of that  
6 dollar. We need to get into the hundreds of dollars,  
7 because this program and what we're advocating for,  
8 what we're actually doing is helping people. So  
9 honestly, by donating and giving us the resources, we  
10 actually help bring down the cost of medical issues.  
11 Because if people can't learn, people can't access it  
12 on their phone, people can't access it face to face  
13 with a gentleman like me being a food addict, then  
14 where are we going with this? We can turn it around.  
15 We will turn it around. That's why I'm here.

16 CHAIRPERSON SCHULMAN: Thank you.

17 DOCTOR DRE: Because I'm a lifelong  
18 resident of New York all my life.

19 CHAIRPERSON SCHULMAN: Thank you.

20 DOCTOR DRE: And the blessing is-- what's  
21 up y'all? What you going to say? Who's going to  
22 give resource to Health People and Dre? I thank you  
23 for your time.

24 CHAIRPERSON SCHULMAN: Thank you for your  
25 time. Who's next? Just state your name.

2 MISHA SHARP: Great. Thank you, Chair  
3 Schulman and Committee Members, for the opportunity  
4 to testify. My name is Misha Sharp, and I'm the  
5 Assistant Director of Policy for 32BJ Health Fund.  
6 We provide health benefits to over 200,000 32BJ SEIU  
7 union members and their families using contributions  
8 from over 5,000 employers. For many years we have  
9 talked about the rising prices at New York City  
10 hospitals which drive up the cost of health benefits  
11 and squeeze worker's wages. In one year we pay more  
12 for care at five large academic medical centers than  
13 the entirety of our pension benefit. Over the last  
14 two years we have worked with members of this  
15 committee to establish a fully-resourced office of  
16 healthcare accountability. On Friday, we received  
17 the office's first report on healthcare cost drivers  
18 and hospital prices. The report shows the same  
19 pattern we have seen elsewhere, that hospital prices  
20 are driving untenably high healthcare cost increases,  
21 and that in New York City this is driven by several  
22 large academic medical centers with outsized market  
23 power. For example, from 2022 to 2024, the City's  
24 employee health plan spending increased 11 percent at  
25 NYU Langone and 20 percent at New York Presbyterian

2 where an average inpatient admission costs over  
3 \$92,000. We can see where the problem lies and we  
4 need to act with urgency to solve it. We urge the  
5 City Council to call the largest hospitals to the  
6 table to answer for these prices and their impact on  
7 working people. The City Council should also  
8 advocate for the publication of Medicare benchmarks  
9 for hospital prices paid by the city employee health  
10 plan. It is deeply concerning that City who pays  
11 billions a year on employee health benefits with  
12 taxpayer dollars doesn't have or can't share how  
13 their prices compare to what Medicare pays as  
14 required under Local Law 78. Thank you for your  
15 time.

16 CHAIRPERSON SCHULMAN: Thank you very  
17 much. And there's also a-- I'm going to be  
18 introducing a resolution to support the New York  
19 State bill about costs, reining in the costs of  
20 medical care for-- that I'm working with you guys on.

21 MISHA SHARP: Thank you, Chair Schulman.

22 CHAIRPERSON SCHULMAN: Yes. So, next.

23 Put on the--

24 : Hello.

25 CHAIRPERSON SCHULMAN: Much better.

2 DENISE MIESES: Good afternoon, Chair  
3 Lee, to the distinguished members of the Committee.  
4 I'm Denise Mieses, Chairperson of Local 372. Sorry,  
5 SAPIS Chairperson of Local 372 and current SAPIS.  
6 This is my-- I'm a SAPIS now for nine and a half  
7 years with the Department of Education. I am here  
8 representing 236 SAPIS, Substance Abuse Prevention  
9 and Intervention Specialists, with a request that the  
10 City of New York fund the SAPIS program through a  
11 dollar for dollar match of \$6 million with the State  
12 Legislature. The SAPIS program has been around since  
13 1971. From 1995 to 1999, I myself was a SAPIS kid.  
14 It is what kept me in school. I attribute it as a  
15 major factor to not only graduating high school, but  
16 graduating high school on time, right? What kept me  
17 going to my SAPIS counselor was a relationship she  
18 was able to build not just with me, but with my  
19 family, and now as the universe would have it, I get  
20 to be that gap between my students and the resources  
21 that they need. Because we are the only people in  
22 the school that have these unique relationships with  
23 our students, our students are not scared to come and  
24 talk to us. We have nothing to do with discipline.  
25 We don't scold them for cutting a class. We do the

2 opposite, right? We don't want them to cut class.  
3 We don't want them to do drugs, and yes, that's a  
4 symptom, but our job, our responsibility is to kind  
5 of focus on the root of why that symptom is  
6 happening, right? And the SAPIS program gives us the  
7 opportunity to help them with that. We know that  
8 different kinds of stressors are interconnected.  
9 What happens at home, what happens in personal  
10 relationships, in romantic relationships have a big  
11 factor in how or if our students are able to focus  
12 and concentrate in class, right? And so the  
13 programs, the social/emotional learning programs that  
14 we offer them give them the opportunity to learn life  
15 skills, to learn things like goal setting, right, to  
16 understand what it is to say no. It's okay. Refusal  
17 skills.

18 CHAIRPERSON SCHULMAN: Summarize the rest  
19 of it, and then you can submit the testimony.

20 DENISE MIESES: So, to add insult to  
21 injury, the explosion of the illicit cannabis shops  
22 near city schools are ones that we struggle with day-  
23 in and day-out. I know for myself there are three  
24 around my high school, and all of them know me,  
25 because I'm in there every morning trying to make

2 sure that, you know, our students aren't in there,  
3 and so that the owners and the people at the counter  
4 understand that I got my eye on you and so does  
5 everybody else, right? So, currently there are 236  
6 SAPIS servicing 912,000 public school students and  
7 that's simply not enough. The money that we're  
8 asking to meet is to allow for the hiring of at least  
9 25 new fulltime SAPIS to not only be in schools but  
10 on campuses, and different campuses house up to five  
11 different schools, right? Instead of splitting one  
12 SAPIS between four different campuses, we're asking  
13 that each school have their own so that we're able to  
14 provide them with the services that not only the  
15 students, but that their families are in need of.

16 CHAIRPERSON SCHULMAN: Okay. Thank you  
17 very much.

18 DENISE MIESES: Thank you.

19 CHAIRPERSON SCHULMAN: Next.

20 MEGHAN PETERSON: Hi, my name is Meghan  
21 Peterson and I am a research scientist in the Bureau  
22 of Hepatitis, HIV and STIs at the Health Department.  
23 Today, I am here on behalf of DC37, local 3005  
24 representing scientific and technical titles across  
25 the Health Department and Medical Examiner's Office.

2 I am incredibly proud to work at the Health  
3 Department where we have made progress ending the HIV  
4 epidemic and creating accessible treatment for all  
5 New Yorkers. However, recent program to eliminate  
6 the gap, or PEG, budget cuts, OMB delays and threats  
7 to federal funding have created an environment that  
8 makes it difficult to complete the innovative work  
9 for which we are known. For the past few years under  
10 this mayoral administration, I have heard constantly  
11 from our union members about disruptions because of  
12 funding. When a colleague leaves and we cannot hire a  
13 replacement due to PEG cuts, teams are restructured,  
14 interrupting work. Hiring new workers can take up to  
15 a year, as OMB will delay most actions unnecessarily,  
16 time that the most talented scientists who we should  
17 be hiring will not wait. As a result of this, hiring  
18 managers will instead often opt to contract out work  
19 to privatized non-city lined positions where workers  
20 can be hired more efficiently. This austerity has  
21 downstream effects. We cannot stay up-to-date on  
22 developments in our fields because the public health  
23 library is closed. Members are routinely paid  
24 incorrectly because so few people work in the payroll  
25 office at this point. In my own bureau, we nearly ran

2 out of condoms that we distribute to the community,  
3 something we can all agree we want people to use more  
4 of, because of procurement issues with OMB. So  
5 recent federal budget cuts, privatizations of  
6 mission-driven services and censorship have been  
7 jarring, but these are only more recent developments,  
8 and a slow gutting of public services that we have  
9 seen for years under the Adams administration. I ask  
10 you to robustly fund the Health Department and the  
11 Medical Examiner's Office so that we can continue our  
12 work impacting public safety and health.

13 CHAIRPERSON SCHULMAN: Thank you very  
14 much. Next.

15 : Good afternoon. Good afternoon and  
16 thank you members of the Committee and Council for  
17 your time and commitment to oversight on health and  
18 to the budget that this broad category affects.

19 CHAIRPERSON SCHULMAN: Can you tell us  
20 your name first before you do that?

21 SAMANTHA RAPPA-GIOVAGNOLI: Yes, my name  
22 is Samantha Rappa-Giovagnoli.

23 CHAIRPERSON SCHULMAN: Okay.

24 SAMANTHA RAPPA-GIOVAGNOLI: And I am the  
25 President and a proud member of District Council 37,

2 Local 3005, New York City Department of Health and  
3 Mental Hygiene and Office of Chief Medical Examiner  
4 Technical, Professional Employees. I will refer to  
5 them as DOHMH and OCME. I am here today to oppose  
6 any budget cuts to the two vital agencies and its  
7 workforce. I instead ask for support of allocation  
8 of funding to the budget and to increase the staffing  
9 and promotional lines in the New York City OCME and  
10 DOHMH. These agencies and its workforce provide  
11 vital public services as well as education to the  
12 general public, health communities and legal  
13 communities of New York City and other jurisdictions,  
14 inclusive of the New York City Police Department, New  
15 York City District Attorney's Offices, and New York  
16 City and State Health Clinics to name a few. The  
17 workforce contributes to their trainings, skills,  
18 knowledge and expertise as representatives of gold  
19 star laboratories to help build others around the  
20 world. District Council 37 Local 3005 represents  
21 criminalists, also known everywhere else in the world  
22 as forensic scientists, city research scientists,  
23 sciences water ecologists, scientist radiologist,  
24 engineers, architects, graphic artists, and  
25 administrative public health nurses to name a few. I

2 am a criminalist who began working for the New York  
3 City in OCME in 2004, and with me today are my fellow  
4 scientists, researchers, colleagues and members of  
5 Local 3005, representative of the crucial work and  
6 cuts and scrutiny being performed at DOHMH as you  
7 just heard. All Local 3005 members, many female and  
8 child-bearing, last I checked approximately 70  
9 percent, and excluded from any benefit of the  
10 previous--

11 CHAIRPERSON SCHULMAN: [interposing] Okay,  
12 you need to summarize the rest of it.

13 SAMANTHA RAPPA-GIOVAGNOLI: In summary,  
14 without even reading my testimony-- you have it. In  
15 summary, this administration and your council  
16 supports STEM program. Your council supports the  
17 Kips program. Your council just heard how they need  
18 more medical examiners. The forensic scientists at  
19 OCME handle thousands of cases per year. They handle  
20 the homicide, sexual assaults. They're the behind  
21 the scene heroes. The NYPD takes the credit for  
22 them. It's their work. It's their scientific testing.  
23 I'm asking that you help fill the 80 vacancies that  
24 we currently have, and also to help support those who  
25 are graduating this year in those STEM programs that

2 you help support and to fund them with 100 more  
3 positions, and to stop the cuts at the DOHMH. And  
4 with that, thank you.

5 CHAIRPERSON SCHULMAN: Thank you very  
6 much. Next? Thank you-- I want to thank this  
7 panel very much for taking the time to come here and  
8 testify. And if we don't have your testimony-- we--  
9 okay, we have everybody's testimony. If not, you can  
10 submit it you have up to 72 hours, but we have  
11 everybody's.

12 SAMANTHA RAPPA-GIOVAGNOLI: May I just?  
13 Mayor Adams did not create that program. That gun  
14 program has been there since I was criminalist. It  
15 was call the Property Crimes Unit, and I have a  
16 certificate that I plan on submitting to demonstrate  
17 it.

18 CHAIRPERSON SCHULMAN: Okay.

19 SAMANTHA RAPPA-GIOVAGNOLI: So help fund  
20 them.

21 CHAIRPERSON SCHULMAN: Thank you. Thank  
22 you very much. Okay, next panel, Maryam Mohammed  
23 Miller, Kellen Doer, Gabriela De Leon, Bella  
24 Macallister, Stephanie Cannon. Everybody settled in?  
25 I just want to remind everybody, please, we have a

2 lot of people who want to testify today. So, please  
3 keep it to two minutes. If you want to summarize,  
4 fine. We're going to-- the committee staff goes  
5 through every single piece of testimony that's  
6 submitted. So, go ahead. You go first. Tell us who  
7 you are and then go ahead.

8 GABRIELA DE LEON: Good afternoon. My  
9 name is Gabriela De Leon and I'm a volunteer with  
10 Planned Parenthood of Greater New York. I want to  
11 thank the Chair of the Health Committee, Council  
12 Member Lynn Schulman, and all the committee members  
13 for the chance to discuss how PPGNY's programs and  
14 services have benefitted me and New Yorkers  
15 throughout the City. For over 100 years, PPGNY has  
16 been a trusted provider of sexual and reproductive  
17 healthcare and education programs for communities  
18 throughout New York City. Today, I'm here to urge  
19 the Council to support critical investments in PPGNY  
20 to ensure they can continue to provide the care over  
21 70,000 New Yorkers depend on. Planned Parenthood is  
22 important to me because as a student at Hofstra  
23 University I've witnessed the positive impact it has  
24 had on the Long Island community. The organization  
25 connects with vulnerable populations by providing

2 essential healthcare services at community events,  
3 health fairs and other outreach initiatives. Through  
4 these ongoing efforts Planned Parenthood has built  
5 trust within the community, ensuring that people have  
6 access to the care they need, especially those who  
7 may not have other options. As an aspiring OBGYN, I  
8 am passionate about creating a future where equitable  
9 healthcare is accessible for everyone. Planned  
10 Parenthood plays a vital role in making that future a  
11 reality. This year, PPGNY is asking for an increase  
12 in funding to support its programs and allow it to  
13 continue to provide healthcare to any New Yorkers  
14 that may need it. You may know that PPGNY has been  
15 forced to make several painful decisions in the last  
16 year to ensure they can provide the care New Yorkers  
17 rely on. I strongly urge you to support PPGNY's ask  
18 for \$1,250,000 from the reproductive and sexual  
19 health initiative as well as \$1,250,000 from the  
20 Speaker's List on top of current funding to allow  
21 PPGNY to continue to provide healthcare services and  
22 educational programs throughout New York City.  
23 Increased funding will help improve an annual budget  
24 deficit that threatens access to care for over 7,500  
25 New Yorkers. Support from the Council now is more

2 critical than ever. Continued attacks from the  
3 federal government has made communities fearful that  
4 they will lose access to the resources they depend  
5 on. Thank you.

6 CHAIRPERSON SCHULMAN: Thank you. Next.

7 KELLEN DOER: Hello. Good afternoon. My  
8 name is Kellen Doer and I'm a volunteer at Planned  
9 Parenthood of Greater New York. I want to thank the  
10 Chair of the Health Committee, Council Member Lynn  
11 Schulman and the committee members for the chance to  
12 discuss how PPGNY programs and services have  
13 benefitted me and many New Yorkers throughout the  
14 City. I'm here today to urge the council to support  
15 critical investments in PPGNY to ensure they can  
16 continue to provide the care over 70,000 New Yorkers  
17 depend on. Planned Parenthood has profoundly impacted  
18 my life in always I will always be grateful for.  
19 When I faced financial difficulties and didn't know  
20 what birth control options were available to me, they  
21 provided in-care and support I desperately needed.  
22 From the moment I walked in, I was met with kindness  
23 and understanding, never judged for my circumstances.  
24 The staff from the nurses to the practitioners not  
25 only demonstrated exceptional medical expertise, but

2 also showed deep emotional empathy, making me feel  
3 truly supported. I've witnessed firsthand the  
4 powerful impact of their work. I've seen patients,  
5 tears in their eyes, express heartfelt gratitude to  
6 the brave escorts standing outside the doors of  
7 Planned Parenthood on Bleecker and Court Street. I've  
8 been one of those patients, scared and alone with  
9 people trying to tell me what to do with my body, but  
10 inside those doors I've always felt heard, respected  
11 and safe. Planned Parenthood has been and continues  
12 to be a sanctuary for so many. I strongly urge you  
13 to support PPGNY's ask for \$1,250,000 from the  
14 Reproductive and Sexual Health initiative as well as  
15 \$1,250,000 from the Speaker's List on top of the  
16 current funding to allow PPGNY to continue to provide  
17 healthcare services and educational programs  
18 throughout New York City. Increased funding will help  
19 improve an annual budget deficit that threatens  
20 access to care for over 7,500 New Yorkers. We must  
21 ensure reproductive freedom for New Yorkers now  
22 before it's too late. Thank you to the Health  
23 Committee and the New York City Council for listening  
24 to me today to understand how critical this funding  
25 is to ensuring care for all New Yorkers.

1 COMMITTEE ON HEALTH JOINTLY WITH COMMITTEE ON MENTAL HEALTH,  
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2 CHAIRPERSON SCHULMAN: Thank you so much.

3 [applause]

4 CHAIRPERSON SCHULMAN: No clapping. You  
5 can go like this to show the support. Go ahead  
6 Maryam.

7 MARYAM MOHAMMED-MILLER: Good afternoon.  
8 My name is Maryam Mohammed-Miller and I'm the  
9 Director of Government Relations and Policy at  
10 Planned Parenthood of Greater New York, PPGNY for  
11 short. I would like to thank the Chairs of the  
12 Committees on Health and Mental Health, Disabilities  
13 and Addiction, Council Members Lee and Schulman for  
14 the opportunity to discuss Planned Parenthood of  
15 Greater New York's programs and services. As you've  
16 already heard from my colleagues, we serve thousands  
17 of New Yorkers each year through our clinical  
18 services and over 20,000 individuals through our  
19 education and community engagement programs. We  
20 offer a full range of reproductive healthcare  
21 services, everything including gynecological care,  
22 STI testing and treatment, contraceptive care, and  
23 care for the LGBTQ+ community at our four health  
24 centers. We're thankful for the Council for the  
25 continuous support you've showed our organization

2 over the years, with the ever-changing landscape on  
3 reproductive healthcare and continued restrictions on  
4 care throughout the country. New York has been seen  
5 as a haven for critical resources that many depend  
6 on. Unfortunately, long-standing underinvestment in  
7 reproductive healthcare combined with the soaring  
8 cost of care, workforce shortages and restrictions  
9 imposed since the decision to overturn Roe have  
10 impacted New York. To make matters worse, we expect  
11 the Trump/Vance administration to continue to gut  
12 critical public health programs. That is why today  
13 we are asking for increases to initiatives that fund  
14 Planned Parenthood of Greater New York and critical  
15 services throughout the City. We are asking for an  
16 increase to the Reproductive and Sexual Health  
17 Initiative and ask from the Speaker's List to support  
18 our programs and services. Failure to provide  
19 funding to PPGNY could potentially impact over 7,000  
20 New Yorkers. We're also asking for funding increases  
21 for our patient navigation program that supports New  
22 Yorkers and those forced to travel to our city for  
23 abortion care. We are thankful for the Council for  
24 establishing the first patient navigation program in  
25 the country, and hope to have this work continued,

2 and have PPGNY continued to be funded through this  
3 initiative. To summarize, again, we are greatly  
4 thankful for the Council support for our work, hope  
5 to receive continued funding to help bolster our  
6 operational funding so that we can provide care to  
7 the New Yorkers that depend on us. Thank you.

8 CHAIRPERSON SCHULMAN: Thank you. Next?  
9 There you go. It is [inaudible] in case you couldn't  
10 see.

11 BELLA MCALLISTER: Thank you. My name is  
12 Bella Mcallister and I am a volunteer at Planned  
13 Parenthood of Greater New York. Planned Parenthood  
14 has been the forefront of my reproductive healthcare.  
15 Healthcare that is accessible, affordable and  
16 comprehensive is critical, and it is for those  
17 reasons that I have relied and respected the services  
18 that Planned Parenthood provides. Planned  
19 Parenthood's educational resources have made informed  
20 decision-making so straightforward, and I have  
21 interacted with providers who have affirmed my  
22 choices without hesitation. Planned Parenthood has  
23 been essential for me and without its services I  
24 would not have received the care I needed when I was  
25 at my most vulnerable. I strongly urge you to

2 support PPGYN's ask for \$1,250,000-- sorry, I have  
3 trouble with numbers-- from Reproductive and Sexual  
4 Health Initiative, as well as \$1,250,000 from the  
5 Speaker's List on top of the current funding to allow  
6 PPGNY to continue to provide healthcare services and  
7 educational programs throughout New York City.

8 Increased funding will help improve the annual budget  
9 deficit that threatens access to care for over  
10 700,000 New Yorkers. Support from the Council will  
11 help PPGYN continue providing healthcare like trans  
12 and non-binary gender-affirming care, mobile  
13 healthcare services with Project Street Beat, options  
14 for out-of-state patients, and access to healthcare  
15 for low-income individuals. We must ensure  
16 reproductive freedom for all New Yorkers now before  
17 it is too late. The New York City Council has always  
18 shown up as a champion for healthcare access, and I  
19 urge you all to continue to do so. thank you to the  
20 Health Committee and to the New York City Council for  
21 listening to me today to understand how critical this  
22 funding is to ensuring care for all.

23 CHAIRPERSON SCHULMAN: Thank you. Next?

24 STEPHANIE CANNON: Good afternoon. My  
25 name is Stephanie Cannon. I'm a volunteer at Planned

2 Parenthood of Greater New York. I want to thank the  
3 Chair of the Health Committee, Council Member Lynn  
4 Schulman, and the committee members for the chance to  
5 discuss how PPGNY's programs and services have  
6 benefitted me and many New Yorkers throughout the  
7 City. For over 100 years, PPGNY has been a trusted  
8 provider of sexual and reproductive healthcare and  
9 education programs for communities throughout New  
10 York. Today, I'm here to urge the Council to support  
11 critical investment in PPGNY to ensure they can  
12 continue to provide the care for over 70,000 New  
13 Yorkers. I was raised by a single mom who couldn't  
14 afford healthcare. So at 17 it was Planned  
15 Parenthood who gave me my first OBGYN exam, birth  
16 control and the education to help me enter adulthood  
17 safely. As I grew older, they've been a lifeline for  
18 accessing vital healthcare in my scariest moments.  
19 While many people no know about PrEP, a daily pill  
20 which can help prevent HIV, Planned Parenthood of  
21 Greater New York was there for me when I needed to  
22 start PEP, Post Exposure Prophylaxis, within 72 hours  
23 to reduce the risk of contracting HIV after a  
24 partner's condom broke. Their compassionate and  
25 prompt care not only made me feel safe in a dire

2 time, but also allowed me to sit before you HIV-free  
3 today. This year, PPGNY is asking for an increase in  
4 funding to support its program and allow it to  
5 continue to provide healthcare to any New Yorker who  
6 might need it. You may know that PPGNY has been  
7 forced to make several painful decisions in the last  
8 year to ensure they can provide the care to New  
9 Yorkers that they rely on. Longstanding  
10 underinvestment in reproductive healthcare combined  
11 with soaring healthcare costs and workforce shortages  
12 have contributed to the intense financial  
13 difficulties that PPGNY has been experiencing. Every  
14 year PPGNY loses tens of millions of dollars because  
15 of gaps between reimbursement rates and the cost of  
16 care. I strongly urge you to support PPGNY's ask for  
17 \$1,250,000 from the Reproductive and Sexual Health  
18 Initiative, as well as \$1,250,000 from the Speaker's  
19 List on top of current funding to allow PPGNY to  
20 continue to provide healthcare services and  
21 educational programs.

22 CHAIRPERSON SCHULMAN: Thank you.

23 Maryam, I have a question for you. So with the  
24 closing of Bleecker Street, which I was very sad to  
25 see, where are people being sent?

2 MARYAM MOHAMMED-MILLER: Thank you for  
3 the question. We are direct-- the health center is  
4 still currently operating. We don't have a timeline  
5 as to when it will be closing.

6 CHAIRPERSON SCHULMAN: Operating at  
7 Bleecker Street?

8 MARYAM MOHAMMED-MILLER: Yes.

9 CHAIRPERSON SCHULMAN: Okay.

10 MARYAM MOHAMMED-MILLER: We don't have a  
11 timeline for when it will be closed, but when that  
12 does happen we will be directing patients to the  
13 closest health center which will be in the Bronx,  
14 Queens and Brooklyn.

15 CHAIRPERSON SCHULMAN: And the employees  
16 also, what's happening with them?

17 MARYAM MOHAMMED-MILLER: They will also  
18 be directed to their closest health center. So there  
19 are no plans to reduce force with the closure of  
20 Bleecker.

21 CHAIRPERSON SCHULMAN: Hold on one  
22 second. What about-- there-- I wanted to ask you  
23 about potential cuts to Title 10 and how would that  
24 impact services?

2 MARYAM MOHAMMED-MILLER: Sure. We've  
3 received Title 10 program funding to support our  
4 reproductive healthcare services as well as our  
5 education programs. The last iteration of the Trump  
6 administration we were forced to leave the program,  
7 and thankfully the State and the City Council stepped  
8 in to support those gaps. If we do-- if we are  
9 forced to leave the program, we will see a decrease  
10 in funding, potentially a decrease in services and  
11 education programs we offer throughout the City.

12 CHAIRPERSON SCHULMAN: So, if we were to  
13 give you the funds that you requested, what would  
14 they go for specifically?

15 MARYAM MOHAMMED-MILLER: To our  
16 healthcare operations to bolster the operations that  
17 we're currently providing. As folks mentioned here,  
18 potentially 7,000 New Yorkers could lose access to  
19 care because of shrinkage in services that we offer.  
20 So it'll help sustain our current operations.

21 CHAIRPERSON SCHULMAN: Is there any help  
22 from the State?

23 MARYAM MOHAMMED-MILLER: We have-- we  
24 receive funding from the State. We have made asks  
25 for funding through the FY26 budget. We're waiting

2 for hopefully April 1<sup>st</sup> to see what is finalized in  
3 that budget.

4 CHAIRPERSON SCHULMAN: Okay. Whatever we  
5 can help with. I mean, we're big fans here of Planned  
6 Parenthood of Greater New York. So, we'll do what we  
7 can, and just, you know, keep in touch with the  
8 Council about how we can be helpful moving forward.  
9 Okay? Thank you very much.

10 MARYAM MOHAMMED-MILLER: Thank you. We  
11 appreciate the Council's support.

12 CHAIRPERSON SCHULMAN: I want to thank  
13 this panel. I have another Planned Parenthood panel,  
14 yay. Gabriela Aguilar-- if I screw up the name, my  
15 apologies-- Jane Kaufman, Jessica Bathurst [sp?],  
16 sorry, Gillian Dean. Everybody here? Okay. Go.

