CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON FINANCE, JOINTLY WITH THE COMMITTEES ON HEALTH, MENTAL HEALTH AND SUBSTANCE USE, AND HOSPITALS

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June 5, 2026
Start: 10:13 A.M.
Recess: 4:35 P.M.

HELD AT: Council Chambers - City Hall

B E F O R E: Julie Menin, Speaker
Hon. Chairperson Linda Lee
Hon. Chairperson Lynn C. Schulman
Hon. Chairperson Tiffany Cabán
Hon. Mercedes Narcisse

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Virginia Maloney
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Darlene Mealy
Frank Morano
Lincoln Restler
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A P P E A R A N C E S (CONTINUED)

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New York City Department of Health and Mental Health Hygiene (DOHMH)

Aaron Anderson,
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A P P E A R A N C E S (CONTINUED)

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SERGEANT LEWIS: Mic check, mic check, this is a mic check for the Finance Hearing on Hospitals, Mental Health, and Mental Health and Substance Use. Today's date is June 5, 2026, recorded by Walter Lewis in the Chambers.

SERGEANT AT ARMS: Good morning, good morning, welcome to the New York City Executive Budget Hearing for the Committee on Finance, jointly with the Committee on Health, the Committee on Mental Health and Substance, and the Committee on Hospitals. At this time, please silence all electronic devices, and do not approach the dais. Again, please do not approach the dais.

If you need assistance, please contact the Sergeant at Arms. Thank you for your cooperation.

Chairs, you may begin.

CHAIRPERSON LEE: [GAVEL] Good morning, everyone, and welcome to the eighth day of The New York City Council Fiscal Year 2027 Executive Budget Hearings. I am Council Member Linda Lee, and today we will begin with the Department of Health and Mental Hygiene, Public Health Section, followed by the Department of Health and Mental Hygiene for Mental Hygiene.

I am pleased to be joined by our Speaker, Julie Menin, and my colleague, Chair of the Committee on Health, Council Member Lynn Schulman. And today we have been joined by Council Member Narcisse, Council Member Ariola, and Council Member Felder, who are on Zoom; Council Member Marte, Council Member Wong, Council Member Wilson, and Council Member Cabán.

Welcome to our Commissioner, Dr. Alister Martin-- Oh, and we have also been joined by Council Member Carmen De La Rosa.

Welcome, Commissioner, to you and your team for being with us this morning, and thank you all for answering our questions today.

On May 12, 2026, the Administration released the Executive Financial Plan for FY27 to FY30, with a Proposed Fiscal 2027 Budget of $124.7 billion. Department of Health and Mental Hygiene's Public Health Proposed FY27 Budget of $1.59 billion represents 2.1% of the Administration's Proposed Fiscal 2027 budget in the Executive Plan, and this is an increase of $59.7 million or 3.9% from the $1.54 billion originally budgeted in the Preliminary Plan. This increase results from several actions, mostly tied to an additional $17.6 million for disease

outbreak resilience, $12 million for the mobile food vending expansion, $7.2 million for tuberculosis management, and $4 million for sexual health clinics.

As of April 2026, the DOHMH Public Health section headcount was 202 less than their fiscal 2026 budgeted headcount. In the FY27 Preliminary Budget Hearing, we raised concerns regarding disease prevention and treatment, chronic disease prevention, health equity, and immunization programs. We were pleased to see that many of these priorities were reflected in the Executive Plan. At the same time, this budget hearing comes at a period of significant uncertainty for public health agencies across the country. Federal funding that supported critical disease surveillance, laboratory capacity, and emergency preparedness efforts is beginning to expire, while public health departments are simultaneously being asked to respond to emerging infectious diseases, rising chronic disease burdens, and increasing healthcare access challenges.

That is why I'm encouraged to see investments in disease outbreak resilience, tuberculosis prevention, childhood asthma initiatives, and healthcare access programs. However,

it is also important that these investments are supported by a workforce that can successfully implement them. With the Agency still operating below budgeted headcount and at the same time eliminating long term vacant positions, we must ensure that staffing capacity keeps pace with the growing responsibilities being assigned to the Department.

I look forward to hearing from the Commissioner today about how the Department plans to sustain critical public health services, address federal funding uncertainty, advance HealthyNYC goals, and continue protecting the health of all New Yorkers in the years ahead.

And now I want to turn it over to my co-chair for this hearing, Chair Schulman, for her opening statement.

CHAIRPERSON SCHULMAN: Thank you. Good morning, everyone. I'm Council Member Lynn Schulman, Chair of the New York City Council's Committee on Health. Thank you all for joining us at the Fiscal 2027 Executive Budget Hearing for the Department of Health and Mental Hygiene. I want to thank our Finance chair, Linda Lee, for co-chairing this hearing, and I also want to thank Speaker Julie Menin

for attending as well. I would also like to thank the Commissioner, Dr. Alister Martin, his staff, and everyone who is with us today.

DOHMH's Fiscal 2027 Executive Budget totals $2.64 billion. This represents approximately 2.1% of the City's budget. Funding for public health services totals $1.6 billion, a net increase of $116.6 million compared to last year's adopted budget. Of this amount, $526 million is for personal services and $1.1 billion for other than personal services.

Today's hearing comes at a critical moment for public health in New York City. While our city has made meaningful progress in improving health outcomes and strengthening disease prevention efforts, we continue to face serious challenges that require sustained investment, thoughtful planning, and strong public trust in our health institutions.

This hearing will examine how the Department's Fiscal 2027 Executive Budget aligns with the City's broader public health goals, including the HealthyNYC Initiative to increase life expectancy, which the Council codified into law. HealthyNYC established ambitious targets to address the

longstanding inequities that continue to shape health outcomes across our communities. These goals cannot exist solely as aspirational benchmarks. They must be reflected both in spirit and in funding decisions throughout this budget. At the same time, the City is preparing for the impacts of significant federal healthcare policy changes. Approximately 233,000 New York City residents are expected to lose health insurance coverage due to upcoming Essential Plan eligibility changes taking effect on July 1st. These Medicaid-related disruptions could increase the number of uninsured New Yorkers and interrupt continuity of care. We will discuss how the Department plans to respond to the new Health and Affordability Core to support vulnerable communities during this transition. We will also examine investments in programs that directly address food insecurity, environmental health, infectious and chronic disease prevention, sexual health services, public health emergencies, and childhood asthma.

Apart from responding to crises, public health is also about preventing illness before it occurs and ensuring that all New Yorkers have

equitable access to the resources they need to live healthy lives.

This hearing will also focus on the City's response to Legionnaires' disease following recent outbreaks and the implementation of strengthened cooling tower regulations, which I championed last year. The 2025 Central Harlem Legionnaires' Disease Cluster emphasized the devastating consequences of delayed detection and insufficient prevention measures. As warmer temperatures increase the risk of Legionella growth, it is essential that the City fully supports inspection capacity, outbreak response, environmental, and community engagement efforts to protect public health.

We will also discuss investments in tuberculosis prevention through Stop TB NYC, the City's ongoing Mpox response, and the growing importance of combating health misinformation through effective public health communications.

Additionally, we will examine the Department's role in animal welfare, zoonotic disease preparedness, and pest mitigation efforts as emerging public health threats continue to evolve.

Before we begin, I would like to thank the Finance staff, Valeria Lazaro-Rodriguez, Florentine Kabore, and Anisha Wright, for their work on this hearing, and committee staff, Chris Pepe, Elizabeth Artz, and Joshua Newman, for their support. Finally, I would also like to thank my staff, Jonathan Boucher, Kevin McAleer, and Samie New. With that, I will now pass it to Chair Lee.

CHAIRPERSON LEE: Great, thank you. So before we get into swearing in, I just wanted to make some quick announcements.

We're having our public testimony hearing all day. So instead of doing it on multiple days, we're doing it on one day, on Wednesday, June 10th, next week at 9:30 A.M. So, if you're here from the public and want to sign up to testify, please do so. It should be a long, fun day. So we will make sure to get through all the testimony and hear from everyone. So please, again, on June 10th, 9:30 A.M., please sign up.

Okay, without further ado, I want to introduce our amazing committee counsel, Brian Sarfo, to swear in our witnesses.

COMMITTEE COUNSEL: Good morning. Do you affirm to tell the truth, the whole truth, and nothing but the truth before this Committee and to respond honestly to Council Member questions? Commissioner Dr. Alistair Martin?

COMMISSIONER MARTIN: Yes.

CHAIRPERSON CABÁN: And Deputy Commissioner Anderson?

DEPUTY COMMISSIONER ANDERSON: Yes.

COMMITTEE COUNSEL: You may begin.

COMMISSIONER MARTIN: Fantastic.

Thank you very much, Chair Schulman; thank you, Chair Lee; thank you, Chair Cabán, and thank you, Madam Speaker, and to all of the Council Members who've joined us today.

My name is Dr. Alistair Martin, Commissioner of Health at the New York City Health Department, and I'm joined today by our Chief Financial Officer, Aaron Anderson, and members of my senior leadership team. Thank you for the opportunity to testify today on our Executive Budget as it relates to public health.

In the midst of this year's budget season, City Hall released a study that found 62% of

New Yorkers cannot meet their basic needs——that's five million people——most of whom are missed by federal poverty measures. In the midst of this year's budget season, City Hall released a study that found 62% of New Yorkers

cannot afford to meet their needs. That's five million people--most of whom are missed by federal poverty measures. This budget season, the Mamdani administration is putting forward a blueprint for how to care for our city and lift some of the financial weight from New Yorkers' shoulders.

We can't talk about affordability without talking about health. We're facing devastating cuts to public health and healthcare at the federal level, and we're bracing for the impacts of H.R.1 . Millions of New Yorkers who rely on Medicaid will soon become vulnerable to losing their coverage: That impacts nearly half of our city.

We have both the responsibility and an opportunity to intervene. Our mission for the Health Department is centered around three main priorities: The first is to solidify the foundation of our core public and mental health work. As we face an increasingly hostile federal environment, we are

dedicated to ensuring our core local services are operating efficiently.

The second is to make clear that public health is an affordability issue. Key components of this work include enrolling New Yorkers in Medicaid and keeping them covered, especially the hundreds of thousands of residents at risk under the new federal work requirements; connecting families to cash assistance benefits programs like SNAP, WIC, EITC, and other benefits they have already earned but haven't claimed; eliminating medical debt by both erasing it once it accrues and preventing it before it accumulates; and screening for housing instability at health visits and linking patients to eviction prevention services.

The third priority is to make public health's "invisible shield" visible, because that metaphor does us a disservice. If something is hidden, it's easy to take it for granted. We cannot afford to be taken for granted, especially right now.

We are building a healthier, more affordable New York City every day. In the past three months alone, we have made extraordinary commitments to deliver for New Yorkers. That includes: A $20

million investment in perinatal and early childhood mental health services, as well as the expansion of our Nurse Family Partnership program, a program in which my own mother was a nurse as a Nurse Family Partnership nurse, and another $20 million towards community-based asthma programming in the Bronx; a $12 million investment in the peer workforce at substance use recovery programs across New York City; and a Board of Health resolution condemning federal tax on public health insurance and resolving to fight back.

Each of these is both an accomplishment and a promise of more to come. I'm proud to share them with you today.

Most recently, the Board of Health unanimously approved a resolution responding to looming cuts to Medicaid and changes to public health insurance options more broadly. That resolution also calls on New York City and State governments to mitigate the harms of federal actions and educate the public about their options.

That very same day, we launched a $500,000 campaign advertising our free services that help New Yorkers enroll in low-and no-cost health

insurance. The campaign runs through the end of this month on social media, in newspapers, and on Link NYC kiosks, and it is translated into 13 languages. The ads point New Yorkers directly to our health insurance enrollment team. These services are free of charge and available regardless of someone's immigration status or ability to pay.

Our enrollment counselors offer guidance on coverage options and help navigate government bureaucracy. They help meet the needs of the whole person by recommending other benefit applications, including SNAP. They will also enroll people in NYC Care if that is their only health care option.

These are critical services that connect New Yorkers to programs that most of our city relies on. Right now, more than five million New Yorkers are enrolled in low-or no-cost insurance plans, including Medicaid and the Essential Plan.

Medicaid work requirements will go into effect at the end of this year, January 2027, and additional changes, like frequent eligibility redeterminations, will make it harder for people to stay covered. Upcoming federal changes that impact the Essential Plan are projected to cause an

estimated 233,000 New York City residents to lose their coverage as well. At the Health Department, we are determined to intervene and keep as many New Yorkers insured as possible.

I have heard some of those conversations unfold around how we can keep people enrolled in these insurance benefit options, and it's those moments that crystallize the impact of our work. We are meeting people where they are and helping them navigate some of the most consequential moments of their lives, and we are doing it by the thousands.

Our direct, one-on-one services reach more than 10,000 pregnant or parenting New Yorkers every year. The Citywide Doula Initiative serves roughly 1,000 people each year. We've reached more than 3,900 people since the program launched in 2022, and there have been zero pregnancy-related deaths among participants.

Behind the numbers are New Yorkers like Masada, a doula I joined to visit a young woman who left an abusive partnership during her second pregnancy. She welcomed her son into the world this January, with Masada by her side.

Our Nurse Family Partnership (NFP) Program serves more than 2,000 people every year, and that number will go up thanks to a recent $20 million investment in the Strong Foundations Initiative. I learned of that program's impact by watching my mom, who served as an NFP nurse for nearly 15 years. It's her example of public service I seek to emulate at this agency.

Our Newborn Home Visiting Program serves more than 7,000 families every year. We dispatch community health workers to support families through the early days of parenthood—people like Wanda, who recounted what it felt like to hold a client's hand the day they came home from the NICU.

In the richest city in the richest country in the world, no family should lose a loved one to pregnancy-related causes. All of these programs are built on trust. All of them are free of charge. And all of them are making pregnancy and parenthood safer and more supported in New York City.

At the Health Department, we are committed to driving our resources according to need, no matter the subject area. This spring, City Hall announced a $20 million investment to improve

childhood asthma outcomes in the Bronx. About half of that money will go toward community-based programming, and the other half will support asthma case management resources in schools. That investment would not be possible without the MTA: it is part of a larger $100 million commitment to New York City government. The money was generated by congestion pricing revenue and will go towards mitigation projects in environmental justice communities, including our asthma work.

Every day, we are building on a legacy of more than 220 years in public health. We are positioned to meet and anticipate the needs of our community members, and we will continue to do so.

I am encouraged to see increased support for our community health programming in the City's Executive Budget. That includes a $3 million investment to establish the Health and Affordability Corps. That funding will support 46 employees dedicated to working with New Yorkers across our city to facilitate access to benefits, health insurance enrollment, and referrals to low- and no-cost services.

We are grateful for a $12 million investment in our Mobile Food Vending program. I am also reassured by the dedication of $10 million to continue Groceries to Go, which provides food-insecure New Yorkers enrolled in Health + Hospitals' NYC Care program with monthly credits to purchase groceries.

At the state level, the fiscal year 2027 budget provides crucial support for public health. I am very grateful to Governor Kathy Hochul and the New York State Legislature for restoring Article 6 matching funds of 36% to New York City. This reverses several years of cuts where New York City was the only jurisdiction in the state receiving a lower state reimbursement for core public health services. Thank you to Speaker Menin, Chair Schulman, and the entire Council for their continued advocacy on this issue.

I am also pleased to see a permanent carveout of School-Based Health Centers from Medicaid Managed Care in this year's budget. Our School-Based Health Centers provide free primary care, including mental health and dental services, to approximately 143,000 New York City students. We are grateful to

see these services supported in the state budget, and I appreciate this Council's advocacy on that issue.

Lastly, let me speak to the federal budget. About 20% of our budget is federally funded. That amounts to approximately $500 million. As mentioned, the majority of that funding goes toward emergency preparedness and infectious disease control. While we expect the federal government to honor its commitment and maintain that funding, the reality is that we cannot rely on Washington, D.C.

The writing is on the wall for the year ahead: this will be a uniquely challenging one for public health. But in New York City, I am approaching that year with a whole lot of hope. I believe in the leadership we have across City government, including this Council. I believe in the 7,000 people who carry out our work at the Health Department every day. And I believe in our city: if there is anywhere that can turn tribulation into transformation, it is here.

Thank you for your attention. We are happy to take questions.

CHAIRPERSON LEE: Thank you. I appreciate the citations in your opening statement. Very awesome.

Okay, so I'm going to ask a few questions, and when the Speaker comes back, I'll turn it over to her.

So, really quickly, for the Executive Plan, what was the process for your Chief Savings Officer to conduct the required review of spending and operations within the 45-day timeframe, and what are the topline items that were identified and submitted to OMB?

COMMISSIONER MARTIN: Yeah, first of all, let me just start by saying, you know, we are in a very good position with this Executive Budget, thanks to the work of OMB, this administration, but also thanks to your support in this council. You put us in a good position to execute with regard to all of the services that we need to keep people safe in the city.

With regard to the Chief Savings Officer role, we are managing two very specific things and trying to make sure that we are doing both—both complying with and aligning with the Mayor's vision on EO-12, and at the same time finding places with savings that did not affect core services...

CHAIRPERSON LEE: Exactly.

COMMISSIONER MARTIN: And we were able to do that throughout the entire budget. And I'll let Aaron talk a little bit more about the specific set.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thanks, Commissioner, and thanks for the question, Chair Lee.

These savings exercises are never easy; they're never fun. But I think we were absolutely able to meet both the mission and the charge of the Administration to find savings while also minimizing or actually not having any impact at all on New Yorkers' lives.

So, in sum, the savings items that touch the public health side of the budget are Legionella, so this is just a re-estimate for the current year, only for spending, based on less spending than expected. So that's a simple one.

Zadroga re-estimate: this is the World Trade Center Health Program. This is really a program run by the federal government. The City pays 10%. So we were able to identify savings in the current year to the extent that the feds spend less, the City's obligated to spend less. And that was sort of an easy one to recognize as well.

Early intervention reevaluation, we identified savings of $500,000 in FY27 in the out years. That one's really about eliminating unnecessary evaluation procedures and aligning our practices with a recent state regulation.

CHAIRPERSON LEE: Okay, yeah.

CHIEF FINANCIAL OFFICER ANDERSON: And we found some space savings. We have a large real estate footprint across the city. So we're always thinking about ways to consolidate and think about the best ways to use space efficiently. We've made some progress there.

So I think all of those taken together on the health side are really an example of finding savings without having any impact on services, and certainly nothing that would be reflected.

CHAIRPERSON LEE: Right. And we definitely were very clear about that on the Council side, too, that we don't want services to get cut or anything to be sacrificed on that end. So I'm glad to hear that you were able to do that without any consulting contracts, outside contracts that were reevaluated, or IT, because I know that a bunch of different

agencies have been looking at those costs as well, more on the OTPS side.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, I mean, as part of the 45-day process, we certainly looked exhaustively. Consultants are a natural place to look.

CHAIRPERSON LEE: Right.

CHIEF FINANCIAL OFFICER ANDERSON: IT is a natural place to look. Over the past two or three years of the prior administration, we had rounds and rounds of PEGS and budget cuts, and I think we did a lot of work on that front there. So there wasn't much left to do...

CHAIRPERSON LEE: Okay.

CHIEF FINANCIAL OFFICER ANDERSON: But we're always looking at those areas for potential efficiencies.

CHAIRPERSON LEE: Okay, thank you.

And then in terms of vacancy reductions, the FY27 Executive Plan includes baseline savings of $6.1 million in city and state funding between FY26 through the elimination of 76 long term vacant properties across DOHMH. So, just again to clarify, these are positions that were never filled. So,

which program areas are impacted by the elimination of the 76 vacant positions? Were they across multiple programs or?

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thanks for the question. So right, I think that the top line here is certainly that, yeah, this did not target current staff.

CHAIRPERSON LEE: Right.

CHIEF FINANCIAL OFFICER ANDERSON: This was not only vacancies, but long-term vacancies.

CHAIRPERSON LEE: Right.

CHIEF FINANCIAL OFFICER ANDERSON: So we've had challenges filling for years. It's really spread across the agency. The same approach we took to the savings initiatives we took to the vacancy, again, not easy, but you know, we looked for the things that were the hardest to fill, the longest vacant, and of course, the overriding principle had no impact on the public or on services. So yeah, to answer that, it's really spread across the agency. There's not a single area where they're concentrated.

CHAIRPERSON LEE: Okay. And...

CHIEF FINANCIAL OFFICER ANDERSON: We were able to meet the target... (CROSS-TALK)

CHAIRPERSON LEE: What was the average length that the positions had remained vacant prior to being removed? And what other factors contributed to the department's inability to fill the positions originally?

CHIEF FINANCIAL OFFICER ANDERSON: Yeah. I mean, there's no single answer. I mean, as you know, our agency does so many different things. So the hiring issues that are in Environmental Health are very different from hiring issues with School Health. It's just not really a one-size-fits-all answer. But in general, I mean, we're looking at positions that were vacant for upwards of two years.

CHAIRPERSON LEE: Got it. Okay. Two years or more? Okay.

And although the Administration states that there will be no programmatic impact, how will responsibilities previously associated with the positions be absorbed or redistributed? And what would that look like, considering that the positions were never filled?

CHIEF FINANCIAL OFFICER ANDERSON: Yeah. I mean, it's a good question. It's a natural question. I think we're doing our best to absorb as we have. I

mean, as a city, every agency has had a lot of experience with us over the past few years. This vacancy reduction was not nearly as painful as the one several years ago. So I think we have some experience in how to absorb those. And it's always easier to absorb and redirect that work when it's not sort of public-facing. (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON LEE: And also not currently-- there's a current staff member there. So it's...

CHIEF FINANCIAL OFFICER ANDERSON: Exactly.

CHAIRPERSON LEE: Right. And I know the answer to the next question. But just for the record, I'm assuming that among the eliminated positions, were any of them connected to public health emergency preparedness, data modernization, health equity initiatives, or federally funded programs?

CHIEF FINANCIAL OFFICER ANDERSON: Generally, no. I mean, I think we have certainly made every effort to focus on things that were more back office functions, if we have to group them together, things like data analysts, program specialists, or office support.

CHAIRPERSON LEE: Okay. So in terms of recruitment and retention, what are some of the strategies that you're implementing to improve some of the harder to fill positions around public health programming?

COMMISSIONER MARTIN: I'll tell you just right off the bat here, this is one of the top priorities for me, and it's something that is top of mind. We're applying every single tool we can to make sure we get the right people in this building. We are hiring. So if Council has folks that are individuals that we should be looking at, we'd love to see resumes and get people in the door. We're pushing on all fronts on social media, on comms, and also doing the work that we can do in communities to recruit people as well. So this is a top priority of making sure we get the right people, and then we also keep them here.

CHAIRPERSON LEE: Great. And then have you been partnering with other provider organizations as well as maybe, you know, the City's own programs, either through CUNY or workforce development type programs? Have you been plugging into those?

COMMISSIONER MARTIN: Yeah, actually, we recently just met with Commissioner Kenny Minaya and began doing some of our strategic planning around how we might collaborate with their really incredible Workforce One centers.

CHAIRPERSON LEE: Yes.

COMMISSIONER MARTIN: They have a Workforce1 Healthcare Career Center, and I think there's a ton that we can do there, you know? We are not going to recreate the wheel in terms of resume writing and job searching, but I do think that we have a role to play in helping to attract candidates and then, you know, working with Workforce1 to get them ready for hiring.

CHAIRPERSON LEE: Okay. And then I'm assuming the positions you have open could be for multiple different types of degrees, right? So I mean in terms of levels of...

COMMISSIONER MARTIN: Absolutely.

CHAIRPERSON LEE: degrees?

COMMISSIONER MARTIN: Absolutely...

(CROSS-TALK)

CHAIRPERSON LEE: Okay.

COMMISSIONER MARTIN: They span from roles that, you know, don't require a college degree, to some of the roles that we'll talk about today, which are highly specialized medical economist roles. So the bottom line is we are hiring, and we're looking for candidates.

CHAIRPERSON LEE: Great.

And then just really quickly, going into some of your conversations with OMB, so how have your conversations actually been going in terms of things that maybe didn't get put in the Executive Plan that perhaps can be added before the adoption of the budget? Are there any resources that you're looking at in addition to what was added to the Executive Plan?

COMMISSIONER MARTIN: Yeah, I can say a few words and then pass it over to Aaron.

You know, at this time that we're in now, we have what we need to be able to carry out both the core public health and mental health services that New Yorkers count on us to deliver. But we will continue working with OMB, and we're going to continue our conversations with you all at City Council to figure out how we push even more and

continue to deliver the services the New Yorkers rely on. And I'll pass it to Aaron and see if he has anything else to add here.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, I think that sums it up well. I mean, I'm in almost daily conversation with OMB. So they're very well aware of our needs and our evolving considerations as an agency. So, yeah...

CHAIRPERSON LEE: Okay.

CHIEF FINANCIAL OFFICER ANDERSON: We're...

CHAIRPERSON LEE: Perfect. Can we add to your list, actually, because I know that there are some things that I would love for you guys to take more funding on, especially related to mental health, or you know, health programs. So I'm just wondering. I'm sure Chair Cabán would agree with that, right?

So, there's no shortage of things that we have on our end of things we would love to see in the budget, but we would love to work with you and OMB on that.

CHIEF FINANCIAL OFFICER ANDERSON: We'll have our pens ready to write the list down.

CHAIRPERSON LEE: Okay, great.

So it seems like most of the requests you submitted were approved. What funding or policy priorities did DOHMH advocate for during the state budget process, and do you have any confirmation? I know the state budget is winding down and finalized, but if you could speak a little bit to that in terms of your state priorities?

COMMISSIONER MARTIN: Well, I'll just say the one that's really important, and just to say thank you to this Council, to Chair Schulman, to you as well, Chair Lee, for helping to fight for Article 6 restorations, a big, big, big deal. That, you know, is tens of millions, if not hundreds of millions of dollars that we were being blocked from receiving because of the disparity in terms of our match rate. So thank you for that, for that advocacy and for the commitment to that. So I'm going to hand it to Aaron to see if there are any other pieces that he'd like to lift up.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, I mean, not much else to add, just that the Article 6 restoration is a huge deal for the City and a huge deal for this agency.

CHAIRPERSON LEE: Okay, so I think the state budget agreement reportedly includes, I believe, $706 million for hospitals, $480 million for nursing homes, $20 million for assisted living programs, and $80 million for federally qualified health centers, FQHCS. And how will recent state healthcare investments impact New York City's public health system?

COMMISSIONER MARTIN: Well, I'll tell you another piece that is related to what you've mentioned that we're really excited about is the carve-out that school-based health centers got. You know, for many of the students who are involved in getting care from school-based health centers, they don't have another primary care doctor or another place to go to get care. And so being able to co-locate those services in the school is incredibly important. Now, the challenge has been that these school-based health centers were facing the prospect of having to do a bunch of administrative work, billing, and documentation, and things that would have made it more challenging for them to receive funding for the work had they not been carved out and had to enter managed care contracts. So that

carve-out is a huge, huge benefit to the City in terms of buttressing our public health.

CHAIRPERSON LEE: In terms of the school-based health centers, are there additional resources, capital needs, things that are needed of that sort that are in the budget as well, that is, I guess, a new need? Are there new community health centers that are going to be put online or school-based health centers...

COMMISSIONER MARTIN: For the school-based health centers?

CHAIRPERSON LEE: Yes.

COMMISSIONER MARTIN: So let me say a few words there, and then I'll hand it to Aaron to talk budget. So our school-based Health Center program helps to serve about 140,000 students across the city, that is, throughout 139 school-based health centers. And so again, this is no-cost primary care for students. It's something that I think, given the place where we're heading and where we are now, with the federal environment that we're in-- you know, when a family is concerned about going to a hospital or primary care clinic, knowing that their school can offer the services that that child might get

somewhere else, and also not ask questions about immigration status, you know, I think that this is going to serve an even more important role moving forward. So, we're really excited to lean into the school-based health center program. Let me hand it over to Aaron to talk about the budget.

CHIEF FINANCIAL OFFICER ANDERSON: Sure, Yeah. So just to underscore the City's commitment to school-based health centers, you know, it's about $9 million a year and supports 34 sites of the 139 across the city. The only thing I would add is just to underscore the importance of the carve-out. I mean, I think that itself will go a long way towards stabilizing the resources for the many sites that the City does not support. So I think that goes a long way. I think there's certainly a larger question about what the right number is, but we're certainly happy to be a part of those conversations.

CHAIRPERSON LEE: Okay. And do you look at zip codes, areas where there's chronic disease, for prevalence to figure out where to place them?

COMMISSIONER MARTIN: Yes, so we are working with partners across the city and across the agencies to make sure that we identify the right

places for these school-based health centers, and so that data is always a part of the conversation when it comes to deploying these resources.

CHAIRPERSON LEE: Yeah. Okay. And just really quickly, going back to your testimony, because I know that you were talking about connecting families to SNAP with EITC, enrolling New Yorkers in Medicaid, and keeping them covered. Yesterday we just had a long hearing with HRA. And so, just wondering if you could speak a little bit about what the conversations are or a collaboration partnership with HRA in that, and then I had a second part to that question once you answer.

COMMISSIONER MARTIN: Yeah, no, we love our colleagues and our co-agency partners at DSS. I meet regularly with Commissioner Erin Dalton. We have an interagency task force on this very issue that...

CHAIRPERSON LEE: Okay.

COMMISSIONER MARTIN: brings together some of the senior leaders in our agency and in their agency. And we are working on this problem together. We're trying to identify ways that we can leverage the place-based nature of our work. You know, we see hundreds of thousands of people in our clinics, in

our vital records shop, and in our neighborhood action centers. So the question becomes, while people are in those facilities and they're waiting, can't we do more? Can't we enroll them in some of these programs? And so we're trying to work on that at the Health Department to step up and to really lean in there. And we're grateful to have DSS there to have our back as we develop this new muscle.

CHAIRPERSON LEE: Okay. And then in terms of what's happening with H.R.1 and the potential loss of families with access to benefits, because one of the big issues I know that we're facing is around the Resource Navigators and folks who are able to help people enroll. So, just wondering if any of your DOHMH contracts incorporate any of those positions that may also need more support?

COMMISSIONER MARTIN: Yeah, this is a key priority for us. You know, I think it's not just about pushing people to a website or giving them a handout or a pamphlet or a poster. Like we have to sit with people shoulder to shoulder and help them through what, in many cases, are really opaque bureaucratic forms. And so we take that charge very seriously as part of our new needs. And then in this

Exec Budget, we got dozens and dozens of new staff to do just that, community health workers who can do this work in a place-based way, as well as new, uh, they're called Certified Application Counselors, basically people who have the certification to be able to directly enroll you in health insurance. So we're committed to this.

I'll also highlight the Access Health program, which, as you know, is a really important program that coordinates community-based organizations to do this kind of navigation and certified application counseling.

And so the future is bright when it comes to this. We have very big challenges because of H.R.1, but we're not sitting on our hands right now. We are stepping in and stepping up and trying to make sure that New Yorkers have what they need to succeed.

CHAIRPERSON LEE: Yeah. And how many new staff were hired for that, and also what's the dollar amount?

COMMISSIONER MARTIN: It's 30 community health workers.

CHAIRPERSON LEE: Thirty? Okay,(UNINTELLIGIBLE)

COMMISSIONER MARTIN: Ten specialized insurance enrollers. The total is $4.6 million for that.

There's also other funding in that to help support the tech, the IT, and stuff like that. But that's, you know, those are the people that we're going to be pushing out to our health department facilities.

Now we also have the ability to leverage volunteers, right? For people who need to keep their Medicaid, they have to submit work hour requirements, and one of the ways that you can submit those work hour requirements is through volunteering. And so we think that there's an opportunity to basically recruit people, have them volunteer with us, but then also, you know, potentially give them the first steps in a healthcare career, because this work is a lot like community health worker work. So that core base of, you know, 40 staff will help us then build out to a much larger contingency of people.

CHAIRPERSON LEE: Okay. Yes, I totally 1,000% agree. This is now the time when we need to really beef up those staffers during this time.

Then my last question related to your testimony is that you had mentioned that there's a $20 million investment in perinatal and early childhood mental health services, as well as the expansion of our nurse family partnership program. So, I just wanted to know if you could go a little bit more into detail about what that $20 million is actually going towards?

COMMISSIONER MARTIN: Yeah, really good question. I'm going to give some high level points on this, and then I want to have Deputy Commissioner Lidiya Lednyak join us to get into the details a little bit.

So first of all, this is an expansion of the NFP program, and it's called NFPX. Essentially, it increases the eligibility window for families who can leverage this service. We thought that, you know, of course, we don't want to mess with the secret sauce of NFP. However, we thought it was important to try to increase the aperture of who could be included in the program. So increase eligibility.

And then the second component is increasing resources for perinatal mental health issues. We know that one of the things that's killing

Black and brown women in this city who are recently postpartum is actually not things like, you know, hemorrhage or pulmonary embolism; it's actually mental health issues, substance use issues.

CHAIRPERSON LEE: Mm-hmm. Mm-hmm.

COMMISSIONER MARTIN: So we're surging resources in that capacity.

So I'm going to hand it to Lydia to share a little bit more.

COMMITTEE COUNSEL: Affirm to tell the truth, the whole truth, and nothing but the truth before the Committee, and to respond honestly to Council Member questions?

DEPUTY COMMISSIONER LEDNYAK: Yes.

COMMITTEE COUNSEL: You may begin.

DEPUTY COMMISSIONER LEDNYAK: So thank you for your question. So the Nurse Family Partnership program is a program that pairs pregnant people and new parents with a nurse until the child's second birthday. So traditionally, the eligibility criteria for that program were first-time pregnant people up to the third trimester. With this expansion, we are broadening the eligibility criteria to include any pregnant person... (CROSS-TALK)

CHAIRPERSON LEE: Oh, great.

DEPUTY COMMISSIONER LEDNYAK: even with a prior birth, up until the birth of the child. And we know from research that's been done in this area that parents who have multiple children, right, have additional stressors. And so we're really excited about offering this intervention to additional families. Ultimately, through this expansion, this is an expansion of the eligibility criteria across all of our 15 teams that deliver the Nurse Family Partnership program.

In addition, as part of the perinatal and early childhood mental health expansion, we are going to be increasing capacity at our perinatal mental health clinics and also investing in professional development, as well as working with academic institutions. Because we know one of the findings of our Maternal Mortality Review Committee is that there's an actual-- there's a workforce shortage in this area. And so this is another way that we are sort of listening to the recommendations that are being made to us and expanding services in these key areas.

CHAIRPERSON LEE: That's actually great to hear because, as you know, a lot of immigrant communities, Black and brown communities, either are not believed when they say certain things that they're experiencing, or they don't feel that they want to cause trouble, and so therefore don't report to the doctors. I mean, that's how one of my friend's sisters passed away shortly after she gave birth. And so I'm glad to hear that it's not just the first pregnancy because, as we know, each pregnancy is very different. And so it's great that you're expanding into any pregnancy. So I'm happy to hear about that.

And then just lastly, around early childhood and mental health services, is that through Article 31 or is that through community-based models, or anything else you could speak to?

DEPUTY COMMISSIONER LEDNYAK: It's through existing clinic contracts that we already have.

CHAIRPERSON LEE: Okay, wait, which contracts? I'm Sorry.

DEPUTY COMMISSIONER LEDNYAK: Clinic contracts.

CHAIRPERSON LEE: Clinic contracts, okay. And what's the age range?

DEPUTY COMMISSIONER LEDNYAK: So it's perinatal and early childhood, uh, that period.

CHAIRPERSON LEE: Okay.

DEPUTY COMMISSIONER LEDNYAK: Up through... (CROSS-TALK)

CHAIRPERSON LEE: Probably 13, or?

DEPUTY COMMISSIONER LEDNYAK: I think it's early childhood. So it's like eight... (CROSS-TALK)

CHAIRPERSON LEE: Oh, only childhood... (CROSS-TALK)

DEPUTY COMMISSIONER LEDNYAK: We can get back to you on the exact age range on that.

CHAIRPERSON LEE: Okay. Okay, perfect.

And then I have more questions which I will save till later and on capital projects, but I'll go into more of that later, but I wanted to pass it off to Chair Schulman.

CHAIRPERSON SCHULMAN: Thank you. Before I begin, I want to mention we've been joined by Council Members Gennaro and Restler.

CHAIRPERSON LEE: Oh, and sorry, Council Member Aldebol, as well as Maloney and Deputy Speaker Williams, on Zoom.

