

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FINANCE
jointly with the
COMMITTEE ON HOSPITALS
the
COMMITTEE ON HEALTH
the
COMMITTEE ON MENTAL HEALTH,
DISABILITIES, AND ADDICTION
and the
COMMITTEE ON HIGHER EDUCATION
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MAY 18, 2022

Start: 10:08 a.m.

Recess: 4:41 p.m.

HELD AT: REMOTE HEARING VIRTUAL ROOM 1

B E F O R E: Justin L. Brannan, Chairperson
and
Mercedes Narcisse, Co-Chairperson
and
Lynn Schulman, Co-Chairperson
and
Francisco P. Moya, Co-Chairperson
and
Linda Lee, Co-Chairperson
and
Eric Dinowitz, Co-Chairperson

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Lynn Schulman
Marjorie Velázquez
Nantasha Williams
Kalman Yeger

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

Mitchell Katz, M.D.
President and CEO
New York Health and Hospitals

John Ulberg
Senior Vice President and Chief
Financial Officer
New York Health and Hospitals

Patricia Yang, DrPH
Senior Vice President
New York City Health and Hospitals for
Correctional Health Services

Ashwin Vasan, MD PhD
Commissioner
Department of Health and Mental Hygiene

Michael McRae, PhD
Acting Executive Deputy Commissioner for
Mental Hygiene
Department of Health and Mental Hygiene

Corinne Schiff, JD
Deputy Commissioner, Environmental Health
Department of Health and Mental Hygiene

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Construction, and Management
City University of New York

Christinia Chiappa
Interim Vice Chancellor for Budget
and Finance and Chief Financial Officer
City University of New York

1 <INSERT TITLE OF MEETING>

6

2 SERGEANT SADOWSKY: Yeah, I see the live stream
3 is up. Just confirming.

4 SERGEANT BIONDO: Good to go. It's rolling.

5 SERGEANT SADOWSKY: Thank you. And at this time
6 will sergeants please stop the recordings?

7 SERGEANT BRADLEY: PC recording is up.

8 SERGEANT SADOWSKY: Thank you.

9 SERGEANT BIONDO: Recording to cloud underway.

10 SERGEANT SADOWSKY: Thank you and good morning,
11 and welcome to today's remote New York City Council
12 fiscal 2023 executive budget hearing of the Committee
13 on hospitals. And then later the committees on
14 Health and Mental Hygiene and higher education. At
15 this time, but all Councilmembers and staff please
16 turn on their video. To minimize disruption please
17 place electronic devices on vibrate or silent mode.
18 All public testimony is set to be given on May 25 at
19 10am. But if you'd like to submit testimony, you may
20 do so at testimony@council.nyc.gov. Once again that
21 is testimony@counsel.nyc.gov. Thank you for your
22 cooperation. We are ready to begin.

23 CHAIRPERSON BRANNAN: Thank you, Sergeant.

24 [GAVEL] Morning, everyone. Welcome to the seventh
25 day of executive budget hearings. My name is Justin

Brannan. I have the privilege of chairing the Committee on Finance. I'm joined today by my colleagues, Councilmember Mercedes Narcisse, Chair of the Committee on Hospitals, and Councilmember Francisco Moya, Chair of the Subcommittee on COVID Recovery and Resiliency. We're pleased to welcome Dr. Mitchell Katz, President and CEO of New York City's Health and Hospital Corporation today. H and H's projected fiscal 23 budget totals \$9.9 billion, of which \$1 billion is operating subsidy from the city. This \$1 billion subsidy represents 1% of the city's proposed FY 23 budget in the FY 23 executive plan, H and H's fiscal 23 budget increased by 3.2% or \$307 million from the preliminary plan. The increase is the result of a number of actions taken, most significant of which are \$200 million in test and trace funding \$18.3 million for the B-HEARD Program, \$4 million dollars for the expansion of lifestyle medicine, and \$19.3 million for the Street Health Outreach and Wellness, or the SHOW vans, as outlined in Mayor Adams' Subway Safety Plan. As we slowly emerge from the COVID pandemic, the enduring COVID pandemic, and settle into this new normal. Budgets like H and H deserve scrutiny to ensure that public

dollars are spent wisely, efficiently, and targeted where they are needed most.

My questions today will focus on the B-HEARD program, the distressed hospital fund, test and trace, the SHOW program... the SHOW vans, and I look forward to a forthright and frank discussion with Dr. Katz and his team as we dig deeper into the executive budget. And I want to thank Dr. Katz and his team at H and H for all they've done for our city over the past two and a half years during this pandemic.

A big thanks to Karelian Francisco for preparing today's hearing and my special adviser Jon Yedin, and all the finance team that works so hard behind the scenes this time of year. I'll now turn to my colleague, Chair Mercedes Narcisse, for her... for her opening statement, and then we'll turn to Chair Moya for his opening statement.

CHAIRPERSON NARCISSE: Good morning, and thank you Chair Brannan. Good morning, everyone. Welcome to the fiscal 2023 executive budget hearing for NYC Health and Hospitals also known as H and H. My name is Mercedes Narcisse, and I am the Chair of the Committee on hospitals.

This morning, we'll be reviewing the budget for H and H. We are excited to see that the administration funded two of our budget priorities for H and H adding \$55.3 million for the Behavioral Health Emergency Assistance Risk Response Division, B-HEARD, and \$19.3 million for the Street Health Outreach and Wellness events. However, we still have many questions about the rollout, staffing, and how effective these programs are and how the expansion will work.

At today's hearing will examine several changes to H and H's budget and review the \$1 billion in fiscal 2023 to support city funding services like NYC Care, public health corps, Correctional Health Services, and how they will affect all New Yorkers, ensuring that H and H is adequately funded and staffed, and I know... I understand staff can be a problem. It can be a challenge, more now more than ever, it is a priority of this council. So we look forward to discussing how the state and the federal is adequately supporting our public hospital system. More specifically, I am interested in hearing about women's health services, budget transparency,

vocational opportunities for youth, and staffing levels and vacancies.

I look forward to working with Dr. Mitchell Katz and the H and H team and my colleagues to finalize a budget that prioritizes services for our high-risk neighborhoods and our vulnerable New Yorkers who rely solely on our public health system for their healthcare needs. I live in a high-risk area, and I understand as a nurse for three decades, it is my responsibility to make sure that public health works for everyone. I would like to thank the committee staff for working on putting this hearing together, including Finance Unit Head, which is my friend Killian Francisco, senior counsels, Sarah Lease and Harmony Abuja, Senior Policy Analyst Em Falcone, and my staff Sayay Joseph. Thank you, everyone. And thank you, sergeants. Thank you for everyone. That's you all. And I will pass it on to Chair Moya.

CHAIRPERSON MOYA: Thank you so much Chair Narris. Good morning, everyone and welcome to the fiscal 2023 executive budget hearing for the Department of Health and Mental Hygiene. My name is Francisco Moya. I'm the Chair of the subcommittee on COVID, Resiliency and Recovery. And I'm excited to

be co-chairing this budget hearing with Finance Chair Brannan and Chair of Hospitals Committee Chair Narcisse. During today's hearing, we will review the New York City's Health and Hospital fiscal 2023 operating budget. And I would like to thank everyone that is joining us today. It has been over 800 days since the first case of COVID in New York City was confirmed and the city has come a long way. H and H played a vital role in fighting the COVID 19 pandemic and we must ensure that the resources are in place for the necessary support to continue in the next fiscal year. As of the executive budget, H and H has proposed to spend only \$200 million in those efforts, despite the fact that it spent \$1.4 billion in the current year, we must learn from the last two years and ensure that we are being proactive and not reactive, and to ensure that all communities are well equipped to handle any waves that are to come.

Additionally, we need to make sure that the messaging and the action that the city continues to take are aligned and clear to prevent confusion and miscommunication. For instance, the city has lifted the mask and vaccine requirement and raised its COVID 19 alert to high, which means there's a high

community spread. However, the fiscal 2023 budget does not include enough funding to support vaccine or testing if we experience another surge of infections. So we need to be clear and consistent in our response and make sure that our plans are adequately funded in the budget. And I want to take this opportunity to thank Dr. Katz and H and H for being here, and all of you, all of the public that is viewing this as well.

And with that, I want to take the opportunity to thank the committee staff and my staff for working on this hearing with me. Of course, Finance Unit Head Killian Francisco, always doing a great job, and Senior Counsel Sara Liss and Harvony Abuja, Senior Policy Analyst, Em Barkin, and of course my Chief of Staff, Megan Tatio. And with that, thank you, everyone, and I want to turn it back over to Chair Brannan. Thank you.

COUNSEL BUTEHORN: Thank you, Chairs Brannan, Narcisse, and Moya. Good morning and welcome to the first portion of the executive budget hearing for May 18, New York City's Health and Hospitals Corporation. My name is Malcom Butehorn, and I am counsel to the Finance Committee. I would first like to acknowledge Councilmembers present for the record: Councilmembers

Brannan, Narcisse, Moya, Louis, Velasquez, Brewer, Jose, Ariola, Brooks-Powers, Farias, Paladino, Sanchez, Hudson, Dinowitz, and Ayala. Unlike in the past Councilmembers and members of the mayoral administration will have the ability to mute and unmute themselves. We just asked them when not speaking to Please remember to mute yourself to eliminate background noise. Councilmembers who have questions should use the raise hand function in Zoom, you will be called on in the order with which you raised your hand. As always, we will be limiting Councilmember questions to five minutes.

The following members of the administration are here to testify and our answer questions. Dr. Mitchell Katz, President and CEO, John Ulberg, Senior Vice President and Chief Financial Officer, and Patricia Yang, Senior Vice President at New York City Health and Hospitals for Correctional Health Services.

I will first read the oath, and after I will call on each member from the administration individually to respond. Do you affirm to tell the truth, the whole truth and nothing but the truth before these

1 COMMITTEE ON FINANCE

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2 committees and to respond honestly to Councilmember
3 questions. President Katz?

4 PRESIDENT KATZ: I do.

5 COUNSEL BUTEHORN: Senior VP Ulberg?

6 SENIOR VP ULBERG: I do.

7 COUNSEL BUTEHORN: And SVP Yang? SVP Yang, are
8 you there?

9 PRESIDENT KATZ: They were having technical
10 trouble earlier.

11 COUNSEL BUTEHORN: Okay. Well, we can swear her
12 in if she does answer any questions. And I lost the
13 page of the script. Okay, well Chair Brannan. Just
14 take it away. Oh, yeah. Yes. Everybody's sworn in.
15 Take it away.

16 SENIOR VP YANG: Sorry. Yes, it's at the end.
17 Yes, I do. Thank you.

18 COUNSEL BUTEHORN: There we go. Thank you.

19 SENIOR VP YANG: Thanks for your patience.

20 COUNSEL BUTEHORN: Oh, I'm sorry. I didn't mean
21 to turn to Chair Brannan. Dr. Katz. You can do your
22 opening statement.

23 CHAIRPERSON BRANNAN: It's okay Malcom. It's day
24 7.

25

PRESIDENT KATZ: Thanks very much. Good morning, everyone. I'm Dr. Mitch Katz. And I'm the proud president and CEO of New York City Health and Hospitals. I'm joined today by my excellent Chief Financial Officer John Ulberg, and by SVP Patsy Yang, who does a great job for us directing our Correctional Health Services.

I wanted to start by saying how much I appreciate the support of the City Council during this miserable and awful last two and a half years, it's been extremely challenging for my staff dealing with multiple cycles of illness, of death, of being overwhelmed of, of their own fears. And it has been so helpful that so many of you on the day as today have come out to our hospitals, have called during difficult times, have texted, have sent your love have sent your support. It means so much to the people in the field, to know that you understand the challenges that they've faced over the last two years, how hard they've worked, the risks they've taken, the fear that they've experienced about exposing family members, and that you all have understood that and supported them means so much to us.

Our financial plan is delivered today is consistent with the January plan, we project it will close fiscal 22 with a closing balance of \$732 million or 30 days of cash on hand. I'm happy to report that we have achieved a positive net variance budget of nearly \$150 million with our revenue performance continuing to exceed target. And you'll remember from me, when I happily returned to my home world of New York City, we were more than a billion dollars in debt and people were talking about what to close. And we came forward with the plan that we thought we didn't need to close anything, that we could even grow so long as we fix the revenue problem of Health and Hospitals and started billing appropriately. Not patients -- were not interested in billing patients -- we're interested in billing insurance companies. And for a long time Health and Hospitals was not getting its fair shake from insurance companies. And over time now we are appropriately billing. We are appropriately documenting. We are getting prior authorizations we are appealing when our payments are denied. We are making sure that everybody who is eligible for insurance is getting insurance. And the overall

effect of that is that we have been able now to eliminate the deficit. We have no deficit. And we are actually in a in a place where we have a positive performance.

We've... Despite the challenges of COVID we've completed many of the goals and strategies that we set forth. As a primary care doctor, I'm very focused on increasing our panels so that more and more patients are able to get the kind of care that they need, that will prevent comorbid illnesses. We want to treat people early on for diabetes, and hypertension, and elevated cholesterol. And we want to also work with lifestyle medicine to eliminate these conditions by helping people to change their diet, their exercise routine, meditation, sleep better. We believe that we can not only treat illness, we can prevent illness. We... we've had great success with our patient portal, and I'm very proud that we... now our patient portal exists in simplified Chinese in addition to Arabic, French and Spanish. I think that's pretty amazing because we... we use an electronic health record by the national leader EPIC, and yet they did not have a Chinese version. We translated it into Chinese so that our

patients can be able to interact with our system. Metro Plus, our health plan is the highest rated quality Medicaid plan in the state. We've enrolled 600 new patients into specialized behavioral health and HIV plans in fiscal year 2022. You know the key role that Health and Hospitals has played in the COVID response. I want to highlight that we are the only city in America where anyone who is a resident of New York City can call our number, 212-COVID-19, and be connected with a physician, medical, nurse practitioner or physician assistant, tell them that they've tested positive for COVID with a home test or a test at a laboratory. They will be evaluated on that virtual visit and that Paxlovid, if that's appropriate, will be delivered to their home or they will be given an appointment for coming in for a monoclonal antibody infusion. That service is provided regardless of whether you have insurance or don't have insurance, whether you're documented or not documented, whether you're historically our patient or not our patient, our providers are available to treat COVID so that people do not get sick. We've played a huge role in distributing our home tests. We are very pleased with the success of

the SHOW vans which I think have really bridged street medicine while allowing our patients privacy so that they can communicate with us. We're thrilled with the expansion of B-HEARD, as we believe that having social workers respond to people in crisis will result in much better outcomes. We're also very pleased to be part of a new program Hope Doula at Queen's and Elmhurst, which is going to enable any pregnant person seeking care at either of those hospitals to be provided with a community-based doula. We think that's going to make a huge difference. A lot of our expenses have been paid for through FEMA for COVID as is appropriate given the emergency. We have gotten great help from representative Torres, as well as Senator Schumer, but we continue to need advocacy to make sure that we are paid back all of the dollars that we spent. With that I'm going to close and again, I look forward to your questions, your recommendations, your leadership. My CFO and SVP for Correctional Health and I are all ready to answer your questions. Thank you so much.

CHAIRPERSON BRANNAN: Thank you, Doc. I appreciate, again, your leadership and your team.