17 GABRIELA AGUILAR: Okay. Good afternoon.  
18 My name is Doctor Gabriela Aguilar and I'm the  
19 Medical Director at Planned Parenthood of Greater New  
20 York. I would like to thank the Chairs of the  
21 Committees on Health and Mental Health, Disabilities,  
22 and Addiction, Council Members Schulman and Lee, and  
23 the Committee Members for the chance to discuss  
24 PPGNY's program and services and the need for  
25 critical investments. It's no exaggeration to say

2 that the abortion care ecosystem in New York is in a  
3 crisis. Systemic failures in the U.S. healthcare  
4 system have yielded unprecedented challenges that are  
5 forcing many healthcare providers, including PPGNY to  
6 take serious an immediate cost-savings measures and  
7 pursue long-term structural shifts. For example, we  
8 were forced to pause deep sedation services, abortion  
9 past 20 weeks of pregnancy, close our Staten Island  
10 health center, and recently announce plans to sell  
11 our Manhattan health center in an effort to sustain  
12 our operations. We recognize that New York State has  
13 achieved many incredible wins to protect sexual and  
14 reproductive healthcare access. We applaud our  
15 leaders for their efforts, and now New York must step  
16 up its ability to meet the demands of the present  
17 day. True abortion access means fully funding the  
18 organizations and providers delivering life-saving  
19 healthcare. We need the New York City Council to  
20 prioritize sexual and reproductive healthcare  
21 services more than they ever have before. As a  
22 healthcare provider, I feel the effects of the strain  
23 on reproductive care in our city on a daily basis.  
24 We must continue to fight for our communities,  
25 ensuring that abortion is not only protected in New

2 York, but actually accessible for all regardless of  
3 ability to pay. This year, PPGNY is asking for an  
4 increase in funding to support its programs and allow  
5 it to continue to provide healthcare to any New  
6 Yorker who may need it. You may know that PPGNY has  
7 been forced to make several painful decisions in the  
8 last year to ensure they can provide the care on  
9 which New Yorkers rely to pursue their dreams and  
10 live their fullest lives. Longstanding  
11 underinvestment in reproductive healthcare combined  
12 with soaring healthcare costs and COVID have  
13 contributed to the intense financial difficulties  
14 PPGNY is experiencing. Every year, PPGNY loses over  
15 \$30 million because of massive gaps between  
16 reimbursement rates and the rising cost of care  
17 delivery. Like everyone else has said, I strongly  
18 urge you to support PPGNY's ask for \$1.25 million  
19 from the Reproductive and Sexual Health Initiative as  
20 well as \$1.25 million from the Speaker's list on top  
21 of current funding to allow PPGNY to continue to  
22 provide healthcare services and educational programs.  
23 Thank you.

24 CHAIRPERSON SCHULMAN: Thank you. Next.

2 GILLIAN DEAN: Good afternoon. My name  
3 is Doctor Gillian Dean. I'm Chief Medical Officer  
4 and a physician at Planned Parenthood of Greater New  
5 York. I want to thank you for the chance to discuss  
6 PPGNY's programs and services and the need for  
7 critical investments. For over 100 years, PPGNY has  
8 been a trusted provider of sexual and reproductive  
9 healthcare and education programs for communities  
10 throughout New York City. Today, I am here to urge  
11 the Council to support critical investments in PPGNY  
12 to ensure that we can continue to provide the care  
13 that over 70,000 New Yorkers depend on. As a  
14 healthcare provider at PPGNY, I see and feel the  
15 effects of the strain on reproductive care in our  
16 city daily. Every day, we provide reproductive  
17 healthcare services that patients in communities rely  
18 on, including critical preventive care services like  
19 birth control services, wellness exams, tests and  
20 treatment for sexually transmitted infections, breast  
21 and cervical cancer screening gender-affirming care,  
22 and critically, abortion care. Unfortunately, long-  
23 standing underinvestment in reproductive healthcare  
24 combined with soaring costs, workforce shortages, the  
25 havoc of the COVID pandemic, and care restrictions

2 imposed in the wake of the Dobbs decision are  
3 limiting access to care even here in New York City.  
4 Making matters worse, we know that the incoming  
5 administration will bring new attacks on our funding  
6 and service delivery such as threats to Title 10 that  
7 you mentioned earlier. Amidst its very challenging  
8 backdrop and despite the rising costs providing  
9 sexual and reproductive healthcare, funding including  
10 New York State Medicaid and private insurance  
11 reimbursement rates has remained largely stagnant for  
12 a decade. The ever-widening gap between  
13 reimbursement and expenses threatens the  
14 sustainability of our services and puts abortion  
15 access at risk. What does this all mean? The care  
16 New Yorkers deserve and have come to rely on at PPGNY  
17 over many years is in real danger. PPGNY has been  
18 forced to make several very difficult financial  
19 decisions and we need your help. I strongly urge you  
20 to support our ask for \$1,250,000 from the  
21 Reproductive and Sexual Health initiative as well as  
22 the same number from the Speaker's List on top of the  
23 current funding to allow us to continue to provide  
24 healthcare services and educational programs  
25 throughout New York City. Support from the Council

2 will help PPGNY continue providing healthcare  
3 including gender-affirming care to trans and non-  
4 binary patients and access to healthcare for low-  
5 income New Yorkers.

6 CHAIRPERSON SCHULMAN: You have to summar-  
7 - we need you to summarize.

8 GILLIAN DEAN: It will allow New York  
9 City to remain the beacon of abortion access that we  
10 hope to always be.

11 CHAIRPERSON SCHULMAN: Thank you, Doctor.

12 GILLIAN DEAN: Thank you.

13 CHAIRPERSON SCHULMAN: Appreciate it. Go  
14 ahead, next.

15 JANE KAUFMAN: Hello?

16 CHAIRPERSON SCHULMAN: Yes, we can hear  
17 you.

18 JANE KAUFMAN: Hi, my name is Doctor Jane  
19 Kaufman and I am the Director of Clinical Education  
20 and Special Services at Planned Parenthood of Greater  
21 New York and a provider. I want to thank Council  
22 Members Schulman and Lee and all the other Council  
23 Members here today. I also urge you to support the  
24 additional investments of \$1.25 million from each of  
25 these funds for Planned Parenthood of Greater New

2 York. I know that many of you are familiar with our  
3 abortion care, but I wanted to tell a little story to  
4 highlight one of our other services, cervical cancer  
5 screening and prevention. So, a patients we've seen  
6 this month at our centers had an abnormal pap smear a  
7 few years ago. She did not follow up because she was  
8 scared and was a student with no income and no health  
9 insurance. She mustered up the courage to see us a  
10 few weeks ago, repeated the pap smear and the HPV  
11 test and they were still abnormal. The patient then  
12 returned to have a colposcopy procedure with us and  
13 underwent some cervical biopsies to determine the  
14 extent and degree of the abnormal cells. If these  
15 patient's cervical biopsies show a high grade  
16 abnormality, we can do a leap [sic] procedure at one  
17 of our centers for this patient and remove the  
18 precancerous area on her cervix which would prevent  
19 her from getting cervical cancer, and likely save her  
20 life. We can provide this care in a warm, welcoming  
21 environment where our patient feels safe. Best of  
22 all, we can provide this care for our uninsured  
23 patient with a sliding scale fee schedule. This  
24 patient will pay nothing or very little for her care.  
25 We need funding to provide low-cost care for patients

2 who need it most. Even for patients with Medicaid,  
3 the majority of our patients at PPGNY, we are not  
4 reimbursed anywhere close to the amount it costs us  
5 to provide this care. When low-income patients get  
6 the care they need, they have fewer unintended  
7 pregnancies, lower maternal infant mortality rates,  
8 improved mental health and better overall health  
9 outcomes. This allows them to pursue educational and  
10 employment opportunities to better parent their  
11 children and become more involved in their  
12 communities. This improves not just their lives, but  
13 the leaves of all New Yorkers and helps our city  
14 thrive. An additional investment in PPGNY is one  
15 that has an immeasurable return. Thank you.

16 CHAIRPERSON SCHULMAN: Thank you. Next?

17 JESSICA BATHURST: Good afternoon. My  
18 name is Jessica Bathurst and I'm a volunteer at  
19 Planned Parenthood of Greater New York, PPGNY. I  
20 also want to thank the Committee Members and Chair  
21 Council Member Lynn Schulman for the chance to  
22 discuss how PPGNY programs have benefitted me and  
23 many New Yorkers throughout the City. I'm here today  
24 to add my voice to urge that the Council support  
25 these critical investments in PPGNY to ensure they

2 can continue to provide the care that we've been  
3 hearing about for over 70,000 New Yorkers. Planned  
4 Parenthood is important to me, because when I moved  
5 to New York to go to graduate school, Planned  
6 Parenthood was the only place that I could access  
7 affordable and reliable gynecological care, including  
8 birth control. I had a health issue that these  
9 clinicians discovered, and the staff was so caring as  
10 we worked through this issue, and I am so grateful  
11 that this medical care was available to me in this  
12 kind and supportive setting. I want to make sure  
13 that it continues to be available for all who need  
14 it. so, this year, PPGNY is asking for an increase  
15 in funding to support its programs and so I strongly  
16 urge that you support the additional ask for \$1.25  
17 million from the Reproductive and Sexual Health  
18 Initiative as well as \$1.25 million from the  
19 Speaker's List on top of current funding to allow  
20 PPGNY to continue to provide these healthcare  
21 services and educational programs throughout New York  
22 City. That's it. Thank you.

23 CHAIRPERSON SCHULMAN: Thank you. Before  
24 you leave, Chair Lee has a--

2 CHAIRPERSON LEE: [interposing] Yeah, no,  
3 just wanted to quickly say thank you because when I  
4 was running my previous nonprofits for a women's  
5 health program in the AAPI community we partner a lot  
6 with you all and just wanted to say thank you,  
7 because especially this topic is very taboo still  
8 among many immigrant communities, and I think you  
9 guys provide such an essential services. So I just  
10 wanted to say thank you and of course we'll continue  
11 to fight, because private insurance is the worst when  
12 it comes to reimbursement rates, we all know that,  
13 and you know, we need to make sure that the  
14 Medicaid/Medicare dollars stay in place, and so we'll  
15 continue to fight on that front, too. So thank you.

16 JESSICA BATHURST: Thank you.

17 CHAIRPERSON SCHULMAN: Thank you very  
18 much. Appreciate the testimony. Okay, next panel is  
19 Deirdre De Leo, Geordana Weber, Brianna McKinney,  
20 Eric Blazsek, and Lori-- it's hard for me to read  
21 the-- Podvesker or-- Oh, INCLUDEnyc is the  
22 organization. Sorry, I just can't make out the last  
23 name. Oh, there you go. Alright. Okay, go ahead.

24 DEIRDRE DE LEO: Hi, I'm Deirdre De Leo.  
25 Good afternoon Chair Lee, Chair Schulman, and thank

2 you for allowing me to testify. I'm the Director of  
3 Behavioral Health Programs at VNS Health. And I just  
4 want to thank you for your leadership in advancing  
5 mental health access across the City. For over 130  
6 years, VNS Health has supported New Yorkers where  
7 they live in their homes and communities. Every day  
8 we serve over 70,000 people and more than 31,000  
9 people for behavioral health services. We focus on  
10 early intervention and meeting people where they are.  
11 Our programs include mobile crisis teams, assertive  
12 community treatment, intensive mobile treatment and  
13 health home programs across the City. Most recently,  
14 we launched a certified Community Behavioral Health  
15 Clinic in the south Bronx to provide integrated  
16 substance abuse and behavioral health for youth and  
17 adults. Today, I wanted to speak specifically about  
18 two initiatives that are made possible through your  
19 discretionary funding. First, our Geriatric Mental  
20 Health Initiative brings mental healthcare directly  
21 to homebound adults in the Bronx. With the continued  
22 support of \$200,000 we can continue to sustain and  
23 expand this work, ensuring our city's seniors get the  
24 support they need to age safely and with dignity.  
25 Second, our Promise Zone Initiative places mental

2 health professionals inside nine Bronx public  
3 schools. These clinicians provide trauma-informed  
4 care to students facing emotional and behavioral  
5 challenges. With your help, we're asking for \$200,000  
6 to meet the growing demand, strengthen staffing and  
7 ensure more students and families receive critical  
8 support. These programs work. They prevent  
9 hospitalizations and they reduce emergency  
10 interventions and help New Yorkers stay connected.  
11 Thank you for your support and standing by us to  
12 expand access to compassionate, community-based  
13 mental healthcare.

14 CHAIRPERSON SCHULMAN: Thank you. Next.

15 GEORDANA WEBER: Thank you, Committee  
16 Chair Lee and Chair Schulman and all Committee  
17 Members. My name is Geordana Weber and I serve as  
18 Chief Program Officer of Service Program for Older  
19 People, or SPOP. SPOP is the only agency in New York  
20 City exclusively dedicated to community-based mental  
21 healthcare for older adults. we provide outpatient  
22 services for adults age 55 and older at 20 satellite  
23 locations throughout Manhattan, downtown Brooklyn and  
24 the Bronx via telehealth and at our flagship offices  
25 on the upper west side of Manhattan. SPOP also

2 operates the only geriatric personalized recovery-  
3 oriented programs, PROS program, in the state. We  
4 serve over 2,000 adults annually and provide  
5 individual and group therapy, psychiatric evaluation  
6 and medication management, psychiatric rehabilitation  
7 and specialized substance use counseling. To reach  
8 those most isolated, most frail or most medically-  
9 ill, SPOP partners with hospitals, aging service  
10 providers and other community organizations to make  
11 mental healthcare accessible, acceptable and  
12 effective. We all have older adults in our lives, if  
13 not ourselves, it's our parent or grandparent, our  
14 neighbor, our fellow bus or subway passenger, our  
15 colleague or our friend, and if you know an older  
16 adult, you know that the need for mental healthcare  
17 does not decrease as we age. About 20 percent of  
18 older adults are living with a mental health  
19 conditions, but in fact, older adults are less likely  
20 to have the financial, family or community supports  
21 that can help them whether trauma, crises, or chronic  
22 mental illness. They are most vulnerable to falling  
23 through the cracks of mental healthcare system. The  
24 impact of mental illness and addiction on older  
25 adults can be devastating, especially for our LGBTQ+

2 elders, those without secure housing, and those  
3 living with multiple disabilities. We are seeing  
4 higher rates of suicidal ideation and attempts.  
5 We're seeing greater severity of alcohol dependence,  
6 and we're seeing major challenges of recovering from  
7 trauma. Mental healthcare plays a pivotal role in  
8 the health and wellbeing of older adults so they can  
9 live well at home and participate in the community.  
10 Community mental healthcare reduces the cost of  
11 hospitalization or institutional care. And I'll wrap  
12 up. I urge the New York City Council to allocate  
13 robust funding for mental health care in the year  
14 ahead, including programs that support older adults.  
15 Thank you for the opportunity.

16 CHAIRPERSON SCHULMAN: Thank you. Next.

17 LORI PODVESKER: Hi, I'd like to thank  
18 the joint committees for holding this important  
19 hearing. My name is Lori Podvesker, and I lead the  
20 policy work at INCLUDEnyc. I'm also a parent of a  
21 22-year-old with developmental disabilities.  
22 INCLUDEnyc, formerly known as Resources for Children  
23 with Special Needs, has helped hundreds of thousands  
24 of families navigate the complex special education  
25 service and support systems. Today, we testify to

2 urge the Council to fund the Autism Awareness  
3 initiative in FY26 fully. Families with children on  
4 the autism spectrum have always struggled with  
5 accessing adequate services and support for their  
6 loved ones living at home. However, with devastating  
7 cuts looming at the federal level to Medicaid and  
8 education, there's never been a more significant time  
9 than now for the City to fund services and to ensure  
10 individuals who benefit from them continue to do so.  
11 this funding will allow community-based organizations  
12 such as INCLUDEnyc to continue supporting and  
13 connecting children and families in dire need of  
14 critical information on how to access services and  
15 support at homeschool and within the communities such  
16 as early intervention, preschool and special--  
17 school-aged special education services, public  
18 benefits, home and community-based services through  
19 the New York State's Office of People with  
20 Developmental Disabilities, child and medical care,  
21 behavioral and mental health support, and  
22 socialization activities and groups. We also expect  
23 in the coming year to see extreme staffing and  
24 program shortages, significant delays in evaluations,  
25 larger class sizes, and reduced protections for

2 students with disabilities and civil rights

3 enforcements, sadly leaving the safety of our most-  
4 vulnerable children at even greater risk today.

5 According to most recent annual report on special  
6 education from the New York City Public Schools to

7 the City Council as per Local Law 27, more than

8 33,000 children with autism between the ages of three

9 through 21 received special education services last

10 year. And as per for the Preliminary Mayor's

11 Management Report, roughly 10 percent of all infants

12 in the city receive early intervention services

13 including 4,400 babies who receive them for the first

14 time in the first four months of fiscal year 25.

15 Last year, at INCLUDEnyc, our help line had over

16 1,200 requests related to autism, including 500 for

17 them for children under five. We held lots of

18 workshops with almost 2,000 attendees and we held an

19 in-person event that had nearly 1,000 attendees doing

20 activities in-person. To summarize, we urge the

21 Council to restore funding to the level it was at in

22 FY23 and to apply a three percent increase which

23 never happened to help providers address the rising

24 cost of providing services for a total investment of

25 \$3,416,351 in FY26. These funds provide vital

2 resources for programs that would not have any other  
3 city support. Thank you so much.

4 CHAIRPERSON SCHULMAN: Thank you. Next.

5 BRIANNA MCKINNEY: Good afternoon Chairs  
6 Lee and Schulman and fellow members of the Council.  
7 My name is Brianna McKinney and I'm the Chief  
8 Advancement Officer at Project Guardianship. Thank  
9 you for your leadership in recognizing the need to  
10 invest in nonprofit guardianship services and for  
11 lifting up the critical work that we do. Project  
12 Guardianship serves as the legal guardian for nearly  
13 200 New Yorkers in need of surrogate decision-making,  
14 most of whom are low-income older adults facing  
15 complex challenges such as housing insecurity,  
16 serious mental illness, dementia and more. We also  
17 run a guardianship helpline where anyone who has a  
18 question about Article 81 guardianship or its less-  
19 restrictive alternatives can speak with an expert to  
20 get a better understanding of the prophecies and  
21 resources surrounding these issues. Since launching  
22 the help line in June 2023, we received over 1,200  
23 calls, mostly from women caregivers seeking help for  
24 loved ones who are also overwhelmingly women.  
25 Guardianship is not only an aging and health issue.

2 It is also a women's issue and immigration issue and  
3 a housing issue. We're grateful to this council for  
4 passing Resolution 561 urging the state to fund a  
5 public guardianship program in partnership with  
6 reputable nonprofit providers. This is a response to  
7 the severe shortage of qualified guardians to serve  
8 in cases where a person has no family or friends to  
9 serve and no money to pay a private guardian and the  
10 devastating outcomes of these shortages. It is a  
11 crucial step forward, but while we advocate for state  
12 investment, we cannot ignore the reality that 60  
13 percent of all guardianship cases originate within  
14 the five boroughs. The crisis is here in our city  
15 today. That's why in Fiscal 26 we're calling on the  
16 City Council to make deeper investments in  
17 guardianship services. With additional support,  
18 Project Guardianship can further safeguard vulnerable  
19 adults, prevent unnecessary institutionalization and  
20 ensure that every New Yorker in need has access to a  
21 qualified person-centered guardian. Thank you for  
22 your time and the opportunity to testify today.

23 CHAIRPERSON SCHULMAN: Thank you. Next?

24 CHAIRPERSON LEE: Push your mic button

25 on.

2 ERIC BLAZSEK: Good afternoon members of  
3 the New York City Council. My name is Eric Blaszek,  
4 Manager of Mental Health Services at Center for  
5 Independence of the Disabled in New York. Many of us  
6 are here today to advocate for a peer-driven mental  
7 health crisis response system in accord with Daniel's  
8 Law. I am here today to advocate for CIDNY regarding  
9 Daniel's Law programming. Our experience in  
10 addressing mental health and physical disabilities  
11 along with our ability to manage complex  
12 collaborations enables us at CIDNY to deliver  
13 effective services under this initiative. CIDNY  
14 employs a high percentage of staff with lived  
15 experience of disability and uses metrics like client  
16 satisfaction and case outcomes to guide service  
17 delivery. Our commitment to evidence-based  
18 culturally-competent care ensures we engage people  
19 with disabilities respectfully. Additionally, CIDNY  
20 systematically increases cultural competence within  
21 the mental health system through our New York State-  
22 approved Multicultural Competence Continuing  
23 Education Program for licensed social workers and  
24 mental health counselors, addressing the lack of  
25 necessary training in culturally-responsive mental

2 health care. Central to Daniel's Law, creating a  
3 community-based crisis response system including  
4 mobile crisis teams, crisis call centers and  
5 stabilization centers, CIDNY's strengths include our  
6 expertise, infrastructure and experience in managing  
7 effective memorandum-- excuse me-- memoranda of  
8 understanding and subcontracting relationships. Our  
9 group counseling and wellness club programs provide  
10 accessible mental health support to the New York City  
11 community and we provide case management for  
12 benefits, housing, vocational support and mental  
13 health referrals, enhancing our ability to provide  
14 sustainable after care. In conclusion, CIDNY's  
15 history of service, established infrastructure,  
16 understanding of the complex needs within the  
17 disability community, and proving ability to manage  
18 collaborations positions us ideally to deliver  
19 Daniel's Law Program. Thank you. 4.5 for peers  
20 [sic] additionally.

21 CHAIRPERSON LEE: Chair, can I just--  
22 Thank you so much. I just want to-- quick comment,  
23 sorry. I just wanted to say thank you to each and  
24 every one of you because I know that you are all  
25 doing incredible services on the ground around

2 disabilities, SPOP, VNS-- we got to get you guys  
3 more money for GMHI, autism. And I'm going to sound  
4 like a broken record, so I'll just say this which for  
5 the rest of the committee, I just really appreciate  
6 all the nonprofit providers that are here, and one  
7 thing I would say is I would encourage all of you--  
8 because I see so many faces here that are incredible  
9 leaders in your own areas, and just encourage you  
10 guys to exchange contact information and share  
11 expertise, because there's a lot of that in this room  
12 right now. So I just wanted to say thank you to all  
13 of you.

14 CHAIRPERSON SCHULMAN: Yeah, thank you  
15 very much. Really, really appreciate the work that  
16 you do. Alright, next panel is Martha Neighbors,  
17 Kendra Hardy [sp?], Chris Norwood. I just want to  
18 remind folks that you can't tape record or video  
19 anything from the table. So--

20 UNIDENTIFIED: Guess that's me.

21 CHAIRPERSON SCHULMAN: Guess that's you.

22 UNIDENTIFIED: [inaudible] sorry.

23 CHAIRPERSON SCHULMAN: That's alright.

24 Okay, fine. Alright, go ahead. I'm sorry.

25

2 MARTHA NEIGHBORS: Good afternoon, Chair  
3 Schulman, Chair Lee and members of the committees. I  
4 am Martha Neighbors, Executive Vice President of Snug  
5 Harbor Cultural Center and Botanical Garden in Staten  
6 Island, and I'm here today to support a proposed new  
7 Speaker Initiative rooted in accessibility which will  
8 enhance the ability of the city's public botanical  
9 gardens to provide access to disabled New Yorkers and  
10 support positive public health outcomes. Founded in  
11 1977, Snug Harbor is an expansive culture park on  
12 Staten Island where arts, nature, education, and  
13 history unite to bring dynamic programming events and  
14 festivals to our diverse community. We seek to  
15 create a more culturally-connected thriving community  
16 in an underserved area of New York City. We are the  
17 city's only free botanical garden open 365 days a  
18 year from dawn to dusk and we welcome over 500,000  
19 visitors annually. According to the National  
20 Institutes of Health, the burden of non-communicable  
21 diseases, including poor mental health is increasing.  
22 Some practitioners are turning to nature to provide  
23 the solution. NIH reviewed 39 related studies, 92  
24 percent demonstrated consistent improvements across  
25 health outcomes when individuals engaged with outdoor

2 environments. Mental health outcomes improved across  
3 98 percent of studies while physical and cognitive  
4 health outcomes showed improvement across 83 percent  
5 and 75 percent respectively. Our four public  
6 botanical gardens provide exactly these  
7 opportunities. Snug Harbor partners with DOE  
8 District 75, City Access New York, the Grace  
9 Foundation, Lifestyles for the Disabled, and On Your  
10 Mark to host events and provide workforce development  
11 opportunities for people with physical, cognitive,  
12 and/or sensory challenges serving thousands annually.  
13 To summarize, we are asking you to support our public  
14 garden's unique role in providing safe, accessible  
15 outdoor spaces with a modest \$1 million annual  
16 investment rooted in disability-- rooted in  
17 accessibility. Disabled New Yorkers deserve the  
18 benefits of engaging with nature and the positive  
19 effect of such engagement on their mental, and  
20 physical health and our public gardens need your  
21 help. Thank you.

22 CHAIRPERSON SCHULMAN: Thank you. Go  
23 ahead.

24 CHRIS NORWOOD: Yes, good afternoon.  
25 Thank you. I'm Chris Norwood, Executive Director of

2 Health People. I have to remark on the continuing  
3 failure of the city administration to implement and  
4 fund the comprehensive Diabetes Reduction Plan  
5 mandated by the Council. Having worked on that  
6 extensively as community co-chair with C. Virginia  
7 Fields [sic] to produce that plan, I particularly  
8 find it incomprehensible that neither the Health  
9 Department or the City Council has funded the  
10 community self-management peer-delivered education  
11 which is a chief recommendation of that plan. We  
12 have this kind of peer education for almost  
13 everything else, HIV, COVID, mental health, and yet  
14 to continue to fail to put it in place for people  
15 with diabetes so they can in their community learn  
16 effective self-management has left a staggering gap.  
17 The figures that will soon come out from the city  
18 show horrifying increases in complications,  
19 particularly amputation which went up 100 percent  
20 between 2010 and 2019, and just in the two years  
21 since 2020 has gone up 52 percent in the Bronx, 66  
22 percent in New York, and 25 percent in Queens. A  
23 huge portion of people with diabetes remain with very  
24 out-of-control blood sugar which puts them at more  
25 risk for other complications. And very importantly,

2 as we talk about mental health, the Diabetes Self-  
3 Management program which is a six-session peer-  
4 delivered program is well evaluated to slash  
5 depression by 50 percent. I am asking the City  
6 Council to please finally address it. And we have  
7 asked for an allocation from the Speaker's List of  
8 \$3.5 million to start peer education programs, teach  
9 other agencies how to do it so they can do it  
10 themselves and keep going and it's sustainable.

11 CHAIRPERSON SCHULMAN: Thank you. Next?

12 KENDRA OKE: Hi everyone. Good  
13 afternoon, Council, and I appreciate you hearing us  
14 today. My name is Kendra Oke. I am Crossover  
15 Television, Live with Kendra, and also Kendra's  
16 Crossover Inc. And the reason that I'm here today  
17 alongside Chris Norwood is because I am that product  
18 of a diabetic. I'm a diabetic for 29 years. I lost  
19 my mother to diabetes. She died of kidney failure  
20 and heart attack when she was 64, a few years ago.  
21 10 years ago that I joined Health People, and I was  
22 at the most depressing state of my life, losing my  
23 mother to diabetes. I lost my dad to diabetes when  
24 he was very young, in his 40s, the same thing, kidney  
25 failure. And my thought was I don't want to lose,

2 you know, my life-- you know, my son would have no  
3 one-- you know, to kidney failure. Right now I'm  
4 going blind in m y right eye, and by the grace of God  
5 I came to Chris Norwood 10 years ago. I'm not even  
6 reading this. I came to Chris Norwood 10 years ago to  
7 Health People and she saved my life, you know.  
8 Depression is very surreal for us with diabetics.  
9 Doctor Dre said food addict. That is very surreal.  
10 What person wakes up and just eats and they know  
11 they're going to go blind. They're going to lose  
12 their kidneys. You know, my son is an autistic child  
13 that has epilepsy and Lennox-Gastaut Syndrome. I'm a  
14 single parent. He needs me. So my thing is, you  
15 know, know your numbers. My number right now is 141.  
16 My A1C when I came to Health People was 11. My A1C  
17 is 6.1. I teach DSMP. I save lives every day, and  
18 this is important. We need funding. We've been  
19 asking City Council-- I was here six years ago at  
20 this same place. You know how you all have Facebook,  
21 right, and you know how you get the memories, well my  
22 memory was me testifying six years ago, and still  
23 nothing. This program saved my life. Please give us  
24 funding.

2 CHAIRPERSON SCHULMAN: I appreciate  
3 everything that you said. Thank you very much.  
4 Thank you to this panel. Next panel is Jaya Yeeda,  
5 Ronni Marks, Sharon Brown, Robert Desrouleaux-- if  
6 I'm pronouncing it correctly-- from the Hepatitis  
7 Mentor Support Group. Robert Desrouleaux or  
8 Desrouleaux. Durullo [sic] I'm sorry. It's hard to  
9 read. I want to just remind everyone to please keep  
10 testimony to two minutes. You can submit testimony.  
11 The reason I'm saying that is because we have another  
12 60 people in-person to testify and we have another at  
13 least 20 or 30 online. So, we want to get-- we want  
14 to be able to get to everybody. Go.