CHAIRPERSON SCHULMAN: Okay.

CHAIRPERSON LEE: And J. Sanchez.

CHAIRPERSON SCHULMAN: The Fiscal 2027 Executive Plan reflects a $23.8 million reduction in federal funding for DOHMH compared to the Fiscal 2026 Adopted Budget. We know that much of this decreased funding is tied to the expiration of the federal epidemiology and laboratory capacity and COVID-19 grants by July 31st, 2026. In anticipation, the Executive Plan includes a baseline of $17.6 million, of which $11.3 million, as you mentioned in your testimony, is City funding and 70 positions for disease outbreak resilience to help sustain core surveillance and disease control activities previously funded through these temporary federal grants.

At a time when public health agencies are responding to emerging infectious disease threats and monitoring outbreaks around the world, such as Hantavirus and Ebola, it is important to understand whether this investment is sufficient to maintain the City's disease surveillance laboratory and preparedness infrastructure in the face of declining federal support.

Will the $17.6 million investment fully replace the funding previously provided through the expiring ELC and COVID-19 grants? If not, what funding gap remains?

COMMISSIONER MARTIN: Yeah. Thank you for that question, Chair. And I think let me just step back and share a little bit about the environment that we're operating in.

The funding that you're referring to was sort of this really large one-time investment from the federal government. I think it's sort of the same story of how public health has been funded for decades, which is these boom-bust cycles. The reality is that this administration gets it, this mayor gets it, OMB gets it. They understand that that's not how you can fund public health.

CHAIRPERSON SCHULMAN: Right.

COMMISSIONER MARTIN: You have to be able to have stable funding to provide the services that people need. And this investment is what we need. We have the services now to be able to deliver what New Yorkers require of us. You know, the $17.6 million is going to allow us to, number one, deploy staff in places, for instance, congregate settings where we

see a lot of outbreaks and clusters form, places like shelters, places like nursing homes. So having these disease investigation specialists for that.

It also gives us the ability to shore up the systems that our staff use, the platforms, the technology. And so I think that, you know, look, there's always more work to do, but at the present moment we have what we need.

CHAIRPERSON SCHULMAN: Okay, great. What program services or positions previously supported by ELC and COVID-19 grants will be sustained with this funding, or is it basically how you responded?

COMMISSIONER MARTIN: Exactly. We don't really expect any service disruptions or cuts to programming moving forward because of this, because of the investment that we have.

CHAIRPERSON SCHULMAN: Okay, are any public health services, surveillance activities, laboratory functions, or preparedness efforts expected to be reduced as a result of expiring federal funding?

COMMISSIONER MARTIN: No.

CHAIRPERSON SCHULMAN: Okay.

Beyond ELC and COVID-19 grants, are there other federal funding streams that DOHMH is concerned may be reduced or eliminated in future years?

(LAUGHTER)

CHAIRPERSON SCHULMAN: I know it's a loaded question.

COMMISSIONER MARTIN: Yeah. You know, how much time do we have, right? Like, think, you know, this is one of the things that keeps me up at night, you know, the idea that the federal government can just sort of decide on a Tuesday that they want to, you know, remove our funding. And this is what happened. It happened about a year ago, about $100 million. We were able to fight back. We went to court and got an injunction, uh, thanks to the advocacy of this council, thanks to the advocacy of Letitia James. We got that money back, but you know, there's nothing specific that we're concerned about right now other than the general climate of concern. And that's why it's important for the city government to stabilize this funding, and that's what we're seeing here in this Exec Budget.

CHAIRPERSON SCHULMAN: No. And you know, and I'm very glad to see it.

I'm going to switch gears because I'm going to ask you about childhood asthma in the Bronx.

Mayor Mamdani announced the $20 million investment from the MTA Congestion Pricing Mitigation Program to improve childhood asthma outcomes in the Bronx. The investment will support two major initiatives, including $8.9 million for the Bronx Asthma Program, including the establishment of a new Bronx Asthma Center, and $11.1 million to expand the Asthma Case Management Program in Bronx schools.

The school-based expansion will provide intensive asthma support services, including in-school medication administration, self-management, education for students and families, and the addition of up to 15 schools to the program. While asthma-related emergency department visits among children ages five to 18 declined by 38% citywide, and 25% in the Bronx between 2009 and 2024, rates in parts of the Bronx remain disproportionately high due to longstanding inequities, environmental burdens, and gaps in access to care. How will the $8.9 million allocated for the Bronx Asthma Program and Bronx Asthma Center be utilized?

COMMISSIONER MARTIN: Yeah, thank you, Chair, for this question.

You know, look, as an ER doctor, what I've seen in my own emergency department is that too often asthma presentations are not dictated by biology or genetics. They're dictated by things like structural racism; they're dictated by, you know, access or no access to healthcare; dictated by things like being surrounded by mold or pests. And so, you know, we're extremely grateful for, you know, the opportunity to say that this new $20 million investment will be actualized in a targeted way in some of the very communities that are most impacted by asthma.

So there are two things that we're doing here with this funding. Number one, we are increasing our footprint when it comes to our targeted Asthma Case Management Program in schools. The reason why we're doing that is that it's incredibly important to meet people where they're at and meet students where they're at. They're spending hours and hours and hours a day at school. So let's go there.

The second is that it allows us to surge resources to our, what we call, community-based

asthma interventions. What this allows us to do is to go literally to the source of the problem in people's homes, do the home remediation work that needs to happen, the pest mitigation, and address the mold, et cetera.

So, this is not funding a new physical space because we already have a physical space in the Bronx at our Tremont Neighborhood Health Action Center. This is going a step further in sort of saying that we need to further target our resources and meet people where they are.

CHAIRPERSON SCHULMAN: Okay, so this is an expansion of the Tremont Center, is what you said, or?

COMMISSIONER MARTIN: So, we have our space... (CROSS-TALK)

CHAIRPERSON SCHULMAN: So, it’s not a new structure. Go ahead.

COMMISSIONER MARTIN: Yeah, we have our space in the Tremont Neighborhood Health Action Center, and now we have more resources to deploy for what we call community-based interventions, as well as in the schools.

CHAIRPERSON SCHULMAN: Okay. How will the Bronx Asthma Center coordinate with hospitals, primary care providers, schools, and community-based organizations in the Bronx?

COMMISSIONER MARTIN: Yeah, I'm going to say a few words about this, and then I'm going to turn it over to Lydia to share a little bit more.

So you asked about asthma centers? Sorry, did you ask about the schools or were you...

CHAIRPERSON SCHULMAN: How will the Bronx Asthma Center coordinate with hospitals, primary care providers, schools, and CBOs?

COMMISSIONER MARTIN: I see. Okay, I'm going to call Dr. McNatt to the table.

Yeah. So we are coordinating this work through a network called NYCAN, which is basically the New York City Asthma Network. This is a network of community-based organizations, provider groups, et cetera, who can help us to support individuals with asthma in the Bronx.

I'm going to hand it over to Dr. McNatt to show a little bit more.

COMMITTEE COUNSEL: Morning.

DR. MCNATT: Good morning.

COMMITTEE COUNSEL: Do you swear to tell the truth, the whole truth, before the Council Members today?

DR. MCNATT: Yes, thank you.

COMMITTEE COUNSEL: Thank you. You may begin.

DR. MCNATT: Good morning, and thank you for the question.

We're excited to be able to talk about and center the Bronx Asthma Initiative, and you're correct, there is a lot of collaboration that is and will be taking place across the South Bronx.

The work that we do with federally qualified health centers, community-based organizations, faith-based organizations, and the Asthma Network helps us to be able to implement the kinds of programs that the Commissioner described, but also create an ecosystem that makes it easier for community members, families, and their children to navigate asthma care within this environment.

And so, in addition to some of the examples you heard from the Commissioner, this funding will also be supporting our support and technical assistance to primary care practices in the

South Bronx. So we'll be working with dozens of primary care practices around how they improve the quality of care for children with asthma.

So this is really an opportunity for a defined ecosystem. Work is happening in schools, it's happening in your primary care sites, it's happening in your home, and it's also happening in the Action Center that the Commissioner described. Thanks so much.

CHAIRPERSON SCHULMAN: What metrics will DOHMH... I have a number of questions about the Asthma Center.

So what metrics will DOHMH use to evaluate the Center's effectiveness in reducing asthma-related emergency room visits and hospitalizations?

DR. MCNATT: Thank you so much for the question.

So the Bronx Asthma Initiative will utilize a comprehensive process and outcome evaluation approach for this work. The primary outcome metrics that we focus on are reducing asthma-related emergency department visits and

reducing asthma-related hospitalizations for children.

To measure population-level impact, we're also analyzing trends for children residing in the Bronx and in the neighborhoods that we're serving through this work, in comparison to children residing in other parts of the Bronx. So this analysis helps us understand, over time, how the intervention is impacting the kids who are going through the services of the Bronx Asthma Initiative.

Additionally, we're also assessing the feasibility of leveraging a local health information exchange, which helps us with pre- and post-analysis of these same ED utilization as well as hospital admissions. Thanks so much.

CHAIRPERSON SCHULMAN: Okay. You answered this a little bit. How will the $11.1 million expansion of the Asthma Case Management Program be implemented in Bronx schools? And I'm going to ask what criteria will be used to select the additional 15 schools participating in the program?

COMMISSIONER MARTIN: I'm going to turn it over to Deputy Commissioner Lydia Lednyak for more on that.

DEPUTY COMMISSIONER LEDNYAK: Thank you for the question.

So the Asthma Case Management Program will be expanding to an additional 15 schools in the Bronx. So really, the overall goal, just like with the current Asthma Case Management Program, is to control asthma, which is to prevent asthma exacerbations, to reduce hospitalizations, and to ultimately reduce the number of days missed at school.

So a structured approach was utilized to select the schools. I have that here, which is one that we are looking for, a general education K through 8th-grade school, that there is an Office of School Health doctor and nurse on site; that there is a large population in that school with poorly controlled asthma, where the population is at risk of poor asthma outcomes, as well as the school is located in the environmental justice communities identified by the MTA in the Bronx.

CHAIRPERSON SCHULMAN: Okay, that's great. How many students and families are expected to be served annually through the expansion?

DEPUTY COMMISSIONER LEDNYAK: So, currently, with the current Asthma Case Management Program, which operates in 14 schools, we serve over 2,200 children every year. With this expansion, we are aiming to reach an additional 750 children. However, because of the intensive asthma case management model and the training that is done in the entire school-- in those school communities, we are expecting to reach about 6,000 people through this Asthma Case Management Program expansion.

CHAIRPERSON SCHULMAN: Okay.

What specific services will students and families receive through the Asthma Case Management Program?

DEPUTY COMMISSIONER LEDNYAK: So the Asthma Case Management Program, you know, is a partnership through the Office of School Health between the Department of Health and New York City Public Schools. We provide intensive case management services to students, which include medication administration and medication distribution, uh, education around self-management, and ultimately education for the entire school community about asthma and prevention.

CHAIRPERSON SCHULMAN: Okay, how will case managers coordinate with school nurses, pediatricians, hospitals, and community providers to improve medication adherence and asthma control?

DEPUTY COMMISSIONER LEDNYAK: Thank you for the question.

So we are planning, as you know, the key to getting school-based medication administration is through the Medication Administration Form, the MAF form. Right now, that process is entirely manual. People fill out pieces of paper.

CHAIRPERSON SCHULMAN: It's manual? Okay.

DEPUTY COMMISSIONER LEDNYAK: Oh, yes, the family has to bring it to the nurse and the school. So as part of this initiative, we are transforming that...

CHAIRPERSON SCHULMAN: Digital?

DEPUTY COMMISSIONER LEDNYAK: Yep, we are going to build the Asthma Case Management Form into the citywide immunization registry, which will allow doctors and families to fill out that form. And it will be seamlessly delivered to our Office of School Health, thereby significantly improving the timeline

and ensuring that students are getting the medications that they need.

CHAIRPERSON SCHULMAN: Great.

Will schools receive additional nursing, social worker, or administrator support—it may not be a question you can answer—as part of the expansion?

DEPUTY COMMISSIONER LEDNYAK: Yes, they will.

CHAIRPERSON SCHULMAN: Great.

DEPUTY COMMISSIONER LEDNYAK: In addition to the additional asthma case managers, we're also going to be taking on social workers who are going to be working with families to provide additional education and support.

CHAIRPERSON SCHULMAN: With the new digital system, what safeguards will be implemented to protect student health information—because you know, that's a big issue now—and ensure compliance with privacy requirements?

DEPUTY COMMISSIONER LEDNYAK: Yes, excellent and really important issue that we've been thinking a lot about, and how we're operationalizing this, and that is why we have selected to utilize

already existing New York City infrastructure that is, you know, over a decade old, the citywide immunization registry to build out this portal. And because that system is fully secure and compliant with all confidentiality and HIPAA requirements.

CHAIRPERSON SCHULMAN: Will DOHMH publish regular reports or dashboards, program outcomes, and asthma trends in participating communities in schools?

DEPUTY COMMISSIONER LEDNYAK: Yes, absolutely. We will be publishing reports that, you know, go along with what my colleague, Dr. McNatt, just talked about, which we're going to be looking at: asthma, sort of like the asthma rates in schools, number of hospitalizations, reductions in days missed in school, et cetera.

CHAIRPERSON SCHULMAN: How will the Department measure whether congestion pricing mitigation investments are contributing to improved respiratory health outcomes in the Bronx, which is actually a good study to have, as a matter of fact, around congestion pricing?

COMMISSIONER MARTIN: I'm going to pass it to Doctor McNatt.

DR. MCNATT: Thank you so much for the question. And the Department will measure respiratory outcomes with air quality monitoring, which has already started. Early findings from this work suggest that congestion pricing tolling is not changing the level of vehicle exhaust and environmental justice in designated neighborhoods. But the monitoring will continue and will evaluate the impact of the program on, as my colleagues shared, asthma-related ED visits, hospitalizations, asthma control, school days missed, et cetera. Thanks so much.

CHAIRPERSON SCHULMAN: You know, the Department of Transportation announced yesterday or today that they're going to be using sensors in terms of traffic and all of that kind of stuff because truck traffic really causes a lot of the asthma issues. Is there a way for you guys to work with them and see how that configures with this?

DR. MCNATT: Yes. Thank you so much for the question.

We work very closely with the DOT and MTA, and so we are looking forward to being able to utilize the data that they identify.

CHAIRPERSON SCHULMAN: Can the Administration confirm that this initiative funds nine positions in FY 2026 and 26 positions beginning in Fiscal Year 2027 and in the out years?

COMMISSIONER MARTIN: I'm going to pass it to Aaron to share a little bit more about that.

CHIEF FINANCIAL OFFICER ANDERSON: Yep, confirmed.

CHAIRPERSON SCHULMAN: Great. What titles and functions will these positions serve within the Bronx Asthma Center and the school-based Asthma Case Management Program, and also give me the hiring timeline?

COMMISSIONER MARTIN: There are a number of key positions that we're looking to hire for this, including program directors, asthma capacity building manager and evaluation manager, community engagement coordinators, and a data analyst. We're looking to, you know, bring folks in the next few weeks, and the goal is to bring as many of them as we can before the 2027 school year begins.

CHAIRPERSON SCHULMAN: Okay, great. And I presume that, with all of this, you're working with

the Bronx Borough President and the Bronx electeds on this? Okay, great.

COMMISSIONER MARTIN: Yes.

CHAIRPERSON SCHULMAN: By the way, I wanted to acknowledge that we've been joined by Majority Leader Shaun Abreu. All right, I'm going to-- thank you. This looks really promising.

In a previous life, I worked at Woodhull Hospital, which was considered Asthma Alley because of all the truck traffic and everything else in the commercial traffic around there, and the NYCHA housing.

So I'm going to talk about sexual health now. DOHMH's sexual health clinics provide low- to no-cost sexually transmitted infection testing, treatment, prevention, and HIV related services. The Fiscal 2027 Executive Plan includes $4 million in additional city and state funding beginning in Fiscal 2027 to support rapid STI testing at Chelsea, Fort Greene, Morrisania, and Corona Sexual Health clinics. How will the additional $4 million for rapid STI testing be allocated across the four clinic sites, and what services will the funding further support?

COMMISSIONER MARTIN: Yeah. Thank you for this question, Chair.

This is an integral part of our public health fabric here in the city: the ability to offer these low-to no-cost services across our network of public health clinics. Our sexual health clinics in particular provide this sort of safety net, a safety net of the safety net that functions for this city. Folks don't have to worry about immigration status or insurance status. There's no mind towards payment. We are able to, at this point, say that we're operating-- we're going to be opening up a third Quickie Express Clinic in Morrisania. That's not by accident. We look at the data, and the data tells us that there are rising STD rates in this area. So we're going to meet the demand and the need, and get the resources that we need in that specific area.

The funding is supporting renovations. At Morrisania, as well as Corona, and that gives us the ability to really shore up our lab equipment, our testing kits, and the specialized reagents that we need.

CHAIRPERSON SCHULMAN: I brought it up at the-- it was what it was brought up at the

Preliminary Budget Hearing, but the Crown Heights clinic, are there still no plans to do anything there? We're getting a lot of incoming calls from people who live in that district and others. So it's...

COMMISSIONER MARTIN: Yeah, this is a top priority for us to get that clinic back online. At the moment, it's really a question of funding and staff, but this is certainly something that we are-- we hear you, Chair, we hear Council, and we hear the community as well, and we're trying to meet that need. Right down the street, the Fort Greene Clinic is open, and so we hope to be able to say that both those clinics will be operational soon.

CHAIRPERSON SCHULMAN: Okay. Just keeping it in the loop, keeping it current.

What trends is DOHMH currently observing in STI and HIV rates citywide, including demographic or geographic disparities?

COMMISSIONER MARTIN: Yeah. I'm going to call up Dr. Sarah Braunstein to join me on this.

But, just to give you a very high-level overview, what we see from our last recorded data set is that most reported STIs either decreased or

remained stable. And so this is generally good. I think again, there's much more work that we can do. But this is encouraging, so I'm going to hand it over to Doctor Braunstien.

COMMITTEE COUNSEL: Do you affirm to tell the truth, the whole truth, and nothing but the truth for the Committee and to respond honestly to Council Member questions?

ASSISTANT COMMISSIONER BRAUNSTEIN: (INAUDIBLE)

COMMITTEE COUNSEL: Thank you.

ASSISTANT COMMISSIONER BRAUNSTEIN: Thank you for this question, Council Member, uh, Chair Schulman.

As our Commissioner mentioned, we do see concerning trends in HIV. As we've mentioned before, in 2024, we saw the fourth consecutive year in which new HIV diagnoses increased in the city or remained stable. And that really is in contrast to the marked declines that we observed prior to 2020. We'd also mentioned at the Preliminary Hearing that in 2024, we saw an estimated 17% increase in estimated new HIV infections compared with 2023, and really persistent

disparities across all the factors we measure, including race and ethnicity, and gender.

So, for example, 86% of people newly diagnosed with HIV in 2024 were Black or Latino, and 42% of people with new HIV diagnoses lived in high or very high poverty areas of the city. In contrast, in some ways, with STIs, we see something a bit different. As the Commissioner mentioned, in 2024, we did actually see rates of most reported STIs decrease or remain relatively stable compared to 2023. And that is a promising trend that differs from previous years. But like for HIV, we do see persistent disparities by race and ethnicity and other factors for STIs. For example, the primary and secondary syphilis rate among Black women in 2024 was nine times higher than the rate among white women. This is, of course, concerning in and of itself, and because congenital syphilis is something that we are very actively monitoring and working to prevent. And chlamydia and gonorrhea rates among people living in very high poverty neighborhoods in the city were three times higher than rates among people living in lower poverty neighborhoods.

CHAIRPERSON SCHULMAN: Okay, don't go anywhere.

During a recent Council Roundtable run by Chair Lee and me, we heard from multiple community-based organizations that older adult sexual health is often overlooked. Has DOHMH observed increases in STI rates among older adults? And what outreach or education efforts are underway for this population?

COMMISSIONER MARTIN: I'll pass it to Dr. Braunstein.

ASSISTANT COMMISSIONER BRAUNSTEIN: Thank you for this question.

I was actually quite glad to see this because this is an area that we've been interested in and actively pursuing for a while.

So just in terms of your question, Chair Schulman, about the HIV rates, in 2024, 282 people ages 50 and older were newly diagnosed with HIV in New York City, and that was an increase of 18% from the prior year of 2023.

However, that was a bit of an aberrant trend in that from 2019 to 2024, we did observe an 8%

decrease in the number of HIV diagnoses among this group.

Nonetheless, we also know that older people constitute a majority of people living with HIV in the city. So, not just being newly affected by HIV, but in terms of the current burden.

In terms of other STIs, I'll just mention that from 2019 to 2024, case rates of chlamydia, gonorrhea, primary and secondary syphilis, and early latent syphilis among people ages 60 and older remain stable.

The Health Department does a lot of work to both prevent HIV and STIs in this population and to educate the population about available services, risk, et cetera. So, for example, we are preparing to release a request for proposals for a new sexual health and aging resources and training for clinical providers, which we're calling the SHARP program. And this is to fund an organization that will develop and offer clinical trainings and provider and patient-facing resources to enhance primary care providers' capacity to initiate sexual health conversations, take sexual health histories, and implement routine opt-out HIV and STI screening among

patients 50 and older. And we anticipate funding the organization that successfully awarded it in the fall.

We also have our Be Into Health Program that supports HIV clinics around the city to do evidence-based interventions to promote retention in HIV care, and we expect to fund four clinics in this program to focus specifically on Black and Latino people ages 50 and older and address their needs.

Our Ryan White program also has an outpatient ambulatory services program. And within that, there's a focus on the needs of people living with HIV who are older.

Our housing services program, our Housing Opportunities for People with HIV, also funds the reorganizations to provide housing assistance and supportive services to income-eligible people who are ages 55 and older.

So as you can see, we have a lot of programming in this area and continue to invest so that our older New Yorkers can be sexually healthy.

CHAIRPERSON SCHULMAN: I wanted to ask, so I understand from the Commissioner for the Department for the Aging that they want to work with you on

this, so I presume that you're going to be doing that.

COMMISSIONER MARTIN: Absolutely, and we've met several times with Commissioner Scott McKenzie.

CHAIRPERSON SCHULMAN: Okay, good. How are you promoting this? How are you marketing the services that you have?

ASSISTANT COMMISSIONER BRAUNSTEIN: Well, we work very, very closely with our wide array of community partners. This programming is really going out into the community to support those service providers, clinical and non-clinical providers who know the needs of these communities and work closely with them to provide services directly. So we do a lot of work through our planning bodies, our advisory groups, to ensure that all of our community partners are aware of current and upcoming programming so that they can take advantage.

CHAIRPERSON SCHULMAN: Okay. I have a lot more questions, but I want to give my colleagues an opportunity to ask questions, so I'll come back for the second round.

CHAIRPERSON LEE: Okay, great. Okay, we'll start with the Majority Leader Abreu, followed by Council Member Narcisse.

MAJORITY LEADER ABREU: Thank you, Chair. And thank you, Commissioner, for testifying today.

COMMISSIONER MARTIN: Thank you, Majority Leader.

MAJORITY LEADER ABREU: The Supplemental Nutrition Assistance Program Education, SNAP-Ed, provides nutrition education, healthy eating support, and food budgeting resources to low-income individuals and families across New York City. SNAP-Ed programming has historically supported neighborhoods experiencing higher rates of food insecurity and diet-related illness. With minimal remaining SNAP-Ed funding expected to expire in September 2026, it is important to understand how DOHMH plans to sustain these services and prevent disruptions for vulnerable New Yorkers who rely on nutrition education and food access.

My question is, how is DOHMH preparing to prevent disruptions to nutrition education and healthy eating programs serving low-income New Yorkers?

COMMISSIONER MARTIN: Yeah, it's a great question.

First of all, we know that food is medicine for some of our most vulnerable patients. Really, the challenge that many of them are having is that they have to choose between paying for medications and putting more food in their fridge. And so SNAP is one of the key interventions that can help address that. Now, with reference to SNAP-Ed, we're working closely with OMB, with our colleagues at the state, to identify what the funding needs would be. I'm going to hand it over to Aaron to share a little bit more about this.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thanks for the question.

Yeah, SNAP-Ed is a, you know, we receive a relatively small amount of money. It's a little bit less than $2 million. I think it's $1.7 million, and it funds about 17 staff who are currently on board. This is one that we all across the nation learned about with the H.R.1 passage last year, which was going to be phased out. So yes, the natural expiration of this funding is coming up in September.

MAJORITY LEADER ABREU: And given its relatively small size, you think this is something that the Administration will be able to cover?

CHIEF FINANCIAL OFFICER ANDERSON: I mean, this is another good example of-- first of all, I think the deadline was already extended through conversations with the State, which was great. So this is funding that we received through New York State Department of Health. So we are continuing conversations with the State. We're certainly continuing conversations with the City and the Admin about...

MAJORITY LEADER ABREU: What population? Sorry, you were asking what populations, neighborhoods, and community-based organizations would be most impacted if SNAP Ed funding is not renewed or replaced?

COMMISSIONER MARTIN: I'm going to call up Doctor McNatt to share a little bit more about the details on the specific neighborhoods.

MAJORITY LEADER ABREU: Sounds great. Thank you, Commissioner.

DR. MCNATT: Thank you so much for the question. You know we are deeply concerned about

access to SNAP-Ed and to SNAP benefits generally. We know that often the hardest hit neighborhoods include, not solely, but also places like the South Bronx, East Harlem, and Central Brooklyn. We are investing in other aspects of food-related programming. While we wait to understand the landscape, in those three locations, we have Action Centers that make food-related (TIMER) programming available both for folks who have SNAP and folks who don't have SNAP. And so that includes programming like Get the Good Stuff, Groceries to Go, Health Bucks, the More Veggies program, and the food voucher program. We are heavily focused on food affordability and food security in the city, but we understand the concern that you shared. Thank you so much.

MAJORITY LEADER ABREU: Thank you all for your service.

CHAIRPERSON LEE: Great. And we've been joined by Council Member Mealy, and then I'll go ahead to Council Member Narcisse, followed by Council Member Wong.

COUNCIL MEMBER NARCISSE: Thank you. Good morning. Thank you for being here, Commissioner and the team.

During the Council Women's Caucus meeting we had last month, we discussed cancer-related services provided to New Yorkers. As we know, one of the HealthyNYC goals is to reduce deaths from screenable cancers, including lung, breast, colon cancer, cervical cancer, and prostate cancer, by 20% by 2030.

Is any of the funding contracted out to CBOs? And what efforts are you putting in place to reduce cancer-related death, including programming and marketing campaigns?

COMMISSIONER MARTIN: Yeah. Thank you very much for that question, Council Member.

We, as part of HealthyNYC, as you've stated, have a goal to reduce the deaths of folks who have screenable cancers. One of the things that we are avidly exploring is trying to identify, first of all, not just where the deaths are happening and sort of identifying the, let's call them hot spot areas, but now also trying to identify where the resources are that we're deploying to make sure that we're doing more of this targeted resource delivery.

And we're really excited about this new phase of HealthyNYC, which will be, you know, really

a focus on doubling down on each one of those drivers, but also making sure that the resources are targeting a driver. Like in this case, screenable cancers are really targeted at the areas where we're seeing the most need and the highest number of deaths.

To your question about the advertising campaigns, yes, we actually just ran a very successful advertising campaign over the course of the last month, focusing on the intersection between alcohol and its impact on increasing cancer risk, which many individuals don't know. And we are trying to make sure that individuals have the information and the education they need to make the right decisions in their lives.

COUNCIL MEMBER NARCISSE: Thank you.

And one of my problems with colon cancer is that it is one of the preventable cancers. We should not be having people dying from colon cancer.

Constituents come to my office very often to ask about birth and death certificates and other vital records. What are the current processing times, and is the Department clearing the backlog because we've been having a backlog on that?

COMMISSIONER MARTIN: Yeah, we are aware of the issue and looking to make an impact on this. As you know, the birth certificate process through our vital records shop is something that we are responsible for, and we take pride in our ability to do this vital service for New Yorkers. (TIMER) The backlog is top of mind for us, and we're working to shorten it as much as possible.

COUNCIL MEMBER NARCISSE: Thank you.

I see in your statement here a $12 million investment in the Peer Workforce Substance Use Recovery program across New York City. We have an increase in our kids using drugs. It’s over the top right now. I'm sure you have seen it, too.

Do you have a breakdown of how you spend, and which area you're targeting the most when it comes to drug use? And if we can collaborate with you to help out, because every time I see a young person under the influence of drugs, it just hurts my heart. And they're so young, too.

COMMISSIONER MARTIN: First of all, yes, absolutely. Let's work together on this. We have an incredible team in our Mental Hygiene Division that is eager to sit down and do some problem-solving with

you. Specifically, when it comes to the piece that you mentioned around the $12 million, that is, I think one of the things I'm most proud of in these first 90 days, quite frankly, this investment puts money into an intervention that has tons of data for it, but is underused throughout the country. And these are peer specialists. To put it simply, these are individuals who themselves have struggled with substance use, and they're walking their own journey towards recovery. And they can go and help other individuals start their journeys. And as an ER doctor, I have to tell you. This is like a dream come true, you know, kind of program, because many of the people who I see in my emergency department who are on the verge of maybe thinking about starting their journey to recovery, me saying something is not as powerful as someone who's been in their seat. So this $12 million will help to put 500 more of those people out there in the city. And you're really proud about that.

COUNCIL MEMBER NARCISSE: Okay. Chair, one more question on climate, you know, climate health, and climate change preparedness.

We had a study released by DOHMH in March of this year that outlined the Department's efforts to address the public health impacts of climate change, including extreme heat. We know that flooding, air quality, and energy, I mean energy and security. As climate-related health risks continue to grow, understanding the Department's priorities and preparedness efforts remains critical.

What is DOHMH's budget for climate health initiatives, and (INAUDIBLE) is it allocated across key priorities? What are the department's primary climate health initiatives, and how does it measure success?

COMMISSIONER MARTIN: Yeah. Thank you for that question.

Climate change is a public health issue, absolutely. It is, you know, heat-related events or the air quality challenges. We know that, you know, the climate affects people's health in a very powerful way. We have a whole team dedicated to this intersection of climate change and public health as part of our environmental health division. You know, the work that we do on this is not sort of easily contained to just that division, though. I mean, this

is really woven in throughout the whole agency. So we can get back to you with regard to the specific budgetary items. Let me hand it to Aaron to see if he has anything to add.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah. Thanks, Commissioner, and thanks, Council Member Narcisse.

The one thing I would add is that there is a process actually for new needs, whether it's on the expense side or the capital side, to take climate impacts into consideration. So that's actually been built in as part of the review process with OMB and with City Hall. So that is a consideration that comes up regularly and whenever we're thinking about new resources.

COUNCIL MEMBER NARCISSE: Thank you. Thank you, Chair.

CHAIRPERSON LEE: Thank you.

Council Member Wong, followed by Wilson.

COUNCIL MEMBER WONG: Thank you, Chair. Thank you, Dr. Martin, for coming today.

I have three questions regarding supervisory licenses for street vendors. Starting July 1st, DOHMH will begin issuing 2,200 new

supervisory licenses, the first wave of 11,000 new permits over five years. My constituents, especially those in Elmhurst and Rico Park, already live with congested sidewalks, blocked storefronts, and sanitation problems from vendors. I support legal pathways for vendors, but the number of new licenses is dramatically outpacing inspection capacity. And this budget funds 133 new inspection positions by FY30.

My questions:

One, how many are coming online in FY27 specifically, and how many will be assigned to Queens?

And second, before July 1st, what is the current number of DOHMH inspectors covering Queens Community Boards four, five, and six?

COMMISSIONER MARTIN: Thank you very much, Council Member.

First of all, as a Queens kid and as a Regal Park resident, this is an issue that hits close to home. We're trying to balance a lot of different priorities here. I'm going to hand it to Deputy Commissioner Corinne Schiff to share more on this. But the idea is we're trying to focus on food safety

compliance, on vendor education, and also building the inspection enforcement capacity so we can do this right and really get this balance right. So I'm going to hand it over to the Deputy Commissioner.

COUNCIL MEMBER WONG: Thank you.

COMMISSIONER MARTIN: Thank you.

COMMITTEE COUNSEL: Good morning. Do you affirm to tell the truth, the whole truth, and nothing but the truth before this Committee ends and respond honestly to Council Member questions?

DEPUTY COMMISSIONER SCHIFF: Yes, thank you.

Good morning, Corinne Schiff...

COUNCIL MEMBER WONG: Good morning.

DEPUTY COMMISSIONER SCHIFF: I'm the Deputy Commissioner for Environmental Health. Our mobile food vending program is in my division.

So we are preparing to implement the Council's significant, as you say, expansion of mobile food vending in the city. We will be issuing, starting in July, starting each fiscal year, beginning this July, 2,200 supervisory license applications. Those applications, if they are turned into us, would be turned into licenses, supervisory

licenses, and that gives the licensee the opportunity to apply for a supervisory license permit. So just to let you know how this will roll out, they won't immediately become permits for vendors to be operating out on the street.

These are not designated for specific areas. There is a permit available to work anywhere in the city, and there is a permit available to work in the boroughs outside of Manhattan. We were very pleased, as the Commissioner said in his testimony, to receive resources that we will need to be able to monitor the food safety aspects of these newly permitted units.

(TIMER) The issues that you have expressed concerns about, and that your constituents are concerned about, are handled not only by us when we really focus on the food safety aspect of mobile food vending, but also by sanitation, which focuses on some of these other issues that you are describing.

COUNCIL MEMBER WONG: Okay, thank you. Thank you, Chair. I'll have questions for round two. Thank you.

CHAIRPERSON LEE: Okay, Council Member Wilson, followed by Cabán.

COUNCIL MEMBER WILSON: Thank you, Chair. Good morning, Commissioner.

I have a couple of questions related to LGBTQ healthcare. So, you know, PrEP and PEP have been amazing developments in preventing the spread of HIV/AIDS. How does the budget ensure affordable PrEP and PEP access, as well as public information on the effectiveness of the drugs and how to use them effectively and safely?

COMMISSIONER MARTIN: Yeah. Thank you for that question, Council Member.

As I mentioned at the top, you know, our ability to provide medications for sexual health and STDs is a core priority of ours at the Public Health Department. We have six sexual health clinics, all of which are, you know, low-cost to no cost. So individuals can always walk in and get the medications that they need from us. That will remain true. There is also no thought to someone's immigration status or ability to pay. And so, you know, we look forward to continuing to provide any

and all medications that are needed for both PrEP and PEP.

COUNCIL MEMBER WILSON: And then pivoting to gender affirming care. So it's a particular concern for this body. You know, we passed a package of bills that protect the trans (UNINTELLIGIBLE) package last year on this. How is the Department addressing healthcare disparities between TGNCNBI and gender conforming patients, reminding them of their rights and helping to make gender affirming care affordable and private?

COMMISSIONER MARTIN: Yeah, that's a really good question.

So, a couple of things. The first is that we have a Trans Non-Conforming and Non-Binary Advisory Committee. I actually was just there two weeks ago, where we had an honest conversation that, you know, this federal government is trying to erase their existence from the public record. And the federal government is counting on cities like New Yorker not to say anything or and to step back from its role in protecting health for this population. And we will not stop protecting trans, non-conforming, non-binary people.

So from our perspective, that advisory committee is what helps us keep ourselves honest and make sure that the services that we're delivering keep them top of mind.

We also select and give funding to 20 CBOs throughout the TGN NBI Empowerment Fund, which gives us the ability to not just do the work internally, but also to identify the community-based organizations that are really good at this and to fund them to be able to do what.

COUNCIL MEMBER WILSON: They do, thank you. That commitment is so important now more than ever.

And then finally, in my district, organizations (TIMER) like SAGE ensure the health and well-being of LGBTQ seniors. How does your budget ensure that LGBTQ seniors receive the services they need, including health screenings, vaccinations, and medications? And how is the Department ensuring isolated LGBTQ seniors are especially aware of the services for them?

COMMISSIONER MARTIN: Yeah, it's a really good question. I think there is certainly a lot we can do with you on this, and we're looking forward to

partnering with you to make sure we get this right. You know, we have, as I mentioned, at all of our sexual health clinics, you know, we are in a position to help anybody who walks in those doors, whether it's youth or seniors. But targeted interventions, I think we can do a lot more. So we're looking forward to working with you on that.