Most of us, you know, barely knew what your team did before COVID. And we became, unfortunately very close, but we're thankful for that and the work that your team has done to really step up during these... these really enduringly unprecedented times.

Alright, we've got a long hearing, so I want to jump in, and I want to make sure we have time for the Chairs to ask ample questions and all of our committee members. Before we begin, before every hearing, I always say that we might not get to all the questions. We don't anticipate that you won't have the answers to our questions, but either way, we will send a follow up letter for any unanswered questions today.

So let's jump into B-HEARD, a program that the council is very supportive of. The Council is grateful for the addition of the \$55 million for B-HEARD included in the executive budget. However, there are some outstanding questions regarding the expansion of the program and the current operations, and I think we need to better understand. For instance, the executive budget baselines the \$18.3 million in the H and H's budget for FY 23 and out years, but it also reduces the program by \$20 million

this year. So can we get clarity on how much is B-HEARD funded for this year? And why does the city reduce the program by \$20 million?

PRESIDENT KATZ: I'm going to start with the top line and then go to John. The top line is I know there was a one-time cost in putting up the program, which explains some of the discrepancy. John, can you give a more detailed answer?

SENIOR VP ULBERG: Yeah, I think in 22, you know, the program was just initiating. So we didn't have a need for all the resources. So our estimate for FY 22 is that we'll spend \$1.8 million and then it will quickly ramp up and FY 23 at \$18.3 million and into the out years. So we're very grateful for the money that we that we have, and we will certainly put it to good use.

CHAIRPERSON BRANNAN: Now, is the reduction in... in PS or OTPS? Or is it related to staffing shortages for social workers or anything like that?

SENIOR VP ULBERG: No, I think it's just a delay in getting the program up and running. And certainly, you know, staffing shortage is an issue. But we believe, right?, that our, you know, the salary packages that we're offering are competitive.

But we are having, and I'm sure we'll talk a little bit more about this, the healthcare system in general is just, you know, having some staffing shortfall issues.

PRESIDENT KATZ: Yeah, I would agree that it has been challenging to identify both because of that... the shortages in workforce. And also this is a special kind of work. I think it's incredibly inspiring work, and I think will be very fulfilling. It's not a job everyone wants. You have to be a very special kind of person. And there are those people, we want to make sure that we're hiring people who really understand the challenge and are prepared to meet it.

CHAIRPERSON BRANNAN: I agree. How many staff do you currently have this year? And how much staff does the new funding support? I guess just if you can walk us through how the \$18.3 million add in FY 23 is sufficient to expand to new sites? Because that's our next question. Where are we expanding to? And how do we... how do we identify where... what's the, you know, what... what's the thinking behind where we're expanding to?

PRESIDENT KATZ: Well, I mean, certainly it was John who comes up with these. I would like that at some point this is a city wide program. I think that... that sending social workers to de-escalate will always turn out to be a better choice and ultimately less expensive for the city. That being said, it's definitely the kind of program that you set up in one place, you learn from it, you expand it, you expand it, as you come up with more and more staff. John, can you provide the numbers today of staff?

SENIOR VP ULBERG: Yes. We... we have a staffing model, right? That's the way we... we tend to approach these sorts of new initiatives. Well, we can get you the specifics in terms of what the model will drive in terms of new FTEs by type of FTE. But we can provide... we can provide that information.

CHAIRPERSON BRANNAN: Okay. The six month data showed that 22% of mental health calls in the target areas are being routed to B-HEARD, and that the program is working to grow this number to 50%. What are the conversations that are happening about increasing existing capacity in precincts to get to that number?

PRESIDENT KATZ: I think that's the growth in the staffing. Go ahead, John.

SENIOR VP ULBERG: Yeah, I know that, you know, we're shooting, you know, to grow the program. And as Dr. Katz said, you know, we'd like to take this throughout the city. But the way that we're planning this is we want to grow this into 11 precincts, you know, across...

CHAIRPERSON BRANNAN: How many is it in now?

SENIOR VP ULBERG: I think it's in nine precincts, growing to 11.

CHAIRPERSON BRANNAN: Okay. And what is the bit like... for a team and each precinct is how many people?

SENIOR VP ULBERG: Um, I think it's... I can get you that specifically. It'll get back to the model question, but I can I can I can provide that information.

CHAIRPERSON BRANNAN: And you might you might have mentioned that... Dr. Katz might have mentioned this, but is each team made up entirely of social workers? Or who else is... who else makes up that? Like, what are we looking for... for hiring?

SENIOR VP ULBERG: Yes, it's predominantly social workers, you know, with, you know, folks from, you know, both the precincts, but I think...

PRESIDENT KATZ: Police and social workers. Its police and social workers, right? The idea is that under normal circumstances, the police would respond as a co-response, you just add to social...

(crosstalk)

CHAIRPERSON BRANNAN: No, I don't know if there was other support staff that went along with it or anything like that.

PRESIDENT KATZ: Not going out.

CHAIRPERSON BRANNAN: Okay. Okay. Yeah, if you could get us a number. I mean, it's important to know, you know, if... if we're replicating this in different precincts and trying to expand it, and each team is going to have a, you know, a certain amount of, you know, every team is the same amount of... I guess that's another question: Would you identify based on need, that a B-HEARD team in a certain precinct would need more people than a B-HEARD team in a different precinct?

PRESIDENT KATZ: Right, it would be based on the number of calls that they would be able to go out on.

So if there are more calls in that area, then yes, we would set up more teams.

CHAIRPERSON BRANNAN: And then what's the what's the timeline or the ambition from getting to nine to 11 precincts?

SENIOR VP ULBERG: Yeah. Yeah, I think it's as soon as we can. Certainly for FY 23, we want to be at the full level.

CHAIRPERSON BRANNAN: Okay, let's go into... let's ask some stuff about Test and Trace T2. The budget includes \$200 million in city funds to support the Test and Trace Program. Since the preliminary hearing, the city has ended some of the activities for the T2 program, primarily the contact tracing program, isolation hotels, and some vaccine sites, which are... which all ceased in the last two months. Not sure if that's changing based on the information of the past couple of days. What is the next phase of the program, and how will H and H expect to use this this \$200 million in the budget?

PRESIDENT KATZ: Sure. That's a great question. So, I mean, conceptually, part of why we ended the tracing portion is because the new variants are so contagious, that the old model of asking people who

you spent 20 minutes with or more in the last few days became irrelevant, because people could get... can get a variant from very brief exposure to people, because they are so much more contagious. They also develop illness much faster, so that the part of the old program, which was tracing contacts, asking you Chair, you know, who were you with the last several days that you spent more than 20 minutes just was no longer useful.

What is still very useful, of course, is the testing portion, the vaccine portion and the treatment portion. So what we've done with testing is we have found that providing home tests are incredibly successful for people. They're not the only way. We still maintain testing at all of our sites. But we have found that it that people liked the convenience of being able to test at home, of course, it decreases exposures, because they're not exposing other people on the way. We have these home test kits free at all of the fire houses and community based organizations. We have, you know, millions of tests that we've distributed and millions more that we have available. So we see the home testing as being the major vehicle that New Yorkers

will use, we will of course, maintain testing at all of the clinical sites, in part because it's also a clinical issue. If you Chair come to me in my clinic, and you have a sore throat, I need to test you for clinical grounds, not just, you know, to see whether the cause of this is COVID are the cause is strep throat or some other reason. So we'll maintain that testing capacity.

On the vaccine, demand has been lower. So what we've done under the vaccine now is to move it into regular medical care, so that people will get it as they get their other vaccines at the majority of sites, and then we've left major sites where anybody can walk in, like at Bellevue, or Kings, people can just walk in and get a vaccine. So we're, you know, we're trying to pivot to make sense of, you know, where the current pandemic is. As I said, I think the single most important thing we're doing right now is Making sure that everybody has access to Paxlovid. I mean, here we have what we've all hoped for is a treatment. It's very efficacious. It prevents people from having serious effects. We want to make sure that everybody gets it.

2 The \$200 million John, could you say exactly what
3 that part is meant to pay for?

4 SENIOR VP ULBERG: Yes, I think it's, it's... it
5 is... in FY 22, right, we're going to spend \$1.4
6 billion, it's down to \$200 million, you know, as we
7 implement the phase down, and of the \$200 million
8 testing is about \$143 million. So it is a
9 substantial portion of the activity for FY 23.

10 CHAIRPERSON BRANNAN: How do you envision... you
11 know, I remember, I think it was the end of the maybe
12 Christmastime last year, right before Omnicron. And
13 then I think, you know, we sort of started to think
14 this was over. And, you know, we were, I know, there
15 was some pop up, you know, locations that... testing
16 locations that were being shut down. And the next
17 thing you know, we had to scramble, because Omicron
18 had just exploded. And now I think the other day,
19 the health commissioner, you know, put out almost
20 close to a red alert warning that we're back, right?

21 As this as we learn to survive, as we learn to
22 live... and not just survive... and coexist with this
23 pandemic, and it's sort of its enduring nature. How
24 does... How is H and H going to sort of stay
25 vigilant? But like, for instance, I have a... I'm

lucky to have an H and H... a fantastic H and H site housing in a DCAS building. You know, we thought it'd be for a couple of months, and it's been two years. Are they on a month to month basis now? Like how are we planning for the future here? How long do you think we're going to have these H and H sites? Is there a concern that when we one day say, Okay, we're good, you know, the next day, there's some new, there's some new strains? So how are we planning for that?

PRESIDENT KATZ: Right? Well, definitely COVID teaches humility. And if you don't... if you haven't learned humility over these two years, you really haven't been paying attention. But the crisis that we had in January as the first Omicron variant exploded was because we also had no home tests, the supply chain had failed to provide any home tests. And so the only way people could get tested were the sites. And so that's why we had, you know, such an explosion of demand. Right now, given how much home testing that's going on, and how large our stockpile is of home tests, and the issues of the... the supply chain for home test seem to have been fixed now, I think that's always going to play a major role now

going forward is we're going to use home tests as the first go to, and have the test in our sights via the second way. I wish -- and I know a number of members of the council have been advocating for the Biden bill, which would go back to funds a variety of... of testers that existed in New York City, that bill is still sadly stuck in Congress, despite the crisis, that would be a major help, and I think we should all keep advocating and pushing for that to happen. But we... we have, and you referred to this Chair, New York City has learned a ton, and we are now capable of responding very quickly to changes in the virus the... the red alert was set because cases have been increasing. But there really is a major decoupling between the cases and hospitalizations. Right now, for example, when I looked at this morning's data, I have nine patients with COVID in the ICU, and not even all of them are there because of COVID. The majority of them are there for another reason and were tested positive as part of our admission protocols. You'll remember at the darkest day, we had 2700 People in the ICU with COVID. Right? I mean, so, you know, I mean, cases are going up, but our system is able to handle it. And I think the

focus needs to be on getting people the appropriate vaccinations, the appropriate testing, and that's what's going to give us the biggest bang.

CHAIRPERSON BRANNAN: What is the metric we're using now? I mean, I agree home testing is a game changer. But obviously, it skews the positivity rates because the lack of reporting and lack of tracing. So what is the new metric we're using or, you know, to ensure that we're following up and making sure that we're, you know, we're not caught off guard.

PRESIDENT KATZ: I think, you know, different epidemiologists and doctors will... will differ Chair, but I think the whole focus has to be sick in the hospital. Because...

CHAIRPERSON BRANNAN: So if the hospitals... well, if the hospitals are stressed and overtaxed, I mean, that's when we're going to know it's a problem?

PRESIDENT KATZ: Right.

CHAIRPERSON BRANNAN: Okay. I want to keep moving. So the... do you... does H and H expect to be reimbursed for the \$200 million or other funds through federal funds in FY 23?

PRESIDENT KATZ: Yes, I mean, we want to be... I mean anything that will be covered, we will not want

covered. If the bill does not pass in Congress, then certain expenses like COVID testing would not be covered, and those would instead be covered by the New York City funds.

CHAIRPERSON BRANNAN: Okay. The only... the only critique I have of H and H is that when I go and I've gotten a vaccine or a test, I'm always given like a party pack that has like a shirt that says I survived COVID, "I heart Dr. Katz"... like a mug, a Frisbee. Like why are we spending money on all this stuff?

PRESIDENT KATZ: I swear it does not say "I love Dr. Katz."

CHAIRPERSON BRANNAN: I have it in my closet. I'm going to show it to you.

PRESIDENT KATZ: I want... I want to correct that notion right now.

CHAIRPERSON BRANNAN: Well, I got... I got vaccinated and they handed me a backpack with like a beer koozie and like all this stuff in there, what are we doing with that?

PRESIDENT KATZ: Okay, so I swear, you know, I am not the advertising guru. But what people will tell you is it's a very inexpensive way compared to TV and radio advertising, of getting out the message that

when people see other people with a Health and Hospital backpack or you know, a Health and Hospital hat, they think, you know...

CHAIRPERSON BRANNAN: That's fine.

PRESIDENT KATZ: ... it's a great place to go.

CHAIRPERSON BRANNAN: As long as you don't come to me and tell me you're broke because you spent it all on Frisbees.

PRESIDENT KATZ: I promise I won't.

CHAIRPERSON BRANNAN: Okay. All right. Let's go quickly now to the SHOW vans... the Street Health Outreach and Wellness. Last question from me, and I'm going to head over my Chairs. Executive plan includes \$8.3 million in FY 22, \$19.3 million in FY 23 to support the SHOW vans. The program used -- for those watching at home -- the program utilizes mobile units that provide health screenings, vaccinations, wound care, basic material necessities like socks, bottled water, behavioral health, social service referrals. They're fantastic. Harm reduction to New Yorkers who are unsheltered. How many of the aid vans do we currently have on the street? Can you give me a progress report on how it's running? And give me... give me some metrics on... on how

successful that's been? How many folks that we engaged with? Sell... sell me on it.

PRESIDENT KATZ: Yeah, okay. Well, I'm going to start again, as always, conceptually. I'm a public health doctor. It's been my whole career. I've been very interested in street medicine and how do you help homeless people? And the problem that I always faced was: well, but I'm happy to walk along the sidewalks, I'm happy to care for people under bridges, but I have no privacy, and I have no equipment, and I have no staff. How... what is it... what is it I'm capable of doing? And the SHOW vans have been a complete game changer because it enables us to park exactly where people are, and invite them into the van where then we do have privacy, and we can dress wounds, and then we can connect them to other services.

So we have very detailed reports that we do every week on the number of encounters, it keeps growing. We'll... we'll share those... we'll very proudly share them with the City Council. We are thrilled that how many people keep coming back to it, the number of people we've connected to substance abuse services. I believe, John, if you know, I think we

have seven vans that are currently on the street. And the eighth one is coming in a few weeks. But it has been... and we're again, where we do detailed reports of every single encounter that we have and what they receive. So we'll provide those to the city council.

CHAIRPERSON BRANNAN: That's important. I mean, we appreciate sort of the poetry of the program, but we need the prose too. I mean, we need to quantify... to be able to quantify how successful it is, how the outreach is going, what the follow up is. So if there's numbers that you can provide with us, that's very, very, very, very, very important.

All right. I have lots more but I want to hand it over to my... my co Chairs. I think... Mercedes, are you first?

CHAIRPERSON NARCISSE: I believe so.