15 JAYA YEEDA: Good afternoon Chairperson  
16 Schulman and members of the Committee. My name is  
17 Jaya Yeeda and I'm a patient at Callen-Lorde Health  
18 Center. They provide gender-affirming healthcare to  
19 the LGBTQ and regardless of pay. For the last three  
20 years, Callen-Lorde has been a lifeline to me. It  
21 has allowed me to move from survival to living a life  
22 full of meaning and joy. With the support of  
23 organizations like Destination Tomorrow and Brooklyn  
24 Ghost Project I was able to receive my healthcare  
25 through Amida [sp?] Care. With Amida Care, I was

2 able to obtain the healthcare that I need. I can now  
3 pursue my artistic passions, work, and live my  
4 authentic life. Everyone deserves access to care  
5 that allows them to thrive. However, recent policy  
6 changes and Executive Orders at the federal level  
7 present an existential threat to transgender  
8 individuals across this city, New York. One  
9 Executive Order seeks to limit access to gender-  
10 affirming care for youth under 19. This order  
11 threatens to strip away essential healthcare and  
12 jeopardizes the ability of providers to offer  
13 necessary services, especially for those reliant on  
14 Medicaid and Medicare. This cruel effort to  
15 dehumanize TGNC population of all ages exacerbates  
16 existing disparities and puts lives at risk. There  
17 are efforts to severely downsize and eliminate the  
18 division of HIV prevention at the Center for Disease  
19 Control and Prevention. Callen-Lorde remains  
20 dedicated to serving over 22,000 LGBT patients  
21 annually, including 8,000 transgender TGNC  
22 individuals like myself. We must protect and expand  
23 care. I urge New York City Council to one, increase  
24 the investment to the Trans Equity Fund to at least  
25 \$10 million and to continue to fund and support for

2 persons involved in the sex trades to sustain and  
3 expand gender-affirming services. Two, to increase  
4 funding for the HIV prevention and care, and three,  
5 to support Callen-Lorde's request for increased  
6 funding to ensure access to medically-necessary  
7 healthcare for TGNC patients. In summary, our bodies  
8 and our healthcare are a private matter, and of all  
9 the forms of inequality injustice to healthcare is  
10 one of the most shocking and inhumane. We exist. We  
11 have existed and we will continue to exist. Thank  
12 you for your time and consideration.

13 CHAIRPERSON SCHULMAN: Thank you very  
14 much. Next.

15 SHARON BROWN: Hello. My name is Sharon  
16 Brown. Before I get started, remember the hostages,  
17 release the hostages. Let Yahweh's people go. Defend  
18 Israel. Okay. We cannot allow gender care-- boys  
19 and girls are the gender. Gender and sex, God made  
20 them. They remain the same. There is only male and  
21 female. We are a Jewish Christian nation, aka, a  
22 Judeo Christian nation. This goes against the morals  
23 and the Bible standards. When I taught in church, no  
24 one attempted suicide. No one had a horrible time  
25 because they couldn't be homosexual. We dealt with

2 the youth department, the children's church from ages  
3 four and five and younger up all the way to the youth  
4 up to 23 years old, and all the departments that I  
5 worked in, no one felt that they had to be  
6 homosexual, they had to change their sex. They  
7 weren't suicidal. They were thriving with biblical  
8 teaching. And that's the Old Testament or the Old  
9 and New Testament. There's no way that we can have  
10 this in our schools and in our healthcare. I've  
11 helped close many Planned Parenthoods, and I've  
12 gotten prayer in schools, Oklahoma, Texas and many  
13 others, and we're trying to get people to deal with  
14 chaplains, Jewish and Christian, instead of the  
15 mental health system. The mental health system  
16 largely tells people that they can kill children in  
17 abortion which is murder. They tell them that they  
18 can change their sex. These things are not  
19 allowable. We cannot take a baby and tear them  
20 apart. We're funding people being torn apart in the  
21 womb. We cannot do this. We are looking at trying  
22 to get people arrested if they allow abortion and  
23 sexual care. It's not--

24 CHAIRPERSON SCHULMAN: [interposing] You  
25 got to-- you got to wrap up.

2 SHARON BROWN: It's not care.

3 CHAIRPERSON SCHULMAN: So, let me just  
4 say, Ronni, before you go-- let me just say that the  
5 trans community is very important to us. I am a proud  
6 member of the LGBTQIA+ community. Ronny, go ahead.

7 RONNI MARKS: Good after-- excuse me.  
8 Good afternoon, Chair Schulman and Lee and members of  
9 the committee. I want to thank you for supporting the  
10 hepatitis community these past few years, but I'm  
11 here today more as a patient, a patient who has cured  
12 of hepatitis C. Two of my organizations, the  
13 Hepatitis C Mentor and Support Group, we provide  
14 education and supportive services for the most  
15 vulnerable communities on the ground. It is  
16 imperative that we increase the workforce to be able  
17 to get to the people so that we can eliminate this  
18 virus. It has a cure. It's the first one in 100  
19 years that has a cure. There is a stigma attached to  
20 this, and it's heartbreaking to hear people say that  
21 they don't deserve a cure because they gave this to  
22 themselves. Everyone deserves to be cured. Please  
23 help us eliminate hepatitis C in New York City.  
24 Let's be the first city to do this. Thank you.

25

2 CHAIRPERSON SCHULMAN: Thank you very  
3 much. Next.

4 JEANNINE GARRIGA: Good afternoon,  
5 Chairperson Schulman and members of the Committee on  
6 Health. My name is Jeannine Garriga and I serve as a  
7 Patient Navigator at BOOM!Health. We participate in  
8 the New York City Council Viral Hepatitis Prevention  
9 Initiative which delivers some of the nation's most  
10 innovative and effective hepatitis B and C  
11 prevention, treatment, education, and linkage to care  
12 programs. BOOM!Health is a harm reduction center  
13 that provides a wide range of services including  
14 syringe exchange, medication-assisted treatment,  
15 opioid overdose prevention training, as well as HIV  
16 and hepatitis C testing, and linkages to care. An  
17 estimated 314,000 New York City residents are living  
18 with chronic hepatitis B and C. With infection rates  
19 this high, it is essential to sustain and expand the  
20 Viral Hepatitis Prevention Initiative to protect the  
21 health of hundreds of thousands of New Yorkers.  
22 Moreover, this initiative serves as a model and  
23 beacon of hope for similar efforts nationwide and  
24 globally. According to the most recent New York City  
25 Department of Health Surveillance Report, 6,947

2 individuals were newly reported with chronic  
3 hepatitis B and C in 2023. Additionally, 2,375  
4 individuals were newly reported with chronic  
5 hepatitis C in New York City that same year. For  
6 comparison, there were 1,686 new HIV diagnosis in New  
7 York City in 2023. This stark contrast illustrates  
8 that not only the newly reported chronic hepatitis B  
9 cases sharply increased, but more than four times as  
10 many individuals were newly reported with Hepatitis B  
11 compared to HIV. The high disease burden of hepatitis  
12 B and C in New York City coupled with low investment  
13 in the City's viral hepatitis response puts the  
14 health of New Yorkers at significant risk. I  
15 respectfully urge you to continue to support the  
16 Viral Hepatitis Prevention Initiative in the upcoming  
17 fiscal year. We are requesting an additional \$2  
18 million investment for a total of \$4.24 million to  
19 enhance our hepatitis B and C services. This funding  
20 would enable us to hire more patient navigators,  
21 conduct more hepatitis B and C testing events, and  
22 strengthen our linkage to care and treatment for more  
23 New Yorkers. Sustaining and expanding this  
24 initiative will help reduce the long-term financial

2 burden hepatitis B and C impose on our New York City  
3 healthcare system. Thank you.

4 CHAIRPERSON SCHULMAN: Thank you very  
5 much. Can you just state your name again for the  
6 record?

7 JEANNINE GARRIGA: Jeannine Garriga.

8 CHAIRPERSON SCHULMAN: Did you fill out  
9 an appearance card? Yes, okay. We'll find it.  
10 Thanks. Next.

11 ROBERT DESROULEAUX: Thank you. More  
12 hepatitis C if that's alright. Thank you for the  
13 opportunity to speak today. I want to thank the  
14 Council Members for supporting the hepatitis  
15 community in the past. My name is Robert  
16 Desrouleaux, a representative of the Hepatitis C  
17 Mentor and Support Group. I have been working for  
18 over 10 years on the ground in underserved  
19 communities. I work closely with the founder and  
20 director Ronni Marks. Together, we provide essential  
21 education and supportive patient mentoring services  
22 through partnerships with service programs, overdose  
23 prevention centers, clinics, hospitals, and any other  
24 community-based organization in need of our services.  
25 The critical population we serve includes substance

2 use disorder-- those who-- people with substance use  
3 disorder, those co-infected with HIV, the LGBTQ  
4 community, youth, young adults, baby boomers and  
5 anyone else affected by hepatitis C. So, the issue  
6 is hepatitis C is an elusive disease. You can ask 10  
7 friends or family members what hepatitis C is, and a  
8 handful of them are probably going to get it wrong,  
9 right? It's hiding in the shadows with little or no  
10 symptoms growing within-- destroying arguably the  
11 most function-heavy organ in the body which is the  
12 liver. Often when people find out about it, it could  
13 be too late, as hepatitis C is also one of the  
14 leading causes for liver cancer. There are close to  
15 100,000 people diagnosed with hep C in New York City  
16 currently and thousands more undiagnosed, unaware and  
17 uneducated about it. The irony is hepatitis C has a  
18 cure, as you heard earlier. I had a patient once  
19 tell me that they were living with hepatitis c for  
20 years before they even learned about there being a  
21 cure, and they've been to their primary care within  
22 that time. So again, I say the scientists, the  
23 biologists, the virologists, they did their job.  
24 They found the cure. Curing people is now up to us.  
25 As an educator in the field and someone who has

2 witnessed the lack of knowledge in communities, I can  
3 tell you firsthand what an impact this virus has on  
4 the lives of those infected-- those affected. We  
5 need increased education and supportive services for  
6 hepatitis B and C and increased funding for peer  
7 navigation, harm reduction, syringe service programs,  
8 and it's critical that we reduce missed opportunities  
9 to screen and diagnose patients how seek care in  
10 emergency rooms and hospitals, as well as educating  
11 providers and staff on the stigma faced by people  
12 affected with hepatitis C. I hope with your support  
13 we can provide a model for the entire country with  
14 New York City being the first city to eliminate  
15 hepatitis C. Thank you so much, Council.

16 CHAIRPERSON SCHULMAN: Thank you very  
17 much. Really--

18 CHAIRPERSON LEE: [interposing] Can I just  
19 say one thing? So, I remember back in the day they  
20 tried cutting Hep B and C funding and at that time  
21 Corey Johnson who was the Speaker along with Council  
22 Member Peter Koo and a bunch of others fought-- yes,  
23 and you-- yes, we all fought that battle together.

24 ROBERT DESROULEAUX: We remember.

2 CHAIRPERSON LEE: Yep, oh, yeah. And  
3 we'll make sure that that is kept as well, and that  
4 we're going to try to get more funding for that,  
5 because just because it's not a current or talked  
6 about public health issue doesn't mean it's  
7 nonexistent. And so with that, along with diabetes  
8 and other things--

9 ROBERT DESROULEAUX: [interposing]  
10 Correct.

11 CHAIRPERSON LEE: we need to make sure we  
12 keep that funding. And I just want to say-- Jaya, am  
13 I saying that correctly? Thank you so much for  
14 sharing your testimony. We love the work that  
15 Callen-Lorde does and thank you for your bravery.

16 ROBERT DESROULEAUX: Thank you, Council  
17 Member.

18 CHAIRPERSON SCHULMAN: Thank you very  
19 much to the panel. Thank you. Alright, next panel  
20 is Charles De-- sorry-- De San Pedro, Junior, yes?  
21 Yes? No? Okay. Suzanne Stoute, okay. Michael--  
22 it's hard to read it-- from Life Links Clubhouse.  
23 Michael? Oh, he's coming. Okay, great. And Michael  
24 Petti. It's the other, two Michaels. Okay. Is  
25 there somebody missing that we didn't get? Michael

2 Petti? You're Petti, okay. So the other Michael.  
3 Is he here? Oh, he left. Okay. Alright, go ahead.  
4 Put the-- make sure the microphone is on. You have  
5 to-- Sergeant, show him, please. Thank you.

6 MICHAEL PETTI: Good afternoon, Council  
7 Members. My name is Michael Petti. I'm a 56-year-  
8 old retired chef and a member of LifeLink Clubhouse  
9 located in Elmhurst Hospital Queens. On June 27<sup>th</sup>,  
10 2023, I attempted to take my own life due to serious  
11 depression which is a result of growing up in an  
12 abusive household as well as losing my career as a  
13 chef to a developed back injury disability. I came  
14 to the clubhouse unaware of its actual existence. I  
15 immediately felt a safe family environment because  
16 mental illness is not easy to talk about, and being  
17 amongst members who are fighting similar battles  
18 makes that recovery so much easier. There is a  
19 misconception that mental illness means a person is  
20 either crazy or a danger. When in fact, mental  
21 illness is so much broader as anyone else can  
22 experience it through trauma, abuse, loneliness,  
23 despair, especially in a city like New York that has  
24 experienced so much trauma over the years, including  
25 9/11 which I lost my wife, Hurricane Sandy, as well

2 as the recent pandemic, and being in Elmhurst, that  
3 was ground zero for the pandemic, which makes  
4 clubhouses so valuable to recovery. Mental illness  
5 is not a one-size-fits-all solution, and the  
6 clubhouse models provide people's needs. I found a  
7 safe haven as well as a purpose again. I am able to  
8 use my cooking skills to serve and teach members. I  
9 also have learned endless computer and office skills  
10 from other fellow members as well. I ask you to  
11 please keep funding LifeLinks as well as all the  
12 other clubhouses. I fear members as well as myself  
13 will be left without the necessary treatment in our  
14 recovery, as members have been able to reintegrate  
15 back into a functional society. Thank you for  
16 listening to me.

17 CHAIRPERSON SCHULMAN: Thank you. Next?

18 MICHAEL PETTI: Would you like me to read  
19 Mike's?

20 CHAIRPERSON SCHULMAN: Yeah, you can.

21 MICHAEL MINGUZZI: Okay. Alright, good  
22 afternoon members of the Council. My name is Michael  
23 Minguzzi [sp?], a retired New York City government  
24 employee. I am honored to stand before you to share  
25 my journey and highlights of the transformative work

2 of LifeLinks Clubhouse, a community that has changed  
3 my life and empowered so many others facing mental  
4 illness. In 2024, after my Parkinson's Disease  
5 diagnosis I deeply struggled with anxiety and  
6 depression. My therapist at Elmhurst Hospital  
7 suggested LifeLinks Clubhouse. I remember feeling  
8 hesitant as I walked in through the door for the  
9 first time. My mind was filled with doubt. Then  
10 staff members and members greeted me warmly. It was  
11 such a warm small gesture, yet, it gave me a glimmer  
12 of hope and I had felt-- I had not felt in months.  
13 At LifeLink Clubhouse I found more than just  
14 services. I found a community that has empowered my  
15 life through facilitating workshops, special events,  
16 and shared meals. I regained a sense of purpose and  
17 a connection. LifeLinks became my lifeline, helping  
18 me to rediscover my strengths. Programs like  
19 LifeLinks Clubhouse don't just provide services,  
20 they provide transformative change, reducing  
21 emergency room visits, boosting productivity and  
22 strengthening as a city. Every dollar invested in  
23 mental health support is cost-effective strategy that  
24 benefits us all. These programs empower individuals  
25 to overcome challenges, rejoin the workforce and

2 contribute to society, creating a ripple effect,  
3 stronger families, safer neighborhoods, and a more  
4 resilient city. Let us work together to ensure no  
5 one is left behind.

6 CHAIRPERSON SCHULMAN: thank you. Next.

7 SUZANNE STOUTE: Good afternoon, Chair  
8 Lee and Committee Members. My name is Suzanne Stoute  
9 and I am the Director of Chelton Loft Clubhouse which  
10 is in East Harlem. First, we are extremely grateful  
11 for the City Council's FY25 \$2 million investment to  
12 save our clubhouses. This critical funding ensured  
13 that smaller community-based clubhouses across the  
14 City continue to offer intimate supportive  
15 environments where our members can thrive. These  
16 spaces are especially vital for individuals who would  
17 have found it challenging to engage in larger city-  
18 funded clubhouses. While no single model or program  
19 can fully support individuals with serious mental  
20 illness, community-based clubhouses serve as a  
21 uniquely effective complement to critical therapeutic  
22 interventions. They significantly enhance outcomes  
23 when integrated into a sustained psychiatric  
24 rehabilitation framework. By fostering social  
25 connections, skill-building and personal empowerment,

2 clubhouses provide a structured yet flexible support  
3 system that reinforces clinical treatments. Aligned  
4 with the comprehensive mental health infrastructure,  
5 these spaces help individuals deepen their  
6 understanding of mental illness, develop skills for  
7 independent living and receive encouragement and  
8 assistance in pursuing their individual self-  
9 determined goals. The impact of our clubhouses is  
10 clear. Programs where peers take on leadership roles  
11 reduce psychiatric hospitalizations by 40 percent  
12 compared to those without such support. Hospital  
13 stays when needed are 30 percent shorter for  
14 individuals engaged in community-based recovery  
15 programs. The cost of a psychiatric hospitalization  
16 in New York City is approximately \$4,000 per day,  
17 while smaller psychosocial clubhouses provide long-  
18 term stability at a fraction of the cost. I want to  
19 stress how important it is for the council to  
20 continue providing funding through the mental health  
21 clubhouse initiative. And to wrap this up, we  
22 respectfully ask that the Council not only continue  
23 the initiative, but increase the funding so that our  
24 programs will receive the necessary resources to  
25 operate for the entirety of FY26. We further ask

2 that the Council consider baselining this important  
3 initiative to ensure that our members don't have to  
4 live with the fear every spring that their program  
5 may lose its funding. Thank you.

6 CHAIRPERSON SCHULMAN: Thank you. Next?

7 CHARLES DE SAN PEDRO: Sorry. Thank you  
8 Chair Lee and Committee Members. Hello, my name is  
9 Charles De San Pedro and I have been a member of TOP  
10 Clubhouse for six years. I am here testifying on  
11 behalf of TOP Clubhouse because it means the world to  
12 me. It helps give structure to my days. It makes  
13 available fun activities and a chance to volunteer  
14 and feel needed. I love TOP Clubhouse and I hope it  
15 never closes so I can keep enjoying it and others  
16 keep enjoying it too. Before coming to TOP Clubhouse  
17 I became a member of a larger clubhouse. This large  
18 clubhouse had lots of members and could overwhelm me.  
19 When I was told TOP was accepting new members and  
20 that TOP was a smaller clubhouse I thought TOP might  
21 be a great fit for me, and it definitely was. I knew  
22 from my first day that I was going to love it at TOP.  
23 TOP helped me find my job two years ago at the U.S.  
24 Open and TOP has put me in touch with many people,  
25 many great people. Small clubhouses matter, just

2 like big clubhouses do, and I hope you will give us  
3 the funding that we need. Thank you.

4 CHAIRPERSON SCHULMAN: Thank you very  
5 much.

6 CHAIRPERSON LEE: Thank you everyone.

7 CHAIRPERSON SCHULMAN: Okay, thank--

8 CHAIRPERSON LEE: [interposing] No, I just  
9 want to say I love all you guys. This is my fav-- one  
10 of my favorite panels. Actually, everyone's my  
11 favorite panel, but I just want to say thank you all.  
12 Did I see Dice [sic] here? Oh, Dice Cooper. I just  
13 wanted to give you a special shout out who runs  
14 LifeLinks over at Elmhurst, and thank you all for the  
15 work you guys are doing.

16 CHAIRPERSON SCHULMAN: Thank you. We  
17 really appreciate it. Okay, the next panel is Claire  
18 Bigging. Eugene Massey, Chelsea Rose, and Veronica  
19 Smith. Oh wait, and Jihoon Kim. Is everybody here?  
20 Is somebody missing? Okay, who from the group is  
21 missing? Claire? Oh, okay. And we have Eugene,  
22 yes. Wait, hold on one second. Okay. So you're  
23 speaking for yourself first?

24 CLAIRE BIGGING: Yes.

2 CHAIRPERSON SCHULMAN: Okay. I want to  
3 thank everyone for keeping this to two minutes,  
4 because we still have a lot of people that are  
5 testifying. So, anyway, go ahead.

6 CLAIRE BIGGING: Thank you. Thank you  
7 members of the Committee for hearing from us today.  
8 My name is Claire Bigging and I am a DC37 Local 3005  
9 member and a city worker. I'm here today to oppose  
10 any budget cuts that will further reduce the quantity  
11 and quality of the services we provide to elevate the  
12 health of all New Yorkers. I currently work on an  
13 online HIV home test giveaway program that has  
14 successfully distributed tens of thousands of at-home  
15 self-HIV tests since 2018. In the summer of 2024 we  
16 were set to distribute another allotted 10,000 home  
17 tests when due to budget cuts our online ads were  
18 disapproved. Without online advertisements, we  
19 struggle to get out less than 500 kits down from  
20 10,000. This year, our online ads were disapproved  
21 yet again. Without online advertising, we know it is  
22 impossible to run an online campaign. We knew our  
23 strategy and program worked. We engaged the  
24 community and we regularly captured a significant  
25 amount of people who had never tested for HIV before.

2 Instead of putting our energy into this project, we  
3 now have to scramble to give out these resources in  
4 an inefficient and less-successful way. I work for  
5 the City because I love the City. I urge you to  
6 consider the valuable work of all of our City  
7 agencies when-- all the work that our city agencies  
8 do when deciding the budget. Without your support we  
9 can't do the work to keep New Yorkers healthy and  
10 safe. Thank you.

11 CHAIRPERSON SCHULMAN: Thank you. Next?

12 Oh, did you want to read-- yes, I'm sorry.

13 CLAIRE BIGGING: Yes, thank you. "Hello,  
14 my name is Eugene Massey [sp?] and I am a City worker  
15 on the DOHMH Climate Health Team in the Division of  
16 Environmental Health. In my role I focus on bringing  
17 community input into research, data analysis, and  
18 policy efforts through building relationships with  
19 community-based organizations, also known as CBOs.  
20 One way I do this is through leading Climate  
21 Resilience Advisory Network, or CRAN, which is made  
22 up of 10 different community-based organizations.  
23 They receive \$3,000 in exchange for their engagement.  
24 When Mayor Adams announced the budget cuts, I had to  
25 meet with each organization that had already agreed

2 to participate in CRAN, some of whom had participated  
3 the prior year with the expectation of continuing to  
4 work into this year, to let them know that I didn't  
5 know if we would be able to pay them for the work  
6 that they did with us this year. This was especially  
7 frustrating to have these conversations and  
8 simultaneously watch Mayor Adams pridefully announce  
9 continued efforts to recruit thousands more NYPD  
10 officers. It's hard for me now to imagine how our  
11 government easily dispensing millions of dollars  
12 towards more NYPD will benefit the City more than  
13 giving a few thousand dollars directly towards health  
14 efforts focused on strengthening community  
15 relationships and ensuring that we are able to  
16 integrate input from all New Yorkers. The budget  
17 cuts also impacted my colleagues who analyze air  
18 quality data when funding for several new air quality  
19 monitors were scrapped. These monitors were going to  
20 be used to help analyze the impact of congestion  
21 pricing on air quality. Council Members have  
22 repeatedly asked my colleagues why we don't have more  
23 air monitoring happening throughout the City, and the  
24 budget cuts are one reason why. Finally, the budget  
25 cuts have impacted me on a personal level. I have

2 worked for the City for over two years, and in that  
3 time, my role and skillset expanded. In an effort to  
4 ensure that my compensation and title match this, my  
5 team put in a request for a title change. This title  
6 change took six months to be approved, was only  
7 approved after a grievance with the union, and I  
8 continued to provide high-quality work.”

9 CHAIRPERSON SCHULMAN: Thank you. And I  
10 just want to let you know that there is somebody from  
11 DOHMH who’s been taking notes and staying here for  
12 the whole time. So just know that your words are  
13 being heard. Next.

14 CHELSEA ROSE: Good afternoon. My name  
15 is Chelsea Rose and I am the Policy and Advocacy  
16 Manager at Care for the Homeless. I’d like to thank  
17 the members of the committee for the opportunity to  
18 testify today. Care for the Homeless has 40 years of  
19 experience providing medical and behavioral health  
20 services exclusively to people experiencing  
21 homelessness in New York City. We operate 23  
22 federally-qualified community health centers in all  
23 five boroughs, co-locating in places where  
24 individuals are already accessing services. We also  
25 operate two shelters for women, two shelters for men,

2 one Safe Haven with one more opening in the next  
3 months. I'm here today to talk about the importance  
4 of supporting the City Council's health-focused  
5 initiatives and to urge the Council to include \$4.5  
6 million for the Access Health NYC in the FY26 budget.  
7 at CHS, City Council's health-focused initiatives  
8 allow us to reach people experiencing homelessness to  
9 not only help them access primary medical and  
10 behavioral health services, but also to help  
11 establish a focus on ongoing preventative healthcare.  
12 Access Health enables community organizations across  
13 NYC to provide education, outreach, and assistance to  
14 all New Yorkers about how to access healthcare and  
15 coverage. Our consumers are burdened with navigating  
16 a complex healthcare system to address multiple co-  
17 occurring chronic health conditions while also  
18 experiencing the trauma of homelessness. Our goal is  
19 to reduce the barriers to accessing healthcare and  
20 supportive services that are integral to stabilizing  
21 the lives of those we serve. In the last full funding  
22 cycle, we engaged over 6,000 individuals in our  
23 outreach efforts led by our outreach specialists who  
24 are folks with lived understanding of the barriers  
25 that people experiencing homelessness often face,

2 connecting underserved communities to essential  
3 health services is essential in the fight to end  
4 homelessness. It is imperative that the FY 26 budget  
5 continues to invest in the City Council's health-  
6 focused initiatives and also enhance the Access  
7 Health initiative to \$4.5 million. This increase is  
8 necessary to meet the growing demands that our  
9 organizations have faced in serving our communities.  
10 Thank you very much for your time.