COUNCIL MEMBER WILSON: Okay. Thank you. I look forward to that, too.

CHAIRPERSON CABÁN: All right. Thank you, Council Member, stepping in for the Finance Chair. Before I start my own questioning, I just wanted to welcome and thank the WIN NYC advocates who are up in the balcony today. I appreciate you all being here.

I want to pick up where the council member just left off in terms of support for our transgender, non-conforming, gender expansive community and gender-affirming care. You know, Commissioner, you said it really well when you said there is this concerted effort to erase folks from existence. And I just want to put this in the context of the past, because this has happened before, and it is also the reason why our community struggles to this day. And you know, so for folks who don't know

this, before 1933, Germany was the center of the LGBT+ community and culture, and they had a bunch of renowned organizations serving and supporting trans and gender non-conforming people. And it was under Hitler's Nazi government that they were targeted, and it's the same argument of like, we have to protect youth and raise healthy families, and they use that as a mechanism for genocide, right? And that included just decimating the Institute for Sexual Research, which was founded by a Jewish doctor. And that was the first time modern gender affirmation surgeries were done. And they swarmed the institute. They burnt over 20,000 books. And it was irreversible, right? Like it set back the progress of the work, not just medically but socially, a long way, and so here we find ourselves today. I want to root it in how it's not different.

So you said that you guys have launched the Trans Rights are Human Rights public awareness campaign in partnership with the Office of LGBTQIA+ Affairs and DOHMH. I just want to know what the total budget allocation is for the campaign, what funding source is being used, and how the City is going to measure whether the campaign leads to

increased awareness and legal protections, increased reporting of discrimination, and mental health, like what are the things that you're looking at in that?

COMMISSIONER MARTIN: Got it. Well, first-- I'm going to hand it to Aaron in a second.

First, let me share that it's incredibly important that we get the messaging right here and that we lean in on the coms and the campaign here. But it's also important to deliver for people, you know, and to provide the services they need. And we're excited to say that pretty soon, we're going to be able to offer gender affirming care directly at our clinics. We have a clinic that will be opening up in Corona, which will offer gender affirming hormone therapy for adults. It's like one of the first times the Public Health Department has ever taken that step, and we're proud not just to stop there; we'll continue moving forward with this.

CHAIRPERSON CABÁN: Well, can I ask a follow-up on that, particularly? Because that's a really big deal, but also we're seeing this devastating decrease in services for youth (TIMER), especially youth under 13-12, there are almost no providers who provide that care. And the one or two

who do are obviously under attack from the federal government.

Are you thinking about an expansion in that youth care? Because I'm talking to parents all the time, and they don't know where to take their children.

COMMISSIONER MARTIN: Yeah, as you can appreciate, the balance that we have to strike is that we are committed to this issue and want to make sure that we provide the services and resources for youth, as well as making sure that we don't expose ourselves to claw-backs from the federal government, which would disrupt the rest of the care that we can give. And so there's much more to come on this. We're trying to sort of figure out the right balance. So we're eager to work with you on this. But rest assured, we are working on this, and we're trying to figure out how to do this.

Let me hand it to Aaron... (CROSS-TALK)

CHAIRPERSON CABÁN: Yes, let’s... the numbers.CHIEF FINANCIAL OFFICER ANDERSON: Yeah. Thanks, Chair Cabán, and thanks, Commissioners.

So just to put some numbers on a couple of things we've talked about, one is, as the

Commissioner mentioned, these 20 community-based organizations that are receiving funding. So that's through the TGNCNB Empowerment Fund, and that's a $2 million investment. And then there's also the Trans Equity programming. So there are seven FY26 City Council discretionary contracts across five vendors totaling $2.75 million that support primary care, surgical care, and mental health care education programs, and a whole host of other resources.

CHAIRPERSON CABÁN: I will say that the investments for just on the trans equity front, we want to see them higher. Right? Last year, the LGBTQIA+ Caucus, along with community advocates, and shout out to the Trans Equity Coalition, who did incredible work, were able to secure an initiative funding, an historic investment, almost $13.25 million for gender affirming care. And there is a greater need today than there was even last year. And I know that the advocates are asking for a bigger investment from the Administration. I know it's something that the Mayor ran on when he was running for office. And while we see that investment, there is a lot of room between that commitment that was made and what we see right now in the Exec Budget.

So, do you anticipate seeing differences when it comes to the adopted, or what are we looking at there?

COMMISSIONER MARTIN: Yeah, we see you, we hear you. We're on the exact same page, and we can't get in front of City Hall or OMB on this. But there's much more to come on this exact issue.

We're looking forward to... (CROSS-TALK)

CHAIRPERSON CABÁN: We want to be partners in this, so whatever we can do to help on that front is a big deal.

And then, before I pass it over to Chair Schulman, I have one more question for you. Gender identity discrimination complaints are at a five-year high. Transgender New Yorkers are obviously continuing to face harassment and violence and barriers to care.

What investments are being made to address the mental health impacts of discrimination and anti-trans violence? Like, how much is being specifically earmarked to culturally competent mental health services for transgender, gender nonconforming, and nonbinary New Yorkers?

I realize that question could be in Public Health; it could be in the DOHMH portion, but I'm just going to ask it now.

COMMISSIONER MARTIN: Well, I will start the conversation, and then we can continue with some of the experts.

From our standpoint on our mental health side, our services are available to all New Yorkers, including LGBTQIA+ New Yorkers. Now that being said, there are specific allotments and carve-outs that help to allow us to do our work even more focused in that community. And so I don’t want to jump out ahead of our Mental Hygiene team, who can give you a little bit more specifics in that. But yeah, absolutely, we do see an opportunity not just for the LGBTQIA+ community writ large with regard to mental health, but also the youth component is incredibly important. We get that right, so...

CHAIRPERSON CABÁN: Great. Thank you. I'll pass it to you, Chair. Thanks, everyone.

CHAIRPERSON SCHULMAN: Thank you.

Council Member Restler?

COUNCIL MEMBER RESTLER: Thank you very much. Congratulations on your appointment, Commissioner.

When people are new to city government, one of the quickest ways to judge them is based on the people you hire and put around you. So I was very pleased by your chief of staff appointment, somebody with whom I worked for a long time at ACS.

COMMISSIONER MARTIN: Shoutout to Jill.

COUNCIL MEMBER RESTLER: Shoutout to Jill Krause.

Okay, a few things from me. I'll try to go fast, because I'd like to cover a fair bit.

According to the report we received earlier this year, based on legislation we passed last year, there are currently 465 vacant supportive housing units that are contracted by the Department of Health and Mental Hygiene; they are offline with no referral in process. So that's nearly 500 units of housing offline, no referral in process—supportive housing, the most urgently needed kind of single type of housing in all of New York City.

Do you have a breakdown of why those units are vacant? Do they need significant repairs?

And if, as the City Council's Progressive Caucus has advocated for with our Rentals Within Reach campaign, we were to provide additional funding to fix those units up. Would you take it to help connect more residents who need supportive housing to it?

COMMISSIONER MARTIN: Yeah, let me say first of all, you're exactly right. We see the same picture as you do. At the end of the day, sometimes a home is the most important intervention for individuals. We're proud to contract over 13,300 units in total. Our vacancy rate is somewhere in the five to six percent range. There are some details here that I want to hold off until our Mental Hygiene team... (CROSS-TALK)

COUNCIL MEMBER RESTLER: Okay, I'll come back to them (INAUDIBLE)... (CROSS-TALK)

COMMISSIONER MARTIN: But I'll just say that it is a little complicated when we're trying to, you know, move folks through the process, right? They're natural things that happen, uh, people, you know, pass away, or there are other complications that make it challenging to quickly get people in and out. It's also important to make sure we get the right person in the right home.

COUNCIL MEMBER RESTLER: Without a doubt. All of that's true. And you know, there's a separate conversation we have to have about how we do a better job of getting somebody through the application process and into housing more quickly.

COMMISSIONER MARTIN: Totally.

COUNCIL MEMBER RESTLER: But the thing that we have focused on for both NYCHA and supportive housing under DOHMH and HRA's purviews on the supportive housing side is that we have 1,000 City units that we fund that are vacant and that have no referral in process. And that, in my opinion, is offensive. It's disgraceful. We have thousands of people sleeping on the streets and in our subways who are suffering from chronic mental illness, who have no place to go. The number one solution, the evidence-based, cost-effective solution, is supportive housing, and the fact that we have so many vacant units with no referral in process is, I think, mismanagement that we cannot defend or accept.

And so we want to put the resources in place to get those units fixed up and work together on it. So we'll follow up with the team this afternoon further on that.

I was really pleased by the article in Cranes this morning about the additional community health workers. So, I just wanted to run through this a little bit. Our current estimates are that (TIMER) 233,000 people are going to lose access to healthcare. They'll no longer be eligible for the Essential Plan after the changes that were made in Albany.

COMMISSIONER MARTIN: Yes.

COUNCIL MEMBER RESTLER: And so just to give a sense, to have this on the record and for everyone to understand, that's a single person who's earning between $31,920 and $39,900. So somebody making 30-something thousand dollars a year, living in poverty in New York City, cannot get by. Between 200 and 250% of the poverty line have lost their healthcare as a result of the changes that have been made.

I think there are two things I'd like you to speak to, because I'm out of time and I don't want to-- Chair Lee will kill me, because she's got 16 more hearings today.

Firstly, how are these community health workers-- what are the health insurance options that

these community health workers are going to be able to connect these very low-income New Yorkers to now that they're no longer eligible for the Essential Plan?

And then secondly, I'm profoundly concerned about the 500,000 people who are going to lose access to Medicaid as a result of the new bureaucracy that is being imposed around recertification every six months. I know that we don't have the terms yet from Albany, from the state Department of Health, on exactly what that process is going to look like. But how can those community health workers do more to proactively engage New Yorkers and try to make that process as easy as possible? Is that part of the purview of, I believe, the 46 individuals whom you're hiring with those $3 million?

COMMISSIONER MARTIN: Yeah. Look, I mean, we could talk for hours on this, and we will follow up... (CROSS-TALK)

COUNCIL MEMBER RESTLER: I know, I tried to go fast but...

COMMISSIONER MARTIN: No, no worries... (CROSS-TALK)

COUNCIL MEMBER RESTLER: Big questions...

COMMISSIONER MARTIN: We'll follow up with you, and it's clear that you understand this issue and really are committed to helping to address it. And so we're eager to work with you on this.

Let's talk one at a time. So, first with the Essential Plan, your data is exactly right, uh, 230-something thousand individuals are going to end up losing coverage.

So what do we do about it? So first. We pulled the Board of Health together just about two weeks ago to pass a resolution that calls this what it is: Number one, these are attacks on federal public health insurance by the federal government; two, it commits us to creating a plan to address these coverage loss scenarios. And we immediately put money behind it. We launched a campaign to help individuals who may lose their central plan. We helped them enroll in other coverage options, including NYC Care, which is another type of coverage, as you know, a safety net of the safety net type of coverage options. But third, helping these individuals also recognize that they can always come

to us. We have 11 clinics across the city, and folks can come to us to get their care.

With regard to Medicaid, yeah, you know, so we have 46 new (INAUDIBLE) that are going to be coming in to help us do this work. That's the baseline. That's sort of a floor. On top of that, we can build in navigators and people who are looking for either volunteer work or looking to do workforce development, and we can add many, many, many more layers on top of that. And we have a huge community of community-based organizations as part of the Access Health program. So the bottom line is, this is us as the Health Department putting our hand up and saying we are committed to this fight. We're going to work with other organizations, we're going to work with other agencies, and we're going to work to get this done on behalf of New Yorkers.

COUNCIL MEMBER RILEY: I really appreciate that. I think, you know, we can't just underscore how devastating the federal policies have been that are going to lead to one in 11 New Yorkers losing their healthcare, right? Nine percent of New York City residents are going to lose their health insurance as

a result of changes to Medicaid and eligibility changes to the Essential Plan.

And when we're shifting, you know, what are billions of dollars, I mean, extraordinary sums of money onto the Health + Hospitals, as a result of so many newly uninsured people going in for care there, you know, NYC Care is a good model. I helped launch it. But it's not insurance, and you know, frankly, the wait times on primary care and secondary care are not what we want them to be.

So, you know, we have limited options here. I appreciate your creativity and trying to step up and saying we want to do our best to connect people to care and preventative care as much as possible. I think we all need to be much more focused on this issue immediately. And I appreciate your leadership and pushing the conversation (INAUDIBLE)... (CROSS-TALK)

COMMISSIONER MARTIN: Thank you. We are looking forward to working with you. I can say as an ER doctor, who is part of the Health + Hospitals system, I think we are going to see much larger volumes of folks coming through our ERs. And the bottom line is that we, as the Health Department,

need to do our jobs to help ER docs, like myself, so that we can take care of people, but also not have to worry about helping them get insured.

CHAIRPERSON LEE: Thank you. I just want to recognize that we have been joined by Council Member Morano on Zoom.

And, in the interest of time, there were a couple of questions that the Deputy Speaker had wanted to ask about the Racial Equity Plan, which we will forward to you guys, and hopefully, you can get back to us on those.

And I will pass it off to Chair Schulman. And I have to apologize; I had to step out and take an important phone call. So I apologize.

CHAIRPERSON SCHULMAN: The Speaker had to be called away; she asked me to ask the questions that she wanted to ask, so I am going to ask them on her behalf.

The Office of Healthcare Accountability was established in June 2024 through the Healthcare Accountability and Consumer Protection Act, which the Speaker spearheaded while serving as Chair of the Committee on Consumer Worker Protection.

The office was created to examine healthcare costs across New York City, improve transparency in healthcare pricing and spending, and identify strategies to reduce costs for patients. In the healthcare system overall.

The fiscal 2025 Adopted Budget added $2 million and 15 positions to DOHMH's budget for the Office of Healthcare Accountability, but no additional funding was added to support the Office in the Preliminary and Executive Plans.

Pursuant to Local Law 78, the Office is required to publish an annual report detailing its findings, analyses, and recommendations, which is required to be released by January 1st.

What progress has the Office of Healthcare Accountability made since it was established?

COMMISSIONER MARTIN: Yeah, first of all, just thank you to the Speaker for her leadership on this issue.

We don't think you can have a conversation about affordability in this city without talking about healthcare. And we don't think you can

hold healthcare systems accountable without a body like this, the Office of Healthcare Accountability.

You know, the thing that I would say right up front is the tool that we were able to release last December, the price comparison tool, offers New Yorkers an ability to check the price of 30-something, you know, common procedures and services. And this gives New Yorkers the insight that they need to make decisions about where they should go for their care.

Secondly, yes, we're hard at work on the annual report. We have an agreed-upon deadline with the Speaker to make sure that we get that out the door by August 1st. And we will be working with her, her team, and the Council to make sure that we get the information that we need to do it with regard to the annual report.

Let me pause there; there's much more I could say in the office, but I know you have another question.

CHAIRPERSON SCHULMAN: The portal that you were talking about, do we know how many people? I know we asked this during the Preliminary Budget

hearings: How many people have used it? How are we marketing that kind of stuff?

COMMISSIONER MARTIN: Yeah, 15,000 people have used it.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER MARTIN: And yes, we are absolutely singing the praises of this site from the rooftops. It's an incredibly effective tool, and folks should get online and should use it. You can just Google search "Price Transparency Tool," New York City Health Department.

CHAIRPERSON SCHULMAN: You should put it out in one of the wonderful Tweets that you always put out.

(LAUGHTER)

COMMISSIONER MARTIN: Honestly, that's not a bad idea.

CHAIRPERSON SCHULMAN: Has the Office identified opportunities to reduce healthcare costs or improve affordability for New Yorkers?

COMMISSIONER MARTIN: We're hard at work trying to identify the intersection between the four key areas that we're trying to address with affordability and this office.

So Area one is Medicaid coverage and helping individuals who are at risk of losing their Medicaid stay covered.

Second is benefit enrollment, so cashless benefits like SNAP, WIC, and EITC. Helping individuals get those benefits.

The third is medical debt, trying to erase or prevent as much of it as possible.

And last is eviction prevention.

So we're looking right now at this sort of intersection between what the Office has done and what the Office can do to address, you know, these four areas.

And you know, I am personally very excited about the ability to leverage this entity to accomplish some of our goals for affordability.

CHAIRPERSON SCHULMAN: How many of the 15 budgeted positions are currently filled?

COMMISSIONER MARTIN: Currently, we have 12 of the 15 filled. We have three remaining slots, as these are some of the slots that I mentioned earlier. Highly technical medical economist slots. And so we're looking not to just fill the roles; we want to have the right person in each of those roles.

So if the Council has quality candidates, you know, we'd be looking to interview them and potentially bring them on board.

CHAIRPERSON SCHULMAN: How is the Office coordinating with other city agencies and healthcare stakeholders?

COMMISSIONER MARTIN: Yeah, we're working across City Hall to do the work of holding healthcare systems and payers accountable.

I'll give you just one concrete example. We're working closely with OLR on an upcoming report looking at the NYCE PPO (New York City Employee) plan and making sure that this new PPO is done in a way that is not limiting access to care and is also decreasing costs.

CHAIRPERSON SCHULMAN: Given ongoing reimbursement rate negotiations between New York Presbyterian and EmblemHealth, what role has the Office of Healthcare Accountability played in assessing the impact of provider reimbursement rates on city healthcare costs?

COMMISSIONER MARTIN: Yeah, another really good question.

So we have our team of healthcare economists and policy analysts beginning to ingest that data and to analyze it to assess what the impacts are going to be for New Yorkers. At the present moment, we don't have a final analysis to share on that, but we can circle back.

CHAIRPERSON SCHULMAN: I know you said that you're working on the report. Do you have an estimate of when the report will be ready?

COMMISSIONER MARTIN: Yeah, we're aiming to get that by August 1st.

CHAIRPERSON SCHULMAN: Okay.

And you know, we can-- I'm sure some of these questions here, because I want to skip to something else, will be answered in the report.

I want to ask you about--hold for one second. Sorry, just a couple of quick questions—one is about Groceries to Go.

So, Groceries to Go, every year it's financed at $10 million, and I want to know if there's any move by you guys to push OMB to baseline it? Because every year it's at $10 million, and then we have to keep pushing and pushing and pushing, and you know, it should just be baselined at this point.

Yeah, I am a huge fan of this program. This is a...

CHAIRPERSON SCHULMAN: A lot of people are.

COMMISSIONER MARTIN: Incredibly important program for individuals throughout the city who need access to fresh fruit, produce, and food that keeps them healthy. We've been able to help about 4,200 people over the course of the calendar year 2025.

And so we're constantly in communication with OMB to figure out how to meet the needs of, you know, the people that we serve and are looking to continue those as we build it out.

CHAIRPERSON SCHULMAN: In the interest of time, I think we're going to send you a bunch of questions. So we're going to ask you to answer those that we're not going to be able to--But one question I do want to ask: you know that last year City Council provided a $500,000 discretionary award to Flatbush Cats to support Trap-Neuter-Return services. So we wanted to see if the Administration would consider baselining or expanding City support for TNR and low-cost spay-neuter services in future fiscal years.

COMMISSIONER MARTIN: (LAUGHS)

CHAIRPERSON SCHULMAN: (LAUGHS) What?

(LAUGHTER)

COMMISSIONER MARTIN: As a proud cat dad...

CHAIRPERSON SCHULMAN: That's good to know...

COMMISSIONER MARTIN: I'm just laughing because I have four cats now, and my 2 normal cats, and now my...

CHAIRPERSON SCHULMAN: That explains enough.

COMMISSIONER MARTIN: Now, my fiancé surprised me with two new foster kittens this weekend, so we will circle back.

(LAUGHTER)

CHAIRPERSON SCHULMAN: Circle-- yeah, it's important--because it goes back to--we had questions, too, about the ACC and when are they all going to be finished? When is the Brooklyn Animal Care Center project going to be done? Because the other thing, too, is that the overcapacity is based on the TNR. You know, everything goes hand in hand.

COMMISSIONER MARTIN: Yeah, I can just speak to some. Sorry, I regained composure.

CHAIRPERSON SCHULMAN: (LAUGHS)

COMMISSIONER MARTIN: We can say that the Bronx shelter is going to be targeted for opening in early 2027.

CHAIRPERSON SCHULMAN: Okay, that's good.

COMMISSIONER MARTIN: We have renovations that are going on in the Brooklyn shelter... (CROSS-TALK)

CHAIRPERSON SCHULMAN: Right. When is that? How is that going?

COMMISSIONER MARTIN: Thinking about late 2027 for that one.

CHAIRPERSON SCHULMAN: All right, all right.

We will ask you, as I said, we'll send you a bunch of questions, and I'm going to hand it over to Chair Lee to end our session.

CHAIRPERSON LEE: Okay, one more question from Council Member Narcisse.

COUNCIL MEMBER NARCISSE: Thank you again, Chair.

Recent federal court activities surrounding access to (INAUDIBLE) on medication have brought back national attention to reproductive health and access to abortion services. DOHMH operates the Abortion Access Hub, which connects individuals to abortion providers and reproductive health resources. And medication/abortion services are currently available at four sexual health clinics.

The Executive Plan includes $5 million baselined starting in FY27 for abortion access services. How will the $5 million baselined funding be used to support abortion access and reproductive health services?

COMMISSIONER MARTIN: Yeah, thank you very much for this question, Council Member.

We take our responsibility seriously to provide access to safe abortion services. And that means not just providing those services ourselves, as you've said, but we also make sure to provide a network of providers that patients can call, which is funded through our Abortion Access Hub. We've been able to answer nearly 10,000 calls. And refer over 8,000 patients to a whole network of providers who

can help them if they need it. And so we're not going to stop providing these services, no matter what we hear from the federal administration. I'm going to pass it over to Aaron to share more.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thanks, Council Member Narcisse.

So just to reiterate, yeah, the $5 million baseline funding actually came a couple of years ago. So this helped us stand up the Abortion Hub work. And of the $5 million, it includes $1 million for the abortion access itself, and then about $4 million of that is for our public health clinics to provide medication abortion services.

COUNCIL MEMBER NARCISSE: Why is abortion medication currently available at only four of the city's six sexual health clinics? Are there plans to expand access citywide?

COMMISSIONER MARTIN: Yeah, really good question.

You're right. Four out of the six currently have the capabilities to do this. We are working on a fifth. I will say that the challenges are mostly with space. Some of these services need more than just a simple room. You know, we need to be

able to do the care right by the patient. And so we're working through some of the challenges with regard to space and logistics. But it's our hope that we'll be able to expand these services.

COUNCIL MEMBER NARCISSE: Okay. What trends has (TIMER) DOHMH seen in utilization of the Abortion Access Hub?

COMMISSIONER MARTIN: So far, what we know from our data is that we've been able to answer about almost 10,000—9,400 calls. We've been able to refer about 8,000 patients. Interestingly, what we see is that a pretty sizable portion are people who are not even from New York City. About 25% of the folks who are calling into the hub are from places like Georgia, Texas, and others. And so this service that we're providing, of course, is primarily focused on New York City residents, but we're identifying that others across the country are using it as well.

COUNCIL MEMBER NARCISSE: Somewhere I heard that some of the folks from here are traveling to other states to get abortion medication or care.

COMMISSIONER MARTIN: Hmmm.

COUNCIL MEMBER NARCISSE: When I heard it, I was wondering why we're leaving the city of New

York to go to other states to get abortion support or whatever.

COMMISSIONER MARTIN: Yeah, I haven't heard that. We will circle back on that and have a conversation with you if it seems like that's true.

COUNCIL MEMBER NARCISSE: Has demand for reproductive health services changed in recent years? I know you are new, but you can make (BACKGROUND NOISE) (INAUDIBLE) from the data.

COMMISSIONER MARTIN: Yeah, it's a good question. So we'll have to get back to you on exactly what the trend looks like. I will say that we expect it to, because of some of the data that I've just suggested that, you know, 25% of the people who are calling our lines are not even from New York City. So as we see the abortion access landscape across the country change, I think we're going to end up seeing more intake from our own city.

COUNCIL MEMBER NARCISSE: Okay. How does DOHMH ensure timely reimbursement for community-based providers delivering those services?

And quickly, Black and Latino mothers continue to experience higher rates of maternal

morbidity and mortality than other groups. What is DOHMH doing to reduce these disparities?

COMMISSIONER MARTIN: Great. We're going to take those one at a time. I'm going to kick it to Aaron on the reimbursement, and then I'll take the second part of the question.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thanks for the question.

So we certainly aim to ensure timely reimbursement for all of our providers, including these folks. If there are issues, we're always happy to work with them directly. And actually, our chief nonprofit officer position is there for exactly that type of work, so we're happy to have that.

CHAIRPERSON NARCISSE: And you can see that they are timing things, even though we want to continue with the hearing. Go ahead.

COMMISSIONER MARTIN: Should I continue?

COUNCIL MEMBER NARCISSE: No, finish.

COMMISSIONER MARTIN: So, yeah, you're right. So Black and Latina women face up to four to five times the likelihood of dying from pregnancy in the city, and that's unacceptable. We have a number of concrete initiatives that we leverage in a

targeted way. The first one that I'm most proud of is the citywide doula initiative. This is a program that pairs at-risk pregnant people with doulas to help them basically walk through the whole process of pregnancy with someone by their side. We've had thousands and thousands and thousands of people who have been served by the CDI, the citywide doula initiative, and we've had zero maternal deaths as part of this program.

COUNCIL MEMBER NARCISSE: I love that improvement.

COMMISSIONER MARTIN: It is astounding.

COUNCIL MEMBER NARCISSE: Right. Due to the time, the Chairs seem like they want to keep to time, so I am going to pass it back over to the Chair.

CHAIRPERSON LEE: Yes, we will definitely follow up on the rest of the questions that were not asked. And, then, Council Member Wong...

COUNCIL MEMBER WONG: Final, final question.

CHAIRPERSON LEE: Yes, final round.

COUNCIL MEMBER WONG: Thank you. In the budget over here, it says that highlights of the

27-34 year plan, you're gonna have a new animal care center in the Bronx, upgrades to the animal care center in Brooklyn, and other animal welfare investments.

Now the Queens Animal Center opened on August 23, 2024. Looks great-50,000 square feet. Beautiful. The problem was that the Brooklyn Center was closed within the same week, and all the Brooklyn animals moved into Queens. I know because the Queens Animal Care Center is within walking distance of my district office. And what happened? The Queens animals got displaced, and they became the victims, and many of them were sent away or even euthanized.

So what I would like to know is, do you have a plan? Because if you're going to build, say, the Bronx one, the Brooklyn animals are going-- the Bronx animals will move to Brooklyn when that's finished. And all of this is going to happen again.

So my question is, do you have a Plan B on what to do with the animals while these animal centers are being renovated, rather than just pushing it onto the other boroughs? That’s my question.

COMMISSIONER MARTIN: Yeah, it’s a really good question.

So first of all, we have had an increase in our budget specifically for animal control. Number two, as you've talked about, we have the Bronx shelter that's going to be opening in 2027 and the Brooklyn renovation, which is expected to be completed by the end of 2027. So we are certainly aware of the increased surge and the capacity here.

I'm going to pass it over to Deputy Commissioner Corinne Schiff to share a little bit more here. Thank you.

DEPUTY COMMISSIONER SCHIFF: Thank you.

And then the Queens Animal Care Center is, as you say, a beautiful state-of-the-art facility. When we opened that facility, we were able to actually align the full renovation of the Brooklyn site at the same time as we were opening up the Queens site. And what that lets us do is move more rapidly to finish the Brooklyn site. And what we were concerned about was that the alternative was doing the renovation at the Brooklyn site while staging those renovations. So the animals and the staff would have to be on site. That was going to slow us down, but it was also going to leave the animals and the

staff in essentially a construction zone, which would have been very stressful for the animals.

So we managed to align the two projects, and we moved the animals that were in Brooklyn to the Queens Animal Care Center before it opened. That lets us keep the status quo, the number of full-service shelters that we had operating in New York City, as the Commissioner just said and as the Chair had mentioned; we will be opening a full-service shelter for the first time in the Bronx, and we will be opening (TIMER) a full-service shelter in Brooklyn that's going to expand our capacity across the city.

COUNCIL MEMBER WONG: My final comment is that there's room for improvement on animal adoption. Because what I see is that if we can do better on that, then far fewer animals will get euthanized. I get calls every other day, you know, animal XYZ is going to get euthanized. So what are you doing to promote adoption? You know, I cannot answer them because we do not-- I'm not the one who's planning them.

DEPUTY COMMISSIONER SCHIFF: And let me just say that the animal care centers-- there were no animals euthanized with respect to the move from

Brooklyn to Queens. Animals are not euthanized for space. We do have animals available for adoption. We also have a facility in Manhattan that is solely dedicated to animal adoption. There are wonderful animals available for adoption from Animal Care Centers. We welcome your help in getting out the word about adopting from ACC and fostering from ACC. So those are New York City's animals, and we welcome your support in getting the word out to New Yorkers.

COUNCIL MEMBER WONG: Thank you. Thank you, Commissioner. Thank you, Chair.

CHAIRPERSON LEE: Thank you. Okay, we're going to take a really quick break. I'm going to say five minutes, knowing it's probably going to be a little longer, but definitely for sure, we want to make sure that we are starting at 12:30 at the latest. So thank you so much.

(PAUSE)

CHAIRPERSON LEE: Okay, I think we're ready to begin.

All right, so good afternoon, and welcome to the second FY27 Executive Budget hearing for the day, focusing on the Department of Mental Health and Mental Hygiene on the mental health portion.

I am Council Member Linda Lee, and I am pleased to be joined by my colleague and Chair, Council Member Cabán, Chair of the Committee on Mental Health and Addiction, and we have been joined by the Deputy Speaker on Zoom, Council Members Narcisse, Wong, Wilson, Felder, and Council Member Ariola on Zoom, and Council Member Restler, and I think that's it. And Council Member Schulman, oh yeah, because you were the Chair of the other one, sorry about that.

(LAUGHTER)

CHAIRPERSON LEE: Okay. So welcome again to Commissioner Dr. Alister Martin and your team, and thank you so much for joining us today to answer our questions.

On May 12th of 2026, the Administration released the Executive Financial Plan for FY27 to 30 with a Proposed Fiscal 2027 budget of $124.7 billion. Department of Health and Mental Hygiene's Mental Health Proposed Fiscal 2027 budget of $923.1 million represents 0.7% of the Administration's proposed FY27 budget in the Executive Plan, and this is an increase of $67.8 million or 7.9% from the $855.4 million originally budgeted in the Preliminary Plan. This

increase results from several actions, mostly involving mobile treatment teams, mental health clubhouses, the Office of Community Mental Health, and an array of savings measures.

As of April 2026, DOHMH's headcount for mental health was 24 less than their FY26 budget headcount.

In the Council's Preliminary Budget Response, we called on the Mayor to add $18 million to DOHMH's mental health portfolio to invest in intensive mobile treatment, assertive community treatment, and crisis respite centers. We also raised concerns regarding mental health programs, one-shot funding, and the mental health continuum in New York City, 988, to ensure that free suicide prevention counseling is available to all New Yorkers in crisis, peer specialists, and to ensure we are adequately funding clubhouses.

Although our request was not included in the plan, I look forward to hearing from the Commissioner today about their plan to sustain critical mental health programs and what steps are being taken to ensure these vital programs remain available to New Yorkers who rely on them.

And I now want to turn over to my Co-Chair for this hearing, Chair Cabán, for her opening statement.

CHAIRPERSON CABÁN: Thank you very much.

Good afternoon, everyone. I'm Council Member Tiffany Cabán, Chair of the New York City Council's Committee on Mental Health and Substance Use. Thank you for attending today's hearing on the City's Fiscal 2027 Executive Budget for the mental hygiene portion of the Department of Health and Mental Hygiene, or DOHMH. I would like to thank Finance Chair Lee for holding this Executive Budget hearing with my committee, and also Dr. Martin and your team for testifying today.

In the Fiscal 2027 Exec budget, DOHMH's Mental Hygiene proposed operating budget is $923.1 million, of which $63.2 million is spent on personnel services for 563 budgeted positions.

The budget also includes nearly $860 million for other than personnel services, most of which covers 377 mental hygiene contracts. So the net change of $67.7 million in the DOHMH Mental Hygiene Fiscal 2027 Exec Budget compared to the Fiscal 2027 Prelim Budget is mainly due to a baselined funding

cliff for mobile treatment teams and DOHMH-funded clubhouses.

I think that's important to point out and be clear about. The changes also include a one-time funding to support the Office of Community Mental Health and the newly created Office of Community Safety, as well as additional opioid settlement funding that the Department received.

So the Executive Budget also includes an array of new savings measures focused on contract renegotiations, vacancy reductions, and anticipated underspending. And I'm interested in hearing, you know, Dr. Martin and your team's testimonies on how these savings were achieved and whether they would impact operations. One thing is clear: New Yorkers with mental health and substance use issues rely on all of us to advocate for them and provide them with adequate resources to continue receiving services and care that they need. And I do want to ensure that the City doesn't cut funding that will impact critical services.

And so the Committee is going to focus on the following topics for questions today. And that's going to be the DOHMH mobile treatment teams, the

opioid settlement funding, the City supportive housing program, as well as JISH, the Justice Involved Supportive Housing, DOHMH relay programs, and headcount changes. And I know that our Chair, who's well-versed in this area as well, is going to focus on some other related areas.

But before we begin, I'd like to thank the Financial Analyst, Amaan Mahadevan. We gotta put respect on our names, you know? And Assistant Director Florentine Kabore, and Deputy Director, Ms. Wright, for preparing this hearing, as well as the Committee staff, Sara Sucher, and Justin Campos, for their support. The committee is just incredible. They are the best. And I would also like to thank my staff, Jonah Birch. So I'm going to turn it over to Chair Lee now.

CHAIRPERSON LEE: Okay, great. I'm going to make the same announcement as I did before, which is that we are having public testimony hearings all day Wednesday, June 10th. I feel like I'm promoting a party, but I hope you guys are going to join us and listen in. But yes, June 10th, starting at 9:30, is going to be an all-day public testimony hearing day. So please join us for that.

And without further ado, I'll pass it off to Brian Sarfo, our committee counsel, to swear in the witnesses.

COMMITTEE COUNSEL: Good afternoon. Do you affirm to tell the truth, the whole truth, and nothing but the truth before this Committee and to respond honestly to Council Member questions? Commissioner Dr. Alastair Martin?

COMMISSIONER MARTIN: Yes.

COMMITTEE COUNSEL: Deputy Commissioner Anderson?

CHIEF FINANCIAL OFFICER ANDERSON: Yes.

COMMITTEE COUNSEL: Deputy Commissioner Dr. Petit?

EXECUTIVE DEPUTY COMMISSIONER PETIT: Yes.

COMMITTEE COUNSEL: Assistant Commissioner Neckles?

ASSISTANT COMMISSIONER NECKLES: Yes.

COMMITTEE COUNSEL: And Assistant Commissioner, Dr. Lynn Walton?

ASSISTANT COMMISSIONER LINN-WALTON: Yes.

COMMITTEE COUNSEL: You may begin.

CHAIRPERSON LEE: Oh, sorry, one thing really quickly, we've enjoyed my Council Member Aldebol, and sorry, go ahead.

COMMISSIONER MARTIN: Fantastic. Thank you very much, Chair Lee, Chair Cabán, Chair Schulman, and Council Members who are here with us today

My name is Dr. Alister Martin, and I am the Commissioner of Health at the New York City Department of Health and Mental Hygiene. I am joined today by our Chief Financial Officer, Aaron Anderson; Executive Deputy Commissioner of Mental Hygiene, Dr. Jorge Petit; Assistant Commissioners Jamie Neckles and Dr. Rebecca Linn-Walton. Thank you for the opportunity to testify today on our Executive Budget as it relates to mental health.

Our mental health work is a core component of our larger vision for the Health Department and the city. We offer a wide range of free services for justice-involved populations and New Yorkers struggling with mental illness or substance use. Some of those services are delivered directly by Health Department employees. In addition, we work with more than 200 community providers to deliver more than 500 programs that offer crisis

intervention, housing, clinical support, and many other mental health programs. We build on that work every day. For example, in my first 90 days at the agency, I was proud to announce a $12 million investment in the peer workforce at substance use recovery programs across New York City; a $$20 million investment in perinatal and early childhood mental health services, as well as the expansion of our Nurse Family Partnership program; and a new campaign that encourages New Yorkers to order and carry our free naloxone kits. Last year alone, we distributed more than 285,000 naloxone kits and more than 100,000 fentanyl test strips.