CHAIRPERSON BRANNAN: Okay. Dr. Katz, and John, thank you so much.

CHAIRPERSON NARCISSE: Thank you. Thank you Chair Brannan. And thank you Dr. Katz for answering some of our questions. And I know that there's some

of them that I have still have questions that while Chair Brannan was asking.

But moving forward, let's touch another topic that's very important to us: abortion access. With the state passing laws restricting access right now, we know that we on TV, we see it. It is a threat to women, I would say, a threat to US Supreme Court overturned Roe v. Wade. There are a number of people traveling to New York. We know that people are coming to our city, that we have opened doors all the time, that's our policy. As that grown to our city, has H and H seen an increase in requests for abortion services in the system?

PRESIDENT KATZ: We have not yet but we expect that we certainly will. And we, as you say, you know, this is the great tradition of New York, we welcome all and we will provide... We see this of course, as necessary medical services. This is... that this needs to be... abortion needs to be part of the full set of services of reproductive health that we provide. And we will welcome people from out of state and provide them with care.

CHAIRPERSON NARCISSE: Are you prepared for the expected growth? Are you preparing?

PRESIDENT KATZ: We are. Absolutely.

CHAIRPERSON NARCISSE: What role will H and H play in ensuring that everyone who needs access to abortion services has it?

PRESIDENT KATZ: I think... well, we work closely there. We've already been investigating. There are philanthropic agencies that are available to help people with travel, which will be the key issue: travel, people knowing where to go. You're... Say you're a low income woman living in Texas, and you need an abortion. How do you know where to go? And how do you get there? And so I think it's going to be a network of nonprofits and philanthropic groups that will put together the advertising and funding for people to travel. And then we will make sure... we will grow our services as needed to maintain this very important right for women.

CHAIRPERSON NARCISSE: Are you reaching out right now as we speak to...

PRESIDENT KATZ: Yes.

CHAIRPERSON NARCISSE: ...to locations, to make sure that... especially in the states where our right is being threatened?

PRESIDENT KATZ: Yes. yes. Our, you know, our chief medical officer, Dr. Michelle Allen, obstetrician-gynecologist is very passionate about this issue, has already been working with Wendy Wilcox, our Chief Women's Officer for healthcare. Both... she is a Brooklyn based doctor, longtime at Kings and they are very committed to this issue.

CHAIRPERSON NARCISSE: All right. If we say roughly there is an increase, or you have not seen an increase and if there is an increase, approximately in which hospital that you've seen increases.

PRESIDENT KATZ: Yeah, I don't think yet of course, right. But... the ruling hasn't gone into effect, so I don't I don't know that people yet have, you know, felt the push. But as you say it's going to happen. And we see very much our job is to prepare.

CHAIRPERSON NARCISSE: All right. Since the release of the leaked draft, Governor Hochul announced our new \$25 million fund to support abortion providers in the state and \$10 million for security efforts at abortion centers. Additionally, Attorney General Letitia James and several lawmakers announced proposed legislation to create the

Reproduction Freedom and Equity Program that would provide funding to abortion providers and nonprofit organizations to increase in their capacity. Does H and H plan to receive any funding from this funding?

PRESIDENT KATZ: Yes, we hope to. We think that we're going to be one of the largest providers of reproductive services of abortions anywhere in New York.

CHAIRPERSON NARCISSE: Has H and H had any conversation with OMB on the city doing something similar in adding funding to support H and H for the abortion providers?

PRESIDENT KATZ: John, I don't know.

SENIOR VP ULBERG: No, we... we I mean, obviously, they're following the issue with us, you know, very closely and we've been having conversations with them about the state bill, and making sure that we understand how we apply for those funds, but we've not yet had any specifics, certainly related to this budget, you know, for additional funding.

CHAIRPERSON NARCISSE: Thank you. Thank you. The executive capital commitment plan includes \$3.23 million for the construction projects related to

Superstorm Sandy, which is unchanged from the preliminary plan. However, the executive plan moved \$17.2 million from fiscal 2022 and 2023, and adds \$34.5 million to fiscal 2024 for these projects. Why did H and H move Superstorm Sandy funding from FY 22? And FY 23 into FY 24?

PRESIDENT KATZ: John, can you answer?

SENIOR VP ULBERG: Yeah, a lot of that is, you know, the funding is there for you know, Superstorm Sandy and, you know, it's taking us you know, some time... we've been very deliberate about how we spend those dollars. But those sorts of changes in the financial plan are usually related to timing. We may not have needed the money, or thought we did but because of delays, so we pushed it into the following... into the following year. It's just a timing issue.

CHAIRPERSON NARCISSE: It's a timing issue.

SENIOR VP ULBERG: A timing issue. Yeah. I'm... Usually when we're moving money in our capital plan. It's because of when we're expected to expend it. And there's... there's different elements to the Sandy plan. You know, there is spending for Bellevue for Kohler. It was, you know, a pretty significant

amount of money. And we're getting close to the to the final stages of spending those funds. The Coney Island rebuild of that hospital was also funded on a Superstorm Sandy Fund. So it's... it's... Usually those sorts of changes are because you know, we just are going to spend the money the next year.

CHAIRPERSON NARCISSE: I guess that's the flexibility you have.

What projects or facilities does this shift in funding impact?

SENIOR VP ULBERG: Yes, I can... I can check in on the details of it and get back to you.

CHAIRPERSON NARCISSE: I mean, I'm looking at the chart... I mean, the chart that we have here, the headcount. When comparing fiscal 2022 to fiscal 2021, actual headcount is down about 1000, right?, positions. H and H has seen the most staffing changes in managers and supervisors, and technical and special specialty positions, which reduced by 450 and 429 positions, respectively. What is driving these changes in staffing and how has that impacted H and H services?

PRESIDENT KATZ: John, I assume that's primarily our T2 decrease, is it not?

1 SENIOR VP ULBERG: Yes, it is primarily the T2
2 decrease. I mean, we've also seen some fluctuations
3 in our own, you know, nursing, you know, component,
4 but we've been backfilling those, you know, with temp
5 nursing, but yes, I think primarily, it's related to
6 T2.
7

8 PRESIDENT KATZ: Right. So, Chair, we... we
9 ended last month, the Trace Program, and we had 900-
10 plus tracers, who were doing the phone calls, asking
11 people about their exposures in the previous period
12 of time. And that's... that's what we stopped doing
13 because it was not any more a useful service with the
14 Omicron. So we've moved from that. And that
15 explains the decrease.

16 Did we lose the Chair? I don't see her now.

17 COUNSEL BUTEHORN: No, she's there. Chair.
18 You're muted.

19 CHAIRPERSON NARCISSE: Okay. I'm sorry. I got
20 muted for a minute. The 900 came out from that total
21 we talking about?

22 PRESIDENT KATZ: Correct.

23 CHAIRPERSON NARCISSE: Okay. What are you doing
24 to keep and maintain... I mean to retain your
25

staffing? I mean, the rate is competitive to other private hospitals?

PRESIDENT KATZ: Um, in some places, yes. In other places, no. And we're working closely with OMB and OLR. I mean, one of the challenges of running a health system is that we have a market. Our nurses can work at other hospitals and do meaningful work, taking care of sick patients. If you want to be a police officer, if you want to work for the best you're going to work for the New York Police Department. If you want to be a firefighter, you're going to work for New York Fire Department. If you want to be a great nurse and take care of sick people. You can work for us. You could work for Montefiore. You could work for NYU. There is a market. And it is challenging. The market isn't always linear. Sometimes there -- especially when there are shortages -- then there is a dramatic increase in wages, and it has not been easy for the city to respond. We're working with OMB and OLR to try to gain the flexibility. Because if... our salaries do not have to be the top, they are not the top, I don't even want them to be the top, I want people to come to Health and Hospitals because of our

phenomenal mission. But they have to be competitive, they have to be in the ballpark, they can't be \$20,000 less per year, nobody is going to take a job in healthcare when they could be seeing equally needy patients in another place to \$20,000 more. We do not have across the city, the most flexible system for dealing with those issues. City typically does, as you know, well Chair. It does pattern bargaining at, you know, specific intervals every three years, and in general, that makes sense. But it doesn't work so well when there's a volatile healthcare market.

CHAIRPERSON NARCISSE: I do understand how difficult it can be. But yet we have to be competitive because everybody has to pay the bills at the end of the day.

PRESIDENT KATZ: Understood.

CHAIRPERSON NARCISSE: You can love the passion, but the city is a very expensive city and nurses we are have the passion and the compassion to serve especially.

What is H and H doing to reverse this reduction? What are you doing right now as we speak?

PRESIDENT KATZ: Well, the we... we are... we have gotten much better at job fairs much better at

recruiting nurses. I think a key issue that I think would be close to your heart is we want to do both more loan repayments, we want to identify people who want to be nurses right at high school and basically pay their way through nursing school and have them then be committed to working at Health and Hospitals. We know that not everyone has the economic ability to become a nurse, right? Someone graduates from high school, they may have a child already, they may need to support their family, they can't go to nursing school. We need programs that would pay a stipend to them to live on, would cover their tuition, and in exchange, they would work for Health and Hospitals for a number of years. And that... I think that's the right way because it will get us diversity, it would get us the nurses we most want and guarantee our future. Beyond that in the moment, our... most of our efforts are to try to push up salaries to be competitive, and when we get stuck, we have to rely on registry staff or overtime in order to cover the needs of our patients.

CHAIRPERSON NARCISSE: You're speaking my language now. Thank you. Because it's difficult, especially the high-risk area.

As I touched on in my opening, it is important that youth and young people from high-risk neighborhood have opportunities and training to see and prepare themselves for careers on healthcare and medicine. So I am happy that you're doing just that you are recruiting and I would see the future medicines and in Kings County and all the H and H and Elmhurst Hospital everywhere in the city, right?

Does H and H work with the Department of Education right now? Or the City University of New York on these vocational health and program for young people in at-risk neighborhoods?

PRESIDENT KATZ: Absolutely. Both. And we see them both as very important partners, encouraging people into the healthcare professions and training them for a variety of jobs. And we want those jobs to have ladders, we want people to join us perhaps as a behavioral health associate, which is a job that we have available now for people who graduate high school, very important job helps to de-escalate in the behavioral health units. We want people to take those jobs, and then we want them to go to nursing school, or go to medical school, or become a psychologist. Right? So we see... we want a ladder

of jobs that people can enter from high school and then keep furthering their education.

CHAIRPERSON NARCISSE: Do you have any numbers on that? That you're doing any of the young folks that you have right now?

PRESIDENT KATZ: We have... we have reports on that. I don't know those numbers offhand. I'm happy to supply them to you.

CHAIRPERSON NARCISSE: Okay, thank you. Um, how many temp positions does H and H have this year? And how many do you project for fiscal 2023?

PRESIDENT KATZ: While John gets the numbers, I'll tell you, as you would know, from a nurse that it's very cyclical. So for example, in January and February, we brought on a large number of temp workers because so many of our staff were out sick with Omicron. And so we... we knew that we would need large numbers of temps to be able to staff. John, do we... we must break it down by FTEs, recognizing that it's cycles. What does it translate to in FTEs?

SENIOR VP ULBERG: Yes, I'll say that we're very proud of the fact that we've implemented, you know, staffing ratios, you know, within Health and

Hospitals. So we always want to make sure that there's enough resources at the bedside, right?, to provide, you know, care, right?, to meet, you know, the ratio of nurses to patients. And... and despite all the difficulties of COVID, we've managed to accomplish that overall with a combination of our own nurses, temp nurses, and overtime.

The temp nurses have been as... as much as 10% of our of our nurse workforce. We're trying to cut that down in half to about 5%. That's kind of where we'd like to be to kind of maintain, you know, flexibility. And we can get you the exact number. It changes really from... from week to week. But our goal is to be at about 5%, you know, outside contract nurses. We prefer, you know, of course to, you know, to pay our own nurses, right?, and the stability and the better care outcomes that come from having our own nurses in place. So I can get to the exact number, but we're shooting for about 5%.

CHAIRPERSON NARCISSE: For my understanding, that may be a big gap in in salary. Am I correct on that?

SENIOR VP ULBERG: Well, you know, yeah. It's very interesting, right? Because that market fluctuates, right?, with COVID. And the temp nurse

costs, you know, per hour can greatly exceed, right?, what we pay our own nurses. But as COVID fluctuates, the rate will go up, and then it will come back down. And our... again, our preference is to always have our own nurses and pay, you know, a fair rate. We've also implemented in an enhanced over time program for our nurses, you know, during the peak of COVID, right, because again, we'd rather pay our own nurses if they wanted to work more, and we knew they were tired. And they certainly liked that program. So we try pretty much anything that we can to make sure that we have the you know, the right number of nurses on the unit on any given day.

CHAIRPERSON NARCISSE: I appreciate that. That's one of the things that I fought very hard is staffing ratio. It was hard. I remember my days. Yeah, I appreciate the staffing. And thank... thank you for doing that in the H and H.

By the way, I worked for Elmhurst, and it was very difficult. I remember it like it was yesterday when I'm talking about it.

The Executive... Executive Plan, make some changes and shifts in funding for the public health course. The city plans to reimagine and bolster the

public health workforce across New York City. The executive plan reduced the budget for the public health corps by \$81 million in fiscal 2022 and increase it by \$9.33 million in fiscal 2023 at H and H. Additionally, it moves \$25 million in funding in the Department of Health and Mental Hygiene, and this year into fiscal 2023 and fiscal 2024. Can you tell us how much is the public health corps fund funded at H and H in fiscal 2022? And the out years? And why is funding being shifted into out years?

PRESIDENT KATZ: John, can you explain?

SENIOR VP ULBERG: Yeah. So there's... there's a chart that we will have to provide. I'm not as familiar with the Public Health Corps funding on the Health Department's side. But for H and H, our estimate is that we will... we will receive \$22.8 million in the current fiscal year, and then after that \$36.3 million, you know, thereafter.

And again, we anticipate that will fund 250 Public Health Corps workers, which we're, again, very grateful for that. We think that this can be a very effective program.

CHAIRPERSON NARCISSE: It's 250 right? Corps workers?

SENIOR VP ULBERG: Yeah, 250 within Health and Hospitals, and then there's a separate corps within the Health Department, and we... I know we were working on a chart that would coordinate the two, and we can make sure that you get that between Department of Health and Health and Hospitals.

Thank you. One of the areas of focus under the public health corps is the community health worker training and apprenticeship program, a partnership with CUNY department of Small Business Services, and multi-community based organization to create more community health workers. How is this program going? And does the shift in funding impact this program at all?

PRESIDENT KATZ: The program is going well. And I can testify as a doctor that I can now refer my patients who are having health challenges to a community worker, and we're very... we know the worker. I'm very happy... excellent language capabilities among the staff, and we've gotten good responses. As you know, one of the holes, Chair Narcisse, in healthcare is that you know what's going on in your office or in your hospital, but what... what's actually going on at home? Is the person

actually taking the medicines. Do they have the medicines? Is their home safe? Are there you know, health risks in the home, and having people going out, has been a huge boon for us. And my understanding, John, correct me, is that funding for this is secure for the next several years?

SENIOR VP ULBERG: Correct.

CHAIRPERSON NARCISSE: Thank you. When I'm looking at those training, I'm seeing the highest areas, so please stay focused on that. That's the only way we can get out of what we are in today. By recruiting the young folks in the high risk-area to do more and participate and train them to for the next generations to come, so we can have a better world and a better city.