11 CHAIRPERSON SCHULMAN: Thank you. Next.

12 VERONICA SMITH: Can everyone hear me?

13 Good afternoon everybody. My name is Veronica Smith.  
14 I am the Senior Director of Health Policy and  
15 Government Affairs at Public Health Solutions, the  
16 largest public health nonprofit in New York City.  
17 For more than 65 years, PHS has improved health  
18 outcomes and helped communities thrive by providing  
19 services directly to underserved families by  
20 supporting community-based organizations through our  
21 longstanding public/private partnerships and bridging  
22 the gap between healthcare and community services.  
23 In 2024, we provided direct services to more than  
24 135,000 New Yorkers by increasing access to  
25 nutritious food, improving access to healthcare and

2 promoting healthy living. I will go over on a brief  
3 overview of the three discretionary funding  
4 initiatives that we would like to respectfully  
5 request funding for. The first one: PHS is committed  
6 to removing silos between healthcare and community  
7 services and building the capacity of care providers  
8 to ensure that their patients are seamlessly  
9 connected to resources in the community. Fiscal Year  
10 26 City Council funding will support the healthcare  
11 community partnerships capacity building program in  
12 developing a capacity building initiative, a patient-  
13 centered contraceptive care in a challenging  
14 landscape. To improve the capacity of providers and  
15 clinic staff at up to eight New York City-based  
16 healthcare facilities to provide sexual reproductive  
17 justice-informed patient-centered contraception care.  
18 The proposed 12-month capacity building initiative  
19 aims to increase access to high-quality to patient-  
20 centered contraceptive services informed by an SRJ  
21 framework at healthcare clinics throughout New York  
22 City. We respectfully request that-- Public Health  
23 Solutions respectfully requests \$500,000 from the  
24 dedicated contraception fund to support this capacity  
25 building program. Next, maternal and child health:

2 our maternal and child health teams supports  
3 thousands of pregnant and newly-parenting New Yorkers  
4 to achieve healthy pregnancies and birth. Over the  
5 12-month period the New York City Breastfeeding  
6 Warmline was developed at the height of the COVID-19  
7 pandemic to provide free virtual breastfeeding  
8 support particularly to underserved families and  
9 families of color who experience systemic barriers to  
10 care and as a unique service in New York City,  
11 filling an important gap to support new parents in  
12 trouble-shooting early infant feeding challenges. We  
13 are asking for \$225,000 for the New York City  
14 Breastfeeding Warmline. And finally, if you'll let  
15 me finish, healthcare SNAP and Cash Assistance. The  
16 City Council's Benefits Bridge program supported by  
17 Access Health and Support our Seniors Initiative  
18 focuses on medically underserved areas. The Bridge  
19 Program will amplify its project to ensure cultural  
20 competency of information and using benefits and  
21 services in the community, including migrants and  
22 asylum-seekers by providing one-on-one sessions to  
23 people who are just recently enrolled in a benefits  
24 program, i.e. SNAP, Medicaid, or WIC. For this year,  
25 for fiscal year 2025--

2 CHAIRPERSON SCHULMAN: [interposing] You  
3 have to-- you have to summarize.

4 VERONICA SMITH: 2026, we are asking the  
5 City Council to respectfully fund this program for  
6 \$150,000 to continue serving linguistically-diverse  
7 communities and providing them the one-on-one care  
8 that they need. Thank you.

9 CHAIRPERSON SCHULMAN: Thank you. Next.

10 JIHOON KIM: Chair Lee, Chair Schulman,  
11 thank you for the opportunity to testify on the  
12 Mayor's Preliminary Budget. My name Jihoon Kim and I  
13 am the President and CEO of InUnity Alliance. It's  
14 an honor to be here today representing 200 addiction  
15 and mental health providers. Addiction and mental  
16 health conditions are not unlike other medical  
17 conditions. There are early signs and without care,  
18 the symptoms get worse. While hospitals can provide  
19 short-term stabilization, for most true recovery  
20 requires ongoing care. Without it, the cycle  
21 continues. I know this from personal experience. I  
22 as fortunate to receive care early, but not early  
23 enough to avoid multiple hospitalizations and long-  
24 term rehabilitation. I am a person in long-term  
25 recovery from a mental illness and a substance use

2 disorder. I share this, because the substance use  
3 disorder and mental health care system despite its  
4 many challenges saved my life. A severe lack of  
5 investment is undermining their ability to reach  
6 people like me. They're missing their second chance,  
7 routinely waiting months for their first appointment,  
8 only being prioritized when they are in crisis.

9 Safeguarding access to these services is critical.

10 Providers are confronted with mounting financial  
11 pressures, including the very real threats of federal  
12 funding reductions. In a recent survey of our  
13 members, 36 out of 60 organizations reported relying  
14 on federal grants to fund their services. Now more  
15 than ever we urgently need to eliminate barriers to  
16 financial stability, preserving their already limited  
17 access to care. This includes addressing contract  
18 delays. In a survey of our members, the average  
19 current outstanding amount was \$20 million, and an  
20 average unreimbursed interest due to the need to take  
21 out loans was \$90,000. Impacts included hiring  
22 freezes or staff reductions, reduction in client  
23 services, not being able to pay landlords and more.

24 The timely and transparent distribution of opioid  
25 settlement funds will also help. You can also help

2 ensure the Council's mental health services  
3 initiative stay in reach by restoring previous years'  
4 cuts and providing a three percent increase to match  
5 the COLA initiative. By investing in these services  
6 you are meeting the growing needs of New Yorkers and  
7 fostering opportunities that help tear down health  
8 inequities. I appreciate the committee's time and  
9 consideration of these request. Thank you.

10 CHAIRPERSON LEE: Thank you everyone and  
11 for all the work that you guys do, especially these  
12 organizations right here. I know how much work you  
13 do on the ground, so thank you so much. And Jihoon,  
14 I'm going to embarrass you for a little bit. So,  
15 just in case you guys didn't know, when he was  
16 working under Governor Hochul, he's the one that  
17 really pushed the billion-dollar investment in mental  
18 health services. So I just want to give him credit  
19 where credit is due. As my fellow Korean brother in  
20 government-- there's not too many of us in government  
21 that understand this mental health piece. So I just  
22 want to say thank you.

23 JIHOON KIM: Thank you, Chair Lee.

24 CHAIRPERSON LEE: Oh right, I'm doing  
25 this now, sorry. Okay. I got all excited. Okay,

2 next we have Jonathan Chung [sp?], Jordyn Rosenthal--  
3 this is a good panel-- Evelyn Graham Nyia [sp?]. I'm  
4 sorry if I'm pronouncing that incorrectly. Ashley  
5 Santiago Conrad and Ruth Lowenkron. Come on down.  
6 Sorry, probably should have given you guys a heads  
7 up, because you're coming from upstairs. My bad.  
8 Whenever you guys are ready. Should we start on this  
9 side to-- I don't know. Do you want-- you can start.  
10 Okay.

11 JORDYN ROSENTHAL: Hi everyone. Oh, are  
12 we at two minutes? Yes, no, okay. Hi, I'm Jordyn  
13 Rosenthal, she/her, Director of Advocacy at Community  
14 Access and Lead Organizer for Correct Crisis  
15 Intervention Today. As per Chair Lee's request, I'm  
16 going to go off-script and kind of talk about really  
17 the importance of investing into a peer workforce,  
18 especially as we see this rise of fascism. So, and  
19 the reason why I'm going to say this in such explicit  
20 terms is as situations become more dire on different  
21 levels of government, we're going to see more people  
22 reaching out for mental health supports, and mental  
23 health crises may happen at higher rates, and it's  
24 really essential to connect people to care with care  
25 that actually looks and understands what that person

2 is experiencing. As a white Jewish social worker, I  
3 can say from my own experience, I do not-- I know  
4 jack shit about being Black and poor and homeless and  
5 having a drug addiction on the corner of 34<sup>th</sup> Street.  
6 It is inappropriate for me to be the responder to  
7 someone in crisis who has that identity and that  
8 experience. This is why we're asking for \$4.5  
9 million for 60 staff lines to add to B-HEARD to have  
10 peers being responders on these teams. Additionally,  
11 really quickly, we need \$307 million to develop and  
12 preserve New York City's 15/15 with \$72.6 million for  
13 services and operating budgets for new and existing  
14 projects, \$4.8 million for JISH, and then more money  
15 again for ACT and FACT and IMT teams. And just to  
16 talk about that, earlier-- there is a wait list for  
17 ACT, FACT, IMT, all of that stuff, and community  
18 access is actually done in a longitudinal analysis of  
19 our homeless mobile treatment teams, and we found  
20 that over time 41 percent have an improvement in  
21 housing, 70 percent have a decrease in systems  
22 contact, 20 percent increase in connection to  
23 outpatient care, and 32 percent increase in positive  
24 social supports. Peers work. Thank you.

25 CHAIRPERSON LEE: Thank you.

2 SHEINA BANATTE: Thank you, Chairs Lee  
3 and Schulman and other members of the Committees for  
4 convening this Preliminary Budget hearing for Fiscal  
5 Year 2026. My name is Sheina Banatte. I am here  
6 today to testify in support of the FY26 budget  
7 request of Correct Crisis Intervention Today NYC,  
8 CCIT-NYC. We need FY26 budget that includes a  
9 baseline allocation of \$4.5 million to ensure  
10 competitive compensation for peer specialists to  
11 staff the City's mental health crisis response teams.  
12 This funding will also support the expansion of peer  
13 responders within the B-HEARD program, strengthening  
14 the City's capacity to provide effective community-  
15 centered crisis intervention. This funding request  
16 is essential because countless people have been  
17 traumatized by inappropriate responses to mental  
18 health crisis calls. In the past 10 years alone, 20  
19 individuals have been killed by police officers while  
20 experiencing a mental health crisis in New York City,  
21 including my beloved cousin Ird Pierre [sp?]. He  
22 called 911. They fired 10 shots at him and killed  
23 him. After decades of advocacy by CCIT-NYC and  
24 others, we appreciate New York City's attempts to  
25 shift crisis response to the B-HEARD pilot, but the

2 program is missing peers. Peers, people with lived  
3 mental health experience, need to be a mandatory  
4 element of B-HEARD teams. Response teams that  
5 include people with lived experience will help to  
6 achieve the B-HEARD pilot goals by shifting the model  
7 to a person-centered approach rooted in genuine  
8 connection and communal wellbeing. Peers have the  
9 skills and expertise to advocate for a connection to  
10 community-based care and avoid unwanted and  
11 unnecessary transports to hospitals. The \$4.5  
12 million is essential because peer work is serious  
13 work and we need to invest in a sustainable  
14 workforce. By investing in peers on B-HEARD teams,  
15 the City will ultimately have a cost savings as there  
16 will be fewer unnecessary ambulance transports, fewer  
17 hospital stays, fewer arrests and other involvements  
18 with the criminal legal system, fewer injuries, and  
19 fewer deaths. We look forward to working with the  
20 Chairs and the members of the committees to improve  
21 B-HEARD and ensure that New Yorkers experiencing a  
22 mental health crisis response receive the response  
23 they deserve. Thank you. Peers not police.

24 CHAIRPERSON LEE: Thank you. Go ahead.

2 RUTH LOWENKRON: Good afternoon. Ruth  
3 Lowenkron, Disability Justice Program, New York  
4 Lawyers for the Public Interest, and also a proud  
5 member of Correct Crisis Intervention Today New York  
6 City. So I'm going to say what they said and I'm  
7 going to say a few other things. I think it's really  
8 important that we acknowledge today that yet another  
9 person has been killed at the hands of the police,  
10 not in-- while experiencing a mental health crisis--  
11 not in New York City, in upstate New York. But this  
12 is a constant thing and we refuse-- refuse to accept  
13 this. There is a way forward. B-HEARD is a baby step  
14 in that direction and I want to make that clear. B-  
15 HEARD has issues. We have lots of ways to correct  
16 it. The main, first and foremost, is to get peers on  
17 for the reasons my colleague said. It also must be  
18 open 24/7. It's got to improve its response time.  
19 It's got to have oversight by peers. It needs  
20 fixing, but let's go in that direction. And I'd also  
21 like to talk about what's getting all too much press,  
22 and that is-- and something folks haven't spoken  
23 about today, and that is the push of our mayor to  
24 expand mental health commitments, both inpatient and  
25 outpatient. That is not the way. Take a look at the

2 literature. That is not the way forward. It's very  
3 clear that at best you'll get de-escalation, but what  
4 do you do after the de-escalation? You have to  
5 build the system of mental health supports. You have  
6 to build the system of social services, and you have  
7 to build the kind of mental health crisis response  
8 that my colleagues are talking about. Now, not  
9 tomorrow. \$4.5 billion is a drop-- million is a  
10 drop-- billion would be nice-- is a drop in the  
11 bucket, and at least let's make sure we have that.  
12 I'd also like to say, earlier there was a talk about  
13 New York City Public Schools, and I just want to drop  
14 in there that my office has a report on the mental  
15 health of students being ignored in the special  
16 education context. I will send that in with my  
17 testimony, as I will send in the report about the  
18 racist response for what is known as assistive  
19 outpatient treatment, or forced outpatient commitment  
20 from the State's own numbers. You can tell it's a  
21 very racist response. Thank you so much.

22 CHAIRPERSON LEE: Thank you, Ruth.

23 JONATHAN CHUNG: Good afternoon Chairs  
24 Lee, Schulman, and members of the committee. My name  
25 is Jonathan Chung and I'm testifying on behalf of the

2 National Alliance for Mental Illness, New York City,  
3 the only nonprofit providing direct and extensive  
4 support to families caring for loved ones with  
5 serious mental illness. We are grateful that the  
6 City Council has prioritized mental health and sees  
7 the power of peers in the lives of individuals living  
8 with mental health challenges and the power of NAMI  
9 NYC to be part of real change. We still ask for your  
10 continued and dedicated support. The restoration of  
11 \$250,000 in youth peer support initiative funding and  
12 \$150,000 in Speaker initiative funding for NAMI NYC  
13 will not only provide life-changing family support  
14 and peer services, promote recovery and save lives,  
15 but it will also help remove the burden from city  
16 agencies to implement new programs with the same end  
17 goal as the programs NAMI NYC has already provided  
18 for over four decades. We also ask that you continue  
19 to hold the administration accountable for its mental  
20 health policy, funding commitments, and the matters  
21 raised in our extended version of our testimony.  
22 Despite the growing mental health crisis, the Mayor's  
23 Preliminary Budget falls short of what is needed to  
24 thoroughly address this issue. We are particularly  
25 concerned about the lack of funding for family

2 support services, cuts to youth mental health  
3 services, and the administration's failure to expand  
4 non-police mental health crisis response. Families  
5 are the first line of care, yet, they often navigate  
6 the system alone. Academic research shows that when  
7 families are supported, hospitalizations decrease and  
8 recovery outcomes improve. With suicide being the  
9 second leading cause of death for individuals age 10  
10 to 24, it is unacceptable that critical base school  
11 services such as the Mental Health Continuum were  
12 left out of the budget. This program, as everyone  
13 knows, provide crucial services for students and must  
14 be funded in the Executive Budget, not at adoption.  
15 Over 70 percent of mental health crisis calls in New  
16 York City are still handled by the police. We need a  
17 24/7 citywide mental health crisis response program  
18 led by peers and mental health professionals, not law  
19 enforcement. \$4.5 million is needed to staff B-HEARD  
20 teams with these peer specialists. And additionally,  
21 Rikers remains New York City's largest mental health  
22 facility. This is a moral and policy failure. The  
23 City must commit to closing Rikers by 2027 and  
24 significantly invest in community-based mental health  
25

2 services. Thank you for the opportunity to testify,  
3 and please continue using us as a resource.

4 CHAIRPERSON LEE: Thank you.

5 ASHLEY SANTIAGO: Good afternoon, Chair  
6 Lee, Chair Schulman and committee members. Thank you  
7 so much for allowing me to testify today. My name is  
8 Ashley Santiago. I am a senior community organizer  
9 at Freedom Agenda and a member of the Campaign to  
10 Close Rikers. I'm also a native New Yorker. I'm  
11 from a low-income community in Queens, and I've seen  
12 for years how our city's budget continuously  
13 prioritizes systems of punishment like Rikers Island  
14 instead of systems of healing and true  
15 rehabilitation. My 23-year-old nephew Michael who  
16 has been diagnosed with autism and disruptive mood  
17 dysregulation disorder was never able to access  
18 quality treatment which led to many interactions with  
19 law enforcement, several psychiatric hospitalizations  
20 and eventually two and a half years on Rikers Island  
21 where his mental health crisis was labeled as  
22 tantrums by correctional officers who responded to  
23 him with ridicule and abuse. His time in upstate  
24 prison afterward has created even more trauma  
25 including extended periods in solitary confinement.

2 At the cost of over half a million dollars per person  
3 per year, New York has spent over a million dollars  
4 to keep Michael at Rikers. Imagine if that money had  
5 been put or invested in treatment to address the root  
6 causes of his behavior. Instead, my family and I  
7 will have to work even harder to help him heal from  
8 the trauma of incarceration when he does come home.  
9 In the written testimony I submit I will include a  
10 detailed budget analysis from the Campaign to Close  
11 Rikers that outlines opportunities to shift resources  
12 from harmful bloated agencies like the Department of  
13 Correction to community-based care. Among those  
14 priorities we are urging the Council to allocate an  
15 additional \$39.8 million to meet housing and mental  
16 health needs and fulfill commitments in the Close  
17 Rikers plan including \$4.8 million more in annual  
18 funding for justice-involved supportive housing, \$22  
19 million more to create more intensive mobile  
20 treatment teams, \$7 million more to create more  
21 Forensic Assertive Community Treatment teams, \$6  
22 million more to open up four new crisis respite  
23 centers, and we also urge you to include the \$4.5  
24 million for 60 additional peer specialists to staff  
25 the city's multiagency mental health and crisis

2 response teams. And I'll just wrap up by saying the  
3 cost of these programs is basically noting compared  
4 to the \$150 million the administration plans to spend  
5 next year to hire 1,100 more correctional officers.  
6 When the Department of Corrections was asked why they  
7 would possibly need a staffing ratio that is four  
8 times higher than the national average, the  
9 Commissioner replied that there are many people with  
10 serious mental health needs in their custody.  
11 Clearly, the priority should be on eliminating the  
12 shamefully long waiting list for people to access  
13 community-based care, not budgeting for more people  
14 to end up in Rikers. Thank you.

15 CHAIRPERSON LEE: Thank you.

16 JORDYN ROSENTHAL: And the mayor's  
17 pushback of these mental health jail is disgusting  
18 and not a solution.

19 CHAIRPERSON LEE: Well, and also Rikers  
20 is third largest in the nation mental health  
21 institution which is crazy. But I just wanted to say  
22 thank you to this panel always for your dedication  
23 and advocacy and bringing the fire, especially Ruth.  
24 I love it. But yeah, no, I just want to say thank  
25 you to all of you and having been part of many of

2 your-- and worked with a lot of your organizations,  
3 you really are doing the work, and I miss being on  
4 the board of NAMI. So hopefully I can come back  
5 after I'm done here. Thank you all.

6 ASHLEY SANTIAGO: Also, Chair Lee, I  
7 would be remiss-- I just wanted to mention when you  
8 were asking OMH about Diversion Courts, we do have  
9 Diversion Courts throughout this state, but we need  
10 to fund formerly known Treatment Not Jail, or the  
11 Diversion Court Expansion Act. We have 100-- we have  
12 Diversion Courts throughout the State, only 150  
13 participants, because we're still allowing judges and  
14 DAs to play gatekeepers, and also some charges just  
15 don't allow people into these programs.

16 CHAIRPERSON LEE: Yeah, and there needs  
17 to be more mental health professionals as part of  
18 that, too.

19 ASHLEY SANTIAGO: Exactly.

20 CHAIRPERSON LEE: Exactly. So, I totally  
21 agree. So thank you all so much. Okay, next up we  
22 have I think Rev Terry Troia-- okay, sorry, my bad--  
23 Alyson Rosenthal, Anita Kwok, Faith Bahu [sp?], and  
24 Anthony Feliciano. Okay, is that everyone? Who are  
25 we missing? We'll eliminate as you guys introduce

2 yourselves, sorry. Okay, alright, go ahead. Go  
3 ahead. You can start.

4 ANTHONY FELICIANO: Good afternoon.

5 Anthony Feliciano. I'm Vice President for Advocacy at  
6 Housing Works. I won't take too much time, because I  
7 have a very long testimony, but I will tell you that  
8 the work we do around ending the HIV/AIDS epidemic is  
9 more than ever under attack on the federal system  
10 here, and particularly our trans and LGBT  
11 communities, but also Black and Latinx communities.  
12 One of the things it is, the local city can be the  
13 front line in protecting these communities. It's also  
14 about ending the epidemic initiative at \$12.5  
15 million. We're hoping that the F25 funding that was a  
16 little bit over \$9 million, by a total of \$3.2  
17 million to increase it to \$12.5. This also includes  
18 the Peer Workforce initiative to increase  
19 effectiveness on the impact around our New York  
20 healthcare system, particularly around the stark  
21 disparities in terms of marginalized communities. I  
22 also want to bring up an important piece, the City  
23 Council enhance the baseline funding for the Trans  
24 Equity Program initiative, supporting a range of  
25 services to help empower the transgender and gender

2 non-conforming communities. And then I will add that  
3 we need to expand the baseline City Council Viral  
4 Hepatitis Prevention initiative at \$5.7, because  
5 obviously we have a cure, but we still have stark  
6 differences in terms who gets the care from diagnosis  
7 to treatment. And then invest in our human service  
8 workforce-- you heard this already around the COLA.  
9 And then I would add that the idea of the coercive  
10 subway streets, the involuntary removals,  
11 particularly we strongly oppose any effort to expand  
12 involuntary inpatient and outpatient commitment  
13 initiatives, and in particular any effort to  
14 involuntary commit an individual based on  
15 determination of what has been called substantial  
16 inability of the person to meet his or her basic need  
17 for food, clothing, shelter or medical care. We know  
18 that becomes code word for a bunch of other ways of  
19 marginalizing and criminalizing our communities.  
20 Thank you.

21 CHAIRPERSON LEE: Thank you. I promise  
22 we'll look at it. And you weren't kidding. This is  
23 13 pages, but I guarantee you there's probably--  
24 there's a lot of good information in here, so thank  
25 you for providing this.

2 ALYSON ROSENTHAL: Hi. Thank you to the  
3 Health Committee Chair Lynn Schulman for holding  
4 today's budget hearing and for the opportunity to  
5 submit this testimony. My name is Alyson Rosenthal  
6 I'm a Chief Program Officer and Registered Dietician  
7 at the West Side Campaign Against Hunger. We're an  
8 anti-hunger organizations that for 46 years have been  
9 focused on providing access to healthy fresh produce  
10 and direct benefit enrollments for New Yorkers in  
11 need. Last year alone WSCAH, or the West Side  
12 Campaign Against Hunger, provided over five million  
13 pounds of food to over 110,000 New York City  
14 customers which included the distribution of over  
15 three million pounds of fresh produce, over 50  
16 percent of all the food that we give out. Hunger  
17 continues to grow in our city, our state and our  
18 country. This year, the USDA ERS report released  
19 that one in eight New York households are  
20 experiencing food insecurity. This is an increase  
21 from one in 10 in the year prior. In conjunction  
22 with the dramatic 25 percent rise in food inflation  
23 from 2019, the pressure on direct providers to meet  
24 these needs is immense. Not only as it-- not only is  
25 it more expensive for families to shop for groceries

2 at the store, but it's almost more expensive for  
3 pantries like ours to stock our shelves with healthy  
4 and nutritious food. The need is growing and we need  
5 more direct support to improve the nutrition security  
6 of our communities food insecurity is widely  
7 recognized as a social determinant of health and has  
8 an important impact on health outcomes and healthcare  
9 costs. This year with the current federal policy  
10 environment, more families will become food and  
11 nutrition insecure. Health inequities will increase  
12 with communities that are already bearing a  
13 disproportionate burden of chronic disease. Being--  
14 and they'll be forced to skip meals or consumer lower  
15 cost, nutritionally-poor foods, further increasing  
16 the incidents of diet-related diseases like diabetes  
17 and heart disease. The Community Food Connection  
18 Program has been a significant source of food funding  
19 for WSCAH. We ask that in this year's budget that  
20 the City allocates \$100 million for the Community  
21 Food Connections Program and that be baselined into  
22 the budget. Thank you.

23 CHAIRPERSON LEE: Thank you.

24 ANITA KWOK: Hi. Thank you, Council  
25 Members, for convening for today's Preliminary Budget

2 hearing. My name is Anita Kwok, a Policy Analyst for  
3 United Neighborhood Houses. UNH is a policy and  
4 social change organization representing neighborhood  
5 settlement houses that reach over 800,000 New Yorkers  
6 from all walks of life. Our members provide a wide  
7 variety of mental health and substance abuse services  
8 to their communities through which settlement houses  
9 have established themselves as critical partners in  
10 addressing the City's growing mental health needs.  
11 The community is continuing to experiencing  
12 increasing rates of anxiety, depression, isolation,  
13 and grief. It is more crucial than ever for the City  
14 to invest in mental health services. Today, I want  
15 to highlight four key priorities in the Fiscal Year  
16 26 budget. One, restore \$32.26 million in the  
17 Council Community Behavioral Health Services. In  
18 FY26 UNH recommends the City Council restore all 12  
19 of the previously funded DOHMH mental health council  
20 initiatives including children under five, geriatric  
21 mental health, and trauma recovery centers. Nineteen  
22 UNH members provide services through the City Council  
23 mental health initiatives. To ensure these vital  
24 services can keep up with the rising cost and quality  
25 services, we also urge the Council to provide at

2 least a three percent increase to match the citywide  
3 human services COLA. Two, create a \$3 million  
4 restoration for the Youth Mental Health initiative.  
5 This new initiative would provide flexible mental  
6 health services for youth programs run by CBOs such  
7 as Beacons and Cornerstones with a focus of out-of-  
8 school time. These funds could also offer supports  
9 for youth workers when dealing with mental health  
10 crises or creating proactive programming for mental  
11 health wellness. Three, invest \$3.7 million to  
12 expand school-based mental health clinics so that  
13 each clinic can expand and maintain on-site mental  
14 health services for children during the school day,  
15 including psychiatric family support, youth advocacy,  
16 and counseling. And four, baseline \$5 million in  
17 funding for the Mental Health Continuum to fully  
18 implement and sustain the program. Please see my  
19 written testimony for more. Thank you.

20 CHAIRPERSON LEE: Awesome timing. Go  
21 ahead. Go ahead.

22 TERRY TROIA: Hi. Good afternoon and  
23 thank you, Council Member Lee. My name is Terry  
24 Troia. I work for Project Hospitality in Staten  
25 Island, and for 40 years we've been serving street

2 homeless people in the borough of Staten Island. I'm  
3 referring back to January 28<sup>th</sup> Health Committee  
4 meeting where Health + Hospitals gave testimony  
5 stating that, and I quote, "\$2.2 million from  
6 Attorney James office via opioid settlement fund  
7 dollars was supported-- had supported the mobile harm  
8 reduction teams, known as the SHOW Vans, Street  
9 Health Outreach Wellness for Health + Hospitals." It  
10 said that there five operational vans in the city of  
11 New York and they quoted Bellevue, Lincoln, Woodhall,  
12 and Elmhurst. That's four not five. The testimony  
13 says five, but there's only four listed because the  
14 one from Staten Island that doesn't have a public  
15 health hospital was cancelled on June 30<sup>th</sup> due to  
16 lack of funding. We were the fifth site. After six  
17 months of meetings with Deputy Mayor Williams-Isom  
18 and with Health + Hospitals Doctor Ted Long, and the  
19 Staten Island Borough President's office trying to  
20 advocate to get this SHOW van back instituted on  
21 Staten Island, we have gotten nowhere except an offer  
22 that they will give us a transport van so that we can  
23 take homeless people from Staten Island with addition  
24 to Coney Island Hospital or Bellevue Hospital. It is  
25 not an acceptable offer. At that same January 28<sup>th</sup>

2 Health Committee meeting there was another \$3 million  
3 that was allocated through our joint settlement money  
4 that would have sponsored additional services in  
5 Manhattan, the Bronx, and Queens, but not one dollar  
6 to Staten Island through Health + Hospitals  
7 acquisition of the opioid money. I understand Staten  
8 Island is a challenge. We're the only borough in the  
9 City of New York without a Health + Hospitals  
10 hospital, and that makes the SHOW Van a challenge to  
11 run. However, it is unconscionable that Staten  
12 Island is penalized for not having a public hospital  
13 but not being able to get this additional service.  
14 We need it even more. The majority of homeless  
15 people on the streets of Staten Island with addiction  
16 issues are people without access to public health  
17 insurance. We lost two people in the six months that  
18 we have been advocating to get this service back.  
19 They could be alive today. Their lives mattered.  
20 Thank you.

21 CHAIRPERSON LEE: Thank you so much, and  
22 actually Staten Island does have one of the higher  
23 rates of-- opioid rates if I'm not-- incidences if  
24 not misunderstanding, and so that's why I totally

2 agree. We'll try to do as much as we can to advocate  
3 for that as well.