Across every service, we are focused on harm reduction, accessibility, and honoring every person's humanity.

That is perhaps best exemplified by our peer workforce programs. Last month, the Mamdani administration announced a $12 million investment of opioid settlement funds. The money will go toward peer workforce development programs for substance use recovery, including internships, scholarships, and direct hiring opportunities. Over the next four

years, this money will ultimately help employ 500 more peers across New York City.

The peer model honors the fact that people in recovery have a story no one else can tell. There is no substitute for lived experience. The recent investment in this workforce will help equip 500 more people to retrace their steps on the road to recovery and bring someone back with them.

Whether New Yorkers are struggling with substance use, mental illness, or transitioning out of incarceration, they need the same things we all do: to know they are not alone and to have a safe place to come home to. We recognize that affordable, stable housing is the starting point for recovery. We're determined to get as many New Yorkers as possible housed and connected to resources.

We remain committed to the goal of the 15/15 program to develop 15,000 units of supportive housing, which provide affordable, independent, and permanent homes to New Yorkers who are unhoused and either have or are at high risk of having a serious mental illness or a substance use disorder. This year, we surpassed 13,000 units of both 15/15 units

and State-City partnerships. We are well on our way to meeting or exceeding our goal.

Approximately 13% of our supportive housing units serve families with children; about 5% serve young adults. In aggregate, that is more than 2,000 units that are providing New Yorkers with stability early in their lives. All 13,000 of these apartments provide long-term solutions. Our data shows that for people moving out of supportive housing, the average length of stay is 7.6 years. These units are a lifeline for thousands of our neighbors, especially in one of the most expensive cities in the world.

In this year's Executive Budget, I am particularly proud to see the necessary funding to turn our Community Syringe Redemption Pilot Program into a mainstay initiative. That program offers payment for the collection and safe disposal of used syringes in public spaces. Participants receive guidance on how to safely dispose of syringes and are paid .20¢ a syringe for up to $10.00 a day. In the first year alone, that program was responsible for the collection of more than 1.7 million syringes and enrolled over 1,800 participants. That's 1.7 million

syringes safely discarded away from public reach. By every metric, it was a remarkable success.

That is reflected in the testimonials of participants—one of our earliest adopters said this program gave them a reason not to reuse needles. While removing litter is one small piece of a larger ecosystem for harm reduction and recovery, it is making a tangible difference in our communities.

The Syringe Redemption Program is complemented by the ongoing work of our Outreach and Syringe Litter teams, who also offer naloxone and service referrals to New Yorkers who frequent the high-use areas our teams prioritize. Every Outreach and Syringe Litter team partners with a Syringe Service Program. These SSPs provide overdose prevention education, HIV and hepatitis C testing, and referrals to a range of health and social services.

There are 14 Syringe Service Programs across the city, and they provide services at both brick-and-mortar locations and through mobile vehicles. Their work reaches approximately 22,000 people a year. I am grateful to see the value of the Syringe Redemption Program—and the larger harm

reduction work it is a part of—be recognized in our city budget.

While mental health care is integral to programming across the Health Department, our Mental Hygiene Division leads that work and employs about 600 people with an operating budget of over $900 million for fiscal year 2027.

There are several components of this year's city budget that support our mental health programs. In particular, there are longstanding funding cliffs that have been structurally solved in the budget. We are very grateful to see our work receive the long-term stability it deserves and break out of the pattern of year-to-year funding.

This includes our Mobile Treatment programming, which encompasses Intensive Mobile Treatment and Assisted Outpatient Treatment teams. IMT teams serve New Yorkers whose needs are not being met in traditional mental health settings. They serve some of our hardest to reach neighbors and meet them wherever they are: at home, in a shelter, or on a street corner. Many of these teams include both clinicians and peer specialists, who are equipped to support New Yorkers through mental health and

substance use treatment. Services are individualized, and courses of treatment are expected to last several years. That program reached more than 1,000 people a year.

In parallel, our Assisted Outpatient Treatment teams support adults with a history of multiple hospitalizations or harm caused by nonadherence to mental health treatment plans. AOT reinforces recovery by monitoring the progress of a court ordered treatment plan and supporting New Yorkers through care coordination across multiple service providers. That work supports more than 2,000 people a year.

We are also encouraged to see funding stabilized for clubhouses, which provide New Yorkers living with serious mental illness with help accessing benefits, employment opportunities, and community. There are 13 clubhouses across all five boroughs. Each of these physical sites houses a community stronghold for New Yorkers with mental illness. Forty percent of members have been enrolled for more than five years. Here, participants are not clients or patients; they are members, and each

clubhouse is designed by and for the members it serves.

New Yorkers deserve reliable, stable access to these services, and we are reassured that this Council and this administration are dedicating the resources to sustain them.

Finally, at the federal level, we are watching this administration's actions very closely. The national mental health infrastructure has been consistently devalued under this administration. Harm reduction work in particular has come under unwarranted scrutiny.

At the New York City Health Department, our federal funding is concentrated in our disease control and emergency preparedness divisions. Our Division of Mental Hygiene is not heavily reliant on federal funding, but every part of our agency is impacted by the rapidly changing public health landscape. We continue to monitor changes in federal funding, infrastructure, and policy.

In many ways, the year ahead is sure to be a challenging one, but I have every confidence we will meet the moment. That confidence is not derived from any one leader, but from the many public

servants committed to showing up for our city every day.

Early in my tenure as Health Commissioner, I spoke with one of our public servants working in substance use recovery. Her name is Bev. When I asked Bev what keeps her going each day, she told me something I will never forget. She told me that this wasn't a job; it was a calling.

I am grateful to lead an agency of people who took a job and made it a calling. I have every confidence my agency will continue to answer the call for our city.

Thanks for your attention. We are happy to answer your questions.

CHAIRPERSON LEE: Great, thank you.

So I'm going to quickly try to go through these so that I can pass it over to my colleagues.

So, in terms similar to the last port question about state funding, the Executive Plan includes state funding of $464.5 million in FY26 and $414 million for FY27. And because the Executive Plan was released before the enactment of the state Fiscal 2027 budget, what was added in the Executive Budget that was previously proposed in the state's Executive

Budget? Is there new mental health and substance use funding in the state's Adopted Budget flowing to DOHMH?

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COMMISSIONER MARTIN: First of all, we're happy to partner with our state colleagues on this work, the Office of Mental Health and OASS, and we're always in conversation with our partners at the state to define how we can better intervene as copartners in this.

The State Department of Mental Health is spearheading a couple of expansions that we're aware

of. The first is an expansion of the ACT Program statewide. And so, you know, we're going to be, you know, closely monitoring this expansion so that we can see in what ways this impacts our city's program with regard to ACT.

Ultimately, from our perspective, we continue to advocate strongly for sustained state investment. We need the state to be part of this work and be our partners here in the city. And so far, we've had really, really great working relationships with the state.

CHAIRPERSON LEE: That's good. I mean, especially, you know, thanks to, of course, also on the substance use side, the opioid settlement funds. I'm glad that that's now finally being realized and spent down as well. And it’s good to hear about the ACT programs being expanded.

Do you know how much that included for the expansion?

COMMISSIONER MARTIN: For the State Department of Mental Health

CHAIRPERSON LEE: Right.

COMMISSIONER MARTIN: Yeah, we're going to have to get back to you on that.

CHAIRPERSON LEE: Okay, perfect.

In terms of contracts or savings, DOHMH is one of the agencies that has a really large number of contracts. And, we just wanted to know how often the Department of Health and Mental Hygiene assesses the effectiveness of its programs run by CBOs—nonprofits?

COMMISSIONER MARTIN: Yeah, let me ask Chair, is this related to EO 12? Or just broadly speaking, our contract reevaluations?

CHAIRPERSON LEE: I think in general, but yes, I mean the savings portion, yes, it's related to that, but also in general, I think for best practices.

COMMISSIONER MARTIN: Yeah, how often we...

CHAIRPERSON LEE: Yeah.

COMMISSIONER MARTIN: So, yeah, let me start on the savings piece, the EO 12 piece, and then I'll give it to Aaron to share a little bit more here.

So similar to our mandate with regard to public health, you know, we're trying to balance these two priorities. The first is really aligning

with the Mayor's vision on the Chief Savings Officer Initiative. At the same time, we're making sure not to cut any services with regard to our mental hygiene portfolio, and we're proud to say that, you know, we've come through this process with EO 12. I can, you know, stand firmly here and say that no programs were cut and no services were degraded as part of that experience.

Let me hand it to Aaron to share a little bit more.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thanks, Commissioner, and thanks, Chair Lee.

I mean, as a general matter, all CBOs are evaluated once a year at least in the past...

(CROSS-TALK)

CHAIRPERSON LEE: Right, for the contract (UNINTELLIGIBLE)...

CHIEF FINANCIAL OFFICER ANDERSON: Yeah.

CHAIRPERSON LEE: Even if it's a three-to-five-year contract, they still sort of have the annual-- okay.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah. And I mean, aside from that, I would certainly defer to my programmatic colleagues beyond this. But I

mean, I think we're always thinking about metrics and how to make programs better and how they're doing, and all of that good stuff.

CHAIRPERSON LEE: Okay, perfect.

And are there service or program areas based on what you've done with the assessment that would function better if they were delivered by DOHMH directly? And this is not just specifically related to the CBO contracts, but in general?

COMMISSIONER MARTIN: I guess you're asking the question of whether or not it's better for us to bring the services in-house versus...

(CROSS-TALK)

CHAIRPERSON LEE: In-house, right.

COMMISSIONER MARTIN: Yeah, it's a really good question. I'm going to pass it over to Dr. Petit in a second. But I think this is the core tension, not just on the mental health side, but also on the public health side, right? What do we keep in-house, and what do we, you know, sort of contract out and find a service delivery partner for?

So getting that right is something that, you know, we're constantly trying to improve on. And

so let me share it, hand it over, Dr. Petit, to share a little bit more.

EXECUTIVE DEPUTY COMMISSIONER PETIT: Thank you, Commissioner.

Thank you for that question. You know, as a public sector psychiatrist doing this for 30 years, it is an interesting question to be thinking about where the role of, you know, the division is vis-à-vis the providers.

But I do have to say, you know, the way that the entire system has been sort of built up over the last many decades is really relying on contracted providers who are deeply embedded in their communities, who know their communities in ways that it's harder for us centrally to be as attuned to some of those needs, even though we're aware of them. It really is important for these niche providers to be able to deliver an array of services in their communities to their constituents a little bit differently than we could.

CHAIRPERSON LEE: Mm-hmm.

EXECUTIVE DEPUTY COMMISSIONER PETIT: There are things that we could do citywide that are more overarching that really speak to the system as a

whole. But I am a big believer that a lot of our programs that exist in these communities are best served by community-based providers.

CHAIRPERSON LEE: And as a former provider, I fully subscribe to that, especially in communities that have very specific language needs and cultural needs. So yes.

Okay, so DOHMH has a three-year contract accounting for $26 million with a CBO called "Somethings" for a telepsychiatry service program for teens. The contract is set to expire at the end of FY26. So, just wondering what the update is that you can provide for this specific contract, and can you elaborate more about the service?

COMMISSIONER MARTIN: Yeah. So first of all, the service that we are providing here is one that we take very seriously. This is teen mental health, and for teens, you have to be able to meet them wherever they are. And in this case, we are trying to meet them digitally. And so that's what you're seeing with the work that we're doing on Teen Space.

The contract that we're talking about here is one that we are trying to reprocure and do it

in a fair and transparent way. And also, we're making sure that we can continue to deliver the service so that there is no service disruption for teens who are involved.

I'm going to hand it to Dr. Petit to show a little bit more on the details.

EXECUTIVE DEPUTY COMMISSIONER PETIT: Yeah, thank you again.

So this contract was actually a demonstration, a three-year demonstration project. So it's about to end in October; we are going through the process of a Concept Paper and ultimately a reprocurement of it.

I think what's really important is that there is an evaluation tied to this so that we can actually determine not just lessons learned over the last three years, but where things are currently. Like we talked about a little bit earlier, you know, where we are today is very different from where we were three years ago, especially with a lot of this technology. So you know, Teen Space is a free service, regardless of zip code or location, or wherever, an individual kid 13 to 17 can actually access talk, text, or chat in a free way.

So it's been incredibly helpful and impactful. We've had over 45,000 registrations since inception, and I think we can do more with this, and that's why we're looking at a procurement process that will help us, you know, shape this going forward.

CHAIRPERSON LEE: Okay. And it's kind of crazy to think that in three years, the technology has advanced so much in that short time as well.

So just to confirm, because I think we had heard that DOHMH was not considering renewing the grant starting in FY27, but you're saying that you are going to look at issuing a new RFP and then putting that out?

EXECUTIVE DEPUTY COMMISSIONER PETIT: Yeah...

CHAIRPERSON LEE: Okay.

EXECUTIVE DEPUTY COMMISSIONER PETIT: So we will extend the contract until a procurement is out on the street.

CHAIRPERSON LEE: Okay. And you're saying that should be around October of 27, right, or 20...

EXECUTIVE DEPUTY COMMISSIONER PETIT: So the contract is up now...

CHAIRPERSON LEE: Right.

EXECUTIVE DEPUTY COMMISSIONER PETIT: Or it's terminating now. We will be extending the contract as we're going through the process of the Concept Paper and the RFP. So the extension will be, uh, until the next contract is able-- until we're able to procure the next contract.

CHAIRPERSON LEE: Okay. And then, when do you think that would be, the new RFP, to be released?

EXECUTIVE DEPUTY COMMISSIONER PETIT: Hopefully, before the end of the year, we'll have an RFP out.

CHAIRPERSON LEE: Okay, perfect. Just wanted to check.

Okay, let's see, in terms of contract renegotiations, really quickly, the Executive Plan includes a baselined reduction of $2.2 million starting in FY27 as part of contract renegotiations. So, I just wanted to know if these contract reductions were associated with the Chief Savings Officer findings, or was it something separate?

COMMISSIONER MARTIN: Yeah, let me hand it over to Aaron to share more.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah. Thanks, Chair Lee. So, yes, that line item was part of the EO 12 savings reduction initiative.

CHAIRPERSON LEE: Okay.

CHIEF FINANCIAL OFFICER ANDERSON: Yes.

CHAIRPERSON LEE: And then how many contracts and what type of contracts are being renegotiated?

CHIEF FINANCIAL OFFICER ANDERSON: Yeah. So we're still in the process of looking at that. This was based on a pretty reasonable, even maybe conservative assumption. So we're in conversations right now with several different contracted vendors.

CHAIRPERSON LEE: Okay. How will the services provided through these contracts be impacted by the renegotiations? No impact, or?

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, I mean, our guiding premise for this entire exercise, as we testified earlier as well, is really minimizing or making sure that there are no service impacts to the public. And so these contract renegotiations are also happening through that lens, and so there will be no service impacts.

CHAIRPERSON LEE: Okay. And I'm sorry, I don't know if you answered this part, but what type of contracts?

CHIEF FINANCIAL OFFICER ANDERSON: I mean, we're looking across the board. I mean, as you know, mental hygiene has an enormous portfolio. So there's a handful at least that we're looking at specifically. Obviously, we can't talk about them...

CHAIRPERSON LEE: Okay, Yeah. If you could let us know and follow up, that would be awesome.

CHIEF FINANCIAL OFFICER ANDERSON: Happy to, yes.

CHAIRPERSON LEE: Okay. The Executive Plan also includes a reduction of $1.2 million, starting in FY27, as part of a renegotiation of the naloxone contract. Are the naloxone contract renegotiations also related to the reduction of services due to underutilization, or why was that scheduled reduction baseline?

COMMISSIONER MARTIN: Yeah. So this is an incredibly important topic and one that I have to say, you know, the data is moving in the right direction when it comes to overdose deaths. We're down 28%, as you know, in terms of our last recorded

year on file. A lot of that is due to programs like this one.

I just want to plug one more time the program that I mentioned in my testimony, nyc.gov/naloxone. Any New Yorker can get online, put their information in, and get multiple units of naloxone shipped to them completely for free. We're able to distribute about 285,000 kits over the course of the last year.

Let me hand it to Aaron to share a little bit more about the budget piece.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thanks, Commissioner.

So, I think this is actually a great example of how you can be creative when doing these savings exercises that are often pretty painful.

So the story with this one is just that naloxone has come down in cost considerably over the past few years. And it continues to. And so we've seen...

CHAIRPERSON LEE: Got it.

CHIEF FINANCIAL OFFICER ANDERSON: It's already come down in our world quite a bit. But we've seen other states, California, for example, it's sort

of hit record lows. And so we're watching very carefully what other states are doing around the country, and what other municipalities are doing. And I think we're very confident that we're going to see additional savings here. It's a bit of good news, yeah.

CHAIRPERSON LEE: Okay, good to know. Great, got it.

Okay, moving quickly to the clubhouses, which is a topic that is very near and dear to me. So when we saw that there was a $4 million baseline in the FY27, I was like, yes, it includes the smaller clubhouses, and then I realized no, that's not what it's for. But it's to address a stimulus funding cliff for existing DOHMH-funded clubhouses. And so what's the total budget for the DOHMH-funded clubhouses for FY27?

COMMISSIONER MARTIN: So thank you for that question, Chair.

I have to say I agree with you in terms of how miraculous these programs are. I visited my first clubhouse just a couple of weeks ago. I was at Phoenix House. And you know, the idea that individuals there are getting care and support, but

also dignity by being a member of the clubhouse and being involved in the daily work of taking care of the clubhouse is just a beautiful experience.

So let me hand it over to Doctor Petit to talk a little bit more about the model.

EXECUTIVE DEPUTY COMMISSIONER PETIT: Yeah, again, thank you, Commissioner and Chair Lee.

So, clubhouses are truly an incredible system of care that exists within our city. They are member-led. They're really about creating community. They've been a mainstay for the last, you know, 50+ years, really being able to offer employment, education, socialization, and just a sense of purpose and belonging.

We have not looked at this portfolio for over 30 years. So in 2024, we really underwent a serious consideration, got a lot of input from the community and from stakeholders to-- we procured the whole portfolio. So now we have 13 clubhouses. Membership has been growing, which is what we wanted. We really want to expand the capacity, and it's growing month over month. And there is still capacity. So this is one of these programs that we have where there is room to continue to grow. So we

certainly encourage any of you who know constituents who need these types of services to send them our way. We really want to continue to increase capacity.

So again, it's an incredibly effective model. It's part of this continuum. It serves, obviously, a particular population. We're looking at continued expansion. The state OASS is looking to procure youth clubhouses. We support one of the LGBTQIA+ centers' youth clubhouses.

CHAIRPERSON LEE: Mm-hmm.

EXECUTIVE DEPUTY COMMISSIONER PETIT: That serves youth, which is really important, ages 13 to 22. And we provide a lot of technical assistance and support to them.

So there is definitely an expansion that's underway.

CHAIRPERSON LEE: So what's the total budgeted amount for FY27?

COMMISSIONER MARTIN: Let me hand it to Aaron on that.

CHIEF FINANCIAL OFFICER ANDERSON: Sure. Yeah, it's $30.7 million starting out.

CHAIRPERSON LEE: Okay, so around the same.

And I will say-- and my next question is around the reprocurement to include some of the smaller clubhouses that were funded by the City Council, because we put extra funding in. And at the time when the Concept Paper for the new RFP was out, there were a lot of us, including myself, who spoke to the former commissioner about the fact that a lot of these smaller clubhouses, and I know, I'm preaching to the choir, even if they're smaller, like a lot of times people have been going there 15-20 years, it's a family, it's their support network, their system. And so to disrupt that and say, hey, now you have to go here, and this one's not going to be open. That's why I think on the Council side, we felt very strongly that we want to support with our funding to make them whole.

And ideas like, you know, hub-and-spoke model, or subcontracting, or allowing them to exist and then maybe be part of the larger clubhouse organizations, and maybe include those numbers in there.

There were a lot of suggestions we had made, I think at the time, and so I just want to know

if there is a consideration to do the reprocurement for the smaller ones?

COMMISSIONER MARTIN: Yeah, I can start this off.

You know, as you referenced, I wasn't here when those conversations were happening. I absolutely am committed to exploring this and figuring out if there are ways to do this in coordination with you and with city councilors across City Hall to make sure we get this right.

CHAIRPERSON LEE: And what will you be able to pick up the funding? That's the big-- that's probably a question for you.

CHIEF FINANCIAL OFFICER ANDERSON: I mean, I think we're always in conversations with our partners at City Hall and OMB.

CHAIRPERSON LEE: Okay. We've got to advocate-- I mean, obviously, we will do our part, and then, I know Council Member Brewer is very passionate about this as well, so we will continue to advocate on our part.

And will the Office of Community Safety have any role in the oversight of the mental health clubhouses? If so, what will that role be?

COMMISSIONER MARTIN: Yeah. Thank you for that question, Chair.

We, you know, we've been at the work of community mental health for the last several decades here at the Department. And, you know, from our standpoint, we're eager to work with anyone who's coming to the table with solutions and resources, and we're eager to work with the Office of Community Safety. I just spoke with the Commissioner this week, and we've begun the process of beginning to lay the foundation for that work that we will share. At present, there's no plan to shift any of our current mental health services to the Office of Community Safety.

CHAIRPERSON LEE: I'll go back to that in one second.

But to your point, the State--going really quickly to the youth clubhouses, because the state budget proposed, as you mentioned, the 15 additional youth clubhouses. Are you going to be overseeing or managing any of those 15 youth clubhouses under DOHMH?

COMMISSIONER MARTIN: I don't think so.

UNIDENTIFIED: I don't think so.

COMMISSIONER MARTIN: We may have to circle back...

CHAIRPERSON LEE: Okay.

COMMISSIONER MARTIN: We typically do not. We have the clubhouses that are sort of our responsibility. But let's circle back to the details on that.

CHAIRPERSON LEE: Okay. And then just staying on the topic of the Office of Community Safety, it's a total funding of $269.6 million, and 126 budgeted positions were added starting FY28 for the newly created Office of Community Safety.

Are you anticipating any further funding transfers and program shifts? Because my understanding is that these are not new monies, so to speak, but it's already existing programs that are just sort of being restructured and reorganized. So if you could speak to the budget for that, that would be great.

COMMISSIONER MARTIN: Yeah, I can speak to the component that is reflected within our work.

So the Office of Community Mental Health is moving completely over to the Office of Community Safety. This is an office where, on paper, the lines

in the budget were associated with DOHMH, but we have not controlled those programs or those services at the Office of Community Mental Health. So that whole structure will now shift over to OCS. Let me hand it over to Aaron to see if there is anything else to add.

CHIEF FINANCIAL OFFICER ANDERSON: In terms of numbers, so that means you know $3.2 million and 17 positions are moving as of FY28, but again, that's just related to the Office of Community...

(CROSS-TALK)

CHAIRPERSON LEE: Right, OCMH, right?

CHIEF FINANCIAL OFFICER ANDERSON: Yeah.

CHAIRPERSON LEE: And how is this looking? Because I think a lot of us are still, I don't know, we've gotten mixed feedback. However, it seems like most people are still sort of not 100% clear on how OCS is going to be sort of coexisting with a lot of the other city agencies that have pieces of the different portfolios that are now under them. I am just wondering if you anticipate any funding transfers or how it would support some of the DOHMH programs, and how you would work with them?

COMMISSIONER MARTIN: Yeah, how it's going is we're eager to do this work with them, and ultimately, we see them, we see that office, and my counterpart, Commissioner, as allies in doing this work together. And we're ready to roll up our sleeves and get to work.

Specifically with regard to the mental health services, there's no plan to move those services to the Office of Community Safety that we currently run.

CHAIRPERSON LEE: Okay, so we'll keep tabs on that as well. And if you obviously hear anything, if you could let us know as well, that'd be great.

Okay, I have one last question around school-based mental health clinics, and then I'll pass it on to our Chair.

For school-based mental health clinics, what were the FY27 and FY26 budgets, respectively?

COMMISSIONER MARTIN: Yeah. Thank you very much for this question.

The reality is that we are proud of the work that we do to provide technical assistance, quality assurance, helping to do the strategic placement of these schools. But ultimately, these are

state-licensed and funded programs. And we'll have to defer some of the specifics around the funding to the state unless (INAUDIBLE)

CHIEF FINANCIAL OFFICER ANDERSON: Yeah. Just to add, as the Commissioner said, the funding for these does not flow through our budget, but the budget in contracts for some of them, at least, is administered through New York City Public Schools or independently.

CHAIRPERSON LEE: Yeah, because I know when it first started, a lot of the feedback we had heard from the community, and especially the Article 31 clinics that are partnering with the schools, was that the startup funding costs were so little. I think it was maybe $25,000 if I remember, which was not enough for them to get started and running. If you've heard any feedback from the providers about how it's going, that would be great if you could give us feedback on that.

I know that a lot of it is from Medicaid dollars with the reimbursement system. How is that going to be then impacted, or have you had conversations with OMH on what that's going to look like on the school side? Because obviously the

clinics are operated under the state, but then how does that impact the families if the state Medicaid money starts drying up or if it gets cut?

COMMISSIONER MARTIN: Yeah, or if people lose insurance and lose coverage, exactly.

CHAIRPERSON LEE: Yeah.

COMMISSIONER MARTIN: We can certainly follow up on that. I personally haven't had those conversations yet with the state, but certainly something that we're happy to partner with them on to try and mitigate the impact of that.

CHAIRPERSON LEE: Okay, perfect.

Okay. I'm going to pass it on to Chair Cabán.

CHAIRPERSON CABÁN: Thank you. I'm going to follow up on a couple of the things that you asked about, Chair. I have so many questions, but I'm going to try to be brief. I'm going to ask you all to be succinct where you can.

Going back to the clubhouses, in terms of, you know, I appreciate the really eager and sincere response; we want to work with you guys to make sure that we are keeping these smaller clubhouses running. But I want to know what that

means. Have you guys asked OMB for this? Because that's probably one of the biggest roles that you're able to do here: saying, "Hey, we need this funding to be included in the Adopted." So, have you asked about that particularly?

COMMISSIONER MARTIN: Yeah. So let me share what we have done, and then I'll kick it to Dr. Petit to see if there's anything else to add.

We have reprocured, as you know, the 13 clubhouses to make sure that we raise the standards and expand the capacity that was done back in 2024. All 13 of those are now fully operational. The conversations are ongoing with regard to what we can do with the remaining smaller compasses. But I'll pass it to Dr. P. to see if he has anything else to add.

EXECUTIVE DEPUTY COMMISSIONER PETIT: Yeah. Thank you, Commissioner.

I do want to reiterate that that the whole purpose of the reprocurement was to really take in all of the feedback that we had gotten, some of our own understanding of how these clubhouses have been functioning up until that date, and really committed to this national clubhouse model, and

really wanting to invest in the types of services that we really believe in, which are really grounded on quality of care and looking at metrics a little bit differently through some of these outcome measures like quality of life, loneliness and employment. And what we are seeing is that we've made a significant impact on some of those measures, and we can definitely find ways of having further conversations... (CROSS-TALK)

CHAIRPERSON CABÁN: No, totally, I hear that. I get that the model is working. What I also want to make sure is that it is being-- it is participant-driven, and that probably the most important thing is that we could listen to our participants saying that they want to stay where they are.

I want to move on just because I know that you put this on the record already, and colleagues want to ask questions, too.

But the other followup I had--two more follow-ups that I have on the Chairs, questioning-- is on the youth clubhouses. Can you tell us, I know it's, what, 13 at the state. Is that the number?

CHAIRPERSON LEE: (INAUDIBLE)

CHAIRPERSON CABÁN: That they just added money for? Yeah. Was it 15? Fifteen.

Do you know how much money that is, and also, is the City asking for a portion of that pot of money to come directly to the City?

COMMISSIONER MARTIN: I'm going to pass it to Jamie Neckles to talk about the program a little bit more. In terms of the budget, we can circle back.

ASSISTANT COMMISSIONER NECKLES: I'm going to pass it again because (INAUDIBLE) just whispered (INAUDIBLE)

ASSISTANT COMMISSIONER LINN-WALTON: These are OASAS (Office of Addiction Services and Supports) clubhouses.

CHAIRPERSON CABÁN: Yes.

DEPUTY COMMISSIONER LINARES: So it's a great model. So what they've done is across the state, there are nine recovery clubhouses in New York City. That's where the OSF funding went for additional peers. They are expanding it so that now Clubhouses or recovery centers will be able to serve youth as well. So I'm really excited about it. I work really closely with the OASAS folks. It's not a City

investment, but it'll definitely benefit so many New Yorkers.

CHAIRPERSON CABÁN: So it's not a City-- we're not going to see any of that added funding for New York City residents?

ASSISTANT COMMISSIONER LINN-WALTON: It's going to be from the state, but for all nine clubhouses in New York City, they're going to be eligible to go for those dollars so that they can expand service... (CROSS-TALK)

CHAIRPERSON CABÁN: Yeah, I guess that's my question, like, how much of that money can we see?

ASSISTANT COMMISSIONER LINN-WALTON: We can follow up with the RFP... (CROSS-TALK)

CHAIRPERSON CABÁN: Yeah, Okay.

ASSISTANT COMMISSIONER LINN-WALTON: It’s on the OASAS website. But, yeah, we can share it.

CHAIRPERSON CABÁN: Great.

And then on the Office of Community Safety, you mentioned that the Office of Community Mental Health is going to be under this office. What I want to know is, oftentimes we do hearings, and the Office of Community Health doesn't want to come, because they're like, we're just the coordinating

agency, and we can't really speak to a lot of these different things. So if this coordinating office, this coordinating body, is coming into the Office of Community Safety, are they going to be tasked with expanding their coordination, or something? Will they be designated as the coordinating office for everything that's put under the Office of Community Safety? We are all still super unclear on what the organizational structure is. And if the Office of Community Mental Health is just a coordinating agency, what role are they playing in being put into? Is the coordinating agency going to be coordinating with another coordinating agent? What are we doing here?

COMMISSIONER MARTIN: Well, let me simplify for the parts that we own, so we are the local governmental unit, which is decreed by state law. That means that we coordinate mental health activities and mental health treatment for the City. So that part is clear, and that part is not changing. In terms of what the Office of Community Safety will do, we're going to have to get back to you with some details on that. Things are still very much in the early stages now. So at the moment, you can expect us

to continue to be the coordinating agent with regard to mental health care in the city.

CHAIRPERSON CABÁN: Another question I have is that we also didn't see this in the briefings that we got in the office, but one glaring absence, I think, in what was being considered as sort of within the scope of work of this office was harm reduction. And it didn't really make sense to me that that was something that wasn't being included in the Office. So I would like to know what those conversations have been like. Are you all pushing for harm reduction work to be integrated into the Office of Community Safety?

COMMISSIONER MARTIN: Yeah, I can maybe just kick things off and hand it over to Dr. Petit.

You know, from our perspective, the work of harm reduction is a key core function of what we do at the Department of Health and Mental Hygiene. And that's not going to change. We don't have any current plans to stop doing that harm reduction work.

CHAIRPERSON CABÁN: Okay.

EXECUTIVE DEPUTY COMMISSIONER PETIT: Yeah. Thank you for that... (CROSS-TALK)

CHAIRPERSON CABÁN: That's what I find concerning, because it's literally not in the model that they've been proposing to us, if that's yeah...

EXECUTIVE DEPUTY COMMISSIONER PETIT: I just wanted to put a finer point on sort of our role as a local government unit. We have responsibility for overseeing, planning, and funding mental health, substance use, and developmental disabilities. This is through the State Mental Hygiene Law 9 and 41. So our true responsibility is to ensure that in New York City, all those services are coordinated and planned accordingly based on needs. So we will continue to do that as the Executive Deputy Commissioner; that is my primary responsibility, to make sure that...

(CROSS-TALK)

CHAIRPERSON CABÁN: I mean, I would hope to see some updated sort of metrics and goals that include harm reduction, because those metrics and goals have been shared with us and exist across these different areas, but not on that front. So that's helpful.

The last thing I'll say on the Office of Public Community Safety is, I think we're all a little bit concerned about how it's coming together.

We found out, I think, earlier in the week or last week, that NYPD had their first conversation with this division. And talking to offices around the country, and the conversations with the NYPD, those are the first ones. It's only successful when they're at the table in the beginning. So, just hoping that there can be more coordination on that front. And I know that's not you guys, but--

I want to go to mobile treatment teams. So the Exec Plan includes baseline funding for $47.3 million starting in Fiscal Year 2027 to address a funding Cliff for mobile treatment teams. So, my understanding, my reading of the Proposed Exec Budget, is that they're not operational expansions associated with funding. It's just addressing federal cuts. So it's not an investment above what we have been doing. And obviously, we're interested in seeing the Admin expand mobile treatment teams because there's a growing need, but also, there has been an existing waitlist that we would like to clear.

So, is DOHMH planning any operational expansions for mobile treatment teams in FY27?

COMMISSIONER MARTIN: Yeah. Thank you again, Chair, for that question.

It's incredibly important we get this right on mobile treatment. Since 2016, about 10 years now, we have doubled the mobile treatment capacity in this city. We know that that's just scratching the surface; there's much more work to do on this. I'm going to hand it to Aaron to talk a little bit more about the budget here.

CHIEF FINANCIAL OFFICER ANDERSON: I just wanted to echo, Chair Cabán, that that's correct. Your reading is correct about... (CROSS-TALK)

CHAIRPERSON CABÁN: Yeah.

CHIEF FINANCIAL OFFICER ANDERSON: The $47.3 million... (CROSS-TALK)

CHAIRPERSON CABÁN: And just interject for a second. We may have doubled the capacity, but we're also seeing, and this is why there should be coordination, we're also seeing a vast increase in what we call broken windows policing or low-level offenses. And a lot of these folks that are getting picked up on those kinds of offenses and then finding their way to Rikers Island are people living with a mental health diagnosis.

So we have some cross-competing outcomes where you may be expanding capacity, but then we're

doing harm on the other end. So yeah, if you could continue.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, no, I'll leave it to others to talk about any potential future plans, but just to say, yes, it stabilizes the funding that had been covered by expired federal stimulus dollars.

CHAIRPERSON CABÁN: And are you looking to add on top of that?

CHIEF FINANCIAL OFFICER ANDERSON: I mean, I think we're always thinking about what the resource needs are for the Agency, but from a programmatic perspective, I'll leave it to others.

CHAIRPERSON CABÁN: What total funding is allocated for IMT and ACT in the Executive Budget? And then just to break that down a little bit, what's coming in from the state, and whatever's coming in from the state, will get used towards new contracts, or that's just to keep the status quo of what we've got right now?

COMMISSIONER MARTIN: I am going to hand it to Aaron to talk about the budget here.

CHIEF FINANCIAL OFFICER ANDERSON: So, thanks.

Putting aside the one-time funding from FY26, this is the partnership between the Admin and the Council. So the CTL budget is baselined. $20.5... (CROSS-TALK)

CHAIRPERSON CABÁN: Well, we should probably baseline, I think.

CHIEF FINANCIAL OFFICER ANDERSON: So the currency CTL budget, aside from that $20.5 million for ACT, $4 million for FACT, and $44.3 million for IMT.

CHAIRPERSON CABÁN: Okay. And how much of that is coming in from the state?

CHIEF FINANCIAL OFFICER ANDERSON: I can get back to you probably shortly with the specific breakdown.

CHAIRPERSON CABÁN: Okay, thank you. How many people are currently on the citywide ACT and IMT waitlists?

COMMISSIONER MARTIN: Let me hand it to Assistant Commissioner Jamie Neckles for that.

ASSISTANT COMMISSIONER NECKLES: Thanks.

So we get about 5,000 referrals a year to our adult single point of access. Everybody who's referred is offered a care coordinator. I'm happy to

say that we have capacity and care coordination. Those folks go out and visit with people proactively wherever they are in the community, help them find or stay connected to treatment and benefits, and address housing and things like that.

Some people, that's sufficient; the care coordination is what they want, and then they stay there, and they go to clinics or other places to get their treatment... (CROSS-TALK)

CHAIRPERSON CABÁN: And I know we got this information on the Preliminary Budget. Again, I just want to know what is currently on the waitlist? And I understand also that some people qualify for both, and so that kind of complicates the numbers. But again, I just want to- I'm trying to help our team stay on time.