How is this program going? Does it shift... you said it shifts, and then you... Okay, I appreciate that. But I don't want to hold you too long. It seems like I have so many questions.

As you know, the City Council adopts the budget at the unit of appropriation, or U of A's. Currently, all the funding that H and H receives from the city which totals \$1 billion in fiscal 2023 are

included in one U of A. So I cannot... I cannot tell where the money going. So tell me.

PRESIDENT KATZ: John, do you want to explain how it works in a technical sense?

SENIOR VP ULBERG: Yeah, a little bit. And I wouldn't need a little assistance from my colleagues at OMB, but we are grateful for, you know, the subsidy dollars that that we receive at Health and Hospitals. And, you know, we wouldn't make it, you know, without those funds. But the technical aspects about the code, you know, we can collaborate with OMB and make sure that you get that answer.

CHAIRPERSON NARCISSE: Okay. Has H and H discussed adding additional U of A's to H and H budget documents?

SENIOR VP ULBERG: Again, that would be a good question for the OMB. But we will ask them that question and get... and get you an answer.

CHAIRPERSON NARCISSE: Do you think H and H should add units of appropriation for baseline citywide programs like NYC Care?

SENIOR VP ULBERG: Um, you know, I will say, you know that it's more of a technical budgeting issue. You know, we have a great relationship with OMB and

we're grateful for, you know, using NYC Care as an example that we received the \$100 million, right?, to run that program. And we currently serve over I think, 120,000 people across the city. You know, we make sure, right?, they hold us to account and we welcome that, and make sure that we're spending those dollars appropriately, as well as any other source of funds that comes to Health and Hospitals. We believe our accounting is... is transparent. And if we're not being transparent, you know, please let us know because, you know, we look at ourselves as being stewards of the public dollar, and the only way to gain trust is to be transparent. So if we're not we were always looking to improve in that area.

CHAIRPERSON NARCISSE: I'm not saying you're not transparent. I just cannot follow, and I know a lot of people cannot follow. When you're... I don't want to use... saying like you're not transparent, let's be clear, but we cannot follow it. When you cannot solve something you have difficulty, you have to ask question... how I can be, because when you pile it up in one pool, it's hard. Like when you drop things in the bag, and you tell me what it is and I cannot...

1 COMMITTEE ON FINANCE

56

2 SENIOR VP ULBERG: I see.

3 CHAIRPERSON NARCISSE: It's hard. You
4 understand?

5 SENIOR VP ULBERG: Yes.

6 CHAIRPERSON NARCISSE: It's hard. Do... in the
7 current budget, the council negotiated and included
8 five terms and condition that offer information on
9 important data such as hospital utilization rate
10 of... of beds, and the average length of stay,
11 budgeted and actual headcount for H and H
12 Correctional Health Staff, actual full time headcount
13 and H and H actual expenditure related to Test and
14 Trace. Has H and H considered or discussed with OMB
15 or Mayor's Office of Operation to include some of
16 this information requested as part of the Mayor's
17 Management Report?

18 SENIOR VP ULBERG: Um, yeah, so I'll just start
19 by saying by... I'll be back on my transparent
20 discussion... We... we provide, you know, to the
21 council reports, and the same report that we issued
22 to our finance committee in terms of how is the
23 operations in the finance... financing of Health and
24 Hospitals progressing? And we used to have periodic
25 meetings with the staff, and we would certainly

welcome doing that again, if that's an interest to the committee. Right, just so you're following along with us. I think maybe you do attend our public meetings. But if you would like to have separate meetings to answer questions, we're always available for that.

With respect to the data, right?, we've met with your staff, and we certainly want to provide whatever it is, that is that is needed, and we'd like to be able to turn that data around, you know, in reasonable time periods, right? So we're happy to work to provide any of that information on headcount across the different types of programs or vacancies. You know, we've had a couple of conversations with the staff. You know, we welcome you know, having further conversations and making sure you get the information that you need.

CHAIRPERSON NARCISSE: Okay. I'm almost done. A few more questions for Dr. Katz.

Dr. Katz, in a high risk area, that we know... we know the variant is coming back with, we're not going to get rid of COVID-19 that easily, we understand that. Some high-risk areas right now, as we speak, they don't have no hospital like in the community

where I am, no community health centers and hospital services are overwhelmed and under budget. I mean, it's just like... we're not getting what we're supposed to get in the 46 district. And I know so many other areas have the same problem.

Now, with the van that we had going around now, as COVID, like we said, going down, we have not seen the presence. So why don't we have actual centers in those high-risk areas instead of a mobile units all the time? What's the plan on that? Are you planning to put... to address all the underserved area? Because we realize what COVID did to those high risk areas?

PRESIDENT KATZ: Sure. Well, yes, I mean, we want to work with you. We want to work with the other members of the City Council to figure out where to best place our services. We have... Besides the hospitals themselves, we have 70 other outpatient places, but we know that that doesn't include all the areas where people most need us. And we are, you know, very open to figuring out, you know, what... where are the best places to site additional services? We... we welcome as happened during the various outbreaks, Councilmembers would tell us,

"Look, this is the best place to put your mobile van. This is where we really need testing." I'm very pleased that we were able to put so many home testing kits at fire houses and community libraries and community based organizations. So I mean, I think you're totally right, Chair. COVID is not going away. It's going to be more a question of how... how humans evolve to deal with it. Humans are a very adaptable species. We wouldn't all be here if it weren't true. Right? We are adaptable, and we're going to adapt to COVID. And we are prepared to take your lead and listen closely to the city council and put our services wherever you tell us all the places patients most need us to be.

CHAIRPERSON NARCISSE: I thank you. I would like to see more central mobile unit coming around because mobiles just come and go. That's why we call it mobile. Thank you for that.

Um, in B-HEARD before Chair Brannan left, he had a question about what criteria or metrics you use to determine where to place which precinct to place the services? I did not hear the answer. Maybe I was not paying attention too much. Sorry for that. But...

PRESIDENT KATZ: No. No. Your attention is excellent. The... the... and this is, you know, heading back into the last administration, and my understanding is that they chose those precincts where they felt the most calls were coming that would be responded to better through B-HEARD. And the goal was, and is, to cover the whole city. So I think the idea was go first where you think you're going to get the most calls, and then fan out throughout New York City. I would hope that... that all calls have a mentally distressed person would be responded by a social worker with EMS staff, and that will be so much more effective than police. So that... I see it as just going for the whole city, but figuring out, you know, how... how fast you can, you can expand.

CHAIRPERSON NARCISSE: I'm in agreement with you. Thank you. We don't need the police to respond to mental health crises. So how many do you anticipate for the end of fiscal year of 2023?

PRESIDENT KATZ: John, how many does it show on the budget sheets?

SENIOR VP ULBERG: Yeah. So we have 11. And I do have... I have the list of the precinct numbers, right? So I think that'll be helpful. And we'll

make sure that you get that and, you know, and the location of those precincts. And I'll also provide, you know, the staffing model, I wish I had that, you know, I wish I had that available to you now, but we'll make sure that you get all that information.

CHAIRPERSON NARCISSE: So I thank you, Dr. Katz, I thank you, Mr. Ulberg... Doctor... is it doctor?

PRESIDENT KATZ: No. We love him anyway.

CHAIRPERSON NARCISSE: Thank you so much. I appreciate the time, and I'm looking forward to working with you to make sure that everywhere in our city, we address the inequity that we're talking about, bring equity in healthcare, preventive care, that was music to my ears, because all I've been talking about is preventive care, once you prevent is cost effective. And we don't want a cure, we want to prevent it before it's happened. So thank you so much for your time. And I will pass it on to my colleague Chair Moya from COVID Recovery. Thank you.

CHAIRPERSON MOYA: Thank you, Chair Narcisse. Before I get started, I just want to let Chair Brannan know, and Dr. Katz, I can confirm that none of the tchotchkes that were in the go bag, has your name that says "I love Dr. Katz."

CHAIRPERSON BRANNAN: I'm still... I'm going to find it. I'm going to find my "I love Dr. Katz" shift.

CHAIRPERSON MOYA: I did find a Joe Borelli koozie in the back, but I just wanted to confirm that. Dr. Katz, good to see you as always. And thank you for my colleagues or for their patience here. I'm going to try to get through my questions as quickly as I can, because I know that you all want to ask some questions here. But I just want to go back to the COVID spending, you might have touched upon it in the beginning. You know, I mentioned in my opening remarks, but you know, given the fact that COVID-19 You know, the alert level is now at high. Is it realistic that H and H will spend only the \$200 million in fiscal 2023 for T2? And how much... how much of the federal funding for the... for COVID programs does H and H realistically expect to receive in spend on COVID? And can you kind of walk us through whatever the COVID programs in fiscal 2022 That will discontinue or are not currently funded in fiscal 2023.

PRESIDENT KATZ: While John gets... gets the dollars set to explain, I'll just say, I do always

view this as "get it right", that my job is to work with you to figure out what do we need today? We may need something different in two months. I'd be the first to admit that COVID has not been very predictable. And that things may change, and that the... the infrastructure to launch programs fast exists. And so if we have to change what we do, we will change what we do. And I think Health and Hospitals has proven over the last two years that we can be very facile at changing what we need to do to meet the need.

John, can you explain the dollar part?

SENIOR VP ULBERG: Yeah, no. I will say you know, it has been quite remarkable. I think, you know, 10 years from now, I don't know who, but, you know, some, you know, accounting budget people like myself, well, we'll look at the financial plans of Health and Hospitals. And I think we'll be nothing but completely amazed to see, you know, how the spending ramped up in response, and then how we're trying to bring it back down softly. And it is quite remarkable when you think about, you know, we're going to spend \$1.4 billion in FY 22. And our estimate is, you know, \$200 million in 23. Now, when

we've been phasing it down has been very deliberate. That we can pivot quickly, right?, put resources back in play, and engage, you know, our contract network, if we have to. So that is certainly been part of our thinking. It's just a plan, but it's a very flexible plan. In terms of the... the dollars, we have a chart that kind of shows, you know, by category, how much we're spending in 22, how much were forecasting for 23. You know, we're happy to provide that. You know, testing is the big example with \$955 million in FY 22 and as I mentioned, \$143 million in FY, you know, 23. In terms of the funding sources, we always try to secure, you know, the federal... federal FEMA dollars or any other sorts of grant funding that's been made available, generously, you know, from the federal government. So that that is always what we're trying to do first. And I think it's also very important that, you know, we have an MOU between us and city OMB that for... for whatever is not covered, the city will cover that through a city tax levy. And again, we're very grateful for that. And we have an excellent relationship with OMB. There's a lot of money that transacts, you know, from month to month, and quarter to quarter, and we feel good about, we've

always we've always had enough money to buy whatever it is we've needed to purchase to respond.

CHAIRPERSON MOYA: Thank you John, just really quickly, but do you have an actual figure of how much of the federal funding for the COVID programs you're realistically expecting to come in? And also what you're looking to spend? If you have those dollar figures, that would be great.

SENIOR VP ULBERG: Yeah. I... we can provide that to you in a chart, right? We have... there's different funding sources. There's, uh... When you look at the total spending package, there's, you know, various, you know, federal grant programs. There's also insurance monies that we claim and use those dollars, right?, as an offset. And then again, the last the last dollar in would be a city tax levy, but we can certainly provide all of that detail for the entire, say, three-year period.

CHAIRPERSON MOYA: Great, thank you. Moving to New York Cares. The executive budget includes \$100 million in fiscal 2023 to support the NYC Care Program, the city's healthcare access program that guarantees low cost and low cost services for New Yorkers who don't qualify or can afford healthcare.

How much of this funding supports staffing and direct services? And can you give us the breakdown for NYC Care by PS and OTPs?

SENIOR VP ULBERG: Yes, yeah. I mean, if the number is \$100 million, right? It ramped up from \$25 million to \$100 million. We still think that's a good number. We're... You know, we're evaluating that now. But we think, when you look at the program, and, you know, the different expenditure categories, \$100 million is about the number. And we've actually surpassed the initial target of 100,000 people served, I think we're maybe around 120, maybe even more. And we will continue to enroll people in that program, and have been very successful.

In terms of the breakout, it's... it's... the numbers that we use, and again, we're happy to provide the detail, it's about 80% is on program and 20%, you know, falls within admin, but we're happy to give you the details. And then the break between PS and OTPs. Happy to provide that as well.

PRESIDENT KATZ: And I would just add conceptually, because I know people are often surprised that we can provide a program like this for

\$100 million: Remember that the basic assumption of the program is that if this program did not exist, people would just go to the emergency departments, and we would absorb their costs in that way. And so what... what this program has always been about is helping people to connect to a primary care doctor, to preventive services, so that they wouldn't need the more expensive care.

CHAIRPERSON MOYA: Right. No, I... I think the program is a great program. The concept is a great program. But you know, knowing how taxing it is on hospitals, like Elmhurst Hospital, and especially in a borough like queens that only has two public hospitals, you know, the number of... of enrollment of patients that are going in, that will increase for, you know, meeting with... with the primary doctor. That's why I asked the question.

PRESIDENT KATZ: Understood.

CHAIRPERSON MOYA: So it would be it would be great if we got the breakdown to understand, you know, how this will affect the already public health system that is, you know, in need of staffing increases in hospitals, like Elmhurst and throughout the city. So that's... that's the reason why I was

asking that question, Dr. Katz. So if you can get us that, John, that would be really helpful in how we proceed.

SENIOR VP ULBERG: We can also present how many doctors, in fact, we have hired with these dollars, which has been very helpful.

CHAIRPERSON MOYA: That'd be great. Yeah, that would be that'd be... that'd be great. Thank you.

And so given the size of H and H's budget, and the fact that the city gives H and H a lump sum to support city services, it is hard to see that the budget... that in the budget, how this \$100 million is being used. What reporting data besides enrollment does NYC Care provide to the city? And does H and H see any increased need for the NYC Cares program?

PRESIDENT KATZ: Well, we did the recent expansion to eliminate the requirement that people be here six months, because we found that that was limiting access to recent arrivals to New York. And we didn't think that that was at all helpful. I mean, we... I have to go back and look... when we judge how we do, because we never distinguish types of patients. We look at measures like: "How good is

the glucose control for our diabetics?" "How good is our blood pressure control?" We don't usually break out by, you know, non-NYC Care, versus Medicaid, versus Medicare, versus private insurance, because I've always wanted to have a system where everybody is cared for in the same way, and nobody even thinks about, you know, what your specific insurance type or non-insurance type is.

But I can go back. I know that they have... they keep very good data on who's enrolled, how quickly, and are they able to connect them to a primary care provider? I don't know if we've ever broken the quality data down. Our quality data is very good, as you know, from your close association with... with Elmhurst,

CHAIRPERSON MOYA: Yeah, no. For me, it's just, you know, with... with the \$100 million investment that we're making, I'm just trying to see what data comes with... other than enrollment... would just be helpful for us to see...

PRESIDENT KATZ: Understood.

CHAIRPERSON MOYA: Yeah. So if we...

PRESIDENT KATZ: Happy to provide.

CHAIRPERSON MOYA: Yeah. So if we can get that, that would be helpful. And, again, do you see any increased need for the NYC Cares program?