4 TERRY TROIA: Thank you.

5 CHAIRPERSON LEE: I know there's a lack  
6 of services there that we need to fill gap for. So I  
7 appreciate all your work, and of course, UNH, Housing  
8 Works, everyone. I just want to say thank you to  
9 this panel for all your hard work. Thank you. I  
10 keep forgetting I'm doing this, sorry. Okay, so next  
11 we have Anna Krill, Laura Jean Hawkins, Maria  
12 Rodriguez, Gabriela Sandoval Raquena, and Eleanor  
13 Latuche [sp?]. And we may need some translation  
14 services, yeah. And thank you to our amazing  
15 translators for being here as well. Whenever you  
16 guys are ready. Do you guys need more time, or  
17 should we start with Sharing and Caring? Yeah, let's  
18 do-- okay. So, you guys can start. We'll start on  
19 this end. Let's do-- okay. So you guys can start.  
20 We'll start on this end this time.

21 LAURA JEAN HAWKINS: good afternoon. My  
22 name is Laura Jean Hawkins. I am the Advisory Board  
23 Chair of Astoria Queens SHAREing and CAREing Inc.,  
24 DBA SHAREing and CAREing. I appear today as a woman  
25 who has been an ally of and advocate for the cancer

2 community for over two decades. I'm also a woman who  
3 has had her own health journey with thyroid disease  
4 and endometrial hyperplasia, undergoing years of  
5 ultrasounds and biopsies. Fortunately, all my tests  
6 through the years have come back negative. That is  
7 not the case, however, for many. There is currently  
8 a cancer epidemic in our state, our country and  
9 throughout the world. Cancer is occurring in more  
10 adults considered healthy before their cancer  
11 diagnosis at younger ages, before they turn 40 or 50,  
12 or sometimes even younger. And in regard to breast  
13 cancer specifically, a recent study from Columbia  
14 University Mailman School of Public Health has  
15 uncovered that the five state with the highest  
16 overall incidents of early onset breast cancer were  
17 Maryland, New Jersey, Hawaii, Connecticut, and New  
18 York. Why is this happening? No one knows, but  
19 researchers are on it. Until answers are found,  
20 however, the fact of the matter is that more and more  
21 people in our community are getting diagnosed with  
22 cancer, and more and more breast cancer and other  
23 cancer survivors are turning to SHAREing and CAREing  
24 for help. The increase demand for our services which  
25 started during the pandemic has stayed constant

2 through 2024 and shows no sign of slowing down. Our  
3 council funding under the Cancer Services Initiative,  
4 however, has stayed flat for decades. My fellow  
5 board members and I are so grateful for the Council's  
6 belief in our mission and long-standing support. The  
7 time for increased funding to the Cancer Service  
8 Initiative, however, is needed now to help groups  
9 like SHAREing and CAREing and others throughout the  
10 five boroughs. On behalf of my board and those  
11 served, thank you, and please support our funding  
12 request of \$200,000. Thank you.

13 CHAIRPERSON LEE: Thank you, Laura.

14 ANNA KRILL: My name is Anna Krill and I  
15 am a two-time breast cancer survivor and Founder and  
16 President of Astoria Queens SHAREing and CAREing,  
17 doing business as SHAREing and CAREing. I'm here  
18 today to urge the Council to enhance funding to the  
19 Cancer Services Initiative and to fully support our  
20 request of \$200,000. SHAREing and CAREing is a one-  
21 stop grassroots community-based organization which  
22 provides free bilingual supportive services to cancer  
23 survivors, their families, caregivers, and community  
24 members. We strive to reduce the fear and eliminate  
25 cultural barriers to promote early detection and

2 treatment as well as to improve access to life-saving  
3 services. We reach approximately 4,000 individuals a  
4 year. We have served cancer survivors in and/or  
5 brought programming to 21 of the 51 Council  
6 districts. The demand for our services unfortunately  
7 consistently since 2020 has risen and there's no sign  
8 of slowing down. Our cancer funding, as Laura Jean  
9 mentioned, has remained the same. The fact that  
10 Council discretionary contracts are not eligible for  
11 COLA increases, and the fact that New York State no  
12 longer provides matching funds to CBOs under the  
13 Cancer Services Initiatives is becoming increasingly  
14 challenging for us to continue to assist those living  
15 and coping with cancer. The time for increased  
16 Council funding is now. I'd like to put a face to  
17 this early onset cancer. It is hitting younger and  
18 younger people. I want to share with you a current  
19 person that I'm working with right now. Next month,  
20 she will be reaching and celebrating her 33<sup>rd</sup>  
21 birthday. Her little son will also be celebrating  
22 his second birthday next month. These are the young  
23 people that are coming to us and they need a lot of  
24 support and help. I beseech you, please enhance our  
25 funding to the Cancer Services Initiative, and please

2 fully support our request of \$200,000. Thank you so  
3 much.

4 CHAIRPERSON LEE: Thank you, Anna.

5 GABRIELA SANDOVAL REQUENA: Good  
6 afternoon, Chair Lee, Chair Schulman and Council  
7 central staff. Thank you for holding this budget  
8 hearing and for the opportunity to testify on behalf  
9 of New Destiny Housing. My name is Gabriela Sandoval  
10 Requena and I am the Director of Policy and  
11 Communications at New Destiny. We are submitted  
12 extended written testimony, so I'm just going to use  
13 this time to summarize the key takeaways. New  
14 Destiny is the only organization in New York that's  
15 100 percent focused on permanent housing solutions  
16 for domestic violence survivors. We are the largest  
17 provider of supportive housing for survivors in New  
18 York State. We do this work because domestic  
19 violence is the number one driver of family  
20 homelessness in New York City. It actually pushes  
21 double the amount of families into shelter than  
22 evictions, and access to safe and affordable homes  
23 often determines whether survivors leave their abuser  
24 and stay alive. Abuse has long-lasting detrimental  
25 effects on the physical and psychological wellbeing

2 of survivors. Most people don't know this, but  
3 survivors can sustain traumatic brain injury more  
4 often than football players, yet they're rarely  
5 diagnosed. Supportive housing is one of the safest  
6 and most cost-effective housing solutions for  
7 survivors of domestic violence. As the federal  
8 government continues to threaten vital housing  
9 programs for survivors, this year more than ever we  
10 need our city to step up and protect New Yorkers  
11 impacted by domestic violence. We're asking the City  
12 to invest in the NYC 15/15 reallocation as a  
13 Supportive Housing Network of New York proposes by  
14 reallocating scattered units into the congregate.  
15 Many organizations like New Destiny will be able to  
16 build more supportive housing for domestic violence  
17 survivors and more vulnerable New Yorkers. We're  
18 also asking the Council to pass and properly fund  
19 Council Member Fariás Intro 26 which would require a  
20 training program for first responders and an  
21 awareness campaign regarding domestic violence  
22 related traumatic brain injuries. Thank you, and I'm  
23 happy to answer your questions.

24 MARIA RODRIGUEZ: [speaking Spanish]

2 TRANSLATOR: Good afternoon. Thanks to  
3 all of you, Councilwoman Ms. Lee and Ms. Schulman,  
4 and thanks for giving me the opportunity to testify  
5 about the annual budget of New York City.

6 MARIA RODRIGUEZ: [speaking Spanish]

7 TRANSLATOR: Okay. My name is Maria  
8 Rodriguez. I'm a survivor of domestic violence here  
9 in New York. I'm a member of the organization Voces  
10 de Cambio. That means in English, Changes in the  
11 Voices of New Destiny. I'm also a tenant of resident  
12 building that provide services to support the  
13 organization New Destiny.

14 MARIA RODRIGUEZ: [speaking Spanish]

15 TRANSLATOR: For me and my children to  
16 acquire or to get new housing [inaudible] housing, a  
17 place that's decent to live, this means to have a  
18 home that's safe, comfortable, a home that we can  
19 live in peace, and a place where we can reconstruct  
20 our own lives.

21 MARIA RODRIGUEZ: [speaking Spanish]

22 TRANSLATOR: The organization New Destiny  
23 gives support to all of our families with very good  
24 housing, housing that is safe, and also these  
25

2 apartments and these special housing provide also  
3 with essential services as well.

4 MARIA RODRIGUEZ: [speaking Spanish]

5 TRANSLATOR: And this organization offer  
6 support services, social working services,  
7 psychological services, financial advisor-- or  
8 financial advice services, and also recreation  
9 activities for the children. In this case, it's our  
10 own children.

11 MARIA RODRIGUEZ: [speaking Spanish]

12 TRANSLATOR: Our lives made a u-turn when  
13 we moved into the new building on New Destiny because  
14 we find out that we can have a home where we can live  
15 in peace, and we can also-- we will be able to  
16 achieve some of our goals and also use our talents  
17 and also skills.

18 MARIA RODRIGUEZ: [speaking Spanish]

19 TRANSLATOR: It's very important that New  
20 York City invest in housing, especially-- in housing,  
21 I'm sorry, especially for the vulnerable sector under  
22 the program NYC 15/15. Councilwoman, and actually  
23 maybe you know this program, NYC 15/15.

24 MARIA RODRIGUEZ: [speaking Spanish]

2 TRANSLATOR: Yeah. Honestly we have  
3 people that will start a new life here like an  
4 immigrant, here in New York City without nothing at  
5 all, and many of us we are survivors with children  
6 who are living in like basically shelters, and we are  
7 waiting to find a decent place to live and a place  
8 that's deserving for us to live in decent housing.

9 MARIA RODRIGUEZ: [speaking Spanish]

10 TRANSLATOR: We really need in New York  
11 City assigned new units. She means apartments. For  
12 the program NYC 15/15 for organizations like New  
13 Destiny so they can build new buildings like the  
14 buildings where we live. Thank you so much to listen  
15 to my speech. I'm Maria Rodriguez, a survivor of  
16 domestic violence.

17 CHAIRPERSON LEE: Thank you so much. Oh,  
18 sorry, just to [inaudible] really quickly. So, yes,  
19 I actually-- when I was at CASE [sic], yes, there  
20 were a couple incidences that happened with breast  
21 cancer where the age was much, much younger. I think  
22 the woman was 18 actually, and so because of the  
23 insurance it was very difficult to get her services,  
24 so I know what you guys are doing is important. And  
25 I just wanted to say to the New Destiny folks, thank

2 you so much for sharing your personal story and for  
3 your bravery here today. And just so you know, a  
4 couple weeks ago I introduced a bill at the city  
5 level where-- obviously, there's a whole host of  
6 funding we need to pour into actual concrete  
7 programs, but we actually worked on a bill to  
8 introduce legislation that would require posters at  
9 nail salons, hair salons to let folks know that for  
10 domestic violence and gender-based violence these are  
11 the resources that you can go to, and so hopefully  
12 you guys are on that list, but we do want to bring  
13 that to the community and where women can go just in  
14 case-- in different languages especially, but in case  
15 they need help to learn where to go. So I just  
16 wanted to let you know that, too.

17 ANNA KRILL: Thank you so much for that,  
18 Council Member.

19 MARIA RODRIGUEZ: [speaking Spanish]

20 TRANSLATOR: She say thank you very much.

21 CHAIRPERSON SCHULMAN: Okay, next panel  
22 is Alice Bufkin, Tanesha Grant, Michelle Greer [sp?],  
23 Paula Magnus [sp?], and Arlene Cruz Escobar. So, who  
24 am I-- who's missing up here? Alice Bufkin? Okay.  
25 Tanesha Grant is not here, okay. Michelle Greer, not

2 here. You're Paula? No, you're Paula, okay. And  
3 then Arlene, okay, got it. Alright, go ahead.

4 ALICE BUFKIN: Good afternoon. Thank  
5 you, Chair Lee, Chair Schulman and Committee members  
6 for holding today's hearing. My name is Alice  
7 Bufkin. I am the Associate Executive Director of  
8 Policy at Citizen's Committee for Children. I'm  
9 going to focus my testimony today on issues that are  
10 critical for supporting the mental health and  
11 wellbeing of children and adolescents in New York.  
12 First, we are calling for the restoration of funding  
13 for the City Council's mental health initiatives.  
14 These initiatives have always been a backbone for  
15 community-based organizations. They provide a level  
16 of flexible but targeted supports that you really  
17 can't get from the state, but unfortunately, these  
18 initiatives experienced a cut of nearly \$1 million in  
19 the fiscal year 24 budget, much of which was never  
20 restored. These initiatives include programs like  
21 Children Under Five, which funds mental health  
22 treatment for young children, and mental health  
23 services for vulnerable populations as well as court-  
24 involved youth. We urge you not only to restore  
25 funding from previous years, but also to provide a

2 three percent increase to match the citywide human  
3 services COLA initiative. I second want to thank the  
4 City Council for fighting to restore so many critical  
5 education programs in last year's budget, and uplift-  
6 - as you know, several mental health programs are  
7 once again facing cuts unless funding is restored.  
8 I'm grateful to Chair Lee for raising the Mental  
9 Health Continuum as several others on panels did  
10 today. That is obviously an incredibly important  
11 program. It has led to unprecedented collaboration  
12 before the-- between the three agencies running it,  
13 and helped support students with significant mental  
14 health needs. It's also going to be serving thousands  
15 of students through new mental health clinic  
16 partnerships. Unfortunately, the program will end in  
17 June if funding is not restored and baselined in the  
18 budget. I also want to draw attention to the  
19 importance of both community schools and restorative  
20 justice programs. Both are effective proven models  
21 for addressing the social and emotional wellbeing of  
22 students while improving academic outcomes and  
23 reducing punitive practices, and both are at risk of  
24 reducing services without additional funding. And  
25 finally, I want to uplift the importance of school-

2 based mental health clinics which provide onsite  
3 mental health services to children. Again, thank you,  
4 Chair Lee, for raising this issue in some of your  
5 questioning. The current Medicaid reimbursement  
6 model is deeply insufficient. Medicaid doesn't cover  
7 services for children without a diagnosis, those  
8 without health coverage. Clinicians can't be paid to  
9 provide staff training or de-escalating. We are  
10 therefore urging city leaders to invest \$3.7 million  
11 to enable up to 50 school-based mental health clinics  
12 to provide flexible, targeted interventions designed  
13 to complement the school-based mental health clinic  
14 model. Thank you.

15 PAULA MAGNUS: Good afternoon and thank  
16 you. I'm Paula Magnus, Deputy Director of Northside  
17 Center for Child Development, a vital family mental  
18 health clinic and educational center serving an  
19 average of 4,000 at-risk children and their families  
20 a year in Harlem and throughout New York City. We  
21 know the stark reality. Thousands of New York City  
22 children are grappling with severe mental health  
23 challenges, as we heard a 56 percent increase earlier  
24 today. This is an under-recognized crisis that  
25 demands our immediate attention. A 2023 National

2 Institute of Health study revealed alarming rates of  
3 clinical depression, anxiety and profound loneliness  
4 among our young people, significantly impacting their  
5 daily lives and their potential. At our clinic we  
6 witnessed these struggles firsthand every day. Since  
7 2020 we have seen a dramatic surge in demand for our  
8 services. However, we face acute funding shortfalls  
9 across our programs. Increased funding is critical  
10 to provide at-risk children and families with high-  
11 quality mental health care they need, deserve, and we  
12 have been providing since 1946. Continued investment  
13 benefits not only the children and families we serve,  
14 but New York taxpayers, the Harlem community and the  
15 broader economy by fostering a healthy, more  
16 productive population. We cannot continue these  
17 financial instabilities. We urge the City to  
18 recognize that investing in the mental health and  
19 wellbeing of our at-risk children is not just a  
20 priority, it is a fundamental responsibility.  
21 Specifically, Northside fiscal year 26 funding  
22 requests are to enhance our funding for our court-  
23 involved youth mental health children under five and  
24 clinics in schools. It's essential. Thank you,  
25 Council Members.

2 CHAIRPERSON SCHULMAN: Next? Thank you.

3 ARLENE CRUZ ESCOBAR: Good afternoon,  
4 Council Members. My name is Arlene Cruz Escobar and  
5 I'm the Director of Health Programs at Make the Road  
6 New York. On behalf of our 28,000+ members and  
7 staff, I thank the committee for the opportunity to  
8 share our concerns. Make the Road New York firmly  
9 believes in safeguarding dignity and fairness across  
10 our society. Over the years, the Council has done so  
11 much to ensure that New Yorkers continue to be a city  
12 that welcomes all. In the face of anti-immigrant  
13 attacks, budget cuts and other assaults on working  
14 people, CBOs are working around the clock to meet the  
15 surge in need. Make the Road is scrambling to meet  
16 demands for services including food access,  
17 connection to culturally competent medical care,  
18 benefit enrollment and s much more. The City must  
19 rather than undermine the critical services and  
20 funding for our diverse communities and protect New  
21 Yorkers of all immigration statuses. We ask the  
22 Council to use every opportunity and tool to reverse  
23 the Mayor's attack on immigrant and working-class  
24 communities. The services that organizations like  
25 ours provide are essential. Amidst a historical

2 housing shelter and cost of living prices, we need to  
3 invest in communities, protect each other and expand  
4 funding for critical services that people need to  
5 stay healthy. Failure to fund critical health  
6 initiatives would harm our community's health in  
7 moments when immigrant New Yorkers are most  
8 vulnerable. Many City Council initiatives help the  
9 City meet urgent needs of immigrant New Yorkers by  
10 sustaining the services that Make the Road and other  
11 CBOs provide. We request the City Council support  
12 for the following in fiscal year 26 initiatives and  
13 for Make the Road New York, including securing  
14 \$300,000 under the Speaker's Initiative for  
15 wraparound legal, health, and educational services,  
16 plus \$50,000 under the Speaker's Initiative for our  
17 Trans Immigrant Project for vital outreach to this  
18 extremely vulnerable community, and enhance funding  
19 for Access Health initiative MCAP [sic], Ending the  
20 Epidemic, Immigrant Health, and \$50,000 for food  
21 pantry initiatives. Thank you for-- again, for  
22 standing up for these vital services that immigrant  
23 and working-class New Yorkers depend on.

24 CHAIRPERSON LEE: Thank you. Yes, Access  
25 Health, MCAP super, super important. And thank you

2 for all the work that we know Make the Road New York  
3 does. And I wish y'all could see Alice's testimony  
4 which is very colorful and nice, and I appreciate all  
5 the data every time. And of course, Paula, quick  
6 question-- is that clinic that you're at Article 31?  
7 Is it an outpatient clinic? Okay, okay. Okay,  
8 perfect. No. So I just wanted to say I know and  
9 appreciate the hard work and challenges financially  
10 that clinics are facing in a time where we need more  
11 services. So, thank you. Thank you all.

12 CHAIRPERSON SCHULMAN: Thank you. Okay.  
13 Next panel is Fiodna O'Grady, Mackenzie Aranda,  
14 Sheila Banatte [sp?], and Hank Oliver [sp?]. No?  
15 Okay. Who do I have here? Sorry.

16 CHAIRPERSON LEE: Fiodna--

17 CHAIRPERSON SCHULMAN: Oh, okay. Well  
18 no, no, no. Hold on. Hold on. We're going to get--  
19 we're going to call up some people from the next  
20 panel so we can fill it in. So, give me a second.  
21 I'm sorry, you are? Okay, so [inaudible] So we're  
22 going to call up Rohini Singh and Naima Dahir, or  
23 something like that. Not here? Alright, so-- Okay,  
24 go ahead. You could start. Sorry.

2 FIODNA O'GRADY: Good afternoon, Chair  
3 Lee, Chair Schulman. Thank you for the opportunity  
4 to testify. My name is Fiodna O'Grady, and I serve  
5 as Director of Government Relations at the Samaritans  
6 of New York, the City's only community-based  
7 organization solely devoted to suicide. I'm also a  
8 proud member of the InUnity Alliance and echo Jihoon  
9 Kim's testimony. Every day, Samaritans is there for  
10 New Yorkers when they feel they have nowhere else to  
11 turn. Our free 24/7 suicide prevention hotline  
12 answers thousands of calls each month from people in  
13 every borough of every age and background, people who  
14 are overwhelmed, in despair, and often completely  
15 alone. The need for our services has never greater.  
16 One in three New Yorkers experienced symptoms of  
17 depression or anxiety. In 2023, over 41,500 suicide  
18 attempts were reported statewide. Suicide claims  
19 more lives in New York each year than car accidents,  
20 and our young people are in crisis, as was pointed  
21 out by Council Member Eric Bottcher today. Fourteen  
22 percent of our New York City high school students  
23 reported attempting suicide in 2023, and that was--  
24 sorry, just having one moment. That is compared to  
25 2021 and 2019 when it was 10 percent. Also, we're

2 looking-- which is a 56 percent increase and more  
3 than 50 percent higher than the national average. I'd  
4 also like to point out for students who are  
5 considering attempting suicide, we have an 18 percent  
6 which again is higher than any other year since 2007,  
7 I believe. One in four African-American females have  
8 considered-- seriously considered attempting suicide.  
9 One in five Asian, Hispanic and White school children  
10 have considered attempting suicide with 29 percent  
11 multiple race. I just want to say I echo all the  
12 words regarding increasing help for the mentally-ill  
13 and also that of our 7,000 B-HEARD transports-- that  
14 post-hospitalizations suicide risk can soar up to 12  
15 times, especially for those involuntarily admitted,  
16 maintaining this heightened risk for up to five  
17 years, and I wonder if they keep data on those who  
18 are voluntary versus involuntarily brought to the  
19 hospitals. Samaritans is doing the work for 40  
20 years. We have a lean budget. Our volunteers  
21 contribute 800,000 of free labor which then helps  
22 with your 312,000.

23 CHAIRPERSON SCHULMAN: Can you summarize,  
24 please?

2 FIODNA O'GRADY: That's it. Okay.  
3 312,000 and a little bit of COLA for three percent  
4 we're looking. Thank you.

5 CHAIRPERSON SCHULMAN: Thank you. Next.

6 MACKENZIE ARANDA: Good afternoon and  
7 thank you for your time and for the opportunity to  
8 testify today. My name is Mackenzie Aranda, she/her,  
9 and I'm here on behalf of New York City Alliance  
10 Against Sexual Assault. The Alliance is a member of  
11 the Sexual Assault initiative, a coalition of five  
12 sexual violence intervention programs that has built  
13 a citywide network of advocates, counselors and  
14 providers serving thousands of survivors from under-  
15 resourced communities in New York City. Over the last  
16 two years, the Alliance completed a mapping project  
17 mapping the gaps in New York City sexual violence  
18 response systems revealing significant gaps in  
19 services and prevention programming for communities  
20 experiencing the highest rates of sexual violence.  
21 I'm here today to highlight those gaps and urge you  
22 to enhance the Sexual Assault Initiative at \$5  
23 million. our mapping project informed us that more  
24 than 50 percent of survivors in New York City  
25 emergency rooms are not seen by a trained Sexual

2 Assault Forensic Examiner, otherwise known as a SAFE,  
3 and this becomes increasingly true the further one  
4 goes from Manhattan. Many survivors are turned away  
5 from hospitals due to lack of trained examiners and  
6 rape crisis programs struggle to maintain 24/7  
7 advocate response services due to high staff turnover  
8 and insufficient funding. We also have reports from  
9 rape crisis programs with month-long wait lists for  
10 short term counseling services, especially for  
11 survivors seeking services in languages other than  
12 English. The New York State Sexual Assault  
13 Survivor's Bill of Rights mandate these services, yet  
14 gaps persist. We have survivor stories of high wait  
15 times up to six hours for SAFE examiners, survivors  
16 being transferred to multiple hospitals and  
17 insufficient hospital staff training resulting in  
18 survivors dropping out of services altogether, or  
19 rape crisis advocates having to guide medical  
20 practitioners. With pediatric survivors being among  
21 the most impacted, these gaps have deeply  
22 traumatizing and far-reaching effects on survivors.  
23 The presence of SAFE examiners and advocates during  
24 medical and legal proceedings significantly improves  
25 outcomes for sexual assault survivors, reducing

2 secondary trauma, psychological distress, and self-  
3 blame while increasing access to essential services.  
4 To build on these efforts and further strengthen  
5 survivor-centered responses, targeted investments in  
6 training, program expansion, and community-based  
7 interventions are essential. The SAI is currently  
8 funded at \$2,275,000 and we ask for an enhancement to  
9 \$5 million to ensure that every survivor in New York  
10 City has access to comprehensive trauma-informed  
11 care. Thank you for your time and for your  
12 commitment to this issue.

13 CHAIRPERSON SCHULMAN: Thank you very  
14 much. Okay, next. Go ahead.

15 ROHINI SINGH: Thank you for the  
16 opportunity to testify today. My name is Rohini Singh  
17 and I'm Director of the School Justice Project at  
18 Advocates for Children of New York. Each year, AFC  
19 works with students with significant mental health  
20 challenges and who have been unable to access mental  
21 health services they need to be successful in the  
22 classroom. Many of our clients need additional  
23 mental health support, access to clinical mental  
24 health services, or school-wide behavior support. And  
25 it is essential for our city to prioritize

2 investments in programs and practices that support  
3 students. To this end, we urge the City to include  
4 the following investments in the budget: Extend and  
5 baseline funding for the Mental Health Continuum at  
6 \$5 million and add funding to enhance services at  
7 school-based mental health clinics at \$3.75 million.  
8 Thank you to Chair Lee for highlighting both of these  
9 important investments today at today's hearing. The  
10 Mental Health Continuum is a cross-agency partnership  
11 between New York City Public Schools, New York City  
12 Health + Hospitals, and DOHMH. This innovative model  
13 is supportive with \$5 million in one-year city  
14 funding that was left out of the mayor's budget and  
15 is set to expire in June 2025. The Mental Health  
16 Continuum supports over 20,000 students at 50 schools  
17 in the Bronx and Brooklyn, and for these services to  
18 continue, the funding must be continued in fiscal  
19 year 26 and baselined to ensure continuity of care.  
20 We urge the Council to work with the administration  
21 to ensure that the budget includes and baselines \$5  
22 million for the Mental Health Continuum. We are also  
23 asking the Council to add funding to enhance services  
24 at school-based mental health clinics. School's  
25 mental health clinics provide on-site mental health

2 services to children during the school day, but most  
3 funding for these clinics come from Medicaid which  
4 does not adequately cover the range of services and  
5 supports that students in school communities need.  
6 Supplemental funding is needed to provide critical  
7 additional services. The City must invest and  
8 baseline at least \$3.75 million to provide the  
9 additional resources that these school-based mental  
10 health clinics need. Thank you.

11 CHAIRPERSON SCHULMAN: Thank you very  
12 much. Thank you to this panel. Thank you for coming  
13 to testify today. So, Naima Dahir, Amy Zuchiti  
14 [sp?], Mohammed Rosby [sp?], and Kendra Hall. Sorry,  
15 we still have a ton of people to testify, so please  
16 keep it to two minutes. Thank you. Go ahead.

17 AMBER SONG: Thank you, Chair Schulman  
18 and Chair Lee and the committee for the opportunity  
19 to testify. I'm Amber Song from the Asian American  
20 Federation representing over 70 nonprofits serving  
21 1.5 million Asian New Yorkers. I'm speaking today  
22 alongside our Asian American Mental Health Roundtable  
23 partners. Asian Americans continue to face rising  
24 challenges due to anti-immigrant policies and ongoing  
25 waves of anti-Asian hate. These stressors have

2 exacerbated mental health needs and increase pressure  
3 on community-based organizations, or CBOs. Without  
4 culturally-competent CBOs, Asian New Yorkers face  
5 even greater vulnerability and isolation. AAF's  
6 expertise in this area is rooted in years of mental  
7 health focused work. our highlights from fiscal year  
8 25 include that we published two major research  
9 reports and three research briefs on Asian mental  
10 health, poverty, hate crimes, and civic engagement,  
11 served over 2,000 low-income Asian New Yorkers  
12 through education, resource sharing, and roundtable  
13 convening, testified at over 15 city and state  
14 hearings advocating for Asian community social  
15 services and mental health access, as well as  
16 supported the City's Asian American mental health  
17 investment initiatives such as DOHMH's recent  
18 investment in expanding mental healthcare access to  
19 the New York City Asian American community through  
20 its RFI in September 2024. AAF, along with our  
21 roundtable partners, submitted recs to ensure the  
22 needs of Asian-led Asian-serving CBOs and that they  
23 are prioritized. In Fiscal year 26, we plan to  
24 expand our mental health work by partnering with six  
25 Asian-led CBOs to expand clinical and non-clinical

2 mental health services for diverse Asian subgroups,  
3 enhancing online resources by growing our online  
4 mental health resources hubs, social media campaigns  
5 to ensure these tools reach the community, hosting  
6 the Asian American Mental Health Roundtable with 15  
7 organizations to strengthen policy, advocacy, and  
8 resource sharing, and develop education programs to  
9 decrease stigma around mental health, upskill  
10 nonprofit staff in mental healthcare and advocate for  
11 greater public and elected official investment in  
12 Asian mental health. We specifically request funding  
13 to sustain this work: \$200,000 for the hate crime  
14 prevention through community-based solutions,  
15 \$100,000 for the Immigrant Mental Health Initiative,  
16 and \$150,000 for culturally and linguistically  
17 relevant mental health services for vulnerable Asian  
18 populations. Thank you so much for the opportunity  
19 to testify today.