ASSISTANT COMMISSIONER NECKLES: Yep, yep. We've got 600 people waiting for IMT, 200 for FACT, 367 for ACT, and 87 (INAUDIBLE) FACT. Those change daily, right? Assignments are made, and people are connected. Probably, you know, 80-90 people a week are connected to these programs newly, as other people transition off, so it's very dynamic.

CHAIRPERSON CABÁN: But still, even with the dynamic nature of it, that's a significant need. What are the resources needed to clear the waitlist?

ASSISTANT COMMISSIONER NECKLES: Yeah. So I think, as the Commissioner mentioned, we've doubled mobile treatment capacity over the last 10 years, and yet wait lists have persisted in that time. So, obviously, it's not simply a straightforward process of just adding teams, eliminating the wait list, because there are other pressures on the system. We're focused on offering additional resources for people to step down from these services and to others' longer-term treatment arrangements. So we have our Connect Clinic enhancement model, which our demonstration project has been going really well with, handling step-downs. We have Flex ACT teams, which provide a larger capacity state caseloads; those are RFP'd by the state, but those services flow through us. So we think those step-down resources can allow us to use the existing mobile treatment capacity more efficiently.

CHAIRPERSON CABÁN: And I'm going to apologize to my, oh, wait, he's not here. Okay, so I'm not taking his question.

But to that point, though, right, on the mobile treatment teams, the City approved $4.5 million to create the Steps Pilot and $11 million for the IMT providers in FY26. But those funding streams haven't been released. And so I guess my question, even to that, is as of now, providers haven't been able to apply for that funding. So, is that funding approval-- when is that approval going to come through so that they can do that?

COMMISSIONER MARTIN: I'm going to pass to Aaron.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah. So first, just to circle back on your question about the funding. For mobile treatment, it's about $12 million from the state, and just pointing out that IMT is fully city-funded.

CHAIRPERSON CABÁN: Okay, that's right, because it's not Medicaid reimbursable, right?

CHIEF FINANCIAL OFFICER ANDERSON: Right.

CHAIRPERSON CABÁN: Yeah.

CHIEF FINANCIAL OFFICER ANDERSON: In terms of the one-time funding for the $4.5 million for ACT, the $11 million for IMT, the Administration, I know, is continuing the conversations with Council.

So on that piece, we have to defer to (INAUDIBLE) OMB.

CHAIRPERSON CABÁN: Yeah, I mean, the funding's only as good as-- it's whether it gets out or not.

Okay. Again, I would love to see a push to add. There's definitely a need to clear these wait lists again at a time when we're seeing more and more people being criminalized, under the same environmental administration, who are living with mental health diagnoses and don't have a good continuum of care in place.

Will the Office of Community Safety have any role in the oversight of the mobile teams? Do you know?

COMMISSIONER MARTIN: At present, there are no plans for us to have them oversee our teams.

CHAIRPERSON CABÁN: Okay.

And just want to go back for a second. On the waitlist data, would you guys consider publishing the data quarterly? You said it's dynamic, it changes, but would you guys be willing to publish that?

COMMISSIONER MARTIN: I think we're open to having the conversation with you, Chair, and exploring what's possible there.

CHAIRPERSON CABÁN: And oh, does anybody want to add to...

ASSISTANT COMMISSIONER NECKLES: I think it's important to think about that. We are open to it. We're also concerned that referral sources may not make referrals if they see the waitlist. And the truth is, we're reviewing every application for a variety of clinical risk factors. And so we're prioritizing higher risk applicants, and we don't want to discourage people... (CROSS-TALK)

CHAIRPERSON CABÁN: I mean, I don't know, I guess, is that a direct conversation you've had with referring organizations? Because I don't know that that's the approach that they would take. And I think just everybody having this information is super helpful. I mean, it would also make it so that one of us doesn't have to call you guys and then get follow up from somebody else to get the information. If we know that we can just access it in a place and talk to our partners about it. So I might, yeah, I might suggest rethinking that, especially if organizations

haven't said that that's how they would react to being able to see the waitlist. They know the waitlist is there. Believe me, they know. They just want to know how deep it is, because it helps them in their advocacy, right? Like they want to be able to make accurate asks of us, of you guys. And I think that information is helpful.

Okay. I'm going to move on to one more piece here, and then I'll go to colleagues. I have more questions, but I want colleagues to be able to ask questions.

So, the Campaign To Close Rikers requested $1.7 million to establish an outpatient competency restoration pilot for 50 to 75 people who might otherwise be waiting at Rikers for transfer to a state hospital.

So is DOHMH working with the State Office of Mental Health to develop an Outpatient Competency Restoration Program? And you know, has a City committed any funding for a program like that?

COMMISSIONER MARTIN: Great, I'm going to pass to Doctor Petit for more on this.

EXECUTIVE DEPUTY COMMISSIONER PETIT: Yeah, thank you for that question.

Well, we have not had conversations with OMH; certainly, competency restoration is a significant issue that needs to be addressed head-on. I've seen this across the country in terms of individuals who sometimes languish in prisons and jails waiting on competency restoration.

So, even though we have not had those conversations, I'm more than eager to engage and have further deliberations around how we deal with this issue.

CHAIRPERSON CABÁN: I will say that I represent-- I mean, this is just one example, but I saw it all the time as a public defender. I represented an individual who was charged with burglary, because the accusation of stealing a piece of luggage from an apartment building lobby is considered a violent felony because it's in a dwelling, technically. So he was facing upstate prison time. They were found to be incompetent because it's a felony and not a misdemeanor. And they wouldn't make him an offer because, of course, his mental health issues meant that he had a long rap

sheet. And it was several years before he was deemed competent to go to trial, just to get an acquittal at trial. And just to put this into context about how important this is, people who have been found not competent to stand trial are obviously most in need of mental health treatment.

That's just one example of somebody languishing at Rikers awaiting a bed, for example. So what is DOHMH doing to serve this population?

COMMISSIONER MARTIN: Specifically with competency restoration, is that just to...

CHAIRPERSON CABÁN: Yeah.

COMMISSIONER MARTIN: I will pass it back to Dr. Petit here.

EXECUTIVE DEPUTY COMMISSIONER PETIT: Yeah, I mean, and again, two months in, so I'm not 100% of everything that we do within the division, but certainly within our Bureau of Justice Impacted on populations, we have a number of initiatives. We have a Health Justice Network that sort of coordinates peer activities for individuals who are coming out of prisons.

I can certainly look into this a little bit more and get back to you on what, in particular,

we're doing around competency restoration. But it is certainly an area that I am well aware of as being something that we probably should be focusing on a little bit more.

CHAIRPERSON CABÁN: Thank you.

CHAIRPERSON LEE: Okay, we're going to start with Council Member Wong, followed by Restler.

COUNCIL MEMBER WONG: Thank you, Chair.

My predecessor, Council Member Robert Holden, spent years asking for basic transparency on Kendra's Law petitions. And I intend to continue that work. The question is simple: how many assisted outpatient treatment petitions, AOT petitions, were filed in New York City and in FY25? How many were approved and how many were denied?

And what are the numbers for Queens specifically broken down by borough? You know, there is a Queens AOT team. I want to know whether it's being used, by whom, how often, and with what results. City agencies, NYPD, DHS, and H+H can file petitions; which agencies are actually doing so, and how often? Please answer that.

COMMISSIONER MARTIN: Thank you, Council Member.

First of all, absolutely agree, and the service that we provide with AOT promotes engagement with mental health services for individuals who have had histories of multiple hospitalizations due to harm, and who have had treatment, not adherence. And so AOT provides an extra level of care.

To your question directly, in FY25, we monitored about 2,800, so 2,834 individuals. And to go a little bit deeper, I'm going to hand it over to Assistant Commissioner Jamie Neckles.

ASSISTANT COMMISSIONER NECKLES: Yeah, thanks.

We've got a lot of experience in assisted outpatient treatment. We've been doing it since 1999 and use it, I think, more than every state in the country in terms of the scope of our program here in New York City.

The lawyers and psychiatrists who do the petitions are really experienced, and very rarely is a petition ever denied.

I don't have the numbers now, but I can tell you it's a very infrequent occurrence.

COUNCIL MEMBER WONG: Thank you.

This data should not be hard to produce, and I don't understand why it hasn't been consistently reported to the Council. Is this something you wanted to do in the future?

ASSISTANT COMMISSIONER NECKLES: Yeah, we can point you to the State Office of Mental Health, which has a dynamic dashboard on its website with all of the petitions and court orders that have ever been filed since the program's inception. And we can point you to that information, and it's broken down by borough.

COUNCIL MEMBER WONG: Okay, I'll provide my contact info later.

ASSISTANT COMMISSIONER NECKLES: Great.

COUNCIL MEMBER WONG: And then you can send that to me. Thank you. Thank you, Chair.

CHAIRPERSON LEE: Thank you.

And we've been joined by Council Members Felder and Pierina Sanchez on Zoom, and I wanted to pass it on to Council Member Restler.

COUNCIL MEMBER RESTLER: Thank you very much, Chair Lee and Chair Cabán.

You know, I've been giving Chair Lee shoutouts at every one of these hearings for her

endurance, but I feel like Brian doesn't get enough attention and love. So I want to thank Brian for being here at every single one of these hearings, too. It's been a marathon.

Okay, Commissioner already heard my first question, but I'm going to repeat it again. I'll do it briefly.

There are 465 vacant supportive housing units without a referral process that are under DOHMH's purview, according to the most recent report that was provided to our office earlier this year. Recognizing that OMH is doing a far worse job. I'll just say that you're not the worst actor out there. But it's still too many vacant units, and it's unacceptable.

So, can you give us a breakdown of why these units are vacant without a referral in process? Do they need significant repairs? What are the investments that we can make so that we'll see more of those units activated over the course of FY27?

COMMISSIONER MARTIN: Thank you for the question. Let me hand it over to Assistant Commissioner Jamie Neckles.

ASSISTANT COMMISSIONER NECKLES: So we've got over 13,300 units of permanent affordable supportive housing in our contract portfolio. The last quarterly report from Local Law 135 showed that 104 of those units were vacant with no referral. So that's a bit lower than the number you cited. There are 523 vacancies with a referral in process. That means a person has seen the apartment and said, "Yes, I want to move in," and they're in the process of getting a tax credit documentation and the move-in, which takes a little bit of time. So I think our vacancy rate is pretty good.

There are some offline units, 376 as of the last quarterly report, that are offline. Typically, there are two main drivers of that. One is that serious repairs are needed. So those are being done. The second is that the prior tenant deceased in the unit, and it is sealed. That's a really challenging issue. We're really glad the Mayor's housing plan identified a number of initiatives to improve housing and reduce vacancies. They're really going to be helping us focus on the sealed unit issue.

COUNCIL MEMBER RESTLER: Okay. So, of the 370-odd that are offline, is there a resource need for the repairs to see those units brought back online? Do you have an estimate of what that would cost to see those units brought back into your portfolio and activated?

ASSISTANT COMMISSIONER NECKLES: I don't have an estimate at this point. That's changing all the time, right? New units, this is every day; the numbers are a little bit different.

So a unit that's being repaired today will be available for move-in tomorrow. Those are not long term, uh, same units vacant. The providers do have some money in their budgets for repairs, and they do that, and the landlords as well will pay for those repairs. So that's not a budget number that's visible to us.

COUNCIL MEMBER RESTLER: Okay, I mean, I'm looking at the last report that I'm seeing, which is listing 465 as either offline (TIMER) plus no referral. So I do want to dig into this data. We'll follow up with you directly.

So we're concerned about just making sure we have the correct understanding of where we are.

And then I just want to take a moment to also ask about our challenges in coordinating with the Department of Health and Mental Hygiene regarding constituents with severe mental health issues. When we reach out, there is, I would describe it as very limited assistance provided. We're told to call for a mobile crisis team, which may try to visit once. Then there's no follow up. The Department of Health will not engage with us or provide any updates or solutions that may have been provided to the individual whom we're calling about.

The individuals continue to endanger their own safety and the safety of members of our community. It happens again and again, and again. At this point, I don't even think it's worth calling the Department of Health. It just doesn't help. It makes no difference.

So I'm just trying to figure out how we can partner more effectively. We have an individual with severe mental health challenges screaming in a park for hours every day for the past two years. It's been daily, probably five days a week, hours on end, often drunk. Screams nasty, threatening things at neighbors. I just like, what are we-- is DOHMH able

to help in a situation like that? Because we haven't gotten any help yet.

COMMISSIONER MARTIN: Let me ask just a followup question, Council Member, is this for individuals who are slotted for supportive housing, or these individuals...

COUNCIL MEMBER RESTLER: No, no, these are just people who are struggling... (CROSS-TALK)

COMMISSIONER MARTIN: Got it.

COUNCIL MEMBER RESTLER: with mental illness in my community causing serious issues. And...

COMMISSIONER MARTIN: Makes sense...

COUNCIL MEMBER RESTLER: I get no help. I mean, I try. I call everyone I can in the agency. It doesn’t make a difference. I get no help. And this has been the case for years. And I am just so frustrated and disappointed, and it feels like I have to take the Health Department off as one of the resources to go to, because it doesn’t yield any outcome. It doesn’t actually make a difference. And I certainly get no updates, because nothing is shared with me. So, it is just deeply, deeply frustrating.

In that example, is there anything the Health Department can do to help?

COMMISSIONER MARTIN: Yeah, first of all, I hear you, we hear you, and thank you for flagging this.

You know, moving forward, this is the kind of work that we're trying to, in an interagency way with OCS, really be able to address. And so we're eager to try to do some problem solving around this.

Jamie, do you have anything else that you want to add?

ASSISTANT COMMISSIONER NECKLES: I'm sorry you feel that way. It's frustrating on our side, too, because there's a lot that we do, but we cannot share a person's protected health information back with you. So we really appreciate the referrals and the situations that you bring to our attention. We act on them. I know that; I see the information, but we can't talk about a person's treatment plan with a third party.

COUNCIL MEMBER RESTLER: I totally understand that there are HIPAA restrictions, but we don't see any improvement on the ground. We don't see change. And without getting into specifics about

somebody's exact treatment plan, I don't need to know that information; I do want to know that we're actively engaging with this person, and we've been connecting them to help—we're involved, that we're making a difference, that we're in a sustained way continuing to engage here. Like anything, so that we can come back to our constituents and say, "Hey, we're trying. The Health Department's engaged, we're doing something." And I just get a brick wall, and I see no difference in the outcomes. So it just feels like nothing's happening. I can't see the result.

So I don't advocate for these things. I don't even call anymore, because I honestly feel like, what's the point?

Last up, you just spoke about the coordination with the Office of Community Safety. Have you met with the deputy mayor?

COMMISSIONER MARTIN: I met with my counterpart, with the commissioner, yes.

COUNCIL MEMBER RESTLER: The Commissioner? There's the deputy mayor, you mean?

COMMISSIONER MARTIN: Uh, there's a deputy mayor, and then there's a newly appointed commissioner... (CROSS-TALK)

COUNCIL MEMBER RESTLER: A commissioner has been appointed? (CROSS-TALK)

COMMISSIONER MARTIN: Ayesha Delany-Brumsey.

COUNCIL MEMBER RESTLER: Oh, okay, great. (INAUDIBLE)... (CROSS-TALK)

COMMISSIONER MARTIN: Our deputy mayors have met. So at a level higher than mine, my deputy mayor has met with that deputy mayor, but I correspond with... (CROSS-TALK)

COUNCIL MEMBER RESTLER: I think just after the Public Safety hearing at the beginning of the week, we wanted to make sure that somebody's talking to the Office of Community Safety, so thank you.

COMMISSIONER MARTIN: Oh, yes, oh, yes...

COUNCIL MEMBER RESTLER: Thank you.

CHAIRPERSON CABÁN: Thank you.

I just want to kind of reiterate Council Member Restler's concerns again. As somebody who actively worked navigating the space between confidentiality, HIPAA, and all those things, I think there is information that could be shared about

progress that doesn't violate HIPAA, that would be helpful to our offices.

Council Member Restler, I wanted to give you a quick opportunity to ask if you had any other questions on supportive housing vacancies. You can ask them, because I was going to ask them anyway, if you want to take a second to do that?

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

CHAIRPERSON CABÁN: Okay. I guess we'll go over to Council Member Aldebol.

COUNCIL MEMBER ALDEBOL: Thank you, Chairs, and thank you, Commissioner.

I do have a question about headcount—— your reduction of 33 vacant positions. How long have these positions been vacant, and are they tied to specific mental health programs?

COMMISSIONER MARTIN: Thank you for that question, Council Member.

All of the headcount targets that we identified were targets that were not highly necessary; they were not necessary for executing the functions that we have across our agency. So those headcount reductions are not affecting any of our

ability to do the work that we do in the Division of Mental Hygiene.

I'll hand it to Aaron to share more.

CHIEF FINANCIAL OFFICER ANDERSON: Thank you for the question.

I mean, as I've said before, these are always difficult exercises to do when you're trying to find savings, as we, as every other city agency, were asked to do.

But our guiding principle was really that it certainly would not impact services, but also that we look at the vacancies that have been out there the longest, vacancies that do not impact direct services. And you know, it's hard to do, but you know, the types of positions we ended up looking at for this were things like more back office functions, right? Like a data analyst or an office manager. So it's spread across; there's not a single area where there's sort of clustered, but we looked across the whole agency, including within Mental Hygiene across the Division.

COUNCIL MEMBER ALDEBOL: Were any of the positions like hard to fill positions, and what has been your strategy or your strategy moving forward to

fill positions that have been historically hard to fill or where there's high turnover?

COMMISSIONER MARTIN: I can speak a little bit to that. So we're doing many different things to try and get folks through the door and also to retain them once they're part of the Health Department team. A couple of things that we're doing are really targeted interventions on social media, believe it or not, to really get some of these job postings in front of individuals. I, in fact, recently was part of a social media push to help people come into the Health Department to fill some of the hardest to fill roles.

Tell you another example, you know, we're currently exploring partnerships with academic institutions, with universities, to be able to provide a sort of a foot in the door for some of these hard to fill roles, so that a student can come into the Health Department as an intern and then potentially be brought on as a full-time staffer.

So we are trying to be creative about this. We also want to continue to shout it from the rooftops: we're hiring, and we want folks to apply.

COUNCIL MEMBER ALDEBOL: And how often (TIMER) do you look at your vacancies and your turnover rates? How is that impacting the services that you're providing?

COMMISSIONER MARTIN: I am going to hand it to Aaron.

CHIEF FINANCIAL OFFICER ANDERSON: I think we're continually looking at them, is the short answer. We have re-upped recruitment efforts. I mean, I think all these creative ways, in addition to the usual ways, you know, partnering with DCAS, hosting career fairs, things like that.

I think one positive statistic is that, I think it was two years ago, starting in 2024, it was the first time since the height of the pandemic where we actually saw more people coming into the agency than leaving. And that trend has continued for the last couple of years. So I think we're making headway for sure.

COUNCIL MEMBER ALDEBOL: Good to hear.

CHIEF FINANCIAL OFFICER ANDERSON: And we're additionally applying these creative ways— see the Instagram campaigns, right?

COMMISSIONER MARTIN: I think that there's long been a sort of a reluctance for young folks to apply for work in city government. I think we're beginning to see a change. People are understanding that city services and city government can work for people and make an impact on their lives. And we're hoping to see that the hiring patterns change in accordance with that.

COUNCIL MEMBER ALDEBOL: Thank you.

CHAIRPERSON LEE: Okay, great. Chair Cabán?

CHAIRPERSON CABÁN: I want to follow up on some of Council Member Restler's questions.

The Mayor recently released the Block by Block Housing Report, and it details some things around the Administration convening an internal working group with DOHMH, DSS, and HPD to improve the application and placement process for supportive housing, with the goal of reducing the supportive housing vacancy rate to 5% by the end of 2026.

Can you tell me what DOHMH's contribution to that working group is? How many employees are dedicated to this group? What specifics are being

discussed to improve and expedite the application and placement process for supportive housing?

COMMISSIONER MARTIN: Thank you for this question, Chair.

So we are indeed part of this interagency working group with HPD and DSS. And you're exactly right, targeting a 5% vacancy rate by the end of this year.

The two things that we're trying to do together across these three agencies are: number one, faster unsealing, and then the second is to try to reduce the documentation burden. We shouldn't let paperwork stand in the way of somebody getting into a home that is available for them.

Let me hand it over to City Commissioner Jamie Neckles to share a little bit more about the working group.

CHAIRPERSON CABÁN: Yeah, I would love to know, you know, what the personnel allocation is.

ASSISTANT COMMISSIONER NECKLES: We've got three staff in the work group.

CHAIRPERSON CABÁN: Okay.

And do you think that the City is on track, based on what you're seeing so far, to reduce

the supportive housing vacancy rate to that 5% by the end of the year?

ASSISTANT COMMISSIONER NECKLES: Yes, I do.

CHAIRPERSON CABÁN: That's great.

Will additional funding be allocated to DOHMH for supportive housing in fiscal years 27 to 28, and if so, how much?

So obviously, we're talking about getting that vacancy rate down to 5% by the end of the year. But I'm assuming the goal is to get to that zero vacancy rate. So what are the plans for beyond 2026, so 2027 to 2028? Are you anticipating extra funding there?

ASSISTANT COMMISSIONER NECKLES: So I don't think the vacancy work is necessarily a funding question. Otherwise, I'd turn it to Aaron here. I wouldn't answer.

I think it's really about the things the commissioner mentioned regarding unsealing apartments and reducing paperwork burden. There's no cost associated with that, no new cost.

We are adding supportive housing units all the time. We added, you know, 700 since last

year. Then our target is to get up to 14,000 by next fiscal year. So the budget is always growing because we're always adding new units, thanks to the open RFP.

CHAIRPERSON CABÁN: Right.

ASSISTANT COMMISSIONER NECKLES: I just want to make a point about the vacancy rate. I think a healthy system has vacancies as people are moving out and moving in, right? Not everybody stays forever. So the goal is not to get it to zero. I think the goal is to (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON CABÁN: I guess a better way to say it is the goal is to get anybody who is eligible for and needs supportive housing into a unit.

ASSISTANT COMMISSIONER NECKLES: Sure. And I think that's a development question. And we also want to make use of vacancies... (CROSS-TALK)

CHAIRPERSON CABÁN: Okay.

ASSISTANT COMMISSIONER NECKLES: But we need more apartments.

CHAIRPERSON CABÁN: Yeah. So I want to talk a little bit about evictions in the supportive housing space. You guys oversee thousands of these

units. Can you estimate the number of eviction cases brought against supportive housing tenants in DOHMH-funded units every year?

COMMISSIONER MARTIN: So let me just say a few words at the top there. And that is that, you know, we're focused in this agency on helping to address the challenge of eviction in this city and making sure that any individual who is facing an eviction has the Right To Counsel, as we are a Right to Counsel city, as we passed in 2017.

CHAIRPERSON CABÁN: We need more money for that, too.

COMMISSIONER MARTIN: That's right.

CHAIRPERSON CABÁN: Yeah.

COMMISSIONER MARTIN: So, we remain committed to the work of managing this process in a fair and comprehensive way. So let me hand it to Jamie to share a little bit more.

ASSISTANT COMMISSIONER NECKLES: I think we're committed to limiting, uh, getting as close to zero as possible for evictions from supportive housing. The purpose is to house people, and that's our goal. We track the discharges that are related to evictions. We've always tracked that number. It’s

very low; there were 55 last fiscal year, out of, at that time, 12,800 units at the end of last fiscal year. So we'll keep an eye on that.

We issued some housing stability and eviction prevention guidance in April of this year, and a part of that was adding some new data elements to our data system to track the filing of cases, which I think is what you asked about, which we didn't have a data point for. So we've been training providers on that since April, and the data collection will begin in July for the next...

(CROSS-TALK)

CHAIRPERSON CABÁN: And noted that you're ramping up sort of the data collection, would you? So, if there are 55 units estimated per year, do you have any numbers on how many, like, say that 55 have been non-payments, and how many have been holdovers, for example?

ASSISTANT COMMISSIONER NECKLES: Yeah. We don't have that now...

CHAIRPERSON CABÁN: Okay.

ASSISTANT COMMISSIONER NECKLES: We will have that...(CROSS-TALK)

CHAIRPERSON CABÁN: Great.

ASSISTANT COMMISSIONER NECKLES: That is the piece of information we're (INAUDIBLE)...

(CROSS-TALK)

CHAIRPERSON CABÁN: Heard. Understood.

This is a process question. So when you find out that a supportive housing tenant is being evicted on a non-payment case, what's the agency's response? What are the steps?

ASSISTANT COMMISSIONER NECKLES: So I think this is outlined in our Eviction Prevention Guidance, which is to service providers around the steps we expect them to take to help tenants understand, if it’s about a benefit issue, a budgeting issue, a behavioral health issue, what are the matters? And so our service providers are contracted to help tenants meet their responsibilities and know and assert their rights as tenants. So it depends on the individual situation and what's driving the arrears.

CHAIRPERSON CABÁN: So, it would be correct to say that DOHMH has a specific role in terms of the guidance, that you help put it together and inform, kind of what went into the guidance? Obviously, housing lawyers and things are also

contributing to the guidance. Does that sound more or less accurate?

ASSISTANT COMMISSIONER NECKLES: So our guidance is to the service providers. We're not-- There's housing court, and we're not... (CROSS-TALK)

CHAIRPERSON CABÁN: Yeah, but I mean, obviously, the guidance includes... (CROSS-TALK)

ASSISTANT COMMISSIONER NECKLES: (INAUDIBLE) for the legal matters... (CROSS-TALK)

CHAIRPERSON CABÁN: housing, uh, basic housing and tenant law in it. And I'm just wondering, like what's DOHMH's contribution to the guidance? Is that about the service provisions, and what can help somebody get back on track if they're in arrears, like what's the involvement?

ASSISTANT COMMISSIONER NECKLES: So we wrote the guidance; it's our guidance... (CROSS-TALK)

CHAIRPERSON CABÁN: Okay.

ASSISTANT COMMISSIONER NECKLES: It's... (CROSS-TALK)

CHAIRPERSON CABÁN: Okay.

ASSISTANT COMMISSIONER NECKLES: 100% us and the guidance... (CROSS-TALK)

CHAIRPERSON CABÁN: Great. That's... (CROSS-TALK)

ASSISTANT COMMISSIONER NECKLES: (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON CABÁN: I could have asked that a lot more simply. I apologize.

ASSISTANT COMMISSIONER NECKLES: Yes.

CHAIRPERSON CABÁN: We've been doing a lot of these hearings, but thank you. (LAUGHS) I thank you for bearing, uh, for bearing with me.

ASSISTANT COMMISSIONER NECKLES: (LAUGHS) Sure. That's all right.

CHAIRPERSON CABÁN: I want to move to the Relay Program. The Executive Plan included a baseline reduction of $2 million starting in FY26 for the Relay Program to eliminate spending on phones and monetary incentives for participation, like gift cards and things. And I'm concerned about this. I want to know what the rationale is, uh, for choosing this area for savings, and why this is a benefit that's being cut off.

And I'm going to give an example again; I come from the public defense world, so this is the easiest example. When they provided clients with cell

phones, the warrant rates dropped exponentially by simply sending a text message to our clients about when they had to come back to court. I think this is really, I think, a really, really critical thing. You know, cell phones that keep people engaged, they allow service providers to be proactively connected with clients. So I'm just wondering, what was the rationale for that $2 million cut?

COMMISSIONER MARTIN: Yeah, thank you for that question, Chair Cabán.

First of all, let me just say a few words about the Relay Program. This is a program that is a wonder, really. As an ER physician, having a patient who wakes up from a non-fatal overdose, having appeared there to help them, you know, track the course to recovery is just an incredible intervention.

We've been able to contract with over a dozen hospitals and emergency departments to expand this program. The savings that you're seeing are not a cut to the staff or any of the people who are involved. And so we thought it was important to make sure that, you know, in order to execute this

program, that no staff who provide the services were part of that savings. I... (CROSS-TALK)

CHAIRPERSON CABÁN: But there are tools that are critical. Like I understand that you're not cutting any staff, but it is eliminating spending on, like I said, phones or other things that have been shown to sort of help with participation and continuity of care. So, just again hoping for the rationale behind the decision to cut back on that.

COMMISSIONER MARTIN: Yeah, maybe I can kick it over to Dr. Rebecca Linn-Walton?

ASSISTANT COMMISSIONER LINN-WALTON: Sure, yes, the cut was to an enhancement to the existing-- we certainly do gift cards. I can, like, we have an amazing storage system that I've gone through in our building on how to find that. So we certainly absolutely support it. And so we already do gift cards. We do work with people and their phones, and how to follow up with them and make sure that we do have ways to connect with them, talk to you—If they're already talking to homeless services, how do we engage their case manager there? So this was just something that was supposed to start to... (CROSS-TALK)

CHAIRPERSON CABÁN: To engage... (CROSS-TALK)

ASSISTANT COMMISSIONER LINN-WALTON: And (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON CABÁN: Oh, okay, so do you currently spend on phones for participants in the Relay Program?

ASSISTANT COMMISSIONER LINN-WALTON: We don't have phones, but we do have gift cards to enhance people being able to follow... (CROSS-TALK)

CHAIRPERSON CABÁN: Okay, got it.

COMMISSIONER MARTIN: So, basically, we hear you 100% on the...

CHAIRPERSON CABÁN: Yeah.

COMMISSIONER MARTIN: evidence. We’re not taking away the phones. We would start the phone program, but we chose not to start it, so...

CHAIRPERSON CABÁN: I think we should. I think we should be doing it. Probably, you know-- Giving phones to people is also probably cheaper than having more people to send out to go find them, not quite knowing where to locate them, for example. So I just, yeah, I'm a little concerned about that, but...

What's the contracted budget for the Relay Program? I think that was mentioned, but how many contracts does it fund, and who are the service providers under those contracts?

COMMISSIONER MARTIN: Yeah. Thank you for that question, Chair.

We have a total of 13 emergency departments that we're currently contracting with. We can get you the full list and a follow up.

CHAIRPERSON CABÁN: Great. Thank you.

I'm going to move over to JISH. What is the total budget for JISH for FY26 and FY27?

COMMISSIONER MARTIN: The FY26 Total budget is $10.4 million, and FY27 is $8.3 million. This is an incredibly important program. As you know, Chair, being able to provide this service for someone who is recently incarcerated could literally mean the difference between life and death. So it's a program that we take very seriously.

CHAIRPERSON CABÁN: How many JISH units are currently in operation, and do you have the breakdown by borough?

COMMISSIONER MARTIN: Yeah, we currently have 120 operational now. I'm going to hand it over to Jamie Neckles to share more.

ASSISTANT COMMISSIONER NECKLES: Yeah, those 120 units are spread across the Bronx, Brooklyn, and Manhattan. They're all scattered set units, so the exact location may change a little bit. So I don't have the split between each borough.

CHAIRPERSON CABÁN: Okay. Would love to know what the split is between each borough. And then, you know, the goal that y'all have said is to reach 350 units eventually. What's the timeline for reaching that, do you think? And how much money do you need to reach it?

COMMISSIONER MARTIN: Let me hand it to Jamie.

ASSISTANT COMMISSIONER NECKLES: So, just this past February, we amended the open RFP to add additional funding. So thank you. We're excited about that. The proposals are coming in. We opened up the RFP for scattered as well as congregate. So we won't know the timeline for construction until we've reviewed the proposals, made the awards, and, you know, move further along in the final... (CROSS-TALK)

CHAIRPERSON CABÁN: A while. For a while.

ASSISTANT COMMISSIONER NECKLES: Yes.

CHAIRPERSON CABÁN: Got it.

Do the contract savings in the Exec Plan include any JISH contracts that you're aware of?

COMMISSIONER MARTIN: I will hand it to Aaron. Not to my knowledge. Let me...

CHAIRPERSON CABÁN: Okay.

CHIEF FINANCIAL OFFICER ANDERSON: The question was, are there any cuts to contracts?

CHAIRPERSON CABÁN: Yeah, like it, you know, there's a bunch of contract savings in the Executive Budget. And just wondering if any of those include any JISH contracts?

CHIEF FINANCIAL OFFICER ANDERSON: No, JISH is not a part of our savings.

CHAIRPERSON CABÁN: Oh, okay, got it, thank you. Just give me a moment here. I just want to see if I have anything left on this.

Oh, so you mentioned the JISH RFP, which I was excited to hear was reissued.

The RPS was reissued for those 190 units. Some of that will be for the Just Home Project, right? Like, I think it's 58 of the 83 are

for the Just Home. That's still. Yeah, the math, I guess, I'm a little bit confused about the math. If we've got that, we understand some of the JISH funding will be used for 58 of the 83 units that are part of Just Home. That would still seem to leave funding available for 322 units, which is 132 units more than the RFP included.

So, can you clarify why the unit count was reduced, and was any portion of the originally allocated JISH funding redirected for other purposes?

COMMISSIONER MARTIN: I will hand it to Jamie for more.

ASSISTANT COMMISSIONER NECKLES: No funds were redirected at the Health Department. But all of the available funds... (CROSS-TALK)

CHAIRPERSON CABÁN: Okay.

ASSISTANT COMMISSIONER NECKLES: into raising the rates for the existing 120 units, as well as any new units awarded through the amended RFP. So the higher rates per unit are the reason why we have fewer units (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON CABÁN: Okay. So that has to do with the fair market; this has to do with the market?

ASSISTANT COMMISSIONER NECKLES: Yep.

CHAIRPERSON CABÁN: Okay, got it.

Will the Office of Community Safety have any role in the administration of JISH? That's my last question on that piece.

COMMISSIONER MARTIN: At present, there are no plans to have the Office of Community Safety...

CHAIRPERSON CABÁN: Okay.

COMMISSIONER MARTIN: do anything with JISH.

CHAIRPERSON CABÁN: I just want to look here to see. Yeah, I think I am done with Mental Health.

So, Council Member Brewer, do you have questions? Okay, go for it.

COUNCIL MEMBER BREWER: Okay, I love Ricky Wong. That's number one.

(LAUGHTER)

CHAIRPERSON LEE: I know. Oh my God, you always call out Ricky Wong!

(APPLAUSE)

COUNCIL MEMBER BREWER: I like him better than I like everybody else.

(LAUGHTER)

COMMISSIONER MARTIN: (LAUGHS) We won't take it personally.

COUNCIL MEMBER BREWER: No.

CHAIRPERSON LEE: You've got some fans!

COUNCIL MEMBER BREWER: My question is just on childcare. And I'm late; I was with DOT walking around for the 72nd Street bike lane. That was lovely.

My question is, when you close it, you know, for legitimate reasons, a childcare center, for whatever reason. Does it depend on how long? The situation will mandate, I suppose, how long it takes to reopen. Hopefully, they are responsive to the criteria that the Department of Health brought to your-- to their attention. But meanwhile, of course, the parents are not able to find other childcare, and so on.

What's a general time frame? Could it be sped up? What are some of the hindrances to reopening a childcare center? Depending on the issues, I understand that.

COMMISSIONER MARTIN: Yeah. Thank you so much for that question, Council Member. You know,

it's a balance, right? We're trying to do two things. Number one is to keep kids safe, and if you know, a childcare center is out of compliance, we do need to, you know, take action.

COUNCIL MEMBER BREWER: Right.

COMMISSIONER MARTIN: And the second is, you know, not to disrupt the community of families that depend on that center. And so, this is sometimes more art than science. And we are aware of the fact that sometimes it does take longer than parents would like. So we're going to work hard on trying to, again, balance those two needs and get that wait time to be as short as possible.

COUNCIL MEMBER BREWER: Okay. I mean, that would be helpful. I think communication with the parents is also helpful. That would perhaps be improved. I'm doing it, but I think it'll be good for DOHMH to do it also, right?

COMMISSIONER MARTIN: Yeah.

COUNCIL MEMBER BREWER: Thank you.

COMMISSIONER MARTIN: We hear you, yep.

COUNCIL MEMBER BREWER: You got Ricky, so you got no problems.

(LAUGHTER)

CHAIRPERSON LEE: (LAUGHS) Sorry.

We've been joined by Council Member Narcisse as well as Council Member Brewer. And I think for round two, we're going to go quickly-- No? Okay, I think for round two, quickly, we're going to go with Council Member Wong, followed by Restler.

COUNCIL MEMBER WONG: Thank you, Chair.