PRESIDENT KATZ: I think the enrollment will continue to grow. People liked the program. They... It has a very good reputation among the community based organizations, especially those connected to immigrants. You know, that from your district. But I don't think 110,000 really begins to cover almost the entire uninsured population, since New York is a Medicaid expansion state. There will always be immigrants who leave, new immigrants who arrive, but I don't think the size of the program is going to markedly grow at this point.

CHAIRPERSON MOYA: Okay. Thank you for that. I'm now moving on to COVID funding by facility. H and H proposed approximately spending \$1.4 billion in fiscal 2022 and \$400 million in fiscal 2023. Can you give us these breakdowns of... How do these figures break down by facility? And are there any lessons learned from our response to the pandemic that would undertake the decision making process of how these facilities get funded?

PRESIDENT KATZ: John, do we break it by facility? Or is it all...

SENIOR VP ULBERG: No.

PRESIDENT KATZ: ...centrally?

SENIOR VP ULBERG: Yeah. Yeah, we handle it centrally. Yeah, we don't we don't allocate these costs down, you know, per se. It's... you know, because of the need to respond so quickly, we've handled it all centrally.

CHAIRPERSON MOYA: So, can you just like give me an explanation of how you determine what facilities get... What the metrics there? Because, you know, I don't want to pin my district against my... my good friend and colleague, Carlina Rivera, but just, you know, talking about breakdowns of what public hospitals get in... in the different boroughs, and, you know, how does that break down in terms of need and so forth. So I'm just trying to get to what you're metrics are on that.

PRESIDENT KATZ: I think part of why -- and I'll let John do the numbers -- part of why it's a little challenging to answer is, we haven't set any limits. Our... We want every facility to use as much PPE as it needs to do as many tests as people come to

provide as many vaccinations as people need. We've never set any limit on any facility, and then we just cover the cost and pass on the bill to OMB and hope that we will get fully reimbursed. So we've never... we've never seen it as one place pitching against another.

CHAIRPERSON MOYA: Okay, so... But... but what about actual spending?

PRESIDENT KATZ: Right. So that certainly varies, because say your Queens hospitals, where there's almost no other hospitals, undoubtedly spend more than say some of the Manhattan hospitals where there are a lot of other hospitals. So do we... do we have it by spending, John?

SENIOR VP ULBERG: Yeah, no. I think the way we've allocated these dollars is really based on the needs of the community, not so much, you know, the hospital, and the dollars didn't... don't, for the most part, don't flow through the hospital, right? They're directly from us, you know, to the contractor or... So, yeah, that... it's not the way that we really look at it. When we've allocated T2 resources, it's always, you know, been from the perspective of what does the community need?

CHAIRPERSON MOYA: Okay. Look, I have some more questions on that, but we can do it... I can follow up on that a little later. I have just two more questions, and then I'll turn it over to my colleagues.

Dealing with the Centers of Excellence, the city's three COVID Centers of Excellence are designed to meet the short and long term healthcare needs of patients recovering from COVID 19. Can you describe the services offered at the centers and how they are funded in fiscal 2023? And does the city or H and H have any plans to expand to more centers?

PRESIDENT KATZ: So we have the three centers, including the one in your district. In terms of the services, we have a much more intense ability to do pulmonary function tests and radiologic studies, which are the most common needs for people with long COVID. Beyond that, it's a very individualized program because as you know, some people's long COVID is primarily neurologic symptoms. Other people have primarily respiratory, cardiac, or fatigue. So it's varied... the care itself is very variable.

The money for it came... for opening the three came from the capital budget. So that's what we use

to renovate the three centers. In terms of their operating budget. And John can... can clarify it if I don't have it, right, is that we treat them like any other center. We bill for the insurance for the people who have insurance. For people who don't have insurance, then it's covered through the city subsidy. To the extent that it's viewed as a COVID. Service, we pass along the bill to OMB. John, did I get it right?

SENIOR VP ULBERG: Yeah, no. Exactly. I think, you know, the total value of the capital outlay was about \$140 million, and we were certainly grateful for that. We did receive a federal COVID funding of about \$24 to \$25 million in operating funds, and we applied those right to the startup costs. You know, when you open a new clinic, it takes you some time, because you have to you have to staff up, you have to put those costs in place before you know the revenue starts to flow in. So we did take the \$24 million in federal PRF dollars and... and provide it to these... these three clinics.

As part of the FY 23 budget, we're looking at the continuation of the ramp up, we did get a little delayed because of Omecron. But we are building all

of that, startup costs plus the new revenue flow into the FY 23 budget. And we hope that these clinics will sustain themselves.

CHAIRPERSON MOYA: Great, thank you. And just going to... Oh, I'm sorry, did you? I don't know if you responded. Do you have any plans to expand those centers?

PRESIDENT KATZ: We're... At the current time, we don't plan to build any more brick and mortar that are specific to this purpose.

CHAIRPERSON MOYA: Okay. Okay. And this is my last question here. It's on language access. The council called for the inclusion of funding to expand language access services city wide. The administration added \$8.7 million in the Department of Education and Department of citywide administrative services. Does the budget for H and H include any additional funding for language access?

PRESIDENT KATZ: John will answer whether we got any additional, but we... we take it as a given that we will provide language access via either phone or in person for every person who needs it. I know... you know, at my... in my clinic a third of my patients speak English, a third of them speak Spanish

which I speak, but a third of them speak Mandarin or Cantonese and it's... it has to go to the telephone, and we have good success. It's always available. I don't wait more than usually 30 seconds for Mandarin or Cantonese, and I have some experience of getting unusual, you know languages as well as. Sometimes you have to wait a little longer, you know if you have a very unusual language, but the system works quite well 24 hours a day, and we... there too, we don't limit anybody, we don't limit any clinic and say, here's your budget, and after this, you're stuck. Whatever people use, we encourage people to use it every time. If there's any question about whether or not they understand the patient. Did we, John, get any additional? Or did we just cover that through our own sources?

SENIOR VP ULBERG: Yeah. I think we're... I think we're fine there. I think... I have to say it was one of them my first contracts that I looked at when I got to Health and Hospitals, and it really taught me a lot about Health and Hospitals, when we're... when we're trying to fix the contract scope, we were able to translate in over 200 different languages. And I thought, "Really, we, we need 200

different languages?" And they said, "Absolutely. We need 200 different languages." But we have \$10 million in the budget, and I think that's meeting our needs, and if we have to spend more money for whatever reason, we would certainly find the funds.

CHAIRPERSON MOYA: Great. Well, listen, thank you. I appreciate it. I'm going to end it there. So I can give my colleagues an opportunity to ask some questions here. And Dr. Katz, it is always good to see you. Thank you so much for what you're doing there. John, thank you, as well for answering my questions. And to my colleagues. Just a quick reminder that we're really being strict on the five minute rule here. So if you can keep your questions to five minutes, you can always come back for a second round after that, but we want to get...

COUNSEL BUTEHORN: There is no second round.

CHAIRPERSON MOYA: There is no second round, then I apologize. Hey, thank you. Let me just turn it over now to, uh...

COUNSEL BUTEHORN: I'll take it up from here. No second round.

CHAIRPERSON MOYA: Thank you.

COUNSEL BUTEHORN: Stick to the time everyone. You know the drill. The order of questions. Ayala, Brewer, Rivera, Brooks-Powers, Louis, Schulman, Sanchez. We'll start with the Deputy Speaker.

DEPUTY SPEAKER AYALA: Thank you. Good morning, everyone. Still Good morning, right? Yes. Good morning, everyone.

So I'll ask my questions first, and then I will allow the... the admin to respond because I don't have that much time. But Question number one is regarding the doula program. Do we foresee expanding that program citywide? And if so, when?

Question number two is related to the enacted state budget, I believe on behavioral health. It includes several positive investments to behavioral health, including new funding allocated for psychiatric beds, a loan forgiveness program for psychiatrists, and nurse practitioner of 5.4% cost of living adjustment for behavioral health work and... and make changes to Kendra's law. How many beds do we have? And how many will this funding allow us to expand to? and can you describe the changes to Kendra's law and how it will impact Health and

Hospitals and the provision of a system of outpatient treatment?

PRESIDENT KATZ: I'll do my best. Nice to see you.

DEPUTY SPEAKER AYALA: Likewise.

PRESIDENT KATZ: Thank you. So I'm a big believer that doulas are the right way to go. The city council has funded our sister agency, The Department of Health and Mental Hygiene for doula programs among a variety of community-based organizations. And so what we've been working on is to connect those doulas that are already funded to Health and Hospital patients. I think there will be a need for an expansion of that program. Because I think that more and more obstetricians agree that having a doula is a critical part of ensuring a positive delivery. So my hope would be that when we are... you and I are here talking about this in two or three years, you're... you're asking me, you know, where haven't we been able to provide doulas? So it is clearly a growth opportunity.

I think, as policymakers, we should also be working toward convincing the state and other insurers to consider it a necessary service. Because

right now, it's the city it's going on the city's dollar. Ultimately, the way to make these things permanent is to have it recognized under Medicaid, and private insurance as a necessary service, just as we would say, physical therapy: necessary service, not delivered by a doctor, but necessary service. Occupational therapy: necessary service. Speech therapy: necessary service. The fact that there's an obstetrician there does not mean that being a doula is not a necessary service. So that's what we'll do.

We're having an issue on psychiatric beds. You're aware of it. We're... it's not for us a funding issue, primarily. It's a staffing issue. We are having tremendous challenges, especially in the area of psychiatry, where most psychiatrists now are... want more outpatient practice. There is less interest in hospital based psychiatry. People are practicing on Zoom. They're doing outpatient therapy. They're doing good work. But the number of people who want to work in a challenging hospital environment with patients who sometimes are having difficulty controlling themselves. Very hard to get. And our city salaries have not been competitive.

So John has been working very hard with OMB and with OLR to increase our salaries so that we can hire up. We have a goal of opening 200 more beds by the fall. And again, these... these are beds we are currently licensed for. During COVID, there was a definite decreased need for them. And frankly, we had to use them for ventilated patients in some cases. But you know, now what we're seeing is a post COVID pandemic of mental illness where either people who didn't previously have mental illness are suffering from mental illness, people who previously had mental illness are or having worse disease because of all of the social depravations and anxiety of COVID. You've seen the stats on drug use, right off the charts, especially fentanyl. So, you know, this is a time where we have to markedly increase. The state's increasing on the... the payment will help. But really, what it does is it decreases the gap between what it costs and what Medicaid pays. The private hospitals have... have gotten out of this business...

SERGEANT AT ARMS: Time expired.

PRESIDENT KATZ: I'll just finish my sentence...
In large part because they don't get a fair
reimbursement.

DEPUTY SPEAKER AYALA: Dr. Katz, how many beds
exactly do we have?

PRESIDENT KATZ: John, can you answer the how
many do we have now?

SENIOR VP ULBERG: Yeah, we have 1000... we have
1000 beds today, and 200 is the target that we're
trying to bring back online.

DEPUTY SPEAKER AYALA: Okay, and the Kendra's
Law.

PRESIDENT KATZ: I'm not an expert on what
changed. It was not a huge change. I've seen some
analyses, but I don't want to misquote it. It was
not a huge change.

DEPUTY SPEAKER AYALA: I know, I've just... you
know... bear with me one quick second. So I'm a
little bit confused. And I'm sure that Gale will...
Councilmember Brewer will... will dive into this a
little bit more. But regarding the B-HEARD teams, my
understanding is that the team is comprised of two
EMT workers with a mental health professional from
New York City Health and Hospitals.

If we have a limited number of mental health professionals in the entire system, then who is meeting that need and what is the level of training that they're receiving?

PRESIDENT KATZ: All of the B-HEARDS are licensed social workers. And while it's true that there is an overall shortage right now of mental health workers, there are also differences in the kinds of work people want to do. So they're, I mean, the... the option of being a B-HEARD and getting to prevent a major, you know, arrest or someone further decompensating I think is very inspiring to some people, other people want to work in a hospital setting, and they wouldn't do B-HEARD. So I think it is possible for us to... to recruit for both, but we need, you know, definite workforce changes. We need for people to see these as promising careers with good ladders, with good salaries, because it's tough work.

DEPUTY SPEAKER AYALA: I get that. But then, you know, I'm reading that off of a city, you know, a city document that, you know, clearly states that the health professionals... the mental health

professionals are coming from, you know, New York City Health and Hospitals. So that's not accurate.

PRESIDENT KATZ: No, no. That is accurate. We hire them.

DEPUTY SPEAKER AYALA: Okay. Well, they're, but they're social workers.

PRESIDENT KATZ: Correct.

DEPUTY SPEAKER AYALA: And whose training done?

PRESIDENT KATZ: They have a specific social work trainer. They have they have to go through a whole training program, I think it's six weeks, before they're allowed to go out on a call.

DEPUTY SPEAKER AYALA: Okay. That was my question. All right. Thank you, Dr. Katz, thank you so much for your time.

COUNSEL BUTEHORN: Thank you. Councilmember Brewer.

SERGEANT AT ARMS: Starting time.

COUNCILMEMBER BREWER: Thank you very much. First of all, we love you Dr. Katz. I think you know that but we appreciate you too.

PRESIDENT KATZ: Thank you.

COUNCILMEMBER BREWER: One is... I hope this was an answer because I was on another one. But how many

H and H school-based mental health, or just health schools are you in?

And then the other issue is, because the school-based clinics are really, really important and how many have mental health? And should they be expanded? I know that one of the issues in there is pathways for care. So maybe if you could just talk a little bit about the school based health plans.

PRESIDENT KATZ: All right, I may not be a sufficient expert. Let's see if John has... I know we were integral to making sure that every school had a nurse. And I thought that was, you know, something that was very important. We have mental health clinics, I know that there are huge problems among youth right now. We're seeing a definite mental health crisis among youth. You saw the article about nationwide, young people being stuck in emergency departments. We've seen it as well. John, do you have information from the budget preparation on how many mental health clinics we have in the schools? Otherwise, we'll send that information directly to Councilmember Brewer.

SENIOR VP ULBERG: Yeah, I know that we're trying to integrate more, right?, with the schools under a

pilot program, and I think we're focusing on 50 schools trying to serve somewhere in the neighborhood of 21,000 students. The numbers are still developing, and we can provide those to you. But we think it's the right place to be. Again, children as part of COVID have really suffered from a mental health perspective, and we're trying to, you know, collaborate and make investments.

COUNCILMEMBER BREWER: I don't... I 100% agree. I think that the city as a whole, me included, it's you, of course, some of the private hospitals have these clinics, they've got to be in every school, they've got to have social workers, they've got to have nurses, and Pathways For Care, according to the social workers that I've spoken to, as an example, is one of the programs there, but it only serves up to 17. And some of these high school kids are 18. So with all due respect, somebody has to really look at this issue. But on that, _____ used to push it hard and heavily in Albany. I think there was some cuts. So it's got to... it's got to exist, and it's got to be the focus in school.

PRESIDENT KATZ: Put a flag. Put a flag for us. I didn't know that. We'll look at it.

COUNCILMEMBER BREWER: Okay. And then the other issue is the New York Cares. Great program. Does it also include federally qualified health centers under your budget? Or does it not? Because people love it. Love it, love it. But they also want to go because they don't all have a Health and Hospitals... one of your greatest... they want to go to also to the federally qualified, is that part of the program or not? New York Cares.