20 CHAIRPERSON SCHULMAN: Thank you. Next?

21 MOHAMMAD RAZVI: Thank you. Thank you  
22 for the committee. Thank you Chairwoman Schulman.  
23 My name is Mohammad Razvi. I am the Executive  
24 Director and Founder of Council of People's  
25 Organization. I run the largest Muslim, Arab, South

2 Asian organization of Brooklyn. We serve about  
3 45,000 clients annually. During COVID we were  
4 servicing over 30,000 clients weekly. The reason I'm  
5 here is because I'm here to support this initiative  
6 because we are one of the few who actually have a  
7 mental health counselor on site, but we don't have  
8 enough resources. We are barely going-- we are  
9 barely doing it, and most importantly, it's just-- we  
10 have a waiting list over hundreds and hundreds of  
11 kids also, and domestic violence victims who actually  
12 need the counseling. It is more and more difficult  
13 to provide those services as we're moving forward in  
14 this time, especially with all this rhetoric that's  
15 happening with immigrants and all these individuals  
16 who are being, I guess, scapegoated. The most  
17 important thing is the people who we are servicing,  
18 especially the people in our food pantry line, we  
19 have seen a decrease only because people are so  
20 afraid, and their friends are actually coming on the  
21 line and saying, "Can we pick up this grocery bag for  
22 my friend? She didn't come this week because she's  
23 afraid." We actually have an emergency go bag which  
24 actually have information where a person, a family  
25 member has to have guardianship to a friend just in

2 case they get picked up. These are the things that  
3 the people are going through and the kids. We  
4 desperately need you to support this. Thank you so  
5 much.

6 CHAIRPERSON SCHULMAN: Thank you.  
7 Appreciate it. Next?

8 SUCHIEMI TAI: Hi, good afternoon, Chair  
9 Lee, Chair Schulman, and the whole committee council.  
10 My name is Suchiemi Tai and I serve as the Co-Deputy  
11 Director at Garden of Hope, linguistically and  
12 culturally-competent services to the Asian community  
13 with a primary focus on the Chinese immigrants and  
14 Chinese Americans in New York. While we are widely  
15 recognized for our work with survivors of domestic  
16 violence, human trafficking, hate violence, and other  
17 traumas. We also provide mental health services to  
18 the broader community. I'm here today as a member of  
19 a Asian America Mental Health Roundtable to speak to  
20 the urgent mental health needs of New York Pan-Asian  
21 community. It's one of the organizations in the  
22 roundtable where 50 percent of those served are  
23 Chinese. Garden of Hope plays a key role in reaching  
24 this population through trauma-informed mental health  
25 care. According to AAF 2024 mental health support,

2 language access is the most significant barrier to  
3 care, 83 percent, and 67 percent identified cultural  
4 stigma as a major obstacle. And many Asian community  
5 members trust CBOs like us for mental health services  
6 due to the cultural understanding and safety we  
7 provide. At Garden of Hope we have seen how  
8 culturally-specific language accessible mental  
9 healthcare can change lives. In 2023 alone we provide  
10 trauma recovery services to 1,071 adults and 317  
11 children and youth, with 94 percent of our adult  
12 clients having limited English proficiency. With a  
13 team of 18 bilingual staff, and most of us are  
14 licensed mental health counselor and social worker,  
15 we deliver culturally-relevant care. And now we just  
16 urge the City to increase funding for Asian  
17 community-based organization to expand mental health  
18 services. Thank you.

19 CHAIRPERSON SCHULMAN: Thank you. Next.

20 NAIMA DAHIR: Good afternoon, Council  
21 Member Schulman, Council Member Lee and members of  
22 the committee. My name is Naima Dahir and I'm here  
23 on behalf of the Arab American Family Support Center.  
24 We provide trauma-informed, culturally-competent  
25 social services to the growing Arab, Middle Eastern,

2 North African, Muslim, South Asian communities across  
3 New York City. Last year alone we served over 20,000  
4 individuals offering support in more than 30  
5 languages. As members of the Asian American Mental  
6 Health Roundtable, we are here today to highlight the  
7 urgent mental health needs of New York's Pan Asian  
8 and immigrant community. This year, the roundtable  
9 is advocating for increased funding for community-  
10 based organizations to expand and sustain their  
11 mental health services. These resources are critical  
12 in addressing disparities in mental health awareness,  
13 service accessibility and the availability of  
14 culturally-competent providers. At AAFSC we ensure  
15 low-income individuals receive therapy in culturally-  
16 competent settings where clinicians understand their  
17 background and speak their languages. Removing one  
18 of the biggest barriers to care. Beyond mental  
19 health, the Arab American Family Support Center  
20 provides wraparound services including domestic  
21 violence case management, housing navigation, legal  
22 services, and food distribution, ensuring that  
23 community members receive holistic support. However,  
24 just as demand is surging, federal funding freezes  
25 and delays have created unprecedented uncertainties

2 for our mental health and our domestic violence  
3 programs. The Arab American Family Support Center  
4 alone faces potential \$1.1 million shortfall amongst  
5 the 80 percent increase in referrals to our mental  
6 health programs. At the same time, escalating  
7 federal immigration enforcement has left many of our  
8 community members living in fear, afraid to access  
9 critical social services or even leave their homes.  
10 We have expanded our mental health, legal and  
11 outreach services in response, but we urge the  
12 Council to continue to support organizations like  
13 ours as we do this really critical work. We  
14 highlighted some of our budget requests in our  
15 testimony, but thank you so much.

16 CHAIRPERSON SCHULMAN: Thank you. Next?

17 SARAH FAJARDO: Thank you. Thank you for  
18 your courtesy, and thank you to the Chairs. I really  
19 appreciate you staying with us through this long day.  
20 My name is Sarah Fajardo. I am the Senior Director  
21 of Community Engagement and Advocacy for the Korean  
22 American Family Service Center. KAFSC is part of the  
23 Asian American Mental Health Roundtable and we work  
24 to empower immigrant survivors of gender-based  
25 violence with a focus on culturally and

2 linguistically-competent services. Our clients face  
3 barriers to accessing the support they need due to  
4 language, culture and stigma, particularly in times  
5 of mental health crises. I want to express KAFSC's  
6 strong support of dedicated specific targeted funding  
7 to expand mental health services capacities for  
8 organizations like ours and other members of the  
9 roundtable. Mental health crises must be met with  
10 care, compassion, language access and cultural  
11 understanding, and programs like ours require  
12 additional support. For Korean Americans and other  
13 Asian immigrant populations, the success of mental  
14 health programs requires significant investment in  
15 cultural competence and language. KAFSC offers  
16 clinical and non-clinical modalities. For example,  
17 we include haiboc, meaning revival in Korean, program  
18 that includes art, education and body movement  
19 workshops to help process racial and gender trauma.  
20 Participants build community, embark on personal  
21 healing journeys and create public art displays.  
22 This initiative aims to foster renewal and re-  
23 emergence for those affected by anti-Asian hate and  
24 misogyny and welcomes survivors of gender-based  
25 violence. You've heard a lot of testimony today, so

2 just I want to thank quickly DOHMH for their efforts  
3 to expand mental healthcare for NYC's AAPI community  
4 including the September 2024 RFI. We hope to see the  
5 City invest further in these life-saving services  
6 through dedicated funding and partner with  
7 organizations like ours to create a more inclusive  
8 responsive mental healthcare system. Thank you.

9 CHAIRPERSON SCHULMAN: Thank you. Are  
10 you testifying?

11 KENDRA HALL: Good evening everyone. My  
12 name is Kendra Hall and I'm a social work intern with  
13 the Ali Forney Center. We provide housing-related  
14 services to LGBTQ+ youth who live in New York City.  
15 Our agency provides mental healthcare to over 1,800  
16 young people per year. With the current onslaught of  
17 chaos from the Trump administration, it's a really  
18 scary time to be queer, trans or unhoused. Our  
19 clients are living in constant uncertainty and it's  
20 really taking a toll on their mental health. We  
21 would like your financial support in expanding our  
22 residential treatment model to reduce barriers to  
23 mental healthcare for our clients who are currently  
24 living in Ali Forney Center housing. Through the  
25 residential treatment model, social workers and

2 mental health therapists work out of housing sites so  
3 that clients can receive therapy in their own home  
4 and so that mental health professionals can be on-  
5 site should any crises occur. We introduced the  
6 residential treatment model to AFC Housing in 2021  
7 and we've had success in staffing social worker part-  
8 time at housing sites. We would like your support in  
9 making this available at all AFC Housing sites 24/7.  
10 We all know that crises rarely happen in 9:00 to 5:00  
11 hours and having on-call mental health professionals  
12 on-site especially during our overnight shifts will  
13 protect clients, prevent burnout among Ali Forney  
14 Center staff, and will reduce the need for police and  
15 EMS engagement calls. This support is needed now  
16 more than ever, especially since we're facing funding  
17 cuts from other sources, and we appreciate your  
18 support to make this possible. Thank you.

19 CHAIRPERSON SCHULMAN: Thank you. Before  
20 you leave, hold on. Mohammad, a question for you.  
21 Who's your Council Member? Is it Brannan?

22 MOHAMMAD RAZVI: My Council Member is  
23 Farah Louis.

24 CHAIRPERSON SCHULMAN: Oh, Farah Louis.  
25 Is she helpful to you guys?

2 MOHAMMAD RAZVI: She's extremely helpful.

3 CHAIRPERSON SCHULMAN: Okay. Do you do  
4 work with the New York Immigration Coalition also?

5 MOHAMMAD RAZVI: I sit on the Board, yes.

6 CHAIRPERSON SCHULMAN: Okay.

7 MOHAMMAD RAZVI: Yes, yes.

8 CHAIRPERSON SCHULMAN: No, because I work  
9 closely with them, too.

10 MOHAMMAD RAZVI: Oh, great.

11 CHAIRPERSON SCHULMAN: [inaudible] is a  
12 good friend.

13 MOHAMMAD RAZVI: That is wonderful.

14 CHAIRPERSON SCHULMAN: And I also wanted  
15 to mention to you that even in my district I have  
16 principal who told me that she had parents coming to  
17 her with their citizenship papers to prove that they  
18 belong here, which is not a good thing. And she said  
19 you don't have to show me anything. But that's where  
20 we are. So one of the things that I'm looking to do  
21 is to work with-- actually, I'm going to be working  
22 with the Hispanic Federation. I'm going to call the  
23 principals in my district to see if we can do a Know  
24 Your Rights for them.

25

2 MOHAMMAD RAZVI: That is so great. Thank  
3 you.

4 CHAIRPERSON SCHULMAN: Yeah. So I just  
5 wanted to let you know.

6 MOHAMMAD RAZVI: Yeah, yeah. Thank you.  
7 Great.

8 CHAIRPERSON LEE: And I just wanted to  
9 say-- be very brief because Chair Schulman's going to  
10 cut my head off, because I keep delaying it. But I  
11 just want to say I miss being in the trenches with  
12 you guys. I love all your organizations. Amber and  
13 the Federation and leading the charge with a lot of  
14 these organizations. So, thank you for all of your  
15 hard work and offering the culturally-competent  
16 linguistically-competent services which we so  
17 desperately need. And are you a social work intern  
18 for your Master's Degree? Okay, please stay in the  
19 field. We need more social workers. Please don't  
20 leave. We need more social workers, so don't go  
21 anywhere. But I just want to thank all of you guys.  
22 Like, you guys are doing the tremendous work and we  
23 love you guys. And so one thing I want to say for  
24 the record, though, is that this happened the last  
25 time in 2016 about-- and I know this is your former

2 ED, Joann Yoo's [sp?] point that she makes which is  
3 that a lot of our immigrant communities because they  
4 were fearful of getting deported got-- because when  
5 that whole public charge incident happened, they got  
6 off food stamp benefits and a lot of other public  
7 assistance, and they still have not been able to get  
8 back on through HRA, and so that's another issue I  
9 just wanted to highlight that I know you guys are  
10 working on with the Federation as well as your  
11 organizations and that's something we need to keep  
12 paying attention to. So, thank you.

13 CHAIRPERSON SCHULMAN: Thank you. Thank  
14 you to this panel. Okay, next panel, Martha  
15 Neighbors, Michael Schnall, Evie-- is Evie here--  
16 [inaudible]. No, I know you. Angel Hernandez?  
17 Sergeant, can you just move, because-- okay. So who--  
18 - alright, so-- okay.

19 MICHAEL SCHNALL: Hi, I'm Mike Schnall.  
20 I'm with Brooklyn Botanic Garden. I'm here with my  
21 Botanic Garden colleagues. They'll introduce  
22 themselves. I'm the Director of Government and  
23 Community Affairs at Brooklyn Botanic Garden, and  
24 thank you for the opportunity to testify. Nowhere in  
25 the City's Reso C document is there a dedicated

2 baseline source of funding for accessibility. For  
3 the first time ever, Brooklyn Botanic Garden is  
4 joining New York Botanic Garden, Queens Botanic  
5 Garden, and Snug Harbor Cultural Center and Botanical  
6 Garden in seeking fiscal year 2026 support for our  
7 work to create accessible spaces, programming and  
8 events, signage and digital accessibility, training  
9 for staff and vital resources to maintain and improve  
10 accessibility for all. Our Botanical Gardens are  
11 essential and they contribute uniquely to the City's  
12 ecosystem, culture and community, and serve as vital  
13 and educational cultural hubs that enrich the urban  
14 experience. Since there's no current single citywide  
15 initiative in the New York City budget that addresses  
16 the City's commitment to accessible botanical  
17 gardens, we're here today to present the Rooted in  
18 Accessibility Initiative, a new citywide initiative  
19 that would fund the gardens for \$1 million, \$250,000  
20 each, to support the City's botanical gardens. If  
21 this funding were given to us it would provide  
22 funding to increase the number of dedicated staff,  
23 increase dedicated programming, increase hosted  
24 events for children and seniors, improve and increase  
25 professional development for garden staff, and allow

2 us to redesign and improve signage and way-finding  
3 [sic] beyond a standard ADA compliance. So we're  
4 here today to ask for your support, thanking you for  
5 the opportunity to testify, and we'd be happy to take  
6 any questions. I'll pass it off to my colleagues.

7 ANGEL HERNANDEZ: Good afternoon, Chair  
8 Lee, Chair Schulman and members of the committee. I  
9 am Angel Hernandez, Director of Government Relations  
10 for the New York Botanical Garden. Thank you for  
11 granting us this platform and for your ongoing  
12 support for accessibility programming at our  
13 institutions. As stewards of some of our city's  
14 natural greenspaces, NYBG stands with its fellow  
15 coalition partners today to advocate for the creation  
16 of a new citywide initiative called Rooted in  
17 Accessibility. This important initiative will be a  
18 special funding opportunity in fiscal year 2026 to  
19 enhance and expand accessible programming at each of  
20 our botanical gardens. Since 1891, NYBG has been  
21 revered as one of the last vanishing oases of  
22 tranquility amidst a growing metropolis. Yet, as  
23 populations grew over the years, so has the demand to  
24 meet the needs for citizens with an array of  
25 disabilities, and it presents challenges for the

2 garden to maintain sufficient resources to ensure  
3 adequate attention for this special demographic.

4 This is why NYBG with our coalition partners seek an  
5 allocation of \$250,000 each from the \$1 million total  
6 funding for the Rooted in Accessibility initiative.

7 New funding provides the following potentials for  
8 expansion enhancements for expanding our ASL tours,  
9 more memory care sensory tours, also the same for  
10 touch tours, working with groups with neuro-divergent

11 intellectual and developmental disabilities, more  
12 early morning sensory events, and more multi-sensory  
13 tables for new exhibitions in annual staple events

14 like our holiday train show and orchid show. In  
15 addition, new funding through the Rooted in

16 Accessibility initiative would provide necessary  
17 training whether it be led in-house or by outside

18 consultants for both staff and volunteers. Also, our  
19 partners with our borough's District 75 schools,

20 senior centers, and local VA hospital, for example,  
21 will benefit them for this newly funding initiative.

22 Therefore, we ask for your support in creating the

23 Rooted in Accessibility new initiative to allow us  
24 resource and ability in this remarkable endeavor.

25 Thank you.

2 CHAIRPERSON SCHULMAN: Thank you. Next?

3 EVIE HANTZOPOULOS: Good afternoon. My  
4 name is Evie Hantzopoulos. I'm the Executive  
5 Director for Queens Botanical Garden. Thank you,  
6 Chair Schulman and Chair Lee, for providing us this  
7 opportunity to discuss our work and desire to make  
8 all of New York City's botanical gardens as inclusive  
9 as possible. I'm here also to provide testimony in  
10 support of Rooted in Accessibility, a proposed new  
11 Speaker initiative which will enhance the ability of  
12 city's botanical gardens to provide access to  
13 disabled populations and support positive public  
14 health outcomes. So Queens Botanical Garden is  
15 located on 39 acres of city-owned land in downtown  
16 Flushing and is the place where people, plants and  
17 cultures meet. We serve approximately 300,000  
18 visitors each year including a significant number of  
19 older adults as well as children, youth and adults  
20 with disabilities of all kinds. I believe we all can  
21 agree that New York City prides itself on being an  
22 inclusive city. When we speak of inclusivity, it's  
23 critical that we think not only of categories such as  
24 race, ethnicity, religion, gender identity, etcetera,  
25 but also inclusivity in terms of abilities, age and

2 mental health. Too often accessibility is an  
3 afterthought or only considered when there are legal  
4 mandates. Even though 11 percent of New Yorkers have  
5 a disability. So I'm here today with my colleagues  
6 from New York Botanical Garden, Brooklyn Botanic  
7 Garden and Snug Harbor to advocate for inclusion in  
8 the FY26 budget for Rooted in Accessibility. We are  
9 requesting a total of \$1 million or \$250,000 per  
10 garden which will allow us to increase the number of  
11 dedicated staff leading accessibility initiatives,  
12 event for families and seniors, programing for those  
13 with autism, developmental disabilities, Alzheimer's  
14 and dementia, and more. I'm just going to speed  
15 ahead just for the sake of time. But we know that  
16 nature is healing and we know that there are positive  
17 public health outcomes when people have access to  
18 greenspace and gardens, whether they be physical  
19 outcomes, mental health outcomes, development or  
20 cognitive outcomes. So we thank you so much for  
21 consideration of our collective request. Thank you.

22 CHAIRPERSON SCHULMAN: Thank you, Evie.

23 Have you testified yet today?

24 MARTHA NEIGHBORS: I did testify earlier.

25 Martha Neighbors with Snug Harbor Cultural Center.

2 CHAIRPERSON SCHULMAN: You can't testify  
3 twice.

4 MARTHA NEIGHBORS: Here for support.

5 CHAIRPERSON SCHULMAN: Oh, you're here  
6 for support, got it.

7 MARTHA NEIGHBORS: Here for support.

8 CHAIRPERSON SCHULMAN: Got it. Got it.

9 Evie, thank you. I screwed up your name before.

10 Okay, no, that's great. Thank you. Alright, next:

11 Shelmit Levi, Katie Mui, and-- wait. Let's see. Is

12 Shung Chen [sic]? No? Going once, twice. Shung

13 Chen. Okay. Coalition for Asian American Children.

14 Okay, so come up to this panel. Emily Ell [sic],

15 Korean Community Services Society. Emily Lee, sorry.

16 So, alright-- Alex Park, you want to come up. So we

17 have all of you. Okay, great. Okay. You may start.

18 SHERRY CHEN: Thank you, Chair Lee, Chair

19 Schulman and committee members for hosting this

20 hearing. My name is Sherry Chen and I'm the Health

21 Policy Coordinator at the Coalition for Asian-

22 American Children and Families, or CACF. We're the

23 nation's only Pan Asian organization advocating for

24 Asian American Pacific Islander children and families

25 and our coalition consists of over 90 members and

2 partner organizations across the state. We also lead  
3 the Access Health NYC initiative which is a  
4 community-based organization driven program that  
5 tackles the AAPI community's barriers to healthcare  
6 access. On behalf of CACF, I urge the Council to  
7 include increasing funding for Access Health to \$4.5  
8 million in the fiscal year 2026 budget in order to  
9 better support community-based organizations  
10 outreaching to harder-to-reach AAPI New Yorkers to  
11 ensure that they can access the care that they need,  
12 and to fund the crucial public health pieces from the  
13 people's budget. The first being allocating \$55.1  
14 million out of \$61 million for the fund from Crisis  
15 to Care for the expansion of mental health services.  
16 This includes expanding intensive mobile treatment  
17 teams at \$22 million and funding the Mayor's Office  
18 to End Domestic and Gender-based Violence at \$6.3  
19 million to support micro grants and specialized  
20 support for survivors. I want to highlight that  
21 these services are crucial as individuals with mental  
22 health conditions are 16 times more likely to be  
23 killed by law enforcement officers, and in 2024  
24 alone, police killed eight Asian Americans and  
25 Pacific Islanders, and five of these individuals were

2 in need of mental health support at the time of their  
3 deaths. Secondly, we support expanding Safe Havens  
4 with a \$100 million annual allocation in order to  
5 open 4,000 beds over five years providing medically  
6 appropriate housing for unsheltered New Yorkers in a  
7 safe and supportive environment, and supporting 166-  
8 bed mental health and substance use housing plot.  
9 These crucial public health investments and the  
10 Access Health NYC initiative are essential for  
11 building a healthier, safer, and more compassionate  
12 New York City, and because of this, I urge you to  
13 fully fund these priorities. Thank you for your time  
14 and consideration.

15 CHAIRPERSON SCHULMAN: Next. Thank you.

16 EMILY LEE: Good evening. My name is  
17 Emily Lee and I'm a Project Coordinator at Korean  
18 Community Services. First, thank you for the  
19 opportunity to share our story. Since 2014, KCS has  
20 been part of the Hepatitis-free New York City  
21 Coalition and dedicate itself to prevent hepatitis B  
22 through widespread free testing, education and  
23 providing culturally-competent patient navigation  
24 services. In the past 11 years, we screened over  
25 4,250 people and identified over 200 positive Hep-B

2 patients. The vast majority of the community members  
3 we serve are Asian Americans of immigrant  
4 backgrounds, low-income status, limited English  
5 proficiency and uninsured or underinsured. Over  
6 314,000 New York City residents are currently  
7 infected with chronic hepatitis B and C. Given the  
8 statistic, it is crucial to sustain and grow the  
9 Viral Hepatitis Prevention Initiative to address this  
10 largely overlooked health crisis. I kindly ask the  
11 Council to provide \$4.24 million to the Viral  
12 Hepatitis Prevention initiative in FY26 to expand the  
13 capacity of Hep-B and C organizations to continue  
14 providing free screenings and streamlining medical  
15 care access. Increased funding is necessary for us  
16 to achieve New York City's viral hepatitis  
17 elimination goal by 2030 to prevent liver cancer and  
18 disease. Secondly, KCS is seeking \$85,000 for the  
19 Immigrant Health Initiative. Despite declining New  
20 York City smoking rates, Asian Americans still face  
21 higher smoking rates compared to other ethnicities,  
22 and smoking remains the leading cause of death. For  
23 the current fiscal year, KCS referred 12 smokers to  
24 quit lines and provided free nicotine patches and  
25 lozenge to 30 clients. I want to thank the Council's

2 commitment to health equity for all New Yorkers and  
3 ask for their continued support in reducing various  
4 health disparities among New York City's immigrant  
5 communities. CBOs like KCS have long-standing ties  
6 with the community and are well-positioned to deliver  
7 essential services to them. Thank you.

8 CHAIRPERSON SCHULMAN: Thank you. Next.

9 KATIE MUI: Good evening, Chair Lee,  
10 Chair Schulman and the committee. My name is Katie  
11 Mui, social work student and policy intern with  
12 Supportive Housing Network of New York. We are a  
13 membership organization representing over 100  
14 nonprofits offering more than 40,000 units of  
15 supportive housing in New York City. Thank you for  
16 the opportunity to testify today. We'd like to thank  
17 the Council for its support of our New York City  
18 15/15 reallocation proposal, and we ask that you work  
19 with us to codify and fund the proposal in fiscal  
20 year 26 and beyond. The City has exceeded its 7,500  
21 unit target for congregate supportive housing. The  
22 scatter site has fewer than 1,500 units awarded,  
23 leaving over 6,000 units left. Our proposal calls  
24 for reallocating the majority of these units to  
25 develop and preserve congregate supportive housing.

2 Again, thank you for the \$150 million for New York  
3 City 15/15 in the City of Yes. It is a critical  
4 step. We're asking for an Administration \$307  
5 million in capital to develop and preserve about 950  
6 units, \$45 million to cover the cost of essential  
7 service and operating for new development, and \$27  
8 million to align the [inaudible] subsidy for all  
9 existing New York City 15/15 units with current HPD  
10 standards. We are also here today to show support  
11 for Council Member Brannan's 514 which would require  
12 interest to be paid on late payments under city  
13 contracts with nonprofit organizations. Currently,  
14 five of the largest supportive housing nonprofits in  
15 New York City are collectively owed over \$318 million  
16 by the City, with \$150 million stemming from prior  
17 fiscal years. Providers across the human services  
18 sector are experiencing similar situations, putting  
19 supportive housing units at risk of closure and re-  
20 entry into the private market. Finally, we ask that  
21 the Council continue to supporting these critical  
22 mental health programs. The JISH program with an  
23 additional \$4.8 million in funding, B-HEARD Crisis  
24 Response Teams with \$4.5 million to ensure well-paid  
25 peer responders and peer specialists, the intensive

2 mobile treatments team with \$22 million to provide  
3 care to clear the wait list of people seeking vital  
4 mental health support. Thank you for your time and  
5 leadership.

6 CHAIRPERSON SCHULMAN: Thank you. Next.

7 SHELMIT LEVI: Good evening, Chairs Lee  
8 and Schulman and esteemed members of the Committees  
9 of Mental Health, Disabilities and Addiction and  
10 Health. My name is Shelmit Levi, and I serve as the  
11 Project Director for the Center for Justice  
12 Innovation's Brooklyn Felony Diversion Programs which  
13 include Brooklyn Mental Health Court and Brooklyn  
14 Felony Alternatives to Incarceration. The Center for  
15 Justice Innovation works to provide responses to harm  
16 that give individuals the tools they need to thrive  
17 in community. Access to mental health treatment for  
18 all whether in the courtroom or in the community is  
19 absolutely critical. Our approach to mental wellness  
20 focuses on identifying the needs of the person and  
21 addressing underlying issues with evidence-based  
22 trauma-informed practice. We work alongside  
23 communities to foster healthy responses to stress,  
24 trauma, and exposure to violence. Approximately half  
25 of people in City jails have some kind of mental

2 health diagnosis, and at least one in five  
3 individuals are dealing with serious mental illness,  
4 making the criminal legal system the defacto provider  
5 of treatment, despite being ill-equipped for this  
6 role. Brooklyn Mental Health Court is New York  
7 City's first mental health court and addresses both  
8 program participation and treatment needs and  
9 community public safety concerns and is presided over  
10 by our dedicated Judge, Judge D'Emic. Through 2024,  
11 over 1,400 participants have received treatment,  
12 satisfied program requirements, and graduated, and  
13 success is evidenced by reduction in rearrests and  
14 convictions. Recent Council investments have allowed  
15 us to hire a dedicated youth engagement social worker  
16 who leads our youth programming and fosters close  
17 relationships with our participants. Renewed funding  
18 will enable us to strengthen our youth-focused  
19 programs, provide meaningful activities for our  
20 participants and continue essential training for  
21 staff. Thank you for the opportunity to testify  
22 today, a very long day. We look forward to  
23 continuing our partnership with Council and to make a  
24 meaningful difference in New Yorker's lives.