Regarding the Office of Community Safety, the Executive Plan includes a baseline transfer of $3.2 million in city funding, 17 budgeted positions starting in FY28 from DOHMH to OCS. That's clear. But my question is, the Office of Community Safety launched on March 19th with $260 million and two staffers. And the FY27 Executive Plan brings that to $270 million. But my question is, what has the Office of Community Safety actually done since March 19th? Can you answer that?

COMMISSIONER MARTIN: Thank you very much for that question, Council Member.

We're going to defer questions on the Office of Community Safety with regard to what actions they've been taking in that office.

What I can tell you is, from our standpoint, we've already begun doing the work of

talking with them and figuring out how to synergize our efforts. And so we know that they're hard at work trying to figure this out behind the scenes.

COUNCIL MEMBER WONG: Yeah. What programs are operating under it today that we were not operating before? And how is it different from Thrive NYC? You know, like so much money was spent, and then there's very little that got accomplished. Please answer that.

COMMISSIONER MARTIN: Do you mean for the Office for Community Mental Health or the Office of Community Safety?

COUNCIL MEMBER WONG: Yeah. Community Safety, yeah.

COMMISSIONER MARTIN: Okay, got it. You know the details and sort of the programming I'm going to have to leave to that office and leadership there. However, we do know a couple of very important things: the B-HEARD program will be completely operated by that office, and we look forward to working with the leadership of that office to make sure that the program is as successful as it can be.

COUNCIL MEMBER WONG: Okay. Well, I'm not opposed to the concept, but $270 million with no

defined operational model is not a mental health program. It's just a press release. Thank you. Thank you, Chair.

CHAIRPERSON LEE: Okay, Council Member Restler?

COUNCIL MEMBER RESTLER: Great. Thank you so much. I want to apologize; I was looking at the report from November, and in fact, the most recent report is from April 30th. So just to go through it: in November, there were a combined 465 units that were offline or online with no referral in process. As of April 30th, there are 486 units that are either offline—supportive housing units under DOHMH's control that are either offline or with no referral in process. So let's try again on those.

So, for the 381 that are currently offline, do you have an average cost of repair to get that unit back online? I recognize it's a fluid dynamic. I recognize that things are changing. But just so that we could try to ballpark some resources to invest to help bring those units online, because I think we all want to see every one of those units online, right?

COMMISSIONER MARTIN: Sure. Thank you. Jamie?

ASSISTANT COMMISSIONER NECKLES: Yes...

COUNCIL MEMBER RESTLER: What would-- do you have a ballpark estimate per unit for the renovation cost?

ASSISTANT COMMISSIONER NECKLES: I don't have that information.

COUNCIL MEMBER RESTLER: Can you provide that to us?

ASSISTANT COMMISSIONER NECKLES: The repair the-- the majority-- I don't know if I can. The majority of repair costs would be borne by the landlord. Our relationship is with the service provider. Sometimes those are the same entity, but oftentimes they're not. So we're not seeing those costs. Those are those (INAUDIBLE)... (CROSS-TALK)

COUNCIL MEMBER RESTLER: Those for scatter site units, or the...

ASSISTANT COMMISSIONER NECKLES: Both... (CROSS-TALK)

COUNCIL MEMBER RESTLER: Or for congregate...

ASSISTANT COMMISSIONER NECKLES: They get...

COUNCIL MEMBER RESTLER: the landlord and the provider are the same, right?

ASSISTANT COMMISSIONER NECKLES: Not always.

COUNCIL MEMBER RESTLER: So, you don't have a contractual model through the provider to be able to do repairs or upgrades when a unit is offline?

ASSISTANT COMMISSIONER NECKLES: There's a small amount of money in our contracts with the service providers to address minor repairs. My guess is... (CROSS-TALK)

COUNCIL MEMBER RESTLER: Could amendments be made if there were recent... (CROSS-TALK)

ASSISTANT COMMISSIONER NECKLES: My guess is that those that are offline have much more significant repairs, and that's why they're offline.... (CROSS-TALK)

COUNCIL MEMBER RESTLER: So what...

ASSISTANT COMMISSIONER NECKLES: Routine painting and stuff that's covered in our service... (CROSS-TALK)

COUNCIL MEMBER RESTLER: Sure.

ASSISTANT COMMISSIONER NECKLES: contract

COUNCIL MEMBER RESTLER: Could amendments be made to those contracts to put additional resources into fixing up the units, or do we just-- are we just stuck with a few hundred...

ASSISTANT COMMISSIONER NECKLES: Maybe. I think this is, yeah, how can we get (INAUDIBLE)... (CROSS-TALK)

COUNCIL MEMBER RESTLER: (INAUDIBLE) ask the question, how do you want to...

ASSISTANT COMMISSIONER NECKLES: Make the repairs, and what's an efficient way to do that... (CROSS-TALK)

COUNCIL MEMBER RESTLER: How do you want to fix up the-- How do you want to fix up the offline units? What's your proposal to do?

COUNCIL MEMBER RESTLER: I think that's less of a health question. I think we'd really want to talk to the construction people on that.

COUNCIL MEMBER RESTLER: But these are units within your control that are empty, right, and offline, and that we desperately need people living in. So, you know, from April 30th to November 30th,

just a six-month period, but in that period, the number of offline units didn't change from 387 to 381.

We don't want to just be getting the next report in six months, that there are 379 offline units, and that we haven't done anything either. So, any ideas that you can share with us at this hearing where resources could be brought to bear to bring those units back online?

COMMISSIONER MARTIN: I think, Council Member, we are eager to do some problem solving with you on this. Clearly, there are tools on the table for us to do this, and so we'd be looking forward to bringing those tools to bear to solve this problem.

COUNCIL MEMBER RESTLER: The Progressive Caucus is actively discussing with City Hall and with OMB resources that we want to invest in the budget to bring these units online.

It is, in my opinion, disgraceful that we have-- that we're funding (TIMER)a 1,000 City supportive housing units between DOHMH and HRA. So they have even more units than you guys that are not filled with people, when we have thousands of folks sleeping on the streets with serious mental illness

who desperately need help. We know this is the evidence-based approach, the cost-effective approach to making a difference in people's lives. We want to put resources in this budget that activate every one of these units so that at the next budget hearing a year from now, when we're doing this all over again, we're talking about how we got that number dramatically down.

And so there are two weeks left, three weeks--three weeks and change left before we're voting on a budget. There isn't a lot of time. So if you have suggestions you want to share with us, let us know. But we're pushing for resources, and we'll push for our best ideas unless you want to share anything with us. Thank you.

COMMISSIONER MARTIN: Thank you, Council Member.

CHAIRPERSON LEE: Okay, great. Back over to Chair Cabán.

CHAIRPERSON CABÁN: Thank you. I want to ask a little bit about harm reduction and the opioid settlement funding. How is it determined how much opioid settlement funds flow to DOHMH?

COMMISSIONER MARTIN: Yeah, thank you for that question. Just to say right at the top, this is a considerable opportunity for us to redress some of the harms that were caused by the opioid manufacturers and see this as a once-in-a-generation opportunity, really.

We have just a small part of the funding that comes in. As you know, the other agencies are OCME as well as H+H. So we have control and oversight over the portions that we have access to, and so we can defer questions to sort of the higher level: how much is given to which agency to OMB.

CHAIRPERSON CABÁN: Yeah.

Can you talk a little bit about, I mean, I guess specifically for DOHMH, how much you're eligible to receive and what the timeline is for receiving it, and when you anticipate not receiving it anymore? When does the funding stop?

COMMISSIONER MARTIN: When the timeline ends? Let me hand it over to Dr. Rebecca Linn-Walton on this.

ASSISTANT COMMISSIONER LINN-WALTON: Thank you.

So, how it happens is that City Hall defers its funding in four-year increments. And as we approach the end, we keep talking about more. So, I know I was part of the early discussions. And so they were looking at sort of a 10- to 20-year timeline for all those funds. But also, conversations are ongoing about it. So I would say that every dollar we've been given, just to be clear, is out the door into communities. At least 40 organizations have received funding across the full continuum, in every borough, and are really focusing on both populations and communities hardest hit by the opioid crisis.

So all of those dollars are out the door, and we just posted yesterday our updated report with all of those organizations, and then as they ramp up, metrics get out as well. So the overarching question you asked was how are decisions made? And we regularly meet with City Hall and our other partners and community members. We are about to launch a listening tour as well. That's what we did last time to figure out from community members how they want dollars spent. So at all moments, we're really talking about how to do it. Do we need to speed up? Do we need to slow down efforts to do it?

CHAIRPERSON CABÁN: And will any of the funding, will the Office of Community Safety be eligible to receive any of the opioid settlement funding? And are you guys planning to transfer any opioid settlement funding to the Office of Community Safety?

COMMISSIONER MARTIN: We currently are not in any discussions about transferring any of those dollars over to the Office of Community Safety.

CHAIRPERSON CABÁN: And are you considering-- I just want to go to the Syringe Redemption Pilot for a second. Are you considering transitioning it from pilot status into a permanent program?

COMMISSIONER MARTIN: The Syringe Redemption Pilot Program was, from our standpoint, a huge success. As you know, over 1.7 million syringes have been picked up. We're not just doing community safety in that action; we're also paying people. They get up to $10 a day, and the vast majority of those folks are using that money to pay for food and other basic necessities. And so from our standpoint, this is a huge, huge success. Let me hand it over to Aaron to talk about the funding piece.

CHIEF FINANCIAL OFFICER ANDERSON: This is something we're really excited about from this Executive Budget, which is baseline funding for the Syringe Redemption Pilot Program.

CHAIRPERSON CABÁN: That's great. And then I'm assuming that there is no information around whether you're considering transferring that pilot or that program to the Office of Community Safety. So I'll just put it on the record as an outstanding question we have...

COMMISSIONER MARTIN: Exactly.

CHAIRPERSON CABÁN: about that office. My last question has to do with the SAMHSA (The Substance Abuse and Mental Health Services Administration)updated guidance on funding for harm reduction. So this past April, the guidance basically eliminated federal funding eligibility for fentanyl and different test strips, overdose hotlines, and other harm reduction supplies that obviously many providers rely on and use.

Have you guys assessed how much federal funding New York City-supported providers stand to lose as a result of those changes? And does the Exec Budget include any City funds to backfill those

losses and maintain that part of the overdose prevention service?

COMMISSIONER MARTIN: Thanks for that question. I'm going to hand it to Dr. Rebecca Linn-Walton on this.

ASSISTANT COMMISSIONER LINN-WALTON: So this was one way in which people were somewhat protected, that they weren't using SAMHSA funding for this. I know the state has decided to use opioid settlement funds to fund test strips. Our providers are using the funding that we're giving them for test strips. And so we've been working with our providers so that we can figure out how to help them shift, because we don't want anyone to need a test strip and not have access to it.

We also provide them as part of our naloxone kits as well.

CHAIRPERSON CABÁN: Okay, great. Thank you. Thank you, Chair.

CHAIRPERSON LEE: Okay. We've also been joined by Council Member Brooks-Powers and Council Member Gutiérrez, and Council Member Brooks-Powers has questions.

COUNCIL MEMBER BROOKS-POWERS: Thank you, Chairs, and thank you for the testimony.

How does DOHMH target mental health services for formerly incarcerated individuals? In particular, what strategies has the Agency found to be effective in reducing recidivism? And how is the Agency prioritizing these strategies and working with the Department of Corrections, CHS, and other agencies to ensure we are able to reduce the incarcerated population in light of the closure of Rikers Island?

COMMISSIONER MARTIN: Thank you for that question, Council Member.

And it's incredibly important that we get this right for this impacted population. From our standpoint, it's not only important to treat these individuals with dignity, but it's also important to provide these resources to break the cycle of reincarceration and recidivism.

Let me hand it over to Dr. Petit to share a little bit more on this.

DEPUTY COMMISSIONER PETIT: Yeah, thank you for that question.

So certainly this is a critically important population that we want to make sure that we're offering the full array of services across the continuum. So within our division, there is a bureau specifically focused on initiatives that are aimed at addressing some of these concerns through a health justice network and a lot of interagency collaboration.

We do actually also have what I consider a really remarkable program. There's a (INAUDIBLE) response team that is pairing clinicians with police officers to be able to address some of the higher acuity calls that come in. We want to make sure that when there is an individual who is in crisis, who might have justice involvement, or a level of violence, or agitation, that we are addressing it in a clinically specific manner. It has been incredibly successful in terms of really making sure that folks are not going back into jail. And there are multiple programs that we either support or are part of that really address some of the issues around diversion and reentry into the community.

COUNCIL MEMBER BROOKS-POWERS: Thank you.

And two final questions: One, this Executive Plan includes a reduction of $10 million in FY26 for supportive housing. Can the Department explain the rationale for this reduction and what impact it will have on any upcoming supportive housing projects?

And in February of this year, the Department released an updated RFP to fund new supportive housing for people with behavioral health needs who have histories of incarceration and homelessness.

Can you provide an update on the status of this RFP and when we can expect to see the expansion of justice-involved supportive housing in our city?

COMMISSIONER MARTIN: Thank you for that question, Council Member.

The $10 million reflects basically a one-time savings from anticipated underspending. This isn't a reduction in any services. This isn't taking away units. (TIMER) It's not taking down housing.

Let me hand it over to Assistant Commissioner Jamie Neckles to talk about that RFP in particular.

COUNCIL MEMBER BROOKS-POWERS: Thank you.

ASSISTANT COMMISSIONER NECKLES: Thank you.

We released an amendment to the justice-involved supportive Housing RFP in February that raised the rates that we paid per unit and added a congregate option as well as scattered sites.

So those proposals are rolling in and will be reviewed. Depending on what the proposals are and what's awarded, that will determine the timeline for those units to become available.

So if a scattered site becomes available sooner, you're just releasing on the common market, but congregate units take time to construct, and we don't yet know those construction timelines.

COUNCIL MEMBER BROOKS-POWERS: Thank you. Thank you, Chairs.

CHAIRPERSON LEE: Thank you. Okay, great. I think that is it for this portion for DOHMH. So we thank you so much, Commissioner, and it's great to see all of your team members here and Deputy Commissioner, so thank you so much, and we'll send followup questions.

COMMISSIONER MARTIN: Thank you.

CHAIRPERSON LEE: Thank you.

CHAIRPERSON CABÁN: Thank you.

CHAIRPERSON LEE: Okay. So we are going to roll right into H+H. Because we're a little bit behind, so hang tight, everyone. We'll start in a few minutes.

(PAUSE)

CHAIRPERSON LEE: Okay, alright. So, good afternoon, everyone. Welcome to the final FY27 Budget hearing for today, focusing on New York City Health + Hospitals. I am Council Member Linda Lee, and I'm proud to be joined by my colleague, Council Member Mercedes Narcisse, who is the Chair of the Committee on Hospitals.

We've been joined by Council Member-- Okay, they're in and out, I promise. Council Members Wong, Brewer, Restler, Aldebol, Brooks- Powers. I think that's it for now.

So welcome, President, CEO, Dr. Katz, and your team, and thank you all for joining us today to answer our questions.

On May 12th, 2026, the Administration released the Executive Plan for FY27 to 2030 with a proposed FY27 budget of $124.7 billion.

Health + Hospitals proposed a FY27 Budget of $1.75 billion, which represents a 1.5% of the Administration's proposed FY27 Budget in the Executive Plan, and this is an increase of $7.1 million or .4% from the $1.74 billion originally budgeted in the FY27 Preliminary Plan.

This increase results from several actions, mostly involving a Medicaid initiative adjustment to support the system's cash flow, federal reimbursement funding for costs incurred during the COVID-19 pandemic, increased correctional health services expenses, and an array of new savings measures.

As of FY26 quarter three, the Health + Hospitals headcount was 43,580. And in the Council's Preliminary Budget response, we called on the Mayor to add $3.6 million to H+H to invest in the mental health continuum. And we also raised concerns regarding B-HEARD restructuring, Medicaid restrictions, and the State's directed plan.

Although our request was not included in the Plan, I look forward to hearing from the Director/CEO today about your commitment to strengthening H+H's mental health services,

addressing the challenges posed by B-HEARD, restructuring, and Medicaid restrictions, and ensuring these programs remain a reliable resource for New Yorkers who rely on them.

And I now want to turn it over to my Co-Chair for this hearing, Council Member and Chair Narcisse, for her opening statement.

CHAIRPERSON NARCISSE: Good afternoon, and thank you for being here, Dr. Katz. We're happy to have you here. I am Council Member Mercedes Narcisse, Chair of the Committee on Hospitals. Thank you for attending today's hearing on the City's Fiscal 2027 Executive Budget for New York City Health + Hospitals Corporation, or H+H.

I would like to thank Chair Lee for holding this Executive Budget Hearing with me. And of course, thank you to all the leadership for coming here to testify today.

H+H Proposed Operating Budget for Fiscal 2027 Executive Budget totals $1.75 billion and is $7.1 million higher than the Fiscal 2027 Preliminary Budget.

The main changes include an increase of $32.6 million to support correctional health services

expenses, a savings of $25.8 million to reduce reliance on temporary staffing, reducing overtime, and improving revenue collections and contract rebates.

And lastly, a reduction of $4.8 million for the B-HEARD transfer of funding to the FDNY.

We will also review H+H's Executive Capital Commitment Plan of $2.9 billion, which includes funding for the Correctional Health Outpost Unit and critical healthcare expansion on the Rockaway Peninsula.

My top line topics for questions in today's hearing will focus on Bridge to Home and show correctional health services, medical malpractice defense contracts, (UNINTELLIGIBLE) health merger, Health + Hospitals Maternal Health Services, H+H headcount changes, the Elmhurst Hospital Emergency Renovation Capital Project, and B-HEARD.

Before we begin, I would like to thank the Financial Analyst Amaan Mahadevan, Assistant Director Florentine Kabore, and Deputy Director Eisha Wright for preparing this hearing, as well as my staff committee, Rie Ogasawara, and, of course, Mahnoor Butt, for their support. Finally, I would

also like to thank myself, Frank Shea, Juasheena Gilot, Kourtney Li, and all my staff for doing the work in the district office.

I will now turn it over to my colleague, Chair Lee.

CHAIRPERSON LEE: Great. Thank you. And I've been announcing this at every hearing, which is that we're doing one full, long day; it should be fun, with public testimony on Wednesday, June 10th, starting at 9:30, so please make sure to sign up on Wednesday, June 10th, beginning at 9:30 for our public testimony session.

We've also been joined by our Public Advocate, who is very appropriately dressed for tonight's game.

UNIDENTIFIED: (INAUDIBLE)

CHAIRPERSON LEE: No, appropriately.

(LAUGHTER)

CHAIRPERSON LEE: Okay, perfect. So what we're trying to do is let me just make sure, hold on one second, sorry.

(PAUSE)

CHAIRPERSON LEE: Okay. So I will hand it off to our awesome Committee Counsel, Brian Sarfo, to administer the oath for witnesses.

COMMITTEE COUNSEL: Good afternoon. Do you affirm to tell the truth, the whole truth, and nothing but the truth, before this Committee, and to respond honestly to Council Member questions, CEO, Dr. Katz?

DR. KATZ: (UN-MIC'D) Yes.

COMMITTEE COUNSEL: Senior Vice President Ulberg?

SENIOR VICE PRESIDENT ULBERG: (UN-MIC'D) (INAUDIBLE)

COMMITTEE COUNSEL: And Senior Vice President, Dr. Yang?

SENIOR VICE PRESIDENT YANG: (UN-MIC'D) (INAUDIBLE)

COMMITTEE COUNSEL: You may begin.

DR. KATZ: Good afternoon, Chair Narcisse, Chairperson Lee, and Members of the Committee on Hospitals and Finance. I am Dr. Mitch Katz, primary care physician, and I am the proud President and CEO of NYC Health + Hospitals. I have my great CFO here,

John Ulberg, and Dr. Yang, who does an amazing job for Correctional Health.

Our Executive Plan builds on the January plan. I'm happy to say we are doing very well. We're going to close the fiscal year with a closing cash balance of $784 million, or 22 days of cash on hand, and a positive operating margin of $134 million, all in line with our historic performance.

Some financial good news: our patient care revenue, which comes strictly from insurance, is $60 million higher than in the same period in Fiscal 25.

Our financial initiatives remain on track to achieve $472 million in gains. And we pump all that money into hiring nurses, which I know our Chair is a huge supporter of. The nurses keep our patients safe and take care of them. We're now up to 10,800 full and part-time nurses. And we've reduced our use of the registry really to only what it's meant to be when someone has a maternity leave, a paternity leave, disability leave, and you're holding their job, but not using temporary as a staffing method.

We're grateful that the Executive Budget gave us funding for correctional health and maternal

morbidity and mortality. This Council knows that there are headwinds ahead. That H.R. 1 is a very mean-spirited piece of legislation. I'm sure you've discussed the parts of it with the DOHMH and DSS. We're all involved in different ways—that people are going to be pushed off services, whether it's for food, whether it's for health insurance, and it certainly will affect our bottom line, because we will still take care of them. Whether or not we get paid, that's not going to change, whether or not we are going to take care of them. This explains why we show operating losses in Fiscal 2028 and 2030. You know, I'm an optimist. I hope that there will be changes after the next election, but we are going to make sure that we do everything possible to maintain the care for our patients, regardless of whether or not they have health insurance.

So I look forward to your suggestions, your comments, and your questions, and I appreciate the amazing support that we've enjoyed from the City Council. Thank you.

CHAIRPERSON LEE: Great. Thank you so much. And we've also been joined by Council Member Ariola on Zoom. And with that, I'm going to try to

zip through my questions and then pass the mic off to Chair Narcisse.

So, in terms of the Executive Plan and the savings on the Executive Plan, it included $14.1 million starting in FY26 and was baselined to reach $27 million by FY28. And we were told that these savings would be achieved by reducing reliance on temporary staffing, which you just mentioned, and reducing overtime.

How has this impacted, or hopefully not impacted, the reliance on temporary staffing as part of the savings exercise?

DR. KATZ: I'm happy to say that it has not affected us. These were cuts that we could do in part because we've been so successful now in hiring. We have been able to eliminate the temporary lines, and so there's no decrease in service associated with that decrease in $14 million.

CHAIRPERSON LEE: Perfect. And just as we have been seeing on the Council, it would be great to hear that services are not going to be impacted because obviously that's not what we want to see. So thank you for that.

And were the H+H medical staff part of the discussions on reducing overtime?

DR. KATZ: Correct, right. We always work to try to make sure there, too, physician overtime is a symptom of not being able to hire enough full-time physicians, and we've had a very successful year now of hiring physicians, and so the amount of overtime we need to use has decreased dramatically.

CHAIRPERSON LEE: Okay, perfect.

And then in terms of the revenue collection, because I know it's probably a combination of the insurance reimbursements, along with miscellaneous revenue, philanthropy grants, and such, have the revenue collection improvements-- if you could break down whether it's a combination of those or if it's, you know, how it breaks down in terms of those categories.

DR. KATZ: The revenue improvements really started eight years ago, when we sort of first began this journey of learning how to bill insurance, right? We're not interested in billing people. We're interested in billing insurance. We're not interested in giving for-profit insurance a free ride by providing care for free and not billing them. And so

each year we have gotten better at it. It's a complicated issue. It involves things like making sure the documentation supports the bill, making sure that the prior authorization is done, and making sure some of the contracts that I inherited when I came were poorly negotiated. So they might give the overall amount per visit that was less than the vaccination that you gave during the visit, because the overall fee included the vaccination.

So each year we look at the contracts, we improve the contracts, and our documentation is much better. And all of those things contribute, year to year, our increases are higher than inflation, which is how I view it, right? If it's just 3% more, well then that would just say that I was just getting inflation. But the fact that each year we've done better than 3% says that we are getting better and better at billing insurance.

CHAIRPERSON LEE: That's great. And I know that, just obviously in a much, much, much, much smaller scale, when I was running our Article 31 clinic, it almost felt like we were constantly trying to justify and get funding and reimbursements from

the insurance companies, including Medicaid. So I appreciate your efforts in that area for sure.

And then speaking of contracts, which contracts were part of the savings exercises? And in general, how often does H+H look into the contracts for funding efficiencies?

DR. KATZ: John?

SENIOR VICE PRESIDENT ULBERG: Good afternoon.

Yes, this is also, as Mitch mentioned, just part of our normal course of business to make sure that the contracts that we have with a wide variety of vendors are giving us, you know, a fair price. So, we frequently, as the contracts expire, we'll go back, and that could be a host of supplies and services that are delivered at Health + Hospitals by outside vendors.

CHAIRPERSON LEE: Okay. And then how often do you look at them, and are there areas where maybe it would make more sense to bring them in-house versus doing it externally?

SENIOR VICE PRESIDENT ULBERG: Yes, we're always looking for the cost benefit of doing something in-house versus hiring it out. We also take

advantage of, you know, we're almost a $13 billion enterprise, and I think as we learned over the years, we have a certain amount of leverage in terms of how we purchase. So we take advantage of that.

Contracts are different. Some, when they expire, give us the opportunity to go back and renegotiate. There could be certain situations where we may say we're not satisfied with this price. So it's an ongoing effort, especially with our larger vendors, and we've been pretty successful at that. And we're actually trying to line up, perhaps we're looking forward to this year and the following year because, as Mitch mentioned, we have pretty sizable deficits in those out years. But we've targeted a $100 million savings target on top of what we've provided here.

CHAIRPERSON LEE: That's amazing. I've brought this up in other hearings as well, where, as a city, we have tremendous buying power, and so if we can leverage that in any way, we should definitely look into that.

Has technology helped at all with that in terms of streamlining, cutting costs, and those types of things?

SENIOR VICE PRESIDENT ULBERG: Certainly, we're always looking for that opportunity, and certainly, the world of AI is a whole other new environment for us. But we look at that in terms of ways to maybe more effectively deliver care. And as you know, Mitc had mentioned with denials, we're starting to explore perhaps using AI technology with that.

CHAIRPERSON LEE: And you know, on the clinical notes and all of those things, it helps a lot of folks be more efficient. So that's great.

Okay, perfect. And just in terms of the federal funding risks, obviously, you know, that are set to take effect this summer and fall, what steps are you taking to prepare for some of these changes to Medicaid eligibility?

DR. KATZ: Right. So the analogy I always think of with the government changes, and that's why it's so dangerous. It's the true scientific experiment that if you have boiling water and you drop a frog into it, the frog will jump out. But if you put the frog in the water and you just slowly heat it, the frog will die.

CHAIRPERSON LEE: Right.

DR. KATZ: And I feel this bill was really created with that in mind. The changes are very incremental. So that you never have those moments when you say, "Oh my God." But as they accumulate, and now we have the first people, for example, not getting food, right? But so far, everybody is still insured, right? But then there's going to be the people who are falling off, and they've arranged for there to be accommodation for the first shift. So they won't all fall off at once. I mean, the most important thing that we do is to constantly remind people that we're here, whatever insurance or no insurance you have, right? But that does not affect your care. And we are the only provider who can do a full range of services for people who do not have insurance. The FQHCS (Federally Qualified Health Centers) are great, but don't have the specialty services.

CHAIRPERSON LEE: Right.

DR. KATZ: So when someone needs an MRI, or they need a breast biopsy, they're going to come to us. So, beyond that, we just need to think about how, given that there will be fewer dollars because

more of the people that we care for will be uninsured.

CHAIRPERSON LEE: Exactly.

DR. KATZ: So we have to figure out the model of how to do it.

You had already asked John. We do think that in the coming months, there are going to be opportunities for AI to help us do certain administrative tasks more efficiently. That may help a bit. We're constantly looking to see how we can-- what care models are the most efficient in delivering the greatest benefit. We will work with you and share any information. We're certainly working hard to re-enroll everybody we can and to help people learn that there are exemptions, including for volunteer work. The Public Health Department has a great initiative for volunteering to help other people get benefits. We're also always trying to get people to work in our skilled nursing facilities, where the only skill you need is the willingness to sit next to somebody, or next to a baseball game and talk to them about it, or sit with someone and play cards. They're always looking for a fourth hand, right? And that would qualify as volunteer experience, right? There's

nothing wrong with work. There's something wrong with taking away people's fundamental health care, right? And we want to try to figure out as much as possible how we maintain people's benefits.

CHAIRPERSON LEE: Definitely. And I think that was brought up in quite a few of the hearings we've had so far, especially with HRA, as well as DOHMH, before this, when it comes to making sure that the health benefits, and also just in general, like SNAP food stamps, the Resource Navigators remain funded.

And staff who are going to be impacted by this within the hospital setting or within some of your other program areas?

DR. KATZ: So far, no, I mean, nobody is affected yet, right? Again, that's this very slow moving thing, right? I mean, again, even to the end of this year, we're fiscally okay.

CHAIRPERSON LEE: Mm-hmm. I know 22 days of cash on hand is very great.

DR. KATZ: Yeah, it's only as you get into the out years, when you start adding up all the incremental things. But again, we have to hope that there is an election before there are the final cuts,

and that there may be some opportunity to protect the benefits that people need.

CHAIRPERSON LEE: And then in terms of the subsidy amount that could potentially increase as the eligibility gets stricter in the long term, do you have any sort of-- I know you're saying this year it should be okay, but in the out years, have you done calculations of how much extra funding you would need?

DR. KATZ: Well, in a sense, the shortfall is the loss. The question is how much we can make up without harming services.

CHAIRPERSON LEE: Right, whatever that delta is.

DR. KATZ: Right. And you know, if it all happens, we will need to come up with alternative models. But maybe sometimes bad times cause you to have creative thoughts, come up with new ways, right? The City learned a whole set of things through COVID that we never knew before, right? That we never used before. You know, I hope it's not going to come to that, but we will certainly look for other opportunities to figure out how to protect services. That will be our bottom line.

CHAIRPERSON LEE: Yes, definitely. Mental health continuum, obviously, we are huge fans of, and it's an interagency partnership between H+H, DOHMH, and DOE to provide mental health care in the schools. The program is typically funded for $5 million. We've been pushing every year to see if it could be baselined. But will the $5 million for the mental health continuum be allocated at adoption? Have you been having these conversations with OMB?

DR. KATZ: We have been talking with them, and it is in process. Like you, I've actually visited them. And they are amazing. I particularly like that part of the model is to mentor teachers on how to care for someone in the classroom, because most of the time is going to be spent in the classroom, not with therapists. So the model of saying, yes, we provide therapy, but we also teach the teachers how to take care of kids who are in distress, because most of the time they're going to be in the classroom. So those discussions are ongoing, and I feel very hopeful.

CHAIRPERSON LEE: Great. And does the funding for $5 million keep programming at current levels?

DR. KATZ: Current levels.

CHAIRPERSON LEE: Current levels, okay.

And how many centers have been opened since this initiative began, and will there be any new clinics opening in 2026?

DR. KATZ: There are no new clinics opening. Do you know the number?

SENIOR VICE PRESIDENT ULBERG: Yes, I think 16 clinics.

DR. KATZ: Sixteen...

CHAIRPERSON LEE: Okay, 16. That's right. Same. Yeah. Yep.

Okay. And then just really quickly, because this also has come up, the topic of the Office of Community Safety, with a few of the hearings we've had so far: the Executive Plan includes a baseline transfer of ENDGBV (End Domestic and Gender-Based Violence)funding of $3.3 million to the Office of Community Safety starting in FY28. Is the Administration planning to transfer any other H+H programs or services that you know have to OCS?

DR. KATZ: Not at the current time.

CHAIRPERSON LEE: Okay. And H+H's hospital-based violence interruption program, HVIP,

seeks to break cycles of violence by providing interruption prevention and community engagement services. I assume that it would make sense for the Office of Community Safety to be involved with this program if the program is effective. And is this something that the Administration's looking into that you know of?

DR. KATZ: They have not said anything. Yesterday I was at a really great retreat for all of the programs. But one of our initiatives over the last year, these programs all have a sort of historical background. There was a Dr. Gorder (phonetic) in Brooklyn at Kings County who had started a program; there was a Jacobi program; and what we have now done is we have programs at all of the hospitals. As we said, you can have different brands, but we all want you to learn from one another. So let's figure out a strategy. And yesterday was their first all-H+H retreat together, where they spent the whole day figuring out how they learn from one another.

CHAIRPERSON LEE: Awesome. That’s great.

DR. KATZ: So we're very excited. We want to respect the traditions, but we also want to figure out what we can learn from each other.

CHAIRPERSON LEE: No, that's perfect. Thank you.

And I feel like that's the best way to learn; sometimes it's just from your own peers.

DR. KATZ: Absolutely.

CHAIRPERSON LEE: And what is the total budget for the HVIP program for FY26 and FY27, as well as the total headcount?

SENIOR VICE PRESIDENT ULBERG: I will have to get back to you on that.

CHAIRPERSON LEE: Okay, perfect. Let me pass it off to Chair Narcisse.

CHAIRPERSON NARCISSE: Thank you. Thank you.

One of the interesting things I love about that billing is: did you actually increase the staffing in the billing department, or do you use technology to help you bill? Because without good billing, you can collapse.

DR. KATZ: Right. We definitely hired up. We haven't had to hire recently. We got to a certain

level that was appropriate, but when we first learned how to do it using a contractor, and then once we learned how to do it, we said bye-bye to the contractor. And we hired all the people to do it, and it's been working very effectively.

CHAIRPERSON NARCISSE: Yeah, I like that because I have to give you credit, because ever since you took over, we have not been really in debt in H+H. And if anybody tells you that, that's one of the reasons I appreciate you a lot, because I know we've been struggling with H+H in the city of New York, and you have shown us a new vision. And that's the reason I want to say thank you.

DR. KATZ: Thank you. I appreciate that.

CHAIRPERSON NARCISSE: Thank you. You're quite welcome.

Based on your testimony, roughly 450,000 New Yorkers will lose their essential plan eligibility by July 1st. How many are current H+H patients, and what is the projected uncompensated care increase?

SENIOR VICE PRESIDENT ULBERG: Yeah, we're talking about the, uh, we call them, you know, EP-5 Group; it's the group about 425,00 to 450,000

people statewide. They're in the process of losing their coverage. For us, that number is about 50,000 to 60,000 people. I think in the state, and New York City-wide, it's somewhere around 200,000. So it is pretty devastating. But we have prepared, obviously, to still serve those individuals, and we will use disproportionate share funding as the vehicle to pay for their services.

CHAIRPERSON NARCISSE: Thank you.

DR. KATZ: We would tell them all to continue to come for care; we are here for you, whether you have insurance or don't have insurance.

CHAIRPERSON NARCISSE: Thank you.

So, 20 days cash on hand, in line with historical performance, you know that. But 20-22 days appear thin for a system about to absorb a federal shock. A healthy system targets a far larger cushion. What's the floor before it threatens operations?

DR. KATZ: Well, I think the reason we don't operate the same as people do in the private sector is that we have the advantage of the City and the State. So, how much cash we have on hand has some relationship to how much the State owes us at any one moment, and sometimes how much the feds owe us

through the State, how much the City owes us for different things, and the ability to move payments. And that's why it's always around that number—28 days now.

Ultimately, if there were markedly fewer insured people and we were providing the same level of services, that would open a hole, and then that hole can only be filled either by the City, by the State, or by us figuring out more efficient models. And we will never back off on providing services, but we could, in a bad scenario, have to look at, for example, maybe we can't provide every service at every hospital. That could happen, right? Would the service still be available? Yes. Would it be available at every hospital? Potentially, no. I mean, I'm very firm in all of the government systems that I've run, that you get to spend what your leaders give you. You don't get to spend more than that. That's how it works. It's like our checking accounts. You might want to buy something more, but if you don't have the money, you don't. We will always prioritize services over administration. We don't have the high salaries that exist in the private sector, but I think what we would have to do is we'd

have to look at the places we provide services and probably decrease them. If you look at the other systems, they don't do the large systems, whether we're talking NYU, Northwell, Mount Sinai, for example; they don't do OBGYN at every hospital. Well, they do GYN at every hospital; they don't do OB at every hospital; they have a hospital for birthing, and that's where you have to go.

Health + Hospitals has a different tradition because our hospitals really grew up around taking care of the neighborhoods, right? So Harlem takes care of the world of Harlem. And that's more our tradition. And so all our hospitals do OB, and that's a good thing. Pretty much all our hospitals do a pretty full spectrum of services. I think in a scenario where there were fewer dollars, and you were prioritizing services, you'd probably have to provide the services at fewer sites, and people would have to travel for those services, but at least the service would be available. It wouldn't be cut.