PRESIDENT KATZ: Right now, it is not. It's only our federally qualified health centers. It's not outside federally qualified health.

COUNCILMEMBER BREWER: So it's not like Ryan Health Center or something like that?

PRESIDENT KATZ: Right.

COUNCILMEMBER BREWER: Is that something that could be expanded? Because the comments I get from immigrant communities: We would... We love the program, Gale, but we have to travel to get to your centers. Can we have one in our neighborhood? Is that something that's been contemplated?

PRESIDENT KATZ: I mean, we'd be happy to talk to The Administration and The Council. The challenge has always been that the dollars we were using, were

not to cover the care. They were on the assumption that people were coming to us anyway, in the emergency department, and so we could cover the care. So I think the question is, in another setting, are we covering the care as well? And if so, that would require a larger dollar requirement?

COUNCILMEMBER BREWER: I would think that might be something to think about? Because it could in fact, you know, keep people healthy.

PRESIDENT KATZ: (inaudible) Understood.

COUNCILMEMBER BREWER: Okay. I know that Metropolitan Hospital is not in my district. It's the only one in BP. Ayala does a great job. But they need an ER for \$65 million. What are you doing about that?

PRESIDENT KATZ: We're going to get them a new ER. It's too small.

COUNCILMEMBER BREWER: When?

PRESIDENT KATZ: John, do we have that now in the capital plan?

COUNCILMEMBER BREWER: \$65 million.

SENIOR VP ULBERG: Yeah, I believe so. I believe we have it in the capital plain.

2 COUNCILMEMBER BREWER: What does "believe so"
3 mean?

4 SENIOR VP ULBERG: Yeah, no. It is and we can...
5 what I was thinking about is, when we plan to expend
6 that those dollars, we can provide that information.

7 COUNCILMEMBER BREWER: Okay, I told the SBF that
8 he had to help, but they need it. And also, Dr.
9 Katz, you were going to build some housing for folks
10 who are going to leave your mental health facilities.
11 Where's your housing? You had some things...

12 PRESIDENT KATZ: Things are going good. We're
13 about to open up the T Building at Jacoby and be able
14 to fund.

15 COUNCILMEMBER BREWER: But that's not Manhattan.

16 PRESIDENT KATZ: No, that's not Manhattan. Which
17 ones, John, are happening in Manhattan?

18 SENIOR VP ULBERG: Um, I am not sure. So you let
19 us know...

20 COUNCILMEMBER BREWER: So you'll let us know...

21 PRESIDENT KATZ: We'll let you know which ones in
22 Manhattan.

23 COUNCILMEMBER BREWER: Okay. I'd like to know
24 because that's, you let people go understandably, but
25 there's no place for them to go, as you know.

2 PRESIDENT KATZ: Understood.

3 COUNCILMEMBER BREWER: Okay. Thank you very
4 much. My time is up. Thank you.

5 COUNSEL BUTEHORN: Thank you, Councilmember.
6 Next we'll turn to Councilmember Rivera.

7 SERGEANT AT ARMS: Starting time.

8 COUNCILMEMBER RIVERA: Morning, everyone. Hi,
9 Dr. Katz. Thanks, everyone for being here. Very
10 good to see you all. You know, I really appreciate
11 the time that we spent during my tenure as Chairwoman
12 forever. So I appreciate what you're doing. All
13 right, so I guess I'm going to ask all these
14 questions up front, and then we'll... we'll get to as
15 many as we can.

16 I want to ask about nurses, and then I'm going to
17 ask about Rikers Island, we did see, unfortunately,
18 tragically, someone else lose their life. But I know
19 that in terms of services, that can also be life-
20 saving on the island. So I'll get to that in a
21 second.

22 Um, so first, it's my understanding that a
23 significant portion of nursing patient care hours at
24 Health and Hospitals is provided by temporary
25 workers, including agency staffing to fill immediate

holes in staffing schedules and contracts with... I guess they're called travelers who sign up to work on for short defined periods of time.

So how much of nursing care is provided by agency and traveler nurses as opposed to regular staff? And as a percentage of total staffing and in total for full time employees? And what is the difference between the pay rates of regular staff in nursing titles, the rates charged by agencies and contractors for temporary staff, and the rates paid to temporary nurses by the agencies?

PRESIDENT KATZ: Okay, so the, the gap is large. We are not currently paying our nurses competitive rates compared to what they can earn in other places, especially in overtime hours. We're working with OLR and OMD to change that. But it does mean that there are holes, and I can't let patients be uncared for. So when... when I don't have enough nurses, I turn to registry. There are... that is not in my view ideal. I mean, there are certain times registry is great: Nurses going out on family leave, nurses going sick or disabled. That's a great use for temporary nursing. Ideally, we wouldn't use it nearly as much as we do. Or... it's okay to use it in an Omicron

surge when you have all these nurses who are sick. But right now it's a substantial part of our budget, and it will continue to be so until we can pay a competitive... more competitive wage.

We know that our own nurses do overtime and registry at other hospitals, because the rate that they get paid at when they go work at another hospital is higher. And if we want to... we don't like that. We think our own nurses are the best nurses. But it would require a... our rates to go up.

John, can you offer the Councilwoman a percentage?

SENIOR VP ULBERG: Yes. Yeah, we we've implemented on nurse staffing ratios, which we're very proud of. And from the finance perspective, we always, you know, want to guarantee that there's enough resources at the bedside. And as Dr. Katz said, that sometimes that requires us to utilize contract nurses and... and those... the utilization of the contract nurses fluctuates, you know, with COVID, as well as the amount we have to pay the contract nurse greatly. So again, we... we probably reached over 10% of our nursing workforce was... was

a contract or temp nurse. And we're we believe, according to our model that the best place to be is around 5%. And we're trying to trail down to hit that number. But I agree with Dr. Katz, we'd much rather pay our own nurses, more money to be our nurses.

COUNCILMEMBER RIVERA: I thank you for that. And I'm sure... I'm sure you have the best of intentions. So I appreciate it. And if I have any further questions, I'll follow up.

But just moving on to Rikers with the limited time I have left. I'm chairing the Committee on Criminal Justice. And I just want to acknowledge the role that Health and Hospitals works to provide care for individuals who enter the city's jail under incarceration. Approximately 50% of people in New York City need ongoing mental health services. And so my next question seeks to understand how medical nonproduction at Rikers will be addressed in this year's budget. So missed medical appointments are a serious case for concern for the general health and safety of people incarcerated. In February 2022, DOC failed to facilitate 8402 medical appointments in March, and then 12,745 appointments... uh... that was

in February and now March. What impact do these missed appointments have on staff's ability to see other patients? Are steps being taken or adequate resources being provided...

SERGEANT AT ARMS: Time expired.

COUNCILMEMBER RIVERA: ...to CHS to address this, and Local Law 132 of 2019 has steep reporting requirements for both DOC and CHS for missed medical appointments. How many resources are used to comply with this law? And have there been a change over time?

And then just lastly, DOC has committed to increasing their health management division, including hiring more doctors. Has the department with been working with CHS on how this would impact your own staffing and medical services? Thank you Chairs for the time.

PRESIDENT KATZ: Can we answer those questions?

CHAIRPERSON BRANNAN: Yes. Just try to summarize as quickly as you can.

PRESIDENT KATZ: Okay. Patsy? Patsy, can you hear us? I'll begin, until Patsy can... I know they've had technical problems at their site. I think the Councilwoman has a very well explained.

SENIOR VP YANG: (inaudible)

PRESIDENT KATZ: Oh, go ahead Patsy.

SENIOR VP YANG: Thank you Councilmember for your questions. The department... CHS continues to work with the department to prioritize and get our priority services and priority patients produce to clinic and... and to get the care that they need. Resources are not an issue. For us, we have been able to staff our... our services and be ready to see patients whom we have asked to be brought to us to see. We have also been able to comply with the reporting requirements and to give the data as... as requested by... by The Council or by the board.

PRESIDENT KATZ: I think we... I think that was her concluding statement trying to... recognizing we're over time and...

SENIOR VP YANG: Yes.

CHAIRPERSON BRANNAN: Okay, I guess if there's... if there are other questions that that Chair Rivera asked that we didn't get answers to, we will send you a letter and hopefully you can get that back to us ASAP because...

PRESIDENT KATZ: Absolutely.

CHAIRPERSON BRANNAN: Okay, thank you.

2 COUNSEL BUTEHORN: Next, we're going to turn to
3 Councilmember Brooks-Powers.

4 SERGEANT AT ARMS: Starting time.

5 COUNSEL BUTEHORN: You're muted Councilmember.

6 COUNCILMEMBER BROOKS-POWERS: ... headset. Can
7 you hear me now?

8 PRESIDENT KATZ: Yes, perfectly.

9 COUNSEL BUTEHORN: Yes.

10 COUNCILMEMBER BROOKS-POWERS: Okay, can I get my
11 few seconds back, please, on the clock? But Good
12 afternoon, everyone. And thank you Chairs Narcisse
13 and Brannan, and the committee staff for facilitating
14 today's hearing, and to Dr. Katz and the entire
15 Health and Hospitals team for being here to testify
16 this morning for this portion of the executive budget
17 process.

18 Just jumping into the questions that I have for
19 you. My constituents in Rockaway are suffering from
20 poor access to quality healthcare facilities and for
21 many of my constituents our nearest Trauma Center is
22 a long journey, all the way to Jamaica Hospital,
23 which can be the difference between life and death in
24 many circumstances. And I'd like to discuss the
25 administration's commitment of \$30 million to the

construction of a Gotham Primary Care Center in Far Rockaway. Oftentimes, my constituents need medical attention on short notice for critical conditions where loss of life is high risk, like a gunshot wound, or stroke. Will my constituents be able to visit this facility to receive treatment for life threatening situations like these?

PRESIDENT KATZ: We want to work with you and the administration on exactly the set of services. We want to put the most important services to your constituents, you know, at that clinic site. I mean, always the challenge is, you know, especially for gunshots, the level of... I mean, to really respond to somebody who has a gunshot, you need the anesthesiologist, you need the trauma surgeon, you need the radiologist, you need the CT scan. It's in the same room that they come in... You need a variety of services. And I think we have to together look at what are the numbers. Doctors will not work if they're just sitting waiting for someone. Doctors want to be able to be able to be useful, but maybe there are creative models that we can come up with. I mean for example, you mentioned stroke, and I know there are areas of Los Angeles that are covered by a

stroke van and the van itself has a CT scan in it and the capability to immediately give the medicine intravenously that lyses clots. So I look forward to talking to you in detail and figuring out exactly what services would best help your... your constituents.

COUNCILMEMBER BROOKS-POWERS: And I'm glad to hear that because my understanding is the model of the Gotham Primary Care Center, which is a robust clinic does not, in its current state, offer those type of services, which are the... which represent the gap that we have. We have the Joseph P. Addabbo Family Health Center, we have St. John's Hospital, we have a few urgent cares. But unfortunately, the challenge is that none of them meet the needs for this particular gap. And so it is critically important that we not just merely have another clinic per se, but that we have something that offers the critical trauma care that we no longer have as a result of the closure of Peninsula Hospital, which was a trauma level hospital.

Also, the plan includes \$1.2 million for fiscal year 23 and the remaining \$28.8 million for fiscal

year 24. Can the department share a timeline or preliminary plan for how this funding will be spent?

And before you answer, I just want to ask my last few questions so that I could be able to get the answers from you all today. Health and Hospital has also reported needing an additional \$200 million in fiscal year 23 to support Test and Trace. Can the agency provide a breakdown of what these funds will be used to support? Which neighborhoods and populations does the agency intend to target with this funding?

I'd also like to highlight that this council has called on Health and Hospital to \$45 million to create a fund to support hospitals in geographically isolated communities. This funding has not been realized in the executive plan. Can you explain why this initiative was not funded? And what are other initiatives... and what other initiatives is the department undertaking to improve access and shrink healthcare deserts across the city?

PRESIDENT KATZ: Hey, John, can you start with the rest of the money for the capital?

SENIOR VP ULBERG: Yeah, I think we can provide that... a chart on both of those... on both the \$200

1 COMMITTEE ON FINANCE

100

2 million for T2 as well as the capital chart. You
3 know, the numbers are basically how we expect to
4 spend the capital dollars but we can get you that
5 information.

6 COUNCILMEMBER BROOKS-POWERS: Thank you.

7 PRESIDENT KATZ: And what about the 45 million?

8 SENIOR VP ULBERG: The 45 I'm not familiar with.

9 PRESIDENT KATZ: That's uh...

10 COUNCILMEMBER BROOKS-POWERS: That was a
11 preliminary... I'm sorry Dr. Katz, I had to cut you.
12 I just wanted to explain because of the limited time,
13 but that was in the council's response to the
14 preliminary budget the mayor put out. And so in
15 the... the response since then it was not included.

16 SENIOR VP ULBERG: Okay.

17 PRESIDENT KATZ: Understood.

18 COUNCILMEMBER BROOKS-POWERS: Do you have an
19 answer?

20 PRESIDENT KATZ: I think you... as you said, it
21 was not included in the budget. We're happy to
22 continue to work with you and OMB on it, but it was
23 not included in our budget.

24

25

COUNCILMEMBER BROOKS-POWERS: No. I acknowledge that. I was asking: Can the agency explain why it was not included?

PRESIDENT KATZ: I... I don't have an explanation. It wasn't... I mean, it was not granted to us.

COUNCILMEMBER BROOKS-POWERS: Okay. It would be great if we can get a response to that, to have a better understanding. And then in terms of the other initiatives, the department is undertaking to improve access and to shrink healthcare deserts across the city. What are those?

PRESIDENT KATZ: Well, so... I... We are interested, including in the Rockaways, looking at all of the areas where we think our clinics and hospitals are missing, and figure out what is the right mix of mobile services, brick and mortar services, hospitals, and try to, you know, do as... as broad a job as we can. We agree with you that access is not equal throughout the city and we want to... while we cannot move our physical hospitals, we certainly can try to site satellite facilities wherever possible.

COUNCILMEMBER BROOKS-POWERS: And in terms of Rockaway, while we're on it, as Health and Hospital continues to move on exploring what services are needed, I really would like to have my office at the table. I feel like the conversation has been having... happening outside of inclusion. And I want to make sure that we are at the table to be able to make sure that these critical medical needs are being addressed in whatever comes to the Rockaway community.

I'll just leave with... I wanted to get a response on the support of the Test and Trace in terms of the neighborhoods and populations Health and Hospital intends to target with the funding... the \$200 million funding.

PRESIDENT KATZ: Understood.

COUNCILMEMBER BROOKS-POWERS: Is that what you're going to submit too?

PRESIDENT KATZ: Yes, we'll submit that. Thank you so much.

COUNCILMEMBER BROOKS-POWERS: Thanks, Dr. Katz.

PRESIDENT KATZ: Thank you.

COUNSEL BUTEHORN: Dr. Katz. I know you... we were told you had to see patients, but SVPs Uhlberg

and Yang can stay. So we have three more Councilmembers with questions. So we...

PRESIDENT KATZ: My patient care starts at one so I'm still good.