2 ALEX PARK: Good evening. My name is  
3 Alex Park and I'm Project Coordinator at Korean  
4 Community Services. First, I want to thank the  
5 Council Members of the Health Committee for their  
6 commitment to ensuring the health of New Yorkers and  
7 giving us the opportunity to speak on behalf of our  
8 community. Access Health New York City is a citywide  
9 initiative that allows CBOs like KCS to help  
10 individuals access quality healthcare. Through this  
11 initiative we are able to provide education,  
12 outreach, and assistance regarding healthcare and  
13 coverage. With the support of Access Health New York  
14 City, we have also expanded health fairs and mass  
15 outreach efforts and conducted more healthcare-  
16 related presentations. During our current fiscal year  
17 we have successfully assisted 330 senior individuals  
18 with access to healthcare and continue to fill in the  
19 gaps of our strained healthcare systems. As a project  
20 coordinator I assist senior individuals with  
21 Medicaid, Medicare, and other state-funded assistance  
22 [sic] program needs. Working directly with these  
23 individuals, I witnessed firsthand the fear and  
24 uncertainty they face under the current  
25 Administration's change in policies. With Medicaid,

2 Medicare and other essential programs at risk, so too  
3 is the health and wellbeing of those who rely on  
4 them. This uncertainty extends beyond their physical  
5 health. It impacts their mental health as well.  
6 When people are forced to live in fear and doubt  
7 about their access to healthcare it hinders our  
8 ability as a CBO to foster an inclusive and  
9 supportive community. This challenge is even greater  
10 for senior residents who face language barriers which  
11 leave them isolated and neglected. Access Health is  
12 essential for educating and assisting marginalized  
13 New Yorkers on how to access healthcare and coverage.  
14 The federal proposal to cut healthcare funding is  
15 expected to affect access to care for 8.6 million New  
16 Yorkers. Not only is this concerning for the  
17 community residents who rely on these programs, it is  
18 also putting operational stability of hospitals,  
19 clinics, community health centers and long-term care  
20 facilities at risk. Therefore, it is critical that  
21 we advocate and protect the city's healthcare  
22 funding. We kindly ask the City Council to include  
23 \$4.5 million for Access Health New York City in the  
24 FY2026 budget to continue to support and fund our  
25 organization so that we can do our job in assisting

2 low-income individuals have access to healthcare.

3 Thank you.

4 CHAIRPERSON LEE: If I may, I just wanted  
5 to say shout out to KCS, my former nonprofit that I  
6 led for 12 years. I miss you guys. But Shelmit,  
7 thank you for the work you're doing, because it's  
8 super, super critical and important, and I think we  
9 need more folks advocating in that area for sure.  
10 And of course, awesome CACF for leading all these  
11 organizations. And Katie, same advice, please don't  
12 leave the filed, okay? You got to stay. Thank you.

13 UNIDENTIFIED: Thank you.

14 CHAIRPERSON SCHULMAN: Thank you to all  
15 of you. Okay, next panel, Lawrence Newman [sic],  
16 Norman, sorry-- Lawrence Norman. Ann Caspec [sic],  
17 Casper? Amy Ang [sp?]. Is Amy Ang here? No? No,  
18 okay. Marcus Jackson? Is Marcus Jackson here? No?  
19 Okay. So it's you two guys. Alright, Lawrence, go  
20 ahead.

21 LAWRENCE NORMAN: Good now evening,  
22 because-- my name is Lawrence Norman. I'm the  
23 Program Manager for Bedford-Stuyvesant Family Health  
24 Center Wellness Department. I oversee the programs  
25 of viral hepatitis, Access Health, and ETE programs,

2 and everything that they've said all day were true.

3 We do need a lot of funding because not only am I  
4 program managing these types of programs, I'm also  
5 Assistant Program Manager for the Disease Prevention  
6 Grant as well. It goes to show we're a tiny but  
7 mighty crew, but we do need more funding to be able  
8 to meet the competitive nature of this field. We're  
9 getting people that are educated to enter inside of  
10 our arena as well. It's not just about outreach, it's  
11 about community, and a part of that community is  
12 having to educate people throughout this process.

13 And for me, if I educate a person-- because I'm also  
14 the educator of the clinic, too. I teach. I educate  
15 people on HIV testing, outreach, all the different  
16 strategies, and I also educate the directors, the  
17 supervisors. It doesn't matter who it is. That's  
18 one of the many hats in which we have been forced to  
19 wear because of the many years of not having  
20 exponential growth in our funding and a competitive  
21 salary for people to be able to train. It takes about  
22 six months to actually train a health educator, and  
23 if we don't get more people to educate the folks, the  
24 ones in which we have-- I do believe, actually may  
25 have to go away because the cost of living is a

2 little bit too high. And I advocate for those  
3 people, because all day my people been advocating for  
4 people that need services. Well, the people that  
5 actually do the services need the service as well.  
6 And with that time, I thank you, and I would like to  
7 say one thing, too. Thank y'all for staying so long.

8 CHAIRPERSON SCHULMAN: Go ahead.

9 LAWRENCE NORMAN: I love the whole thing.  
10 This was so nice. I love this. This was the best  
11 one.

12 ANN CASPER: Chair Schulman and Chair  
13 Lee, thank you very much, and you saved the best for  
14 last. So very good. I'm Ann Casper [sp?]. I am a  
15 failed mental health patient in New York City. I  
16 came in last year, a year and a half ago on Medicare.  
17 I've been on Medicare for-- since 2008. I didn't have  
18 health insurance for 20 years. As adjunct faculty,  
19 my health insurance was a pre-existing condition. So  
20 I'm used to living without much. But I came to New  
21 York City and I couldn't figure out your system. I  
22 spent seven months looking for Medicare plans and  
23 calling, and I thought Fountain House would help. So  
24 I went to Fountain House, became a clubhouse member.  
25 Seven months, didn't help me. I would like to ask

2 for a Clubhouse Accountability Act. I think we need  
3 clubhouses. Wonderful. I helped start in Portland,  
4 Oregon 18 years ago. But we need some accountability  
5 here. So I would ask for a citywide ombudsman. If  
6 you're going to spend millions on clubhouses, we need  
7 somebody to call to keep those clubhouse accountable,  
8 and outside of the clubhouse would be better. Staff  
9 actually don't understand-- they hire a lot of young  
10 people who don't know the traumas we've been through  
11 because those of us who have been in mental health  
12 systems for years and years been through a lot of  
13 traumas. I've been in it since the 80s. They need  
14 to be trained on what traumas we have. They need  
15 training in trauma-informed care. And also they have  
16 to understand the mental health micro-aggressions  
17 that they do unknowingly to us, because they don't  
18 understand. If they're writing notes and they have no  
19 mental health training, where are those notes going?  
20 Also for team space, I think about it. The health  
21 information technology-- if the teenager goes to Teen  
22 Space today, gets something written up, and Teen  
23 Space gets-- talk space, the parent company gets sold  
24 to somebody else, 30-40 years what's going to happen  
25 to those notes? I have a lot more to say, but as a

2 failed mental health patient, I don't know. I've got  
3 to go on to a different role. Thank you.

4 CHAIRPERSON LEE: No, you are not a  
5 failed mental health patient.

6 ANN CASPER: Anyway, I did want to say,  
7 too, in Portland, Oregon we started the ECIT,  
8 Enhanced Crisis Intervention Training, and I think  
9 that could work in New York City. It's a group of  
10 police who actually choose to work with people with  
11 mental health issues. We should do B-HEARD with peer  
12 support. Actually, CCIT came into Portland and  
13 helped me get peers hired on [inaudible] response.  
14 Thanks New York City for helping out with that. We  
15 need peers there, but also until then, gradual change  
16 is best, and it's going to take time to change over  
17 to non-police response. I want to thank the New York  
18 Public Police Department for what they do every day.  
19 Fifty percent, at least 50 percent of their calls are  
20 mental health, and they're doing well every day. We  
21 need to look at the positive as well. And they  
22 don't-- they didn't go to that job to become social  
23 workers. They want to get the "bad people." So  
24 let's let them do what they do and we do the best,  
25 and thank you for listening, and have a good dinner.

2 CHAIRPERSON SCHULMAN: Thank you very  
3 much. Okay, the next group is Tessoro Estrella.  
4 Nope. You're here? Okay, great. Rebecca Za [sp?],  
5 the Armory Foundation, okay. Yance-- Yanece, rather.  
6 Okay, wait-- Coho [sp?]? Yes, no? Oh, you're here.  
7 Okay. Alexis Archer and I can't read the first name,  
8 the last name is Bah, I think, the Armory College  
9 Prep. You're here, okay, great. Okay, go ahead.

10 TESSORO ESTRELLA: Hello? Oh, perfect.  
11 Good evening, Chair Lee and Chair Schulman and  
12 esteemed committee members. Tessoro Estrella and I am  
13 the Outreach Assistant for Every Voice Choirs. I  
14 want to take a moment to share my testimony about  
15 VoiceAbility, a choir program created by Every Voice  
16 Choirs that caters to the needs of children ages  
17 seven through 17 who have disabilities. I have  
18 witnessed transformative impact of this program on  
19 its participants and I have heard families of its  
20 singers say over and over again that VoiceAbility  
21 provides a truly unique opportunity for children with  
22 disabilities to engage in performing arts.  
23 VoiceAbility offers a creative and nurturing  
24 environment for children to explore their musical  
25 talents while building connections with their peers.

2 The program is led by experts in music education,  
3 music therapy, speech language pathology, and  
4 ensuring that all the children develop their musical  
5 skills and social abilities in a supportive setting.  
6 Participants are not only-- not only take place in  
7 EVCs formal concerts and venues like Merkin Hall, but  
8 they also have their own dedicated recitals that  
9 feature each individual child. One of the most  
10 compelling aspects of VoiceAbility is its commitment  
11 to addressing a critical gap in our community. Many  
12 traditional choir programs do not accommodate  
13 children with disabilities, leaving them underserved.  
14 VoiceAbility fills the void with expert teachers who  
15 utilize adoptive techniques ensuring that every child  
16 can thrive in a welcoming atmosphere and our program  
17 serves students across 15 council districts. The  
18 impact of our program is documented in annual  
19 evaluations that outline each students' development  
20 in multiple areas. Witnessing the growth of these  
21 children musically, functionally, socially,  
22 emotionally serves as a powerful reminder of the  
23 programs' effectiveness. Many students remain with  
24 VoiceAbility for several years and some go to join  
25 other choirs in our EVC family. VoiceAbility is not

2 just a choir. It is a life changing program that  
3 empowers children with disabilities and cultivates  
4 personal growth of and fosters community. I hope you  
5 recognize the importance of the program, and I ask  
6 that you look to support our proposal for citywide  
7 funding. Thank you.

8 CHAIRPERSON SCHULMAN: Thank you. Next?

9 RULIA TUVAH: Is this on? Oh, okay.

10 Chair Lee, Chair Schulman and esteemed Committee  
11 Council. Good evening. My name is Rulia Tuvah  
12 [sp?]. I use she/her pronouns and I'm a high school  
13 senior attending the Bronx Collegiate Academy that's  
14 proud and more than honored to serve as a voice for  
15 our community. On the topic of community, as we all  
16 have come to acknowledge, the city is known for being  
17 diverse and full of a plethora of ideas. Yet, with so  
18 many bustling voices, not everyone has a platform to  
19 be heard. Throughout the first bouts of my high  
20 school journey, I didn't really understand where I  
21 belonged or even if I belonged somewhere to begin  
22 with. There was nothing presented to me besides my  
23 studies, and while I could try to find the thread to  
24 my identity within the narratives of my English class  
25 or find my true values with the problem sets of my

2 Algebra homework, nothing brought me content. This  
3 can take a toll on a teenager's mental health,  
4 especially during one of the most transformative  
5 periods of their life, and it is very significant.  
6 Luckily in my case, I found the Armory College Prep  
7 Program and Star CGI [sic] where I had a chance at  
8 both higher opportunities and a platform to learn  
9 from my closest peers no matter what we wanted to  
10 share with one another. This experience has shown me  
11 vital importance of investing in mental health  
12 through nonprofit organizations where they create  
13 spaces where every voice can be heard and valued. No  
14 matter if you're 58 years young, or like me, 17 years  
15 old, you can agree that by funding such nonprofits  
16 we're not just investing in mental health services,  
17 we're investing in the future of our communities.  
18 We're giving people, especially young people the  
19 tools and support they need to thrive, contribute and  
20 become active members of our society. I urge this  
21 council to prioritize funding for mental health  
22 nonprofits. It's an investment that will yield  
23 returns in healthier, more engaged citizens and  
24 stronger communities. With all I've shared, I hope  
25 that both the committee and audience remember that

2 teenage minds aren't blind. Instead, they are  
3 inclined to change, to hope, and to the safety  
4 provided by nonprofits. Sure we may live in the Big  
5 Apple, but are you the committee going to support  
6 teens in bearing and expressing the fruits of our  
7 knowledge? Thank you for your time.

8 CHAIRPERSON SCHULMAN: Thank you. Next?

9 REBECCA JAH: Hello. My name is Rebecca  
10 Jah [sp?] and I am a student at the Armory  
11 Foundation. Thank you for the opportunity to speak  
12 today about the critical role nonprofits play in  
13 supporting mental health and why additional funding  
14 is essential for our communities. I have personally  
15 experienced and seen the impact of nonprofits  
16 everywhere I go. My siblings and I went to an  
17 afterschool called Kips Bay Boys and Girls Club from  
18 elementary to middle school. It was a place for us to  
19 hangout after school and learn new and many things.  
20 This is a place where my sister picked up her love of  
21 basketball and got to practice these skills in the  
22 open gym. It's a place where I found my love of  
23 dancing. All these things are something you don't  
24 get to see and practice at school for more than 45  
25 minutes, and having a place where you can practice

2 for as long as you want with support and someone to  
3 teach you how to get better is very fundamental for  
4 us and the community, keeping kids off the streets  
5 after school and giving them a place to freely  
6 express themselves. I urge you to consider  
7 increasing funding for youth serving nonprofits like  
8 Kips Bay Boys and Girls Club D4 for students and K  
9 through 12, the Amory Foundation that helps track  
10 stars through high school and college, and Star CGI  
11 for girls and females to learn more about the world  
12 and the power we hold to change it and upgrade it.  
13 Investing in mental health support through nonprofits  
14 is an investment in wellbeing and future of our  
15 communities. Thank you for your time and commitment  
16 to supporting young people. In closing, mental  
17 health support is not a luxury, it is a necessity.  
18 Nonprofits like Kips Bay Boys and Girls Club, Star  
19 CGI, D4 all play a vital role in ensuring young  
20 people have access to the care and support they need.  
21 With additional funding, we can continue to provide  
22 safe spaces, mentorship and critical resources that  
23 surely change lives. I appreciate the opportunity to  
24 share my experience and advocate for increased  
25 support. Thank you.

2 CHAIRPERSON SCHULMAN: Thank you. Next?

3 ALEXIS ARCHER: Hi everyone. My name is  
4 Alexis Archer and I'm here representing the Armory  
5 Foundation. And I just wanted to take some time to  
6 speak on mental health and how the Armory has helped  
7 me improve myself as a person. I first had joined  
8 the Armory College Prep Program in ninth grade, you  
9 know, a little freshman. I didn't know much at first.  
10 From the outside it seemed like a very serious  
11 program. You know, they're talking about helping you  
12 through SATs, college, any homework that you have,  
13 just really talking about your future path. So you  
14 would think it's something very serious, very strict,  
15 very-- let me sit down and really focus. But really  
16 going through that program, I realized it was  
17 something different. It was more of a community and  
18 a very warm space versus what I had expected. For  
19 example, last year, I'm not going to lie, I had a  
20 really hard time. I was very depressed. I was  
21 walking around just sad, not smiling. That's not me  
22 at all. And going to the Armory I had-- I thought it  
23 was just a program, like it's just something where  
24 let me go here, let me finish, let me do my work, and  
25 go home. But really the people there they're very

2 warming and helping. They're not just-- they don't  
3 see you as just a number or someone who needs to be  
4 here to improve attendance percentages. They see you  
5 as a real person and they're really there for you to  
6 help you, and I see that with a lot of afterschool  
7 programs. People are really quick to say negative  
8 things about afterschool. Oh, I want to go home  
9 after school. I don't want to do that. But really,  
10 it'll give you a sense of a second home almost,  
11 because you're at school for so much time anyway.  
12 So, going to these afterschool programs like they  
13 really give you a sense of home and warmth and love.  
14 They know your name. They're curious about your  
15 life. How is your day? Is everything okay? Things  
16 like that, and I really appreciate that. And I think  
17 that the Armory itself and the other afterschool  
18 programs should be recognized for that, and I'll  
19 forever be appreciative. Thank you.

20 CHAIRPERSON SCHULMAN: Thank you very  
21 much.

22 YANECE COTTO: Good evening Chairman Lee  
23 and Chairman Schulman and the committee members. My  
24 name is Yanece Cotto. I use they/them pronouns. And  
25 I'm the Program Coordinator for Partnerships in STARS

2 CGI, PowerPlay NYC. I'm also a born and raised New  
3 Yorker that struggled with mental health issues  
4 throughout my entire teenage years. So I am a  
5 walking testimonial of the impact of programs like  
6 these, because I'm still here. As a program  
7 coordinator at PowerPlay NYC, as well as a former  
8 Community Center Assistant Director and classroom  
9 teacher, I have seen firsthand how our youth are  
10 showing up with increasing mental health needs.  
11 They're navigating trauma, isolation and anxiety in a  
12 world that often is-- and are often seeking support  
13 and having their struggles, and the severity of those  
14 struggles overlooked. Through our work we provide not  
15 only community and social/emotional support, but also  
16 mentorship and civic engagement opportunities that  
17 allow them to heal, find direction and thrive.  
18 However, our work is at risk. Nearly 50 percent of  
19 our funding comes from federal sources-- now  
20 threatened by shifts in national DEI priorities.  
21 This year alone, we lost a \$25,000 foundation grant  
22 intended for Black girls, pulled abruptly due to  
23 these changes. We cannot rely on unstable funding  
24 while the need for action to help answer the call of  
25 our youth's needs. PowerPlay empowers over a

2 thousand youth, specifically young men, specifically  
3 Black women, across all five boroughs with sports,  
4 mentorship, leadership, development, and also we  
5 serve as a lead agency for STARS CGI, a coalition of  
6 10 nonprofits like PowerPlay and the Armory  
7 Foundation which reaches more than 6,000 youth  
8 annually. Together we create a safe, affirming space  
9 where young people, especially girls of color, can  
10 build confidence, tenacity, and community as you see  
11 before you. We urge you to fully restore and enhance  
12 STARS CGI funding to \$2 million, PowerPlay's portion  
13 being \$600,000, and this would ensure we can continue  
14 to serve, save lives, and hopefully expand our reach  
15 to communities like District 16 where the need is the  
16 greatest. In this moment, we have the power to change  
17 how youth is supported in this city. When we invest  
18 in youth during a time of rising fascism, we're  
19 investing in the possibility of a brighter future of  
20 the City, the city that we all dream of. So thank  
21 you for your time and continued support, and I'm very  
22 proud of the students. Thank you.

23 CHAIRPERSON SCHULMAN: We're very proud  
24 of them, too. Have you spoken to the Women's Caucus  
25 Chairs?

2 YANECE COTTO: I believe PowerPlay is  
3 kind of in the beginning processes of that, yes.

4 CHAIRPERSON SCHULMAN: Yeah, because  
5 that's-- Julie Menin is the Co-Chair and Carmen De La  
6 Rosa. So, if you have any-- if you have any problems  
7 reaching out to them or anything else, please contact  
8 the committee staff, and we'll help. And we want to  
9 help you guys with whatever we can to be supportive  
10 of you.

11 YANECE COTTO: Thank you so much. We  
12 really appreciate that.

13 CHAIRPERSON LEE: And I just wanted to  
14 give a special shout out to Yanece for bringing these  
15 amazing young women here today to testify, because I  
16 have to say, often times it's the youth, youth's  
17 voices, that are not part of the conversation. So I  
18 just want to commend you all for being here and being  
19 part of this process, because Lord knows when I was  
20 in high school I was not doing this stuff and coming  
21 and testifying. And Alexis, your smile made me  
22 smile. So thank you for that. Earlier.

23 ALEXIS ARCHER: Thank you.

24 CHAIRPERSON LEE: But no, I just want to  
25 commend you for bringing them here and also for you

2 ladies testifying. It was really encouraging to hear  
3 that, and of course, arts, music therapy, huge fan of  
4 that. So, we need more of that, too. So, I just  
5 want to thank you all.

6 YANECE COTTO: Thank you.

7 CHAIRPERSON LEE: Scott, you get your  
8 solo panel.

9 SCOTT DALY: Wow, and then there was one.  
10 Good evening, Chair Schulman, Chair Lee. Thank you  
11 very much for giving me the opportunity to testify  
12 here today. My name is Scott Daly and I'm the Senior  
13 Director of New York Junior Tennis and Learning,  
14 NYJTL. The past 50 years or more, we've developed  
15 the character of young people through tennis. We  
16 thank the City Council for their partnership  
17 throughout this time. [inaudible] five hours listen  
18 to everything from breast cancer, autism,  
19 developmental disabilities, PPGNY, hepatitis,  
20 everything, and all the presenters were top shelf,  
21 and they were all worthy and admirable causes. NYJTL  
22 is no less admirable or worthy. We provide health  
23 benefits, physical, mental, social. The population  
24 that we serve in the city over 10,000 kids every  
25 year. Seventy-five percent are 10 years of age and

2 younger. We give them a safe haven. Seventy-five  
3 percent of these youth are Black, African-American,  
4 Latino, or Asian. Eighty percent of the families  
5 that we serve are low-income according to the AMI  
6 statistics of New York City. This year we are  
7 seeking \$1 million from the Council on its Physical  
8 Education and Fitness Initiative. This is an  
9 increase of \$200,000 allocated. It'll be our first  
10 increase in 17 years. Over 17 years, minimum wage  
11 has more than doubled, permit fees have tripled. Our  
12 costs for equipment is over 250 percent more. Bus  
13 transportation is up. We don't get any COLA  
14 increases either. It's been a long day, and I want  
15 to thank you all. I just want you to know that we  
16 need your continued support, NYJTL and the city and  
17 the kids that we serve. We couldn't do without you.  
18 It's been a long day, and I want to thank you all--

19 CHAIRPERSON SCHULMAN: [interposing] Thank  
20 you very much.

21 SCOTT DALY: for your time and your  
22 patience. Thank you. Good seeing you. Bye-bye.

23 CHAIRPERSON SCHULMAN: Christopher,  
24 you're the last one. Good night, guys. Thank you  
25 again.

2 CHAIRPERSON LEE: Good night.

3 CHRISTOPHER LEON JOHNSON: Ready?

4 CHAIRPERSON SCHULMAN: Yeah, go for it.

5 CHRISTOPHER LEON JOHNSON: Hello, Chairs  
6 Lee, Chairs Lee and Schulman. My name is Christopher  
7 Leon Johnson for the record. I am calling on the  
8 City Council to preserve funding for all clubhouses.  
9 I used to go to Rainbow Heights, Rainbow Hill Club. I  
10 used to see a therapist in that same location. I  
11 think it was on Flatbush extension. Now it's on Elm  
12 Street. Please correct me, anybody here. They need  
13 to keep their funding. All these clubhouses need to  
14 keep their funding. It keeps a lot of people out of  
15 trouble, and it keeps a lot of people out of trouble,  
16 guys. I know that for sure. I didn't have the luxury  
17 of going to Rainbow Heights to deal with all the  
18 stuff up there, because my insurance never covered  
19 that. But I think that-- I think that's kind of  
20 federal insurance. But the City Council need to make  
21 sure that the insurance is able to cover if you see a  
22 shrink for non-serious psychiatric disorders, to be  
23 able to use-- if the club-- let's say-- let me see.  
24 If I see a therapist inside the same place where the  
25 clubhouse is at, I should be able to use the same

2 club. I should be able to use the service  
3 clubhouses-- are able to be utilized too. I wasn't  
4 able to use that. I wasn't able to utilize. My  
5 insurance-- cover it. Only advantage I ever had was--  
6 only advantage I ever had was to see what's inside  
7 those clubhouses, only advantage I ever had. But  
8 they need to make that change within the insurance  
9 policy, because a lot of people like me going to use  
10 the insurance, and that's a situation. But yeah, the  
11 clubhouses need to be saved. All clubhouses need to  
12 be saved. There shouldn't be a debate. There's this  
13 one-- one of the instances of mental health outreach  
14 that need to be preserved in the City Council budget,  
15 even in the Executive Budget. So, thank you Chairs  
16 Lee and Schulman for fighting for the people that go  
17 serve in clubhouses in the City of New York. But like  
18 I said, I don't know how long that's going to take,  
19 but they need to fix that. I don't know if it's  
20 state issue or federal issue, but if I see a shrink  
21 that's out of a clubhouse, I don't-- I'm not a member  
22 of that clubhouse, but I should be able to use the  
23 same services that are able to use, because I got to  
24 go through the same thing, check with security and  
25 all that type of stuff like that. But yeah, at the

2 end of the day, just need to be reserved in the  
3 budget. So, shout out to everybody that was fighting  
4 to keep the clubhouses open, because without this  
5 money in the budget, it's not going to work. So, I  
6 know y'all got to go, but thank you--

7 CHAIRPERSON SCHULMAN: [interposing] Thank  
8 you, Christopher.

9 CHRISTOPHER LEON JOHNSON: so much. Thank  
10 you.

11 CHAIRPERSON SCHULMAN: We appreciate you.

12 CHAIRPERSON LEE: Could not agree with  
13 you more.

14 CHRISTOPHER LEON JOHNSON: Thank you.

15 CHAIRPERSON LEE: And I like your idea  
16 about the--

17 CHAIRPERSON SCHULMAN: [interposing]  
18 Alright, so--

19 CHAIRPERSON LEE: accountability [sic].

20 CHAIRPERSON SCHULMAN: We will now move  
21 to Zoom testimony. Please wait for your name to be  
22 called to testify, and please select unmute when  
23 prompted. Andrea Arcila.