CHAIRPERSON NARCISSE: You are talking about enrollment. I know we are going to have some complex moments to get people re-enrolled, because of the fact that we are dealing with populations of

elderly people, people who have no support, who live alone. So, as we are talking about enrollment, I know we have strategies to recruit volunteers and things like that. And I pray God, since New York City is a great place, despite everything going on over our heads, and I'm hoping that a lot of people will be recruited to help address that enrollment. And you said you're going to have a kind of hub to do that.

DR. KATZ: Yes.

CHAIRPERSON NARCISSE: So, thank you in advance for doing that.

DR. KATZ: Absolutely. Thank you.

CHAIRPERSON NARCISSE: Great news that we have hired 200 nurses. You know that brings me joy, right? I'm very happy. We forecast operating losses in FY28, FY29, and FY30 from the H.R.1 ramp-up. How optimistic are we that the staffing increase won't get squeezed to make ends meet at the end of the day?

DR. KATZ: When I look at our system, I'm not cutting nurses because the way we're structured is that five medical-surgical patients equals one nurse, and that is the appropriate model. I don't think there's any value in running hospitals that are understaffed. So you have to maintain the basic staff

levels. Again, that's why I was going to, if one had to do something, it would probably be to look at the 11 hospitals and say, "What is each borough going to have?" And maybe each borough is not going to have every service at every hospital, but I don't want to ever run hospitals with too few nurses or doctors. I don't see any valor in that. That will only lead to bad care. I don't want to ever provide bad care. I would rather say something is not available than to do something poorly.

CHAIRPERSON NARCISSE: Appreciate that.

Dr. Katz, your testimony notes that you are still evaluating the impact of the newly enacted state budget and that you are anticipating operating losses in the out years from H.R.1. Can you walk the Committee through the challenges you see ahead, both from the state budget and the federal cuts, and how H+H is planning to meet them?

DR. KATZ: Yeah, I think I made plans to meet them... (CROSS-TALK)

CHAIRPERSON NARCISSE: You did some of them.

DR. KATZ: But John can do a better job than I on the cuts themselves.

SENIOR VICE PRESIDENT ULBERG: Yeah, I think, first on the state budget, we think for Health + Hospitals, it should be very favorable. We're still trying to understand the details. But for hospitals in general, the governor and the legislature added over a billion dollars, and that was $600 million for hospitals, $100 million for outpatient, and then there was a quality pool. We're still trying to better understand.

The value of those additional resources is not yet reflected in our plan, because we didn't have enough time, and the budget was late. So that should improve our out-year situation. You know, as Mitch had said, we are always forecasting years ahead. The five-year operating deficit is $300 to $350 million. We will need to attack that deficit, and we've seen some good success, you know, thus far in that approach. It was a year ago when we were here together, and H.R.1 had just been released. And our plan today is about $500 million stronger than it was then. And it's because we try to find opportunity in the midst of the turmoil. And we've managed to do that. You've heard us talk about the average commercial rate as a state (INAUDIBLE). It's a rate

enhancement, and we take advantage of that. And that's benefited us, you know, rather significantly. But yeah, we are today trying to figure out solutions for, you know, the fifth year of the plan to avoid those cuts that Mitch had mentioned.

CHAIRPERSON NARCISSE: Thank you.

And as I said again, I trust Dr. Katz is going to do the best he can, and I'm comfortable at a time like this to have Dr. Katz as the CEO of H+H.

The Health + Hospitals Fiscal 2026 Budget for emergency weather services is $5 million. The full $5 million was allocated in the Preliminary Plan to retroactively cover H+H emergency warming center services during extreme cold stretches this past winter.

Will $5 million be H+H's full Fiscal 2026 Budget for emergency weather services, or do you anticipate additional funding being added at the adoption?

SENIOR VICE PRESIDENT ULBERG: I think we're very grateful, right? You know, the warming center was a significant problem, and we had to come up with a very rapid solution. And the arrangement that we have with OMB, when Health + Hospitals tries

to address the situation, is that they will cover those expenses for us. And we anticipate in the future, if we're unfortunately met with, you know, a similar situation, that they will help us financially.

CHAIRPERSON NARCISSE: Does H+H offer services during extreme heat emergencies as well? If so, how much do you anticipate Health + Hospitals is spending on these services this coming summer?

DR. KATZ: Yes, we do offer cooling at all of our facilities for people who don't have it. I think when it comes to cooling, the City has more resources, and we are just one part of those resources. I think in the cold spell, right, everybody was staying home, and we needed-- the big thing that Health + Hospitals was able to do was go and find the people. And I think that's what changed.

The City has always had warming centers, but people weren't necessarily going to them. We then took vans and went out and found the people and brought them in. So I think that keeping people cool through the summer, the City has an overall response that we're just part of.

Right, we don't have separate funding?

SENIOR VICE PRESIDENT ULBERG: No separate funding.

DR. KATZ: Right, no separate funding.

CHAIRPERSON NARCISSE: The Rockaway Trauma, I'm going to leave it for my colleagues, who are excited to go through that, because she's excited to see you. If she does not ask all the questions, I'm going to come back to that.

Okay, one of the questions I want to ask is: the Office of Healthcare Accountability was established in June 2024 through the Healthcare Accountability and Consumer Protection Act, Local Law 78. This is a legislation that Speaker Menin was proud to spearhead while serving as Chair of the Committee on Consumer and Workers Protection. The Office was created to examine healthcare costs across New York City, improve transparency in healthcare pricing and spending, and identify strategies to reduce costs for patients and the healthcare system overall.

Is H+H doing any work with this office? If so, what role is H+H playing in improving transparency in the costs for care?

DR. KATZ: So we provide data to the office on all our costs, and that's where you can learn that Health + Hospitals often provides the same care but for a third of the price. Because we are a public system that devotes itself to services and not to other things.

CHAIRPERSON NARCISSE: Given ongoing reimbursement rates, we talk about it; you're very good at it. You've mastered the billing. (INAUDIBLE) And reimbursement rate negotiations between New York Presbyterian and EmblemHealth, what role have Health + Hospitals and the Office of Healthcare Accountability played in assessing the impact of provider reimbursement rates on the City's healthcare costs?

Have delays in reaching an agreement affected the city's anticipated health plan savings? If so, by how much?

DR. KATZ: We have not been involved in those negotiations. Those are all done by OLR.

CHAIRPERSON NARCISSE: There are many questions, but I'm trying to wrap it up as fast as I can.

An interesting one, I have to ask: Saving in the Executive Plan, the Executive Plan includes savings of $14.1 million starting in Fiscal 2026 and baselined to reach $27 million by Fiscal 2028.

We were told that the savings will be achieved by reducing reliance- sorry, my chair just took that one. I'm going to go on to the next.

So we have a conflict here. Apparently, somebody was not paying attention. It was probably me. I'm the one who's not paying attention. Sorry, Dr. Katz.

DR. KATZ: All good.

CHAIRPERSON NARCISSE: All good.

We have two or three questions that we are interested in, and a few questions that she's interested in. So I don't want you to repeat things. Just give me a second.

So let's move on because I have some questions in there on the (INAUDIBLE). Asylum seekers, H+H has an Asylum Seeker Budget of $30.9 million in Fiscal 2026 with no funding in Fiscal 2027. How is the remaining Asylum Seeker Funding in Health + Hospitals' budget being spent?

DR. KATZ: So, the money that is showing in FY26 is all the closeout of the hotels and shelters that we were running for people who were seeking asylum. And now all of those services have been transitioned to DSS within the existing shelter system because we're no longer receiving the buses.

As you remember, there were days when 200 people would arrive in the city without any place to be sheltered. In order to help our sister agency, we created another system. But now that the other system is no longer needed, there's no ongoing funding for the program. It's all within DSS.

CHAIRPERSON NARCISSE: So it all goes to DSS?

DR. KATZ: Yes. And the money that was there, that's already spent. That was money that was spent at the beginning of the fiscal year before the programs closed down.

CHAIRPERSON NARCISSE: Does H+H have any employees who are fully dedicated to asylum seeker operations? If so, what will happen to them when H+H fully winds down its asylum seeker operations?

DR. KATZ: Everybody was absorbed in other jobs.

CHAIRPERSON NARCISSE: So, all of that is absorbed?

DR. KATZ: Yes.

CHAIRPERSON NARCISSE: Nobody lost their job?

DR. KATZ: Nobody lost their job.

CHAIRPERSON NARCISSE: Thank you—good news, especially in this climate.

You know I love Bridge to Home, so I'm actually going to have some questions.

To follow up on Bridge to Home, funding was added to the Bridge to Home program in the Preliminary Budget, bringing the program's budget to $20.1 million in Fiscal 2027. This additional funding covers a new site for a total of three sites. During the preliminary budget hearing, you stated that one Bridge to Home site is operational and located in Manhattan. Have the locations for the other two sites been chosen yet, and is there a timeline for the opening of the last two sites?

DR. KATZ: So I just want to take a minute to invite everybody. I know you've been there, but if you have not been to the Bridge to Home, I think in my 25-year public health career, I don't know that

I'm prouder of anything more than this Bridge to Home, because I always felt that sending people out of the acute care psychiatric hospital, who were homeless, made absolutely no sense. And that all of the good work that the nurses and the doctors had done during that period of time to stabilize the person would all be lost when two days later, their medicines would be lost, and they'd be on the subway.

And so we created this program. It's a volunteer program, but it's a good deal for the people. So the participants have been very willing. We've had very high retention rates. Very few people have left the existing one in Manhattan. And we've now already placed four people in permanent supportive housing, which was another part of the idea that yes, we all are in favor of supportive housing, but you cannot actually go from the psychiatric ward to supportive housing. There are all these steps. You have to find an apartment, you have to sign a lease, you have to get furniture, there has to be a first month, and you have to be ready to live in that environment on your own.

But we're doing injectables. As a nurse, Chair, you would appreciate that we're giving people

monthly injections so that they keep their mental health. We've seen tremendous improvement in people's abilities to have a positive life outlook.

And so with that, the City has generously agreed that the second one will be in Brooklyn and will be opened in September. And the third one, I don't-- it will-- do you know if it's Queens or the Bronx? Because I know we're going to do it in each borough.

SENIOR VICE PRESIDENT ULBERG: Yes, I'm not sure if we know exactly.

DR. KATZ: I think we haven't yet chosen whether-- the idea is that there'll be one in each borough, but I'm not sure whether the number three is going to be in Queens or the Bronx. It will probably depend on finding the right site.

Another positive thing that I'd say for all of us who've lived through this is that the neighbors love us. You don't get a single-- we haven't heard a single complaint. They've actually pointed out how the neighborhood is better. We took down something that people didn't like that was right in front of the building. But the key thing is its 24-hour staffing. So you don't have people sort of

hanging out on the outside, the kinds of things that are upsetting neighbors.

So it's been incredibly smooth. I mean, normally when we have a program, I get email complaints, you know, noise or loitering-- zero.

CHAIRPERSON NARCISSE: Nice!

DR. KATZ: Zero complaints about the Bridge to Home. And I think it's directly related to the fact that there is 24-hour staffing at the program, and we are talking to our sister agency, DSS, DHS, about whether there are other shelters for the mentally ill that could increase the clinical level of services. If we do that, it does make the shelter more expensive, right? You can't provide nursing without some added expense. But I think it might actually save the City money because people revolve through these shelters without actually getting better. And it could be that if we provided enough structure, the people don't need a hospital, but they need something more than a case manager seeing them once a month. They need some structure, they need some activities, they need some nursing, they need someone to hold on to the medicine so they're not lost.

People can look remarkably different after three months of good nutrition, positive socialization, and medications. People who you would have thought, oh, this person could never go to supportive housing. You give them three months of those things, they look completely different, but they don't look different after two weeks in the hospital. Two weeks in a hospital... (CROSS-TALK)

CHAIRPERSON NARCISSE: I am so...

DR. KATZ: gets you from psychosis to not psychosis.

CHAIRPERSON NARCISSE: I am so sold on that. You know that. I love it. And one of the things we said, boroughs, you know, we have five boroughs, but I'm hearing three. So, when is the plan to expand on that?

DR. KATZ: We hope that the City will continue to be generous, and we will continue to have them.

CHAIRPERSON NARCISSE: Are we having the conversation because you sold me on this the minute I walked in, you know? I'm 100% in, so I'm going...

DR. KATZ: We're going to continue-- we think that there is tremendous support for us to do this.

CHAIRPERSON NARCISSE: Thank you. I'll definitely advocate with you.

The S.H.O.W. program (Street Health Outreach & Wellness) was funded at $13.1 million in the Fiscal 2027 Preliminary Budget. Are the three new S.H.O.W. units in operation? Where are the three new units located, or where will they be located?

DR. KATZ: So we just got the funding. So we don't--they're not yet operational. The funding is for FY27. So the money opens with the July budget. So once we do that, we're working closely with DHS and community-based organizations to figure out the best location for them. But they have been very successful at reaching people who are not going to necessarily come the first time to a hospital clinic, but who might come after we've engaged with them.

CHAIRPERSON NARCISSE: Correctional Health, I mean health services, the Executive Plan includes a baseline of $32.2 million in additional funding starting in Fiscal 2026 and increasing to nearly $40 million by Fiscal 2030. The funding will

support correctional health services spending related to affiliated costs and pharmaceutical drugs. We know how expensive that can be.

How many providers does H+H contract with? I mean, with further provision of correctional health services, how are we choosing providers?

SENIOR VICE PRESIDENT YANG: Hi, Correctional Health Services has one major affiliate, uh, professional affiliate, as do our sister facilities in the system. And our affiliate, just like some of the other facilities, is PAGNY, the Physician Affiliate Group of New York. And they hire--we select individuals who are frontline providers. These are doctors, physicians, physician assistants, mental health clinicians, and mental health treatment aides. You know, 1199 and Doctors Council primarily because when we came over to Health + Hospitals, the bulk of the staff who were vetted and interviewed and selected from what had been Corizon were already in the Doctors Council in 1199. And for those individuals whom we selected to join our new team, we wanted to preserve their benefits, their seniority, and their retirement benefits.

So that's how we ended up with PAGNY; they are a professional affiliate. It's only frontline providers, patient care providers. All the supervisors and managers are in Health + Hospitals. It is not a typical or traditional contractual relationship. So that is our main contractor.

We have two other small professional contracts; one is an 18-staff carceral dental provider, they are dentists, dental hygienists, and oral surgeons. And then we have eight emergency medicine physicians who are in a group, and we contract with them to be on the Island.

CHAIRPERSON NARCISSE: So those are private groups? What's the name of the group?

SENIOR VICE PRESIDENT YANG: The dental is Correctional Dental Associates

CHAIRPERSON NARCISSE: Okay.

SENIOR VICE PRESIDENT YANG: And Urgent Medical is a small PC.

CHAIRPERSON NARCISSE: Okay, are they from New York City or out of State?

SENIOR VICE PRESIDENT YANG: Correctional Dental is in New Jersey and New York City. And Urgent Medical is in New York City, and I think they might

do some work in Westchester, but they're in New York City.

CHAIRPERSON NARCISSE: We have a lot of doctors in New York City.

SENIOR VICE PRESIDENT YANG: Yes.

CHAIRPERSON NARCISSE: So anyway, let's go forward with that. We can always explore that, take a deeper dive into it.

What is the length of an H+H Correctional Health Services contract?

DR. KATZ: Mike?

CHAIRPERSON NARCISSE: How long?

SENIOR VICE PRESIDENT YANG: So, our contracts, depending on what kind of contracts we're talking about as part of Health + Hospitals, we use the Health + Hospitals contracts as much as possible. Those are basically for laboratory, pharmaceutical, and medical supplies like Cardinal Health. And those contracts generally run three to five years, depending on the need.

CHAIRPERSON NARCISSE: How many years? How long does the contract usually last? The cycle?

SENIOR VICE PRESIDENT YANG: The system contracts run three to five years...(CROSS-TALK)

DR. KATZ: Three to five...

SENIOR VICE PRESIDENT YANG: Three to five years. And Correctional Health Services annually re-evaluates the performance of each of our contracts, as to whether... (CROSS-TALK)

CHAIRPERSON NARCISSE: You will be evaluating them?

SENIOR VICE PRESIDENT YANG: Annually.

CHAIRPERSON NARCISSE: It’s not automatically like a year cycle?

SENIOR VICE PRESIDENT YANG: Annually, we do this with our senior staff.

CHAIRPERSON NARCISSE: Okay.

SENIOR VICE PRESIDENT YANG: Evaluate whether we're getting what we pay for.

CHAIRPERSON NARCISSE: The evaluation that you do with your contractors, are they based on the responses of the staffing people who are dealing with their actual contractors?

SENIOR VICE PRESIDENT YANG: We have taken up corrective steps with some contractors. We have terminated contracts. We have performance measures, including turnaround time and quality of responses and results.

CHAIRPERSON NARCISSE: All right. I have some colleagues; there are different things going on, and I would love to ask you more questions, but my colleagues have to run. Selvena Brooks-Powers, I know she came directly; she dove directly into it.

Okay, Selvena Brooks-Powers?

COUNCIL MEMBER BROOKS-POWERS: Thank you, Chairs, and thank you for the testimony today.

I'm going to just go ahead in the interest of time and ask the questions, and then I can repeat any question I need to. But it’s always great to see you, Doctor.

DR. KATZ: Great to see you.

COUNCIL MEMBER BROOKS-POWERS: And the full H+H and CHS team.

So first, Dr. Katz has been a strong partner in the Far Rockaway Trauma Center efforts and has heard the needs of our community.

Based on previous conversations, we have estimated that a Level I or Level II trauma center would cost approximately $200 million in capital to construct.

As far as you are aware, is this still a reasonable cost estimate for this facility?

Next, the Executive Budget includes additional funding in the next few fiscal years for CHS operations and pharmaceutical operations. Can Health + Hospitals explain the rationale for these increases and how they will improve services for CHS patients?

And the last two, how does New York City Health + Hospitals track and measure trauma cases across the city?

And what is the average travel distance and transport time for trauma patients to reach a level I or level II trauma center citywide? And how does that compare with the residents of the Rockaways?

And I know Dr. Katz, you had shared in an interview a while back a very profound statistic in terms of the number of trauma centers in the different boroughs, and if you could just, on the record, share, based on the boroughs, where our trauma centers are located and how many they have, I'd appreciate it.

DR. KATZ: I'll do my best. Let's just deal with the CHS question because that's very straightforward.

The increase really reflects the increase in volume of the number of detainees on Rikers. So Rikers has been much more crowded than before. And so some of it is just the per-person cost of the medical care. And then we're very proud of providing the same level of care at Rikers that we would provide to anyone. So that means many more injectable drugs that are expensive, but that we believe ultimately provide good care. So it's a combination of more people and more expensive pharmaceuticals.

I remain with you a big supporter of the Rockaway Trauma Center. I feel that the fact that it is a 40-minute trip to the nearest Level I or Level II trauma center, assuming reasonable traffic, which, as we know, is not always the correct assumption. As you know best, there are only two ways off the peninsula, and both of them can be very congested (TIMER). It is a very long and thin peninsula, which means that the added time depends on where exactly on the peninsula it is. So, I think that there is a very strong argument that it is wrong for people to have to wait 40 minutes for definitive care, and that lives are lost because of that.

I can only say that other parts of the city have better coverage. I don't have the exact numbers, but I can certainly give a sense. Staten Island has two trauma centers, and while it's a, if you will, a fatter island, it's not nearly as long. So in terms of travel distance, it would be significantly shorter.

Manhattan is certainly the place where there are the most trauma centers in a very small area, where people would have access to a trauma center. In most cases in Manhattan, I would say, you know, no more than 10 minutes would be like the furthest within Manhattan.

Brooklyn has Kings County, Maimonides, and NYU Lutheran. I may be missing-- I feel like I'm missing one. But again, for the size, much shorter travel times, that's really when you look at the city as a whole, the Rockaways stand out in terms of the time people would have to travel. And that's why I support it with you.

COUNCIL MEMBER BROOKS-POWERS: Thank you. And in terms of the cost, as far as the (INAUDIBLE)... (CROSS-TALK)

DR. KATZ: Yes, correct. Yes, thank you for reminding me.

COUNCIL MEMBER BROOKS-POWERS: Yes.

DR. KATZ: Yes, that is still accurate-- I recently verified the number of a group that bills hospitals. And they agreed that $200 million is the capital cost.

COUNCIL MEMBER BROOKS-POWERS: Thank you so much, once again.

DR. KATZ: Thank you.

COUNCIL MEMBER BROOKS-POWERS: Thank you, Chair.

CHAIRPERSON LEE: Okay, great, Council Member Cabán, followed by Council Member Brewer.

CHAIRPERSON CABÁN: Thank you. I'd like to start with a couple of questions about gender affirming care. I asked this question earlier, but it's probably more appropriate for you all. Obviously, we're seeing the federal assault on gender affirming care continue. And it has escalated. I mean, now we're seeing these private hospitals get subpoenas.

So, is there a plan for increasing access to gender affirming care within Health + Hospitals,

specifically for younger children? I was mentioning that there are so few places that provide care for children under the age of 13. So could you speak on that? A little bit?

DR. KATZ: Sure. Well, with you, we remain committed to this population, and we are not going to stop taking care of them. We believe that this is a health issue that is best dealt with by the person, by their family, and definitely not by the federal government.

We have already accommodated families who were in other programs that ended, and will continue to do so. We don't maintain any volume cap, so we will care for as many children as need to be cared for.

CHAIRPERSON CABÁN: I think one thing that has come up is that we've asked about this before, obviously because this has been a long term attack on that particular community, and we haven't necessarily seen an addition of patients coming to H+H. But what I will say is that I am hearing from more parents that they're having a hard time figuring out where to take their children. And so I'm wondering also if there are dedicated referral pathways—— care

coordinators, expedited appointments at H+H available for patients whose treatment has been interrupted?

And I want to emphasize the care coordinator piece, because I think that's what parents have at least indicated would be the most helpful. Because different stages, different ages, and different developmental stages require different kinds of care. And not every doctor in every, even H+H, facility has the ability to provide that care.

DR. KATZ: Sure. Yeah, we certainly do try to have people come to a place where we have specialized physicians. Because, as you say, not all physicians, even all good physicians, are culturally competent to deal with the issues of transgender children.

So, I will go back and see more about whether or not we have a sufficient number of care coordinators, and we'll certainly prioritize that as things get harder and harder, as other providers stop doing this work; we want to still stay firm and keep providing it to the children.

CHAIRPERSON CABÁN: My last question on this piece is, uh, NYU Langone has received a federal

subpoena. Mount Sinai has, except they're (TIMER) lying about it. Has the Administration received one?

DR. KATZ: We have not.

CHAIRPERSON CABÁN: Okay. Thank you, Chairs. May I ask just a few questions on B-HEARD?

UNIDENTIFIED: (INAUDIBLE)

CHAIRPERSON LEE: Wait, can we--oh, okay.

CHAIRPERSON CABÁN: Just because it hits the mental health portion, and I've had to wait for Health + Hospitals to ask those.

Yeah? Thank you.

On B-HEARD, is there a plan-- as we saw on the website that there is a drop in eligible calls for FY25?

Do you have a plan to increase eligibility for those calls? As one example, open to removing the limitation of EDPM (Electronic Document Preparation and Management)only. We're seeing that other responders around the city have a much larger scope of call classifications that are eligible for their alternate responders.

DR. KATZ: Right. So you have to remember that Health + Hospitals doesn't run B-HEARD.

CHAIRPERSON CABÁN: I know.

DR. KATZ: We are proud to hire and train social workers, and we think our social workers do a great job, but we don't do the operational part of B-HEARD. It's certainly a model that I believe in. I think that if you wanted to de-escalate a situation. You want to send a mental health professional, and therefore, I would want to send a mental health professional as often as possible to these situations. And I do think that it could be a much larger group, but that requires operational changes across the city.

CHAIRPERSON CABÁN: So, and according to you--so and there's been confusion about this, is B-HEARD moving to Health + Hospitals? Is it going into the...

DR. KATZ: No.

CHAIRPERSON CABÁN: (INAUDIBLE) So it's not going to be (INAUDIBLE)... (CROSS-TALK)

DR. KATZ: So at one, there was the proposal to move it to Health + Hospitals, and you know, that was not a negative on anyone; that was just recognizing that it was challenging for the Fire to hire enough EMTs and paramedics. And in the absence of that, uh, there were not very many calls.

But that plan has changed. And I think now the Administration is looking at a variety of options, and I think there are a variety of options.

CHAIRPERSON CABÁN: Totally.

DR. KATZ: I think that really, which department is not really the issue. The issue is how to efficiently get people who are not law enforcement...

CHAIRPERSON CABÁN: Yes.

DR. KATZ: Frightening...

CHAIRPERSON CABÁN: Yes.

DR. KATZ: But are mental health professionals trained to handle situations to de-escalate them as quickly as possible...

(CROSS-TALK)

CHAIRPERSON CABÁN: Yes, here's my very last question, because it's not even just mental health professionals, but H+H uses peers in a myriad of programs, correct?

DR. KATZ: Yes.

CHAIRPERSON CABÁN: And that's because you find that peers provide something that nobody else can.

DR. KATZ: Correct.

CHAIRPERSON CABÁN: There has been an increase in peers in a lot of different places—— Is H+H, DOHMH——it really gets celebrated. What do you think about peers on B-HEARD teams? I mean, but people who live with mental illness... (CROSS-TALK)

DR. KATZ: Yes...

CHAIRPERSON CABÁN: And are part of those organizations saying that they want peers on these teams.

DR. KATZ: I think it would be great.

DR. KATZ: Great. Thank you. That's all I've got. Thank you so much.

CHAIRPERSON LEE: Okay, great, Council Member Brewer?

COUNCIL MEMBER BREWER: Thank you very much.

On correctional health, I have a question on New York Cares, uh, bike crashes, because you know more about it, and then just mental health on the street.

So, correctional health, congratulations, finally. I understand there are 96 people. When Stanley Richards was here the other day, he said it was 96, which is phenomenal.

SENIOR VICE PRESIDENT YANG: It's 95 today.

COUNCIL MEMBER BREWER: It's 95 today, congratulations.

And so that's going well. But then at Rikers or other locations, I don't know, what is the cost? It's a budget hearing; what else do you need? It's still challenging on Rikers as opposed to at Bellevue. And I'm just wondering if you could update us on the cost, update us on any other needs that you might have in terms of correctional health.

SENIOR VICE PRESIDENT YANG: Yeah, I so much appreciate the additional funding, which is going to make correctional health services whole again. And that really covers the increase in cost for pharmaceuticals. As Dr. Katz noted, we have more patients, and we have sicker patients, and that's really the issue there.

And it will allow us to make up for the salaries for the people who are good providers and provide the kind of services that we expect them to provide.

The outposted project continues. They are funded. We are working very closely with the

Department of Correction under Commissioner Richards; it's wonderful, and with the State Commission on Correction to finalize the designs for the Bronx and the Brooklyn sites. Really excited about it.

COUNCIL MEMBER BREWER: Okay. Fantastic.

The issue for those at Rikers is how many staff are there? Is it every day?

When I'm there, and I'm there pretty often, it never seems like there's a lot of folks in the clinic, but that's just because maybe I'm there at the wrong time. I got it.

But is that hard to recruit? I'm just trying to get a sense because people get sick, obviously, and I'm just trying to understand if that is still an issue or if you think you're totally copacetic with correctional health at Rikers?

SENIOR VICE PRESIDENT YANG: We can always do better, and it is a challenging place to work. We have been much more successful in recent years, certainly since COVID, in recruiting and retaining staff. Our vacancy rates are about 8% at this point in time. Part of the reason why we needed to come to you for the budget leveling is that we've basically run out of vacancy money, dollars that were not spent

because of vacancies-- because we've reduced that. Which is a good thing. We have staff on.

COUNCIL MEMBER BREWER: All right. I live with people who are asylum seekers, and they love New York Cares. I'm not sure they use it very much, but they know about it. So I'm just wondering what the cost is? Are you increasing those who are participating, et cetera, to just get a sense of it?

DR. KATZ: Sure. Well, remember when NYC Cares was funded, basically, it was a single funding, which covered our having an 800 number, additional pharmaceuticals, and the infrastructure to run the program.

But the program really just takes advantage of Health + Hospitals. We don't cap the number. We have always taken care of everybody regardless (TIMER) of their immigration status. The difference is that there was never an organized system to enable people to know how to do it or to get a primary care appointment in two weeks and have that be the center of it.

So I'm sure the actual costs exceed the amount of money that the City is giving, but that's okay.

COUNCIL MEMBER BREWER: Right.

DR. KATZ: These are people we've always wanted to take care of.

COUNCIL MEMBER BREWER: So, how many people are...

DR. KATZ: It's 130,000.

COUNCIL MEMBER BREWER: Okay, 130,000. And that's pretty steady?

DR. KATZ: It's about 10,000 higher than it was this time last year.

COUNCIL MEMBER BREWER: Congratulations.

All right, now about this-- I have to deal with bike paths and bikes-- I know I...

DR. KATZ: Wait, wait, one second...

COUNCIL MEMBER BREWER: I saw the helmet.

(LAUGHTER)

CHAIRPERSON LEE: Oh, wow.

COUNCIL MEMBER BREWER: All right, go ahead?

COUNCIL MEMBER BREWER: Okay, so I have to deal with people who like bikes, and people don't like bikes; that's how it works. And so when you try to build a new infrastructure, I would say, all hell breaks loose.

My question is in the papers, most of the Post, there's a lot of concern about upping the number of, I would say, crashes, accidents, or not. In other words, have you seen more at Bellevue, or is it just that other hospitals are racking up? Give me a sense of where you think we are with this industry in terms of...

DR. KATZ: Accidents are up, but I would personally, as a manual bicycle rider, blame the E-bikes and these electric scooters, because they just go way faster, and that's what causes the accidents, right? It's the fact that people are coming at you really quickly. And so we've seen a lot more accidents.

COUNCIL MEMBER BREWER: Bellevue, too, or all your hospitals?

DR. KATZ: Yes, absolutely, absolutely. All hospitals, and definitely at Bellevue, get a lot of scooters and a lot of wrist fractures. And you know, I think the issue of the bike lanes, again, as someone who uses them all the time, is that you're still supposed to follow the law. Like, when the light turns red, you stop, right? A bike lane is not

welcoming you to go through a red light. And so everybody needs to, you know, pay attention.

CHAIRPERSON LEE: Sorry, one quick thing. Can we take a quick pause because our Public Advocate has to go to the airport, and then we'll go back to Council Member Brewer right after? Thank you.

COUNCIL MEMBER BREWER: Thank you.

DR. KATZ: Great.

PUBLIC ADVOCATE WILLIAMS: Thank you so much. I am sorry, Council Member Brewer. My wife will be considerably mad if I don't get there, so I apologize. Thank you for giving me an opportunity.

I do have to say, let's go, Knicks. That's really important and...

COUNCIL MEMBER BREWER: (INAUDIBLE)

COUNCIL MEMBER RESTLER: Wait one second. You have a very well-known fear of flying. What are we talking about here, going to...

PUBLIC ADVOCATE WILLIAMS: No, I just said I'm picking up my wife.

COUNCIL MEMBER RESTLER: Oh, okay.

PUBLIC ADVOCATE WILLIAMS: Yes, exactly. I made that very clear, yes. She'll be pretty upset. I'm going to be late anyway, so she will probably

still be upset. I may have to call you all for some help. But thank you, Commissioners.

So really quick. I know I had a question about B-HEARD. I think you said you're not prepared to answer questions on B-HEARD.

DR. KATZ: No, just that we don't do the operations of B-HEARD. So our role is to train the social workers, hire them, but the operations of B-HEARD are right now in the Fire Department.

PUBLIC ADVOCATE WILLIAMS: Okay. So, the $6 million for B-HEARD, is that going to you? Is it going to the Fire Department?

DR. KATZ: Fire Department.

PUBLIC ADVOCATE WILLIAMS: Okay. And I've been concerned about some of the things I've heard. The commissioner basically said there has not been much conversation done with OCS coordination. The Fire Department has kind of said the same. Is it ultimately going to OCS? Do we know? We don’t know.

DR. KATZ: We don't. I don't think that decision has been made. I think that everybody agrees that the goal is to send B-HEARD to more calls. I think that's well- established. But how to do that is that the City does not seem to have-- There was a

proposal in the fall that it would come to Health + Hospitals, and we would do it. That proposal is no longer part of the City's idea. But I don't think anybody has articulated yet what it's going to be.

PUBLIC ADVOCATE WILLIAMS: Okay, because I know there was a report or something that discussed the bottleneck, because NYPD answers the call; FDNY handles EMS, but H+H employs the social workers, and so that coordination can be difficult. It sounds like it's something that could be difficult.

DR. KATZ: I don't think anybody objects to us hiring and training the social workers. I think everybody's good with that part.

PUBLIC ADVOCATE WILLIAMS: Yes.

DR. KATZ: But I think there is an issue that right now, many of these calls, the police prioritize them and go to them rapidly. But the Fire Department, because of shortages of paramedics, takes longer to get there. And so then, in general, you're not achieving the goal of getting the mental health professional in the lead.

PUBLIC ADVOCATE WILLIAMS: Yes.

DR. KATZ: So the police are there first.

PUBLIC ADVOCATE WILLIAMS: You probably cannot answer this, but I'm going to ask anyway. What do you think should happen?

DR. KATZ: I don't think the issue is the department. I think this could run in a variety of ways. I think the issue is the staffing and that the current model of staffing is not sustainable. (TIMER) The current model is that two paramedics or EMTs go out with the social worker in a non-transporting ambulance, and then if the person needs transport, they have to send two more EMTs in a different ambulance. So on a crowded New York City street, you have two ambulances, four EMTs, and one social worker.

Meanwhile, we have an EMT/paramedic shortage. So then the calls with medical illness don't get handled as quickly. Also, these calls take a long time. You don't deescalate somebody by tossing them into the back of your ambulance and driving them to the hospital.

PUBLIC ADVOCATE WILLIAMS: Yes.

DR. KATZ: So I think that the model, whether it's by us, by the Fire Department, by the Office of Community Safety, has to come up with a

staffing model that there are enough of them. Right now, there are not enough paramedics or EMTs to respond to the number of calls people want.

PUBLIC ADVOCATE WILLIAMS: Okay, I'd like to talk offline about this a lot further.

DR. KATZ: Okay.

PUBLIC ADVOCATE WILLIAMS: A really quick question for Correction, uh, H+H. We met with the Department of Correction about Local Law 42. And we brought up a Board of Correction memo in December that talked about prolonged placement. It was found in the contagious disease unit at (INAUDIBLE) and Rikers Island. It also showed that CHS repeatedly raised serious concerns regarding the deteriorating mental health of individuals under supervision and did not support continued placement.

What can be done to support your efforts to avoid these instances and be in compliance with the Board of Rules?

SENIOR VICE PRESIDENT YANG: Thanks.

The Correction Communicable Disease Unit is unique in New York City’s system, uh, national system, and it has negative-pressure rooms for respiratory isolation. When Correctional Health

Services puts a patient in the CDU, it is for medical isolation or quarantine to rule out or to get past a period of infectivity of a communicable disease. Those individuals, even when they are in medical isolation and have a diagnosis of a communicable disease, are not restricted in that setting; they can still go outside, they can have court. What they can't do is be with people physically without precautions. That is for a short period of time, just until they've passed the period of infectivity or until we've got the lab results back that say they do or they don't have the disease.

PUBLIC ADVOCATE WILLIAMS: Okay.

SENIOR VICE PRESIDENT YANG: There are other people who are placed in that area, because of the physical layout of the area, by the Department of Correction for non-medical reasons. Those are not people whom we put there.

PUBLIC ADVOCATE WILLIAMS: Okay. We'll probably follow up offline on that as well. Thank you. Thank you so much.

DR. KATZ: Tell your wife I said hi.

PUBLIC ADVOCATE WILLIAMS: I will. I have details on maybe being protected when I'm late, but we'll see how that goes.

DR. KATZ: (LAUGHS) Okay.

(LAUGHTER)

CHAIRPERSON LEE: We've also been joined by Pierina Sanchez on Zoom. Sorry, Pierina, and continuation with Council Member Brewer. Thanks.

COUNCIL MEMBER BREWER: Thank you very much.

So for the bicycles, there's nothing to decide today, but to know that the accidents and crashes are up and that we have to do something about it. It's not your problem per se, but since you are a bike rider, as we all are, your input would be helpful.

DR. KATZ: Very (INAUDIBLE)...