COUNSEL BUTEHORN: Okay. I don't want to get you and your patients. Next we'll call on Councilmember Louis, followed by Councilmember Schulman, and followed by Councilmember Sanchez. And we just have to say for the record, we've been joined by Councilmembers Cabán, Bottcher, Powers, Barron, Rivera, Carr, Gutiérrez, Schulman, and Joseph.

Councilmember Lewis.

SERGEANT AT ARMS: Starting time.

COUNCILMEMBER LEWIS: Thanks. Thank you Chairs Brannan and Narcisse for this hearing. Good to see you Dr. Katz, and the H and H team. According to a 2020 report published by the American Midwifery Certified Board, approximately 85% of certified nurse midwives identify as white compared to roughly 15% identified as people of color. I wanted to know is equity and inclusion in midwifery a priority for H and H in FY 23.

PRESIDENT KATZ: Well, I can certainly say that doesn't describe the midwives and Health and

Hospitals. And I think the most direct thing to do would be to provide you with their breakdown, but I... I have been at the places that have the strongest midwifery programs, which are NCB and Woodhall, and I have met the midwives and they do not meet that at all.

COUNCILMEMBER LEWIS: All right, I would like to know for the entire H and H, what that breakdown looks like. It would be really great for us to know, and since the Deputy Speaker Ayala mentioned doulas earlier, I'll revert to another question. What's the status of the New York State Medicaid pilot for the doula care services that you all have launched? And can you lay out its plan for engagement and recruitment for doulas for H and H?

PRESIDENT KATZ: Well again, the way that the doula program right now works in New York City is our sister organization DOH-MH receives money from City Council for the doula programs, and then we work very closely with them to match the doulas to people at Health and Hospital facilities who are going to deliver. I'm not... I'm not... I have heard about the push to get Medicaid to cover it. I'm not aware that that happened. John, did that happen?

2 SENIOR VP ULBERG: Yeah. It was in the... it's
3 in the... in this year's recently finalized budget.

4 PRESIDENT KATZ: I see.

5 SENIOR VP ULBERG: Yep.

6 PRESIDENT KATZ: So... so how will that work once
7 the money starts to flow?

8 SENIOR VP ULBERG: Yeah, I think we're still
9 trying to sort that out with the state, you know that
10 there was a funding allocation made, we're not quite
11 clear yet in terms of how the dollars are going to be
12 allocated. And then I think also, to your point, Dr.
13 Katz: Is there a way to get insurance to pay for
14 that service? And particularly the Medicaid program?
15 But there was dollars added in the state budget.
16 We're just trying to better understand how they're
17 going to be allocated

18 COUNCILMEMBER LEWIS: If a followup could be
19 provided to my colleagues and I, we've been
20 mentioning this quite often and haven't received any
21 followup, so that the conversations having...
22 happening right now, a report, or some type of follow
23 up would be good, especially regarding reimbursement
24 for rendering purposes. That would be helpful.

25 SENIOR VP ULBERG: Yeah, no problem at all. Yes.

COUNCILMEMBER LEWIS: Thank you.

COUNSEL BUTEHORN: Thank you, Councilmember Lewis. Next we turn to Councilmember Schulman.

COUNCILMEMBER SCHULMAN: Hi. Thank you. I'm going to be brief.

SERGEANT AT ARMS: Starting time.

COUNCILMEMBER SCHULMAN: A point of information of questions I don't get to ask, can I submit them so that we can submit them to H and H, because I want to be brief here?

CHAIRPERSON BRANNAN: Yeah, Lynn. Of course we sent send us your questions, we'll make sure they can answer.

COUNCILMEMBER SCHULMAN: All right. Thank you. I want to thank Chair Brannan. I want to thank Chairs Narcisse and Moya. And thank you, Dr. Katz. We know each other really well. And I also do want to say that for the record, Chair Brannan, that I worked at H and H and the tchotchkes that Moya referred to: Actually patients really like them and they feel part of the system. So I just want I do want to say that, and as somebody who bought them for H and H when I worked there, I want to emphasize that. But at any rate, I want to ask you, Dr. Katz

about a couple of things. One is I want to thank you for your support of the Committee of Interns and Residents on trying to get them bonus payments from the state, which they were left out of and in the state budget. But in terms of New York Cares, which is a successful program, do we have a demographic breakdown on that, in terms of... particularly in terms of age? Because I have a lot of older adults in my district and it's not considered a quote unquote "underserved district" and I want to make sure that they have access to the services.

PRESIDENT KATZ: We will provide that, and there are no age limitations, as you know. So I...

COUNCILMEMBER SCHULMAN: No, I understand that. I just wanted a breakdown in terms of the outreach and all of that.

PRESIDENT KATZ: Sure. I will... We will send that to you.

COUNCILMEMBER SCHULMAN: The other is that I want to... I also want to reiterate what my colleague, Councilmember Chair Moya said about: We only have two as you know, H and H facilities, one to my West and one to my East... of me. And so I appreciate you saying earlier in the hearing that you would be

willing to talk to us about trying to bring some public facilities into our areas, because my constituents keep telling me they use City MD for their primary and preventive care, which is not a good thing. The other question I want to ask you, which nobody has asked yet is about LGBTQ services for LGBTQ New Yorkers, and what you do in terms of trans services as well?

PRESIDENT KATZ: Well, I think... I think, you know, we're very proud that that New York City has the only gender affirming surgery program anywhere in the US at Metropolitan. They did their 100th surgery. We've opened up pride centers at almost all of the hospitals, we get awards for our openness among... for LGBTQ issues. But we always want to do more. And if you have suggestions of things that we're missing, please... please tell us and we will move to cover those areas as well.

COUNCILMEMBER SCHULMAN: How much of the budget is allocated to those two services?

PRESIDENT KATZ: John, can you... do we break it down in that way? Can you tell from this? Or do we have to get back to you?

SENIOR VP ULBERG: Yes. I think we'd have to get back. We don't necessarily... we do have some programs that we can identify and give you the cost on but you know... much...

PRESIDENT KATZ: Why don't we put together a meaningful document that includes all the Pride Centers, the gender-affirming surgery programs, and our other outreach issues?

SENIOR VP ULBERG: We have all that.

COUNCILMEMBER SCHULMAN: I appreciate that. And in my time left, I just want to, I'd like to make a comment. So I know that you're involved in negotiating the affiliation agreements with the private hospitals. And I want to see if there's a way for them to be able to take special... special referrals, specialty referrals, so that we can cut down on the amount of time it takes to get an appointment for those referrals for patients.

PRESIDENT KATZ: Yes. I mean, that's something I've worked on in other cities, and I think it is entirely doable.

COUNCILMEMBER SCHULMAN: Thank you very much. I'm done Chair.

COUNSEL BUTEHORN: Thank you, Councilmember Schulman. We've also been joined by Councilmembers, Hanif, Yeger, and Lee. And we'll turn to Councilmember Sanchez for our final question.

SERGEANT AT ARMS: Starting time.

COUNCILMEMBER SANCHEZ: Good afternoon, Dr. Katz and team. Very, very good to see you all. And thank you to Chairs Brannan and our committee Chairs. So my first question is on CMS. I noticed that the executive plan adds \$350,000 for the crisis management system. Just wanted to get an understanding of how that is being used. Is that for CMS groups? Is that funding staffing? And how does that... if you could provide a breakdown in terms of boroughs and where... where that funding is going?

PRESIDENT KATZ: John, can you do that?

SENIOR VP ULBERG: Yes, we can do that.

PRESIDENT KATZ: Do we have it today or is that something we have to provide?

SENIOR VP ULBERG: We'll provide that.

PRESIDENT KATZ: Okay.

COUNCILMEMBER SANCHEZ: Okay, great. And then second, I just want to echo some of the comments that my colleagues have made on doula care and on

midwifery services. So you know, just in terms of doula care, I'm very excited to, of course, see the expansion in Queens and Brooklyn. Bronx? Bronx wants love to. We want we want some doula care in the Bronx. I'm actually... show and tell. I'm six months pregnant!

PRESIDENT KATZ: Oh Congratulations. [claps]

COUNCILMEMBER SANCHEZ: Thank you. Thank you, thank you. And it's just... it's... it's been really tough to you know, even as a City Councilmember, even even as... as a person that has a lot of access and privilege in so many different ways, it's been really tough to navigate the healthcare system and find the services we... you know, that me and my family need. And I can only imagine that that's, you know, multiple... multiple, multiple times amplified for others. So, you know, we'd love to just get H and H's partnership in bringing more doula services to the Bronx, more midwifery services, a birthing center, which the Bronx Borough President has asked for, and, you know, we'd love to see if I can get you to make a commitment today. But... but to work with you more... more broadly.

PRESIDENT KATZ: We agree we want we want to make it happen, and we will together. I think we... we will... two to three more years, we'll be able I hope to be able to say that we've covered the whole city and that every woman who wants access to a doula has the ability to get that doula.

COUNCILMEMBER SANCHEZ: Thank you so much. That's my question. Take care and great to see you.

PRESIDENT KATZ: Good to see you.

COUNSEL BUTEHORN: Thank you, Councilmember Sanchez. We will turn back to their Chairs for their closing thoughts and comments. Chair Moya.

CHAIRPERSON MOYA: Thank you, I'll be brief. I just wanted to say thank you again to Dr. Katz and the entire team at H and H for spending the time and answering our questions. And again, just to the staff were really made this happen. And thank you to both my colleagues Chair Brannan and Chair Narcisse, for really conducting a great hearing today. So thank you, everybody and to my colleagues. Thank you for your patience as well. Thank you.

COUNSEL BUTEHORN: Thank you. And Chair Narcisse?

CHAIRPERSON NARCISSE: I want to say thank you to Dr. Katz, and I'm looking forward to have the centers throughout the city, and most importantly, the one that we spoke about already. I'm looking forward to see if I can see it as soon as possible. Hopefully by next year. Thank you, John, for answering all the question and all your staff. And thank you, my colleagues for being here, staying there for the hearing, Chair Moya, Chair Brannan. I want to say thank you putting the... for all of us to work together to get to the bottom of it, and to understand the finance and the unit headcount, and all this. So that's important for our city to be very transparent. And before I finish totally, there is something that came to my attention that was brought by the Chair of Health that heard about the dye contrast that we don't have no dye in the H and H. I don't know if it's a true thing. So how are we doing that before?

PRESIDENT KATZ: It's a... it's a national shortage. It's... actually... it's an international shortage. It's because all of the contrast dye for General Electric CT scanners and other machines is made in one factory in Shanghai. That factory was

closed, because of the zero COVID policy, so people were not allowed to work. The factory has now reopened shipments are starting. But because there's a gap, there's not enough contrast agents for the US to continue to do the same clip of procedures. So we're focusing on those procedures where contrast is most needed. You can still... doctors can still order a CT scan. It's not the CT scan, it's just that would not have contrast. So certain types of studies really need the contrast, in which case, those are the ones we're going to prioritize. Otherwise... otherwise... other ones we're going to defer until the contrast agents has returned so that we can make sure no one is harmed.

CHAIRPERSON NARCISSE: Thank you for explaining it. That's what I had to do. I had to explain what's the contrast due to when you do the test? I appreciate that. But what have we learned from this? Because when we depend on other countries to do things, maybe we can look into our own country to provide the... some things like that, that's so important. Talking about health. So thank you. I'm sure you're thinking about that. So thank you for Finance unit head, Francisco, Senior Counsel Sara

Liese, and Harvoni _____, senior policy analyst, and Em Belkin, and all the staff and of course, my staff for putting together and helping me through this. And thank you all, I appreciate you, and my Chair of Finance. Thank you.

CHAIRPERSON BRANNAN: Thank you, Councilmember Narcisse. Thank you, Councilmember Moya. Dr. Katz, thank you. I think if there was a silver lining, the past two and a half years with COVID, it certainly helped make H and H more of a household name, the nation's largest public health system and brought H and H into our neighborhoods, into some neighborhoods that didn't have experience our engagement with H and H before. So I think that's a good thing. And I think our... most of our experiences with H and H throughout the pandemic had been had been great. And I want to thank you for your good work. Obviously as stewards of taxpayer dollars, we want to make sure the money is always being spent efficiently and wisely and planning for whatever's next. So thank you very much Dr. Katz. I appreciate you.

PRESIDENT KATZ: Thank you. [Waving]

CHAIRPERSON BRANNAN: Malcom, we're going right into DOHMH, right?

1 COMMITTEE ON FINANCE

116

2 COUNSEL BUTEHORN: Yep. We've just got to wait
3 for one or two more them to sign on and then we'll
4 get started.

5 CHAIRPERSON BRANNAN: Okay.

6 CHAIRWOMAN NARCISSE: A cultural note: Everyone
7 is invited to the Borough Hall for Haitian Flag Day.

8 SERGEANT SADOWSKY: Good afternoon to CFO Jarrah.
9 Would you be able to test your audio?

10 DEPUTY COMMISSIONER JARRAH: Hi there. Can you
11 hear me all right?

12 SERGEANT SADOWSKY: Yes, we can. Thank you.

13 DEPUTY COMMISSIONER JARRAH: Thanks.

14 SERGEANT SADOWSKY: And First Deputy Commissioner
15 Easterling, if you'd like to test your audio as well.

16 DEPUTY COMMISSIONER EASTERLING: Yup. Can you
17 hear me?

18 SERGEANT SADOWSKY: Yup. All good.

19 COUNSEL BUTEHORN: Okay. We're just waiting for
20 Dr. Vasan, Dr. McRae, and Deputy Commissioner Schiff.
21 And Councilmember Lee, we will rename you. Bear with
22 us a moment. Chair Moya is still on. Give me a
23 stroke with the second round.

24 COUNSEL BUTEHORN: I was trying to be helpful,
25 Malcom. That's all.

COUNSEL BUTEHORN: (Laughs)

SERGEANT SADOWSKY: And good afternoon,
Commissioner Vasani. If you'd like to test your audio
you may do so now.

COMMISSIONER VASANI: Hello. Good afternoon.

SERGEANT SADOWSKY: Yep. Loud and clear. Thank
you.

And Deputy Commissioner Schiff, if you'd like to
test your audio as well.

DEPUTY COMMISSIONER SCHIFF: Good afternoon.

SERGEANT SADOWSKY: Coming in loud and clear.
Thank you.

COUNSEL BUTEHORN: Okay. I think we have to we
get Dr. McRae on. Dr. Vasani is Dr. McRae... he'll
still be joining?

COMMISSIONER VASANI: As far as I understand, yes,
that's the plan.

COUNSEL BUTEHORN: Okay.

CHAIRPERSON SCHULMAN: Dr. Vasani, you can smile.

COUNSEL BUTEHORN: Here we go. Dr. Michael
McRae, if you want to test your audio, you'll be
able to unmute yourself. Dr. McCray, are you there?
All right, well, this is turning into the LIRR.

We're going to get on track. He can be sworn in if he answers questions later.

So let's see. Thank you, everyone. Welcome to the second portion of the executive budget hearing for May 18, the Department of Health and Mental Hygiene. My name is Malcom Butehorn, Counsel to the Committee on Finance. We've been joined by Councilmembers Brannan, Lee, Moya, Ariola, Barron, Bottcher, Cabán, Dinowitz, Hudson, Joseph, Lee, Louis, Ossé Sanchez, Schulman, Velázquez, Yeger, Ayala, Powers, and Brooks-Powers. Reminding everyone Councilmembers and members of the mayoral administration you will have the ability to mute and unmute yourselves. We just ask while not speaking to please remember to mute yourself to avoid background noises.