24 SERGEANT AT ARMS: Starting time.

2 ANDREA ARCILA: Madam Chairs and members  
3 of the committees, I'm here today to ask that you  
4 prioritize New York Edge Fiscal Year 2026 citywide  
5 funding request. We are seeking \$250,000 under the  
6 Council's social and emotional supports for Students  
7 Initiative. SEL is integrated into every element of  
8 our programming. We are as identified by Mosaic, by  
9 ACT, the largest afterschool provider in the  
10 national-- in the nation offering SEL supports. This  
11 funding will enable us to support our current SEL  
12 programming providing high-quality evidence-based  
13 social and emotional learning assessments, curriculum  
14 and resources for all of our partner schools, our  
15 students and their families. We are also seeking  
16 \$1.2 million under the Council's Afterschool  
17 Enrichment initiative, an increase of \$200,000 over  
18 last year. This would be our first increase in 16  
19 years. New York Edge is the largest provider of  
20 school-based afterschool and summer programming in  
21 New York City, serving 33,000 students in over 100  
22 schools throughout the five boroughs. Our mission is  
23 to help bridge the opportunity gap among students in  
24 underinvested communities. Core components of our  
25 program include STEM education, social/emotional

2 learning and leadership, visual and performing arts,  
3 sports, health and wellness, academics, and college  
4 and career readiness, and summer programs. Council  
5 citywide funding has enabled us to enrich and expand  
6 our school year and summer program and has allowed us  
7 to develop and implement new unique and engaging  
8 programs such as our award-winning student-led  
9 podcast formative, our publishing program, our Heart  
10 for Art program, our partnership with the Van Gogh  
11 Museum in Amsterdam, and Read Across New York Edge  
12 Program. New York Edge, its students and families  
13 are extremely grateful for the Council's 33 years of  
14 support. Together, we are gutting students so that  
15 they grow up healthy, happy and empowered. Together  
16 we are creating the next generation of active and  
17 productive community members and problem-solvers.  
18 Together, we are creating New York City's next  
19 generation--

20 SERGEANT AT ARMS: [interposing] Your  
21 time's expired. Thank you.

22 CHAIRPERSON SCHULMAN: You have to  
23 summarize your end. Hello?

24 ANDREA ARCILA: Yes.

2 CHAIRPERSON SCHULMAN: Just summarizes  
3 the ending, because we have to-- we have a lot more  
4 people to testify, so we're keeping it two minutes.

5 ANDREA ARCILA: Thank you. The time has  
6 come, however, where increased funding is vitally  
7 needed. Our City Council funding has remained at \$1  
8 million for the past 15 years, despite the fact that  
9 we have tripled in size and significantly increased  
10 the number of children served. We're now looking to  
11 meet the needs of the next generation of people by  
12 supporting our fiscal year 2026 funding request.  
13 Thank you so much.

14 CHAIRPERSON SCHULMAN: Thank you.  
15 Daniele Gerard?

16 SERGEANT AT ARMS: Starting time.

17 DANIELE GERARD: Can you all hear me?

18 CHAIRPERSON SCHULMAN: Yes.

19 DANIELE GERARD: Thank you. My name's  
20 Daniele Gerard. I'm a Senior Staff Attorney at  
21 Children's Rights. Thank you very much for the  
22 opportunity to testify, Chairs Lee and Schulman.  
23 We're a national organization that advocates on  
24 behalf of youth and state systems here in the City on  
25 behalf of young adults on Rikers. We know mental

2 health is an issue near and dear to Chair Lee. In  
3 June 2024, we submitted a public comment to the Board  
4 of Correction regarding a law banning solitary  
5 confinement which includes a great deal of research  
6 regarding youth brain development and the  
7 criminalization of mental health. We would like to  
8 highlight one of the points we make in that comment  
9 and some of the accompanying data. Mental health is  
10 integral to overall health and wellbeing especially  
11 for adolescents shaping their development and  
12 influencing their responses to stress and social  
13 interactions and supporting healthy decision-making.  
14 The lack of investment in community mental health  
15 services results in police and agents of other  
16 punitive systems responding to children and youth  
17 experiencing psychiatric distress rather than trained  
18 behavioral health personnel. As a result, youth with  
19 mental health conditions are more likely to be  
20 arrested and incarcerated than those without mental  
21 health conditions. Nationwide data show that 70  
22 percent of incarcerated young people present with a  
23 diagnosed mental health condition compared to 18 to  
24 22 percent of all children once involved in the child  
25 welfare or juvenile legal systems. Youth who are

2 Black or Brown, LGBTQ+ and/or living with a  
3 disproportionately face the most profound mental  
4 health challenges. Young people themselves describe  
5 the child welfare and juvenile legal systems as  
6 traumatic and youth who experience these systems  
7 often have poor mental health outcomes. The  
8 criminalization of mental health is a direct result  
9 of the lack of investment in community mental health  
10 services. We urge the Council to stand firm in  
11 supporting our communities, especially when it comes  
12 to the health and wellbeing of all our children and  
13 youth, incarcerated or not. We refer you to our  
14 written testimony for ways to reallocate the Mayor's  
15 proposed budget for Rikers Island to work toward  
16 achieving this goal. Thank you for this opportunity  
17 to testify.

18 CHAIRPERSON SCHULMAN: Thank you very  
19 much. Edmond Loi.

20 SERGEANT AT ARMS: Starting time.

21 EDMOND LOI: good evening Chair Schulman  
22 and Chair Lee, members of this committee. My name is  
23 Edmond Loi and I'm testifying on behalf of the  
24 Charles B. Wang Community Health Center. We are a  
25 federally-qualified health center. We're located in

2 Manhattan and Queens. In 2023 we served  
3 approximately 59,000 patients, 79 percent of whom  
4 were limited English-proficient, and 90 percent of  
5 who had household incomes at or below 200 percent of  
6 the federal poverty guideline level. Our health  
7 center remained open throughout the COVID-19  
8 pandemic. We worked hard to maintain many of our  
9 health and outreach programs. This was only possible  
10 in part with support from City Council discretionary  
11 funding, and I'm testifying today to ask for  
12 continued support of several initiative so that we  
13 continue to serve vulnerable New Yorkers. The Check  
14 Hep B Program under the Viral Hepatitis initiative  
15 provides culturally and linguistically-competent  
16 health education, patient navigation and care  
17 management services for New York City residents with  
18 chronic hepatitis B. in New York City alone, an  
19 estimated 254,992 people are living with the disease  
20 in 2023. At our health center, one in eight adult  
21 patients have chronic hepatitis B. If left  
22 unmonitored and untreated, hepatitis B can severely  
23 damage the liver, potentially causing liver failure  
24 or liver cancer. The Check Hep B program has a  
25 strong record of success with around 97 percent of

2 participants locating a hepatitis B medical  
3 evaluation through this program. Additionally,  
4 through the Access Health and Immigrant Health  
5 Initiative, we provide education to the Asian-  
6 American community about health insurance coverage,  
7 aiming to increase vulnerable New Yorkers access to  
8 healthcare services. Lastly, through the Cancer  
9 Services Initiative, we increase awareness of risk  
10 factors, symptoms, treatment options for breast and  
11 colorectal cancers. The City Council's continued  
12 support will ensure cancer screening access through  
13 patient navigation for several hundred members of the  
14 Chinese American community, many who are uninsured  
15 and face numerous barriers to healthcare. I just  
16 want to close off by saying that with continued  
17 funding and resources, our initiatives can continue  
18 to address the health disparities and inequities  
19 experienced--

20 SERGEANT AT ARMS: [interposing] Your  
21 time's expired. Thank you.

22 CHAIRPERSON SCHULMAN: Just give a  
23 summary of your end. Go ahead.

24  
25

2 EDMOND LOI: I'm just about done. Just  
3 thank you for your time and thank you for the  
4 opportunity to testify.

5 CHAIRPERSON SCHULMAN: Sure. Thank you  
6 very much for testifying. Jane Ni.

7 SERGEANT AT ARMS: Starting time.

8 JANE NI: Hello, good evening everyone.  
9 My name is Jane Ni. I'm the Assistant Director of  
10 Policy at the Community Healthcare Association of New  
11 York State. We are New York's primary care  
12 association representing more than 80 federally-  
13 qualified health centers including Charles B. Wang  
14 and Callen-Lorde and Housing Works, also known as  
15 Community Health Center serving one in eight New  
16 Yorkers across the state. On behalf of CHCANYS and  
17 New York City Health Centers, I thank the New York  
18 City Council for convening this vital Preliminary  
19 Budget hearing on health. So in New York City,  
20 Community Health Centers serve more than 1.3 million  
21 patients at 490 sites across the City. We are  
22 nonprofit, community-driven clinics providing  
23 essential primary preventive care regardless of  
24 someone's insurance status or ability to pay, making  
25 Community Health Centers a cornerstone of New York

2 City's healthcare safety net. And as the primary care  
3 safety net for New York City, Health Centers are  
4 essential to improving health outcomes for  
5 communities throughout New York City. And so  
6 increasing investment in Health Centers and primary  
7 care will help New York City meet its potential in  
8 preventing disease, catching health issues early,  
9 etcetera. It also means prioritizing prevention  
10 efforts so that we can reduce the number of emergency  
11 room visits on an already over-burdened system. And  
12 increased investment like everyone else has mentioned  
13 cannot come at a more significant time. In the past  
14 two decades, Health Centers have expanded their  
15 services to include supports like addressing social  
16 needs, but despite this expanded role, rising costs  
17 from operation to workforce are far out-pacing Health  
18 Center reimbursement rates that were set more than 20  
19 years. An analysis by Urban Institute showed that  
20 health center costs are on average 44 percent higher  
21 than the maximum allowable Medicaid reimbursement  
22 rate, and this ever-growing challenge has already led  
23 to site closures and layoffs at health centers across  
24 the City. And more difficulties may perhaps lay  
25 ahead for our health centers. And so we request the

2 Council to protect and support our health center's  
3 role as a primary care safety net by prioritizing  
4 funding and workforce initiatives--

5 SERGEANT AT ARMS: [interposing] Your  
6 time's expired. Thank you.

7 CHAIRPERSON SCHULMAN: Just, you can  
8 summarize the end. Go ahead.

9 JANE NI: Thank you-- that lift up health  
10 centers including supportive legislative parts at the  
11 state level. So, our patients count on us. Can we  
12 count on you? Thank you.

13 CHAIRPERSON SCHULMAN: Thank you very  
14 much. Jason Cianciotto?

15 SERGEANT AT ARMS: Starting time.

16 JASON CIANCIOTTO: Hello, Chair Schulman  
17 and Lee. It's good to see you again. Thank you for  
18 the opportunity to testify. I'm submitting written  
19 testimony that includes a lot of detail including  
20 program metrics, keeping ourselves accountable to the  
21 incredible work that the City Council enables GMHC to  
22 do through discretionary initiative funding. I do  
23 want to draw your attention to one of those  
24 initiative and one of our funding requests, the Trans  
25 Equity Initiative. There's been very important

2 community dialogue over what organizations should  
3 receive TEI funding, what their leadership structure  
4 should look like in terms of trans representation and  
5 how to go about divvying up those funds. As a cis  
6 white gay guy, it's not my place to be a part of  
7 those determinations for that community. What I can  
8 share is that five percent of GMHC's clients in 2024  
9 were transgender, gender non-conforming, non-binary  
10 or questioning. That's a much higher percentage  
11 relative to their representation in the New York City  
12 population overall which ranges between around 0.52  
13 percent, depending on who you ask. So, many  
14 organizations who receive TEI funds are using them to  
15 hire trans identified staff, including GMHC. The  
16 case managers in GMHC's TGNCNB Hub which the TEI  
17 funds are also transgender, and loss of funds would  
18 mean loss of services that may not be available to  
19 clients until new services ramp up. I also want to  
20 briefly discuss the impact that we're seeing of the  
21 federal actions against immigrants, TGNCNB people and  
22 others targeted. We are seeing folks who are  
23 disappearing from our housing, folks who are  
24 immigrants, folks who are not turning up at their HIV

2 medical appointments, because they're afraid of being  
3 deported.

4 SERGEANT AT ARMS: Your time's expired.

5 Thank you.

6 CHAIRPERSON SCHULMAN: Just give a

7 summary, Jason.

8 JASON CIANCIOTTO: Thank you very much

9 for your continued focus on these populations  
10 affected, including the new initiative that you  
11 created to provide support to folks affected by these  
12 immigration actions. I think that we could have some  
13 dialogue about what New York City and New York State  
14 could do should these cuts come down the pike, and  
15 I'd love to be a part of it with you. Thanks again  
16 and have a wonderful evening.

17 CHAIRPERSON SCHULMAN: Thank you.

18 Justine Tetteh?

19 SERGEANT AT ARMS: Starting time.

20 JUSTINE TETTEH: good evening, Chair Lee,

21 Chair Schulman and esteemed members of the Committee  
22 on Mental Health, Disabilities and Addiction and also  
23 the Committee on Health. My name is Justine Tetteh.  
24 I'm Director of Policy and Advocacy at Lenox Hill  
25 Neighborhood House. The Neighborhood House offers

2 several mental health programs targeted at addressing  
3 a full range of mental health symptoms and those  
4 living with various disorders, including a women's  
5 mental health shelter, supportive housing residents,  
6 a social adult day program, a caregiver program, and  
7 mental health services as part of our Early Childhood  
8 Center Family Services. And as a licensed mental  
9 health counselor and an advocate for improved mental  
10 health treatment, I urgently request that you  
11 increase investments in mental health services for  
12 our community. So things like-- city agencies like  
13 DOHMH and DFTA have successfully implemented clinic-  
14 based services for individuals who seek mental health  
15 treatment, as well as psychoeducational [sic]  
16 disorders and intervention. The Neighborhood House's  
17 implementation of mental health support is not a  
18 typical clinical setting. Our work provides mental  
19 health services to all age groups and maintains a  
20 person-centered model. This work has shown us that  
21 mental health treatment for your constituents can be  
22 based on community centers, older adult centers,  
23 afterschool programs, support groups, and churches,  
24 and these spaces foster socialization and can reduce  
25 long-term suffering among vulnerable populations.

2 Additional investment in mental health services in  
3 the community can in turn assist with decrease in  
4 overall cost of emergency care and additional support  
5 for vulnerable populations like New Yorkers  
6 experiencing homelessness, displacement, or impacted  
7 by co-occurring physical health conditions, and  
8 highlight the need for continued support from city  
9 agencies and other corners of community care. We  
10 hope that the committee members consider prioritizing  
11 sustainable funding for this method of community  
12 mental health treatment citywide, as the Neighborhood  
13 House actively strives to be proactive in our  
14 response to mental health crises. Thank you.

15 CHAIRPERSON SCHULMAN: Thank you very  
16 much. Lily Shapiro?

17 SERGEANT AT ARMS: You may begin.

18 LILY SHAPIRO: Thank you. Good evening  
19 Chairs Lee and Schulman and members of the committee  
20 if there are any left. I can't see from this far  
21 away. My name is Lily Shapiro and I'm Policy Counsel  
22 in the Fortune Society's David Rothenberg Center for  
23 Public Policy. Thank you for the opportunity to  
24 testify about the need for greater investments in and  
25 access to supportive housing through increased

2 funding for justice-involved supportive housing  
3 program and the passage of Intro 1100. We all know  
4 that supportive housing is a proven solution to  
5 homelessness, mental health challenges and repeated  
6 incarceration, but we must fully invest in it and  
7 expand access. First, we need to ensure that the  
8 City fulfills its commitment to bring online 380 more  
9 units of JISH with increased adequate service rate  
10 funding, because 33 percent of people entering our  
11 jails are unhoused at the time of admission, 21  
12 percent have a serious mental health diagnosis and  
13 remain on Rikers twice as long as the overall average  
14 length of stay, and we know that supportive housing  
15 like JISH works. A 10-year follow-up study of the  
16 Fuse Program which was the JISH precursor showed that  
17 63 percent of participants had zero additional  
18 encounters with jail or shelter after an initial  
19 stabilization period which is a remarkable success  
20 rate for people who had been cycling in and out of  
21 jail, the streets, shelters and hospitals. Over five  
22 years, the city saved \$45,000 per person in publicly-  
23 funded jail and shelter costs, and if everyone who  
24 had been eligible could have been enrolled, the City  
25 would have saved \$45 million. besides being a huge

2 win for individual wellbeing and community safety, it  
3 is clearly the fiscally-wise choice, especially since  
4 now housing one person on Rikers now costs over half  
5 a million dollars annually. In FY25, the City  
6 Council provided \$6.4 million in discretionary funds  
7 to increase service rates for the 120 operational  
8 JISH units for which Fortune is very grateful, as we  
9 operate half of them, but that did not solve the  
10 problem of expanding the program as intended to a  
11 full 500 units, which is why we're asking for an  
12 additional \$4.8 million annually as a line item in  
13 the DOHMH budget to increase the service rates for  
14 the remaining 380 units--

15 SERGEANT AT ARMS: [interposing] Your  
16 time's expired. Thank you.

17 CHAIRPERSON SCHULMAN: You can finish, go  
18 ahead. But just finish up quickly.

19 LILY SHAPIRO: Yep, will do. Refer you to  
20 my written testimony about the related need to pass  
21 Intro 1100 which would expand eligibility for city-  
22 funded supportive housing programs, and I thank you  
23 so much for the opportunity to testify today and for  
24 your leadership on these issues. Thank you.

25 CHAIRPERSON SCHULMAN: Thank you.

2 CHAIRPERSON LEE: Thanks Lily

3 [inaudible].

4 CHAIRPERSON SCHULMAN: Miral Abbas.

5 SERGEANT AT ARMS: Starting time.

6 MIRAL ABBAS: Hello, everyone. My name  
7 is Miral. I'm the Health Partnership Coordinator at  
8 the Coalition for Asian-American Children and  
9 Families, or CACF, and I'm here today to urge the  
10 Council to increase funding to \$4.5 million for  
11 Access Health in the coming budget. With this  
12 addition, Access Health can increase its critical  
13 health education and outreach to New York's most  
14 hard-to-reach communities, and this is critical,  
15 especially now that those who are immigrant,  
16 undocumented, limited English-proficient, and  
17 struggling with poverty are increasingly disconnected  
18 from and fearful of the approaching public health  
19 system. Access Health is a citywide initiative that  
20 supports 37 community-based organizations and it's  
21 led by four key agencies, one of which is CACF.  
22 Access Health supports community organizations since  
23 critical health services are being threatened by the  
24 federal administration. A CACF study done in  
25 partnership with DOHMH in 2019 found that over 80

2 percent of organizations reported that they had  
3 clients who opted out of multiple government benefits  
4 during the first Trump administration as immigrants  
5 are worried that utilizing health benefits could  
6 disqualify them from a family member. Our  
7 organizations challenge these chilling effects by  
8 providing language accessible, culturally-responsive,  
9 and accurate information. Access Health also allows  
10 our organizations to pivot their funding. For  
11 example, our orgs were critical during the COVID-19  
12 pandemic, and at a time when there were no funding  
13 increases, our organization shifted their limited  
14 resources to vital health outreach programs around  
15 COVID. Our orgs are vastly underfunded for the  
16 important work that they do. Our organizations also  
17 hire local community members who uniquely recognize  
18 and respond to their community's needs and strengths,  
19 and through their deep-rooted presence in the  
20 community, our organizations possess insight into  
21 their population's needs and strengths which  
22 therefore increases their engagement and service  
23 utilization making them effective. Therefore, I'd  
24 like to add that an enhancement of \$4.5 million can  
25 ensure that the City can better target challenging

2 health needs through trusted community-based support.

3 I've also mentioned multiple statistics to kind of  
4 provide some background to Access Health that we're  
5 submitting in a written testimony. So, thank you.

6 CHAIRPERSON SCHULMAN: Thank you. Nadia  
7 Chait?

8 SERGEANT AT ARMS: Starting time.

9 NADIA CHAIT: Good evening Chair Schulman  
10 and Chair Lee. I'm Nadia Chait, the Senior Director  
11 of Policy and Advocacy at CASES. We serve over  
12 12,000 people annually across a range of programs  
13 including being the largest provider of mobile mental  
14 health treatment teams in New York City with seven  
15 Intensive Mobile Treatment teams and nine Assertive  
16 Community Treatment teams, including several that  
17 focus on serving folks with legal system involvement.  
18 I'm here today to support the Crisis to Care  
19 investments, specifically the \$22 million for IMT. I  
20 think many of us have seen what many of our clients  
21 experience on their worst days, so I want to share  
22 what happens when folks actually get access to  
23 service and care. So I want to talk about a recent  
24 client, DG. He's been with one of our IMT teams for  
25 about eight months now, and he was referred to us due

2 to repeated episodes of aggression, a long history of  
3 mood disorders starting when he was quite young, and  
4 repeated challenges with engaging in mental health  
5 treatment. In the eight months in our care, we've  
6 been able to connect him to supportive housing. He's  
7 enrolled in college classes at Berkley College and is  
8 working toward his goal of having his own clothing  
9 brand. He's been able to build community  
10 connections, particularly important for him as he has  
11 a strained relationship with his family. We've  
12 linked him to job training, and he's continued to  
13 meet with us and engage in mental health treatment  
14 services for the longest stretch for which he's  
15 engaged in mental health care in a very long time. I  
16 also want to share a little bit about Nicholas,  
17 another client of ours in a IMT team. Nicholas just  
18 started classes at the Borough of Manhattan Community  
19 College in January of 2025. We have another client  
20 is just one math test away from finishing their high  
21 school equivalency exam. This is the result-- this  
22 is what can happen when we support people and when we  
23 engage them in services that are actually meeting  
24 their need and working with them every day. This is

2 what works. It's not the involuntary removal from the  
3 subway--

4 SERGEANT AT ARMS: [interposing] Your  
5 time's expired. Thank you.

6 CHAIRPERSON SCHULMAN: Just give a  
7 summary of your closing.

8 NADIA CHAIT: Fund IMT. Fund ACT. Thank  
9 you.

10 CHAIRPERSON SCHULMAN: Thank you.  
11 Jennifer Parish?

12 SERGEANT AT ARMS: Starting time.

13 JENNIFER PARISH: Good evening. My  
14 name's Jennifer Parish. I'm the Director of Criminal  
15 Justice Advocacy at the Urban Justice Center Mental  
16 Health Project. Currently about 57 percent of the  
17 jail population has been assessed as needing mental  
18 health treatment. That includes about 1,400 people  
19 diagnosed with serious mental illness. With adequate  
20 community resources we can significantly reduce that  
21 number. And I want to highlight a couple of  
22 investments that we need. One of those is Justice-  
23 Involved Supportive Housing. It's critical to  
24 ensuring that people with serious mental illness and  
25 criminal legal system involvement can obtain that

2 housing. Last year, the Council supported it and we  
3 urge the City to invest and appropriate \$4.8 million  
4 in annual funding. This would allow the City to  
5 fulfill its commitment to expand JISH to 500 units.  
6 We also need additional funding for Intensive Mobile  
7 Treatment and Forensic Assertive Community Treatment  
8 teams. Earlier in this hearing, DOHMH was asked  
9 about the waiting list for that. They did not  
10 provide the information, but we know that people wait  
11 for months and months to receive these services.  
12 People who are incarcerated but qualify for these  
13 teams would be so much better served in the  
14 community, but DOHMH has not prioritized connecting  
15 incarcerated people with these teams during  
16 incarceration. Doing so would not only provide for  
17 continuity of care when the person's released, but it  
18 could also reduce the amount of time people with  
19 serious mental illness are incarcerated. We ask the  
20 Council to allocate \$22 million to create 15 more IMT  
21 teams and \$7 million to create more Forensic  
22 Assertive Community Treatment teams. Finally, New  
23 York City needs a crisis response that does not  
24 include police. We support CACIT NYC in calling for  
25 a baseline allocation of \$4.5 million to ensure

2 competitive compensation for peer specialists to  
3 staff the city's mental health crisis response teams.  
4 By reallocating just a fraction of the Department of  
5 Corrections \$2.87 billion dollar budget. We can  
6 easily fund these services. Simply by eliminating  
7 the department's uniform vacancies, the City would  
8 save 149--

9 SERGEANT AT ARMS: [interposing] Your  
10 time's expired. Thank you.

11 CHAIRPERSON SCHULMAN: You can summarize.

12 JENNIFER PARISH: Thank you. We can and  
13 will close Rikers Island, but we need to make  
14 community investments to do so. Thank you very much.  
15 Thank you for your time.

16 CHAIRPERSON SCHULMAN: Thank you very  
17 much. Juan Pinzon.

18 SERGEANT AT ARMS: Starting time.

19 JUAN PINZON: Good evening Chairs  
20 Schulman and Lee. I'm Juan Pinzon. I'm the Director  
21 of Government Relations at the Community Service  
22 Society and today I'm testifying in support of  
23 funding for the Managed Care Consumer Assistance  
24 Program at Access Health NYC in the FY26 budget. in  
25 my written testimony I also talk about the

2 restoration of Article 6, the enactment of the Fair  
3 Pricing Act, and I want to thank you, Council Member  
4 Schulman for your advocacy on these three issues. I  
5 know that you mentioned that you're planning to  
6 introduce a resolution in support of the Fair Pricing  
7 Act which is great. New Yorkers are angry and  
8 frustrated with our healthcare system as you know, in  
9 addition to navigating the dysfunctional healthcare  
10 system, they're also seeing how their payments and  
11 out-of-pocket expenses keep rising which forces many  
12 to postpone preventive care. And we recently  
13 conducted a statewide healthcare affordability survey  
14 that found that 60 percent of New Yorkers experience  
15 at least one healthcare affordability burden the past  
16 year. In 2019, we did a similar survey and that  
17 numbers 59 percent, so it's getting worse. And the  
18 survey also found that 80 percent of responders worry  
19 about affording healthcare in the future. So this is  
20 why we need programs like MCCAP to help our most-  
21 vulnerable populations across the city navigate our  
22 healthcare system, including resolving claim denials  
23 and medical billing issues. Since 2020, MCCAP has  
24 assisted over 20,000 clients-- I'm sorry, 17,000  
25 clients to secure coverage on medically-necessary

2 care, settling nearly \$1 million in healthcare-  
3 related costs. Our current network of 12 CBOs is not  
4 enough to prevent [sic] our city. We are leaving  
5 many residents who are not able to access services on  
6 the ground, particularly in Brooklyn and the Bronx.  
7 So, increasing funding for MCCAP is critical to  
8 ensure that New Yorkers have a place to turn when  
9 dealing with a claim denial, with a medical bill, or  
10 any other issues accessing coverage and care.

11 SERGEANT AT ARMS: Your time's expired.

12 Thank you.

13 JUAN PIZON: [inaudible]

14 CHAIRPERSON SCHULMAN: Just summarize,  
15 Juan.

16 JUAN PIZON: Thank you. Today's  
17 political reality also make the need for MCCAP all  
18 the more pressing, as you know. So we urge the City  
19 Council to consider increasing funding for MCCAP to  
20 \$2.3 million and also increase Access Health NYC's  
21 allocation to \$4.5 million. Thank you so much.

22 CHAIRPERSON SCHULMAN: Thank you very  
23 much. Okay, thank you. I want to thank everyone who  
24 has testified. If there's anyone present in the room  
25 on Zoom that has not had the opportunity to testify,

2 please raise your hand. Okay. Faith Bahum [sp?],  
3 Tanisha Grant [sp?], Michelle Greer [sp?], Shania  
4 Banatte [sp?], Hank Oliver [sp?], Kendra Hardy, Amy  
5 Ang, Marcus Jackson, Jeanine Garriga, Nadia Kabush  
6 [sp?], Arina Corshiba [sp?]? Okay. Seeing no one  
7 else, I would like to note that written testimony  
8 which will be reviewed in fully by committee staff  
9 may be submitted to the record up to 72 hours after  
10 the close of this hearing by emailing it to  
11 [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). With that, I want to  
12 thank-- Chair Lee, do you want to say anything in  
13 closing, or you good?

14 CHAIRPERSON LEE: No, just thank you  
15 everyone.

16 CHAIRPERSON SCHULMAN: I want to thank  
17 everyone who testified today. It was a very long  
18 hearing. I want to thank Chair Lee for hanging in  
19 there, and the staff as well. And with that, I will  
20 now close the Preliminary Budget hearing for  
21 Department of Health, OCME-- sorry. No, I said DOH--  
22 yeah. So anyway, I want to-- sorry, it's late.  
23 DOHMH, right. I want to thank everyone for their  
24 testimony today, and with that, the hearing is now  
25 closed.

1 COMMITTEE ON HEALTH JOINTLY WITH COMMITTEE ON MENTAL HEALTH,  
DISABILITIES AND ADDICTION 443

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COMMITTEE ON HEALTH JOINTLY WITH COMMITTEE ON MENTAL HEALTH,  
DISABILITIES AND ADDICTION

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COMMITTEE ON HEALTH JOINTLY WITH COMMITTEE ON MENTAL HEALTH,  
DISABILITIES AND ADDICTION

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 25, 2025