(CROSS-TALK)

COUNCIL MEMBER BREWER: There is a bill, apparently, that Council Member Hudson has to limit speed, but they still go through the red light. So I don't know.

Uh, mental health, so my office is swamped with people who see people and are

experiencing, I guess, abuse from people who are mentally ill on the street. It's the same story. It's nothing new. But do you think the City has some remedies for this, or is it just saying that we just have to deal with it?

It does seem to be increasing, obviously, to the credit of Jessica Tisch; the numbers are down in terms of violent acts, but mental illness seems to be up. I've seen it. I got 10 calls today, even, you know, what do you suggest?

DR. KATZ: Okay, well, this is Mitch as a doctor.

COUNCIL MEMBER BREWER: I know, I like Mitch as a doctor.

DR. KATZ: So I believe that a lot of the people that you're getting calls about are heavily addicted. I believe that some portion is mental illness, but people with mental illness are generally not violent. They are generally the victims. They are not the perpetrators. There is a rare person whose psychosis says, "The devil says I need to hurt you," but that is by far the minority. The people with schizophrenia typically become withdrawn. They are not the people who are upsetting people.

I believe that the vast majority of people who are upsetting others are using drugs. They are addicted to drugs. They may also have a mental illness.

COUNCIL MEMBER BREWER: Right, I understand.

DR. KATZ: But it's the drug use that is affecting their behavior. And I personally, Mitch, the doctor, think that they need treatment and that there needs to be--I don't think sending them to Rikers is going to help them. I think that's going to make things worse. But I think leaving them on the street is also not helping them. And I think that we, and judges in our current system, lack alternatives.

COUNCIL MEMBER BREWER: True.

DR. KATZ: So that it's either you release the person who has just committed this crime, or maybe it was not a horrible crime? Do you send them to Rikers?

I agree, don't send them to Rikers. They'll only learn worse behavior. But on the other hand, I also don't--if someone has multiple incidents of these kinds of crimes, they are cycling. Good things are not going to happen to them.

COUNCIL MEMBER BREWER: Right.

DR. KATZ: Bad things are going to happen to them...

COUNCIL MEMBER BREWER: And to the people in the neighborhood.

DR. KATZ: And why can't we as a society say, you know, this is the third time you have been arrested. The first time you were stealing potato chips. (TIMER) The second time you pushed somebody. You know, clearly, drug use is hurting you, and something bad is going to happen. And therefore, we are saying to you as a judge, you have to go to the substance treatment program. And ideally, you go voluntarily, but if you don't go, you've got to go.

But that's how I view it. The law is not consistent with that. The law says, as you know well, that you can only be held against your will if you are in imminent danger of hurting yourself or someone else. And it doesn't address how addiction kills people's lives and all the people around them.

COUNCIL MEMBER BREWER: But do you feel there aren't enough programs? Because my friends who are judges feel there isn't necessarily the right program for that person to be able to deal with his

or her addiction. Do you think that there are enough places for...

DR. KATZ: I think that if we could all agree that some people are not going to go voluntarily...

COUNCIL MEMBER BREWER: Right.

DR. KATZ: There should not be a first strike, but like the third time you were brought before a judge, you have to go.

COUNCIL MEMBER BREWER: Okay.

DR. KATZ: That would be a positive step forward. And we do that with mental illness. So why can't we say, on the third time you're arrested for some, again, not a huge, you know, these kinds of stealing things, pushing people, getting into a fight. We need to be able to say that it is not turning out well for them. We as society must tell them we feel they are not following through on the societal contract, and they are going to this program.

COUNCIL MEMBER BREWER: Right.

DR. KATZ: Will it work all the time? No. But at least we're trying, right? I think the frustration that you've expressed is the same as what

my friends say: you can't even call the police because the police say there's nothing they can do about it.

My daughter rides the subway home from her supermarket job, and she talks all the time about how frightened she feels as a short Asian girl in the subway, and she feels intimidated, right? And I hate that.

COUNCIL MEMBER BREWER: Okay. This is a good offline discussion to continue. Thank you, Dr. Katz. CHAIRPERSON LEE: Thank you. Okay. We have Council Members Wong, Aldebol, and Restler.

COUNCIL MEMBER WONG: Thank you, Chairs

I want to start by acknowledging something positive. The extended care unit that opened at Elmhurst in December 2024 is exactly the kind of investment this community needed. Twenty beds, up to 120-day stays, and 50% of patients connecting to permanent housing on discharge. That is a real result.

My question is about sustainability. What is the annual operating cost of the Elmhurst ECU? Is it fully funded for FY27? And is there any plan to expand capacity beyond 20 beds? Can you answer that?

SENIOR VICE PRESIDENT ULBERG: Yes. I think currently, for the extended care units, we do operate those beds at a loss, because we understand how valuable they are. And again, it's a loss measured by the stay. But there is a return, I think, on the person's care in terms of avoiding future admission and future costs. And that's why we operate the program at a loss, because we think there's a longer-term savings to be had. I can get you those specific numbers.

COUNCIL MEMBER WONG: Please do.

SENIOR VICE PRESIDENT ULBERG: Mine are across all the ECUS, but we can certainly provide you the (INAUDIBLE)... (CROSS-TALK)

COUNCIL MEMBER WONG: Thank you, thank you. Thank you, Chairs.

CHAIRPERSON LEE: Okay, great. Council Member Aldebol followed by Restler.

COUNCIL MEMBER ALDEBOL: Thank you, Dr. Katz, and thank you, Chairs.

So I have a question about Jacobi hospitals there-- all of the dedicated pediatric x-ray and fluoroscopy rooms, and I practiced all morning today—-

DR. KATZ: Good job. I could never have done that.

(LAUGHTER)

COUNCIL MEMBER ALDEBOL: At Jacobi, those are all completely out of service. The primary pediatric x-ray room has been out of order for nearly three years, and the fluoroscopy unit is now completely offline. And that's, you know, obviously leaving pediatric patients at both Jacobi and North Central Bronx with zero dedicated pediatric radiology rooms.

And this is, you know, obviously a problem. We need pediatric-specific equipment to adhere to pediatric radiation safety protocols, especially for premature babies.

And you know, our office and our Bronx Delegation, we've been advocating for these capital fixes to be prioritized in the budget. However, the urgency and effect on patient care for these needs are very high.

Do you have any insight into why the situation has been allowed to get so critical, and what plans are in place to prevent harm to patients

in the short term? And what can be done to make these fixes for Jacobi Hospital a priority for H+H?

DR. KATZ: So, just acknowledge that much of our equipment is past what people would say is the useful life. We are a system that prioritizes services. And sometimes the equipment doesn't make it to the top of the list because we're so busy trying to take care of everybody.

Our overall capital needs are huge and would swamp the City's budget, right? We have, you know, 11 acute, four skilled nursing facilities; many of them are quite old buildings with leaking roofs and boilers that need to be fixed, and chillers. And we try to do our best to figure out what the next priority is.

Fluoroscopy, thankfully, is not as much of a tool as it was in my generation as a doctor. I suspect that may have been why it didn't get the same level of priority. But there are certain things you can only do with fluoroscopy. You can't do it with the CT scan. Mostly, the CT scans have replaced fluoroscopy, which is good for diagnosis, which is a good thing, because it means less radiation to the

kid. But there are certain procedures (TIMER) that can only be done by fluoroscopy.

My understanding is that they were transferring kids right now till they got a new fluoroscopy.

I don't know the equipment schedule. Do you not know it, John? So I'll go back; I'll call Chris Mastermano. I feel like he told me what the plan is, but I don't remember it at this moment. Thank you for raising it.

COUNCIL MEMBER ALDEBOL: I can sit down with him and figure that out as well.

DR. KATZ: Yes.

COUNCIL MEMBER ALDEBOL: And I have a question about violence and the Violence Interruption Program.

DR. KATZ: Yes.

COUNCIL MEMBER ALDEBOL: It's been phenomenally successful.

DR. KATZ: Great.

COUNCIL MEMBER ALDEBOL: I've had the opportunity to meet with dedicated staff at the SUV program at Jacobi Hospital. Are there plans to expand these programs, you know, protect the funding for

these programs? And is this program going to go under the Office of Community Safety?

DR. KATZ: So, Guns Down, Life Up, and we're going to continue to expand them now, both expand them at the hospitals, as in the case of Jacobi, but also we're now creating one at Bellevue, and one is another new one at Woodhull we did last year. I'm blocking on the-- maybe South Brooklyn.

I have not heard any intention to take them to a different Office of Community Safety, but we would want to coordinate with them. I mean, that's what they are, right? I mean, they are ways of preventing violence using peers and violence prevention specialists. So, I'm very supportive of working with other people, and that's their tradition anyway.

COUNCIL MEMBER ALDEBOL: Thank you so much.

DR. KATZ: Thank you.

CHAIRPERSON LEE: Okay, Council Member Restler?

COUNCIL MEMBER RESTLER: Thank you so much to the Chairs, and congratulations to Chair Lee for

making it to your last hearing of an exceedingly long week.

And President Katz-- sorry? Last one for the week, not in general. We've got-- next week will be even more fun.

And President Katz, always good to see you. Thank you for your exceptional public service. I think you're now the one person who's been appointed by three mayors in a row. Is that right?

DR. KATZ: That is correct.

COUNCIL MEMBER RESTLER: That is a hat you wear unto yourself. So congratulations on that well-deserved reappointment.

I have a variety of questions for you, but I'll do Patsy first for a moment.

So, 2029 is the date that Commissioner Richards gave for when DOC anticipates Woodhull and NCB opening their facilities. Is that consistent with your timeline as well?

SENIOR VICE PRESIDENT YANG: It currently still is 2029, but we are all looking at ways that we could push that... (CROSS-TALK)

COUNCIL MEMBER RESTLER: And we now fully have teams at DOC and DDC, and our partners are pushing ahead as quickly as possible?

SENIOR VICE PRESIDENT YANG: Everyone is on the same page and pulling the same (INAUDIBLE)... (CROSS-TALK)

COUNCIL MEMBER RESTLER: The wind is at our back? Finally.

SENIOR VICE PRESIDENT YANG: Yes.

COUNCIL MEMBER RESTLER: Good.

And if there are obstacles or barriers, you will be sure to let us know?

SENIOR VICE PRESIDENT YANG: Yes.

Thank you. Okay. Thank you.

Dr. Katz, the Health Department testified earlier that their modeling has about 783,000 New Yorkers losing health insurance as a result of H.R.1. It's mind-boggling to think about one out of 11 New Yorkers losing their health care, but that's what we're imminently facing. And we know that those folks end up on your doorstep.

Do you have a financial model of uncompensated care that we will now need to be

provided to these three-quarters of a million New Yorkers who've just lost their health insurance?

DR. KATZ: The only real financial model we have is that we can access disproportionate share hospital dollars.

COUNCIL MEMBER RESTLER: Right.

DR. KATZ: Which would provide about 50% of the cost of the uncompensated care. So I mean that will be, you know, a major source; 50% is better than zero.

COUNCIL MEMBER RESTLER: And the modeling I've seen shows that we're anticipating a $2 billion increase in hospital uncompensated care. So you're saying that we'd get a billion in federal funding through DISH and be able to cover half, but looking at an additional billion in expenses is a rough estimate?

DR. KATZ: Right, big, big picture. You got it right.

COUNCIL MEMBER RESTLER: Okay. Thank you.

And forgive my ignorance, but when do you think that funding will need to be in H+H's budget?

DR. KATZ: Well, again, you know, I do wonder how the mid-year elections will affect this,

since that's when you would start to get some of the biggest cuts, and I still remain hopeful that the worst-case scenario will not happen. (TIMER) And a lot also depends on how successful the City is in keeping people on insurance. There are certain people who you can't keep on insurance, right? Like the people in essential care... (CROSS-TALK)

COUNCIL MEMBER RESTLER: You mean between (UNINTELLIGIBLE) 250.

DR. KATZ: Right. They're just going to lose...

COUNCIL MEMBER RESTLER: They're done.

DR. KATZ: They're done.

COUNCIL MEMBER RESTLER: But how we recertify... (CROSS-TALK)

DR. KATZ: But the other people potentially, if you consider that almost everybody could either be working or be taking care of children or be in school or volunteer or be disabled, if you could, imagine getting everybody through those hoops, you could have relatively few people falling off.

COUNCIL MEMBER RESTLER: But the recertification process every six months is intended

to create a bureaucratic nightmare that people will not be able to comply with.

DR. KATZ: Absolutely. Absolutely.

COUNCIL MEMBER RESTLER: So, you know, and to that I would love-- Do you mind if I keep going with a few more questions? Fast. Are you guys rushing? Quickly. All right, fast. I have a few more questions. So just on that and then a couple more things.

I know we don't yet have rules or policies from the State on exactly what the certification process is going to look like, but any suggestions of things we should be doing now to plan for and invest to help ensure that we're recertifying people and providing that hand-holding?

DR. KATZ: We're already increasing the use of navigators. I mean, I think that's the key thing is that you can't just assume that people are going to be able to fax things or scan things or send things through portals or even get the right documentation. But if we had enough people doing that work, we could, in fact, do it.

And I think that New York City will need to invest in a large number of people to help people enroll. I don't see any other way around it.

COUNCIL MEMBER RESTLER: And we will need that over the course of this fiscal year.

DR. KATZ: Yes. I mean, how well or badly we do in the food will tell you a lot about the health insurance.

COUNCIL MEMBER RESTLER: Okay, a couple other questions: Does H+H have an estimate of how much you'll be losing from federal and state-directed payment cuts, and do you believe that those cuts could have an impact on the financial sustainability of the H+H/Maimonides merger?

DR. KATZ: Well, the state, in the sense that the direct payment is the one place we've done better, because we got the average commercial rate and even when that caps, it's still so much better than anything that we had before. So I mean, I think that were it not for the average commercial rate, we would be in a very different picture already. But it's the average commercial rate that's protecting us.

COUNCIL MEMBER RESTLER: And do you all have an estimate of how large the financial impact will be from Medicaid and the Essential Plan coverage loss? Is there a model that you can share on that? And will the City need to contribute? I mean, this is what I was getting at before, but I'm just asking it again. Will the City need to contribute more to maintain services, or are we just waiting on the elections before we make that determination?

SENIOR VICE PRESIDENT ULBERG: No, we have factored into our model in this budget that there will be the loss and the impact of EP-5. We've also factored in maybe 10 to 13% of our current patients who are on Medicaid may be disrupted because of these barriers that were put in place.

So we factored that into our model. And as Dr. Katz mentioned, the average commercial rate, which was part of H.R.1 and was approved by CMS, and we have our third year before CMS for approval, that's really our first line of defense because it throws off a lot of money, about $2 billion for us.

And as people are being disenrolled from Medicaid, our plan anticipates that they can then

draw from the federal DSH dollars. So the first... (CROSS-TALK)

COUNCIL MEMBER RESTLER: Okay. Last question before I get in trouble because I'm getting a dirty look.

Any update on NYC Care enrollment? Have the federal attacks on immigrants suppressed enrollment? And are we modeling increased enrollment because of the 750,000 New Yorkers that we think are going to lose their healthcare?

DR. KATZ: Uh, 10,000 more than previous. Yes, we're assuming more people will come in. And I think anecdotally, all of us, including me, note that there are some people who were in the program who just don't seem to be around anymore. And we take that to mean that they've gotten scared of the climate and have returned to their country of origin.

COUNCIL MEMBER RESTLER: Or no longer coming in for care...

DR. KATZ: Or just no longer coming in. Right... (CROSS-TALK)

COUNCIL MEMBER RESTLER: I think that with the anticipated expansion, making sure that we have the primary and secondary care capacity in place,

which costs money for you all, is going to be critically important because this is the only way that an increasing number of New Yorkers are going to have any access to care. Thank you for your work and thank you... (CROSS-TALK)

DR. KATZ: Thank you... (CROSS-TALK)

COUNCIL MEMBER RESTLER: Chairs, for your latitude, I greatly appreciate it.

CHAIRPERSON NARCISSE: Thank you.

Coming back to correctional healthcare, does H+H receive any insurance reimbursement when providing care to incarcerated individuals?

SENIOR VICE PRESIDENT YANG: No, we're federally precluded.

CHAIRPERSON NARCISSE: Okay. (UNINTELLIGIBLE) In the Executive Plan, H+H has a total Correctional Health Services budget of $344.7 million (phonetic) in Fiscal Year 2026 and $329.8 million (phonetic) in Fiscal Year 2027. What specific services are supported with the funding? How is the funding divided between medical services and mental health services?

SENIOR VICE PRESIDENT YANG: We don't budget by medical or mental health services. Many of

our patients have needs on all sides. We provide care on an individual basis, and we're staffed for whoever needs whatever they need.

Most of our funding is for, I think, 95% is for patient care.

CHAIRPERSON NARCISSE: Ninety-five?

SENIOR VICE PRESIDENT YANG: And 84% of that is personnel.

CHAIRPERSON NARCISSE: How many incarcerated individuals received services in 2026? Has the number of people served increased or decreased in recent years? What are the most common mental health issues incarcerated people deal with?

SENIOR VICE PRESIDENT YANG: The number of patients that we have on a daily basis, on any given day, has definitely increased steadily and dramatically since COVID, which is where we hit the lowest number. In the last year, it increased about 15% in terms of the number of people...

CHAIRPERSON NARCISSE: Three? Three percent? (CROSS-TALK)

SENIOR VICE PRESIDENT YANG: in custody, from 6,000 to over 7,000.

And the most common reasons why people in the mental health service come to us are really adjustment disorders. The most common diagnosis among serious mentally ill patients is schizophrenia or schizoaffective disorders.

CHAIRPERSON NARCISSE: How long is the wait time for incarcerated individuals to access mental health care services?

SENIOR VICE PRESIDENT YANG: We have at least two levels of priority: one is STAT immediate, which is within 24 hours, and the other is priority, which is within 72 hours of any referral. We will see that patient and rely on the Department of Correction to bring that patient to us or to connect us in some other way. On an ongoing followup basis for patients who are in our therapeutic housing areas, we see them on a weekly basis.

CHAIRPERSON NARCISSE: We have been joined online with P. Sanchez, Pierina Sanchez, since we have two Sanchezes.

How much of Correctional Health Services budget is allocated to families on Rikers Island, and how does spending differ across other correctional facilities?

SENIOR VICE PRESIDENT YANG: I'm sorry, could you repeat the first part?

(PAUSE)

DR. KATZ: The first part is families, but we wouldn't take care of families. But social workers do meet with family members.

SENIOR VICE PRESIDENT YANG: Our social workers... (CROSS-TALK)

CHAIRPERSON NARCISSE: Yes.

SENIOR VICE PRESIDENT YANG: All our staff will meet with family members regarding their loved one in jail under our care. And our budget is spread out over all facilities; we're always moving staff around to wherever we need them.

CHAIRPERSON NARCISSE: So you cannot be specific, because it's something that... (CROSS-TALK)

SENIOR VICE PRESIDENT YANG: We don’t (INAUDIBLE) by jail.

CHAIRPERSON NARCISSE: Okay, gotcha’.

Is the current funding level adequate to support continuing care for the individual in reentry of our community?

SENIOR VICE PRESIDENT YANG: Certainly for the reentry work that we do day one on admission to

jail and for what we provide on Rikers Island. And I really appreciate that we were made whole this time. Thank you.

CHAIRPERSON NARCISSE: As you said, the funding is the same complexity, like...

DR. KATZ: Correct.

CHAIRPERSON NARCISSE: (INAUDIBLE)

Okay, as the City plans for the transition to borough-based jails, how do you anticipate Correctional Health Services funding needs will change in the future fiscal years?

SENIOR VICE PRESIDENT YANG: We can't really predict...

CHAIRPERSON NARCISSE: That far?

SENIOR VICE PRESIDENT YANG: that far ahead in years, but we will go wherever our patients are, and the prediction at that point in time and a big focus on the part of the city under this administration is to see how people can be safely not in jail.

CHAIRPERSON NARCISSE: I'm in agreement; people should not be jailed, especially those that don't need to be in jail. And I think Dr. Katz has been talking about it, and I'm totally in agreement.

I was hearing you when you were talking about it with my colleagues.

The Bellevue outpost therapeutic unit opened this past April. We spoke about it earlier. What updated information do you have to share on the operations of the new unit since its opening?

SENIOR VICE PRESIDENT YANG: It's going really well. Thank you.

CHAIRPERSON NARCISSE: Going well?

SENIOR VICE PRESIDENT YANG: April 8th, we brought our first group of patients in. The first group was the people who had mental health and medical issues.

Again, we're over 90% at this point in time in occupancy, and people still are coming in.

The staff is responding really well. The patients are really responding very, very well. It's made a big difference on all fronts.

CHAIRPERSON NARCISSE: That's (INAUDIBLE)

Do you save money-- I think you save more money by actually putting people where they're supposed to be. That’s... (CROSS-TALK)

DR. KATZ: There are definitely, we think, savings because, for one thing, you don't have the

transport costs for people who need specialty care, right? They have to come on a bus, right? You need deputies to escort them.

But I hope all members of the City Council will come and visit the outposted unit, because it really shows you that you can have correctional health done in a humane setting, and that having an inhumane setting is not needed. The point of correctional settings is, ideally, to rehab people, but if you're making a decision that this person at this moment has to be punished in this way, that doesn't mean that they have to be in cages. Right? And you can really see the difference in the outposted unit. And I think that difference has affected the behavior of the detainees as well as the staff.

CHAIRPERSON NARCISSE: Thank you.

How many individuals are currently being housed in the unit right now?

SENIOR VICE PRESIDENT YANG: As of this moment, 95 people.

CHAIRPERSON NARCISSE: So, 95?

The budget for the unit is $7.7 million in Fiscal Year 2026 and $8 million in Fiscal Year

2027. Do you anticipate any funding increase for the unit?

SENIOR VICE PRESIDENT YANG: So, we have some funding. The discrete funding for Bellevue is where we reimburse the hospital for services, basic services, some of the custodial laundry, food, things like that that we buy from Bellevue, as well as to reimburse Bellevue for the specialty services that they provide on the unit. So the hospital is not affected.

CHAIRPERSON NARCISSE: Thank you.

Okay. In medical malpractice, the Executive Plan includes additional baseline funding of $4.3 million starting in Fiscal Year 2026 and increasing to $5 million by Fiscal Year 2030 for expenses associated with medical malpractice defense contracts.

Is it correct that H+H contracts with 12-15 different law firms for medical malpractice defense?

DR. KATZ: Yes. So the budget just corrects to what the existing use has been, and the $20 million represents a major decrease from what it historically was before we started working so hard to

handle these cases well. We actually work with 17 firms, and it's because medical malpractice is very specialized. So you need a different firm if it's an orthopedic injury versus a pediatric injury or an obstetric case.

CHAIRPERSON NARCISSE: So what is the total budget for FY26 and 2027?

DR. KATZ: The 2026 budget is $21.3 million, and FY27 is $21.4 million. Essentially the same.

CHAIRPERSON NARCISSE: Does this funding only cover payment to law firms or does it cover payouts in settlement?

DR. KATZ: Only to lawyers. It's law firms. It's not the payouts.

CHAIRPERSON NARCISSE: So there's other money for the payout?

DR. KATZ: That is correct.

CHAIRPERSON NARCISSE: Are the contracts with these law firms RFPs? What is the timeline for a contract? How did H+H choose which firms to contract with?

DR. KATZ: So contracts are five to six years. We do bids, but we also pay attention to how

responsive the law firm is to us. And often you can do a better settlement if you're very responsive, as opposed to leaving it for a long period of time.

And we also try to make sure that we have the right firms for the right kinds of cases because they're so different.

CHAIRPERSON NARCISSE: I'm assuming they are from our city?

DR. KATZ: Yes, yes, there are 100%.

CHAIRPERSON NARCISSE: Okay.

How do you evaluate these law firms, and how often do you reassess? I think you just may have answered that (INAUDIBLE) bid.

DR. KATZ: Yeah.

CHAIRPERSON NARCISSE: You got that already.

In finding savings, did you assess the medical malpractice contract to find efficiencies? You already...

DR. KATZ: Yes. Well, the biggest efficiency is that we have our own lawyers, and so that's made a huge difference. And then we only have to get, you know, help when we need specialty help in

an area that is unusual or requires a lot of expert witnesses.

CHAIRPERSON NARCISSE: How many medical malpractice suits were filed against H+H in 2025? How does the number compare to the past years? Which H+H location or service areas received the most medical malpractice complaints?

DR. KATZ: So the closeout cases are 450. Most of the med-mal, as you would expect, come from the large hospitals. The highest number involved the emergency department. The lowest number comes from the long-term care settings. And about half of the cases we settled before trial.

CHAIRPERSON NARCISSE: They settled before trial?

DR. KATZ: Right. Yes.

CHAIRPERSON NARCISSE: Okay.

DR. KATZ: That's the goal actually, because otherwise you just rack up lawyer fees and it's not going to the person.

CHAIRPERSON NARCISSE: And many years.

Have you looked into the possibility of hiring in-house counsel instead of relying on outside firms for medical malpractice?

DR. KATZ: We mostly have in-house. We only... (CROSS-TALK)

CHAIRPERSON NARCISSE: Oh, you have in-house?

DR. KATZ: Yeah, yeah. We only use contracts for the very specific kinds of cases that require that kind of expertise. And they're very good, the inside counsel.

CHAIRPERSON NARCISSE: Maimonides, we started talking earlier about it. Maimonides Health was set to merge with H+H on April 1st, but right now it's still not going through. Am I correct?

DR. KATZ: It will go through eventually, but yes, it's taken a lot longer than any of us had hoped.

CHAIRPERSON NARCISSE: Okay.

So what steps are you taking to push the merger through? Is there a new date set?

DR. KATZ: We have not set a date because it's all dependent on going before the state's PHHPC Committee, which is the Public Health Planning Committee. And we learned just yesterday that in order to go before that committee, there needs to be another kind of assessment, an equity assessment. So

we're now working on the equity assessment. And when the equity assessment is over, then we will go to the committee. And we believe that the committee will support this because everybody recognizes that this is a critical hospital, and there is no other choice, and no one else has offered to help. It's a 660-bed hospital with a trauma center, the only children's hospital in Brooklyn. The hospital needs to survive. And we have always said throughout this process, somebody else can do it. We're fine with that. We did not get involved to take on more hospitals. We got involved to preserve a critical resource. And that's what we're doing. If somebody else has another idea and they can put together a proposal, that would be fine. But this has now gone on for months, and while we have some opposition, there's no other proposal.

CHAIRPERSON NARCISSE: Mm-hmm.

DR. KATZ: I keep saying it's fine to oppose something, but you need to tell us what you're going to suggest instead. And so far we haven't made any progress on that conversation.

CHAIRPERSON NARCISSE: And that's what I've been asking folks: What's the solution? Come up

with a plan if you have a better plan. And I have not heard any; there's no money there.

Is there a possibility that the term of the merger will change after the resolution of the process that we're going through?

DR. KATZ: It's always possible, but we're, I mean, the state has provided generous support once it goes through. We have $2.4 billion of state money to help save that hospital, but that money cannot flow to the hospital unless this is actually happening.

CHAIRPERSON NARCISSE: Okay.

And it's not; it's a tick-tock moment now because the more we're not doing it, the more money is being...

DR. KATZ: We’re...

CHAIRPERSON NARCISSE: We’re losing now?

DR. KATZ: We could be giving them, through the upper payment limit, $9 million more per month for doing exactly the same thing they're doing now. But as long as there's opposition, the process will be slow.

CHAIRPERSON NARCISSE: I'm going to leave that alone. I had more questions, but since we've got

to go somewhere, I don't understand why all this, but anyway...

Maternal Health Services: There is a $3.5 million in H+H's FY27 Executive Budget for maternal medical home services, including an additional $513,000 baseline added to this plan for maternal mobility and mortality reduction.

What specific maternity-related program does the additional $513,000 funding support, and which H+H location is it going to be operated out of?

DR. KATZ: Right. So we're very excited about this funding and very appreciative. It will pay for two additional social workers and a fetal heart monitoring program, and also car seats and portable cribs for new mothers. So really valuable services.

CHAIRPERSON NARCISSE: And portable crib that's good, that can help some parents.

Which other maternal health-related programs are successful at H+H?

DR. KATZ: Well, I think, I mean, in general, our overall numbers are better than the overall New York City numbers. So you know, we do well. OB is a very different issue than what I do in

internal medicine, because with OB, you expect a healthy baby each time.

When you're taking care of people who are sick, you understand that sometimes things may not go well. But OB is meant to be a happy event. And so anytime either the mother or the baby is hurt, for us, it's very serious and very negative.

On the other hand, it's always known that a certain number of outcomes will not be what we want them to be. Our job is to make it, you know, as good as we possibly can. A lot of the morbidity, you know, we've been teaching people here maternal morbidity and mortality, and they think that means the woman is hurt or loses her life while delivering, when really it's in the year after, right? It's a very complicated dynamic that undoubtedly has to do with depression and stress and the difficulties of being a new mom. And in some cases, there are also mental health issues or substance use issues. It's a complicated, difficult time, and our job is to do as good a job supporting those moms and those families as we possibly can.

CHAIRPERSON NARCISSE: Thank you. Well, we said the year after delivery is the most crucial moment that you should have support. So what kind of programs does H+H have to offer to help with that process (UNINTELLIGIBLE)?

DR. KATZ: So we do everything from, you know, followup visits with social workers through mental health practice. We are also doing a lot of work on trying to arrange visits together with the mom and the baby, because we know mothers prioritize the healthcare of their babies, but don't always prioritize their own healthcare. And so at all the hospitals, we are creating those joint visits to do a better job of bringing the women in.

CHAIRPERSON NARCISSE: Very nice. And how often do they receive those visits?

DR. KATZ: As often as necessary. We are always, as a system, because it's come up in several of the questions—we never cap volume. Our view is that there are things we do, there might be things we don't do, but if we do them, we do them for everybody who needs it. If we provide mental health services, we'll see you as often as you need it. All services should be guided by clinical need, not by protocol.

CHAIRPERSON NARCISSE: Very nice. And how often do they receive those visits?

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CHAIRPERSON NARCISSE: So there is no cap...

DR. KATZ: There's no cap.

CHAIRPERSON NARCISSE: for the visits? Okay.

Have you identified a need to increase resources for maternal health and mental health programs at H+H?

DR. KATZ: Yeah. Well, again, this new funding will really help us quite a lot, and it's going to enable us-- we're going to have a new obstetric program that looks at the baby, at the fetal monitors and alerts us when there's an issue

with the baby. And I think that's going to make a big difference for the actual deliveries.

CHAIRPERSON NARCISSE: I appreciate that.

Headcount changes: The number of licensed private nurses at H+H has continued to decrease since the first quarter of Fiscal Year 2025 from 3.53 to now 336 in the third quarter of Fiscal Year 2026. I'm pleased, Dr. Katz, to see H+H is working on reducing its reliance on private nurses. However, the number of physicians continues to decrease from 199 in Q-4 of Fiscal Year 2025 to 178 in Q-3 of Fiscal Year 2026. Have these 21 positions been moved to an affiliated payroll, or were they simply eliminated?

DR. KATZ: You have it right. They moved to an affiliate payroll, so the physicians were not eliminated. It's just a better way for them and us to employ them.

CHAIRPERSON NARCISSE: Okay.

The registered nurse headcount increased by 20--I mean 223 in Q-3 of Fiscal Year 2026 compared to Q-4 of Fiscal Year 2025. Which H+H locations are the newly hired nurses staffed at?

DR. KATZ: So it's throughout the acute care hospitals.

CHAIRPERSON NARCISSE: Throughout?

DR. KATZ: Yes.

CHAIRPERSON NARCISSE: Is there any plan to increase the number of residents going forward?

DR. KATZ: Yes, we're actually increasing the number. We've opened up an additional psychiatry residency at Kings County. We're going to open up a family practice residency at Metropolitan, and we're looking right now at growing some of the other residencies as well.

CHAIRPERSON NARCISSE: Very good. Thank you.

In Elmhurst Hospital, I'm interested in the ER, which we spoke about...

DR. KATZ: Yes.

CHAIRPERSON NARCISSE: The Executive Capital Commitment Plan includes $2.6 million for renovation of the Elmhurst adult emergency room. What is the status update of this renovation, and what is the completion timeline?

DR. KATZ: So the completion timeline is March 2029; currently in procurement.

CHAIRPERSON NARCISSE: Okay, 2029. Thank you.

Okay. You know, we spoke about that too: is this renovation using available street space around Elmhurst Hospital for any expansion of the emergency room?

DR. KATZ: Yes.

CHAIRPERSON NARCISSE: (UNINTELLIGIBLE) Sorry, because I worked in that ER and I know how bad it is. The nurses must be very happy, and I'm happy for them. I am so happy for them.

All right, let me calm myself down. The Executive Plan includes a baseline transfer of B-HEARD funding from H+H to FDNY of $2 million in Fiscal Year 2026 to be increased to $6.7 million by Fiscal Year 2029 for the creation of 10 additional B-HEARD teams by Fiscal Year 2029. Where will these ten additional B-HEARD teams be located? Do you know by any chance?

DR. KATZ: I don't know. This is a fire department question.

CHAIRPERSON NARCISSE: Okay, all right. But you don't know? Are you not interested in it?

DR. KATZ: We train them; we don't get to decide the operational aspects of them.

CHAIRPERSON NARCISSE: Okay, I love that, respect that.

What will the structure of B-HEARD teams be going forward? Would you know that? No?

DR. KATZ: No. And I think the...

(CROSS-TALK)

CHAIRPERSON NARCISSE: FDNY.

DR. KATZ: answer is unknown at this moment, I think.

CHAIRPERSON NARCISSE: Unknown.

DR. KATZ: I think that the City is genuinely interested in trying to figure out a way for B-HEARD to respond to more calls.

CHAIRPERSON NARCISSE: Okay, okay.

How are B-HEARD calls currently dispatched and triaged, and can the Department clarify whether calls are routed through the NYPD 911 system or FDNY/EMS dispatch?

DR. KATZ: Right now they're running through the FDNY dispatch.

CHAIRPERSON NARCISSE: FDNY. Okay.

What are the specific criteria that determine whether a call qualifies as a B-HEARD response versus a traditional police or EMS response?

DR. KATZ: That's a Fire Department question.

CHAIRPERSON NARCISSE: I knew you were going to say that. All right, so you don't know and you're not asking? Okay.

I think I'm getting to be in a good place with you. Let me see.

Dr. Katz, I think I ran through all of the questions that were important to me. Except (INAUDIBLE), my colleague asked a question. I think we're pretty much in a good place with you.

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

CHAIRPERSON NARCISSE: But, next time, back to Elmhurst. Elmhurst Hospital... (CROSS-TALK)

CHAIRPERSON LEE: (INAUDIBLE)

CHAIRPERSON NARCISSE: So, we got (INAUDIBLE) the street? What do we have? Part of it to the extension?

DR. KATZ: Right. We are working on the extension. It's still in process.

CHAIRPERSON NARCISSE: All right. Whatever you need, I think we will be...

CHAIRPERSON LEE: And actually, we have always tried to put capital money in and push (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON NARCISSE: Yes... (CROSS-TALK)

CHAIRPERSON LEE: (INAUDIBLE) everyone to put capital money in... (CROSS-TALK)

CHAIRPERSON NARCISSE: Capital money (UNINTELLIGIBLE)

DR. KATZ: Well, thank you. We really appreciate your help.

CHAIRPERSON NARCISSE: They're from Queens; I'm from Brooklyn...

CHAIRPERSON LEE: Yes.

CHAIRPERSON NARCISSE: But I worked at Elmhurst ER.

DR. KATZ: I know you have... (CROSS-TALK)

CHAIRPERSON NARCISSE: I have my...

So, Dr. Katz and the whole team, I want to say thank you for your time, thank you for your leadership, and I am looking forward to amazing things in New York City. Despite what is going on, we know things are going to change.

DR. KATZ: Yes.

CHAIRPERSON NARCISSE: Things have to change.

DR. KATZ: Well, thank you... (CROSS-TALK)

CHAIRPERSON NARCISSE: So, thank you.

DR. KATZ: We are delighted to be here. Thank you.

CHAIRPERSON NARCISSE: Thank you. Thank you.

CHAIRPERSON LEE: Thank you so much. We love you guys.

Okay, and with that [GAVEL] we are actually done.

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 no interest in the outcome of this matter.

Date August 12, 2026