The following members of the administration will testify and are asked her questions today. Dr. Ashwin Vasan, Commissioner, Samri Jarrah, Chief Financial Officer, Dr. Torian Easterling, First Deputy Commissioner and Chief Equity Officer, Dr. Michael McRae, Acting Executive Deputy Commissioner of Mental Hygiene, and Corinne Schiff, Deputy Commissioner Environmental Health. We'll first turn

to the Chairs for their opening statements. Chair Brannan, followed by Chair Schulman, followed by Chair Lee, followed by Chair Moya and then they will turn it back to me.

CHAIRPERSON BRANNAN: Great. Thank you, counsel.

Good afternoon, everyone who's joining us for this portion of the hearing the second portion of today's executive budget hearing, we're still focused on health and I'm pleased to be joined by Chair Schulman of the Committee on Health, Chair Linda Lee of the Committee on Mental Health, Disabilities and Addictions. And Councilmember Francisco Moya, Chair of the subcommittee on COVID Recovery and Resiliency. We're pleased to welcome our new Health Commissioner Dr. Vasan and his team from the Department of Health and Mental Hygiene. Department's projected FY 23 budget of \$2.08 billion represents 2% of the city's fiscal 23 budget in the executive plan. DOH's fiscal 23 budget increased by 5.1%. From the preliminary plan. The increase is the result of a number of actions taken, most significant of which are \$2.8 million in the neighborhood response unit as part of the subway safety plan of FY 23, \$30 million in savings for personal services, and \$25 million for

early intervention in fiscal 22, and \$25 million
Public Health Corps role for fiscal 22, 23 and 24.

One of the biggest lessons that COVID-19 has
taught us is that health disparities are real, and
they've been left ignored and they've been... they've
had a devastating consequences on non-white New
Yorkers as a result of the pandemic which has only
exacerbated them. COVID-19 laid bare how certain
segments of our society were forgotten and neglected.
The budget of DOHMH moving forward as we enter our
post-COVID new normal is more important than ever.
Those traditionally left behind in underserved
communities deserve better from their city leaders
and budget dollars. They too pay taxes and deserve
the same level of equitable care, attention, and
services as any part of the city better served. I
said it at our first budget hearing, and I've been
repeating it throughout, the council is going to
ensure that our budget is not only balanced, but more
importantly fair and equitable. My questions today
will focus on opioid settlement funds, Article Six
reimbursement rates, early intervention savings, and
something extremely near and dear to me, the Eye Care
Pilot Program. Again, I want to thank Carillion

Francisco and Jon Yedin for their work on today's hearing. I'll now turn it quickly to my colleague Chair Schulman for her opening remarks, followed by Chairs Lee and Moya.

CHAIRPERSON SCHULMAN: Thank you, Chair Brannan. Good afternoon everyone, and welcome to the fiscal 2023 executive budget hearing for the Department of Health and Mental Hygiene, or DOHMH. My name is Lynn Schulman and I'm the Chair of the Committee on Health. Today we will be reviewing the fiscal 2023 budget for DOHMH, which totals \$2.08 billion, an increase of \$100 million since the preliminary budget. This executive plan adds only one new need: \$2.8 million for the Neighborhood Response Unit and make several adjustments like the addition of \$19.5 million to cover last Article Six funding and the rollout of the Public Health Corps into the out years. The fiscal year 23 budget is the first budget that the council will be passing during the post-COVID recovery phase. And it is so important that we adopt a budget that focuses on ensuring that everyone has access to services and that no one is left behind as we recover from the COVID 19 pandemic and urge New Yorkers to seek primary and preventive care.

As a recent breast cancer survivor out lesbian and animal lover, I am disappointed to see that none of the council's health asks and DOHMH were funded. Some of these include \$3.4 million to restore and increased funding for the Animal Care Center, \$1.4 million to support an Eye Care Pilot Program, \$500,000 to fund diabetes prevention, and a general call to invest in preventive services. These services are vital to ensure that we treat our most vulnerable New Yorkers and I look forward to hearing how these populations along with our precious animals will be serviced without additional funding. I would like to welcome Dr. Vasan to his first budget hearing as commissioner and to the whole DOHMH team for being here. I look forward to working with DOHMH and my colleagues to address the issues we will touch on today, and to ensure we have the followup needed to negotiate a fair and just budget. I would like to thank the committee staff for their tremendous work and putting this hearing together including Finance unit had Killian Francisco, Senior Counsel Sara Liss and Erbania Huja, Senior Policy Analyst Em Balkan, and my Chief of Staff Basia Klass. And with that I hand it back over to you, Malcolm, to the council.

COUNSEL BUTEHORN: Thank you. Next we'll turn to Chair Lee.

CHAIRPERSON LEE: Hi everyone, I will try to keep this brief. Thank you Chair Brannan, Schulman, and Moya for today's hearing, and of course, all the Council staff. And thank you so much, Dr. Vasan, and all the DOHMH staff for being here today. And as my colleague just mentioned, we're here to take a look at and inquire about the \$2 billion FY 23 budget, of which \$689 million is dedicated to mental health services, which is an increase of \$28 million since the preliminary budget, which we're grateful for. But we noticed that of course, it does not include some of the funding to support the mental health asks that we have included in our preliminary budget response, which is including the \$10 million to support 24-hour overdose prevention in every borough \$8.4 million to create New York State's first trauma recovery centers, \$3 million to expand mental healthcare to communities hardest hit by COVID-19. And so today during the hearing, you know, we look forward to hearing testimony and answering of questions regarding how we can better serve New York City's mental health needs. More specifically given

that DOHMH is proposing to spend \$1.1 billion in contracting services in FY 23, I'm looking to hear... I'm looking forward to hear how we continue to expedite and streamline the city's contracting process -- my favorite topic, procurement -- to ensure that our CBO partners do get paid in a timely fashion and do get the resources that they need to... to offer these services and almost as an extension of DOHMH. So I look forward to that. So thank you again, Dr. Vasan, and also the DOHMH team. And I would like to also thank committee staff for working on putting this hearing together, including Finance unit head Killian Francisco, Senior Counsel Sara Liss, Policy Analyst Christine Dwyer, and of course, my staff Asher Zonic and John _____. Thank you.

COUNSEL BUTEHORN: Thank you, we'll turn to Chair Moya.

CHAIRPERSON MOYA: Thank you. Thank you and good afternoon everyone, and welcome to the fiscal 2023 executive budget hearing for the Department of Health and Mental Hygiene. My name is Francisco Moya. I'm the Chair of the Subcommittee on COVID RESILIENCY and Recovery. I want to thank Chairs Brannan, Schulman and Chair Lee for being here today. And during

today's hearing, we will review the Department of Health and Mental Hygiene's fiscal 2023 expense and in capital budget.

As the Chair of the subcommittee uncovered Resiliency and Recovery, it is important that we ensure that the city is addressing the needs of all New Yorkers to stay safe and provide resources to help eliminate the root causes in the disparities in infection. This executive plan makes little change or investment in services that this council requested as well as the many council initiatives not funded in the DOHMH budget. So I would love to hear how the city will continue to improve lives with such a large deficit indirect services... services funded. More specifically, I'm interested in learning about the COVID spending in FY 23, the funding and goals for the Pandemic Response Institute, COVID-19 and language access needs and vaccines.

Thank you to... to Dr. Vasan and the DOHMH staff for being here. And I would like to thank the committee staff and my staff for working on this hearing with me as well. Of course finance unit had a Krillian Francisco, thank you for all that you do as well as Sarah Liss, for Bonnie Huja, Policy

Analyst Em Barkin, and my Chief of Staff Megan Tatio, all who have been doing a tremendous job throughout these tireless days going through these budget processes. So thank you very much. And I turn it back over to Malcom.

COUNSEL BUTEHORN: Thank you, Chair Moya. So I'm going to call on each member of the administration individually respond after I read the oath.

Do you affirm to tell the truth, the whole truth and nothing but the truth before these committees and to respond honestly to Councilmember questions? Commissioner Vasani?

COMMISSIONER VASANI: Yes, I do.

COUNSEL BUTEHORN: CFO Jarrah?

DEPUTY COMMISSIONER JARRAH: Yes, I do.

COUNSEL BUTEHORN: First DC Dr. Easterling?

FIRST DEPUTY COMMISSIONER EASTERLING: Yes.

COUNSEL BUTEHORN: Acting EDC, Dr. McRae?

DEPUTY COMMISSIONER MCRAE: Yes, I do.

COUNSEL BUTEHORN: And Deputy Commissioner Schiff?

DEPUTY COMMISSIONER SHIFF: Yes.

COUNSEL BUTEHORN: Commissioner whenever you're ready to begin.

COMMISSIONER VASAN: Thank you so much. Thank you to Chairs Brannan, Schulman, Lee, and Moya. Good afternoon, members of the committee. I'm Dr. Ashwin Lawson, the Commissioner of the New York City Department of Health and Mental Hygiene. I am joined today by Dr. Torian Easterling, my First Deputy Commissioner, Mr. Samri Jarrah, our Deputy Commissioner for Finance and our Chief Financial Officer, Dr. Michael McRae, our Acting Executive Deputy Commissioner for Mental Hygiene, and Ms. Corinne Schiff, Deputy Commissioner for Environmental Health.

Thank you so much for the opportunity to testify today on the department's executive budget for fiscal year 2023. I like to start by taking a moment to introduce myself to those of you I have not met. And to give you an overview of my priorities as New York City's Health Commissioner.

I'm a primary care physician. I'm an epidemiologist. I'm a public health practitioner, and I've dedicated my career to improving the physical and mental health and social welfare of New Yorkers. I am a father of three young children and I bring my experience as a parent to this work,

especially now as all of our children, including mine have had their well-being and mental health impacted by COVID-19. I'm also the loved one of people who have lost their lives to and continue to live with addiction and serious mental illness. And these experiences have impacted me deeply, especially coming from an immigrant culture where mental health is so deeply stigmatized, pushed under the rug and into the shadows. Since stepping into this role two months ago, I've been so impressed by the dedicated and life-saving work of health department staff, particularly during the COVID 19 pandemic. As you may have seen in our Executive Budget Narrative, health department staff is estimated to have worked in additional three and a half million hours on top of their normal responsibilities since March 2020. They are indeed heroes deserving of our thanks and celebration.

As I look into the future, and as the city transitions out of its emergency response to the pandemic, I look forward to refocusing our work on the other new and longstanding challenges the city is facing. This means reorganizing and strengthening our public health infrastructure and operating model,

doubling down on the department's commitment to centering equity as a guiding principle for all of our work, and revitalizing our storied expertise in chronic disease prevention, policy and programs, and beginning to tackle the health effects of a changing climate and environmental justice on already vulnerable communities in our city. And this especially means grappling with the second pandemic of mental health needs which continue to grow in our city and in our nation.

We have had a longstanding mental health crisis, with deaths from suicide, overdose and alcoholism -- otherwise referred to as deaths of despair -- rising steadily for the last 20 years. But what was present before the pandemic has exploded over the past two years, especially impacting our young people with rising rates of depression, anxiety, and suicidality amongst youth and teens, especially BIPOC youth and LGBTQIA youth. It is seen in the impacts on people living with serious mental illness, already isolated due to their disease and associated stigma, now thrust into further isolation and marginalization due to the pandemic, and with serious mental illness being the second leading risk factor for death from

COVID-19 itself. It is seen in the mental health and dramatic effects of the epidemic of hate racism and violence towards Asian and Pacific Islander neighbors. And it is seen in our overdose crisis, which is taking the life of one New Yorker every four hours, with 2020 setting a record for overdose don't overdose deaths, and 2021 likely to do the same.

Mental health is indeed the public health issue of our era, one that we will be addressing for years to come and demands both upstream and downstream approaches to respond and requires that we not only build new programs and projects, but that we fundamentally redesign our systems to serve all New Yorkers in the most culturally diverse city in the world.

I want to thank Mayor Adams for his continued commitment to public health, and I look forward to partnering with council and sharing more about the health department's work with you in the coming months.

Though the city is moving away from an acute all-encompassing emergency pandemic response, COVID-19 is still a top priority for the health department, and is integrated into our work across the agency. New

York City is currently at a high COVID-19 alert level. This means New Yorkers are urged to take the following actions: get vaccinated and boosted if you haven't already, wear a face mask in all public indoor settings, especially if you are in an unvaccinated and/or from a high risk group. Get tested frequently after gathering and travel and especially if you're not feeling well and stay home if you are sick. If you do test positive isolate immediately and talk to your doctor about whether you're eligible for the available treatment options we have. If you don't have a doctor call the city's COVID hotline at 212-COVID-19.

I will note that New York City has made him immense progress in our fight against COVID. Over six and a half million New Yorkers are fully vaccinated. That's nearly 80% of adults and 59% of eligible children. And testing and treatment remains free and widely available. But as we face a recent increase in cases and hospitalizations, we want New Yorkers to know that there is still work to be done and we can't call it quits on the fight against COVID-19 just yet. In our approach to the continued response and recovery from COVID, equity and a focus

on community based organizations remain key tenants of the health department's work. There's no better example of this than our new Public Health Corps through which community health workers are actively working to build healthier neighborhoods across New York City. Public Health Corps on the ground outreach has led to increases in COVID vaccination uptake, and expanded community partnerships to build trusted messengers for public health information.

I will now turn to a brief update on the department's FY 23 executive budget before turning to state and federal budgets.

The health department currently has approximately 7500 employees and an operating budget of \$2.1 billion for FY 23, of which 1 billion is city tax levies. The executive budget added \$59 million CTL to the department's FY 23 budget. The additional funding for the Health Department in the executive budget will allow the department to expand and continue several areas of critical public health work. This includes \$2.7 million for neighborhood response units, comprised of clinicians and people with lived experience, otherwise known as peers, to prevent and address the emergence of mental health

and substance use challenges in neighborhoods that have the poorest health and social outcomes and other high priority spaces in the city, including our subways. These neighborhood responses are part of the mayor's subway safety plan.

The budget also funds \$12.5 million in CTL annually for FY 23 And FY 24 for the Public Health Corps bringing the total funding to more than \$53 million, so they can continue their critical COVID-19 recovery work in the neighborhoods hardest hit by the pandemic. Additional funding includes \$1.6 million for mobile food vending permit processing, and \$19.5 million for school health to address a gap in state funding due to Article VI ineligibility, which I will discuss in a moment.

Moving on to the state FY 23 enacted budget: There were important investments and policies to advance public health, including additional investments in early intervention, supportive housing, and Article VI public health funding which helps to support critical health and mental health services in New York City. Further, reforms to expand Medicaid eligibility and for undocumented immigrants 65 years of age or older, extend Medicaid

coverage post pregnancy, and establish telehealth reimbursement parity will improve access to healthcare services for many New Yorkers, but more support is needed. This is a pivotal time for public health, and the state continues to fund New York City's Article VI reimbursement at a lower rate than the rest of the counties in the state. We continue to urge the state to reinstate the 36% Article VI reimbursement rate and to invest in vital public health infrastructure for New Yorkers.

At the federal level, we remain very concerned about Congress not properly funding ongoing COVID-19 response and recovery efforts. We appreciate the leadership of our New York City congressional delegation and the Biden-Harris Administration, which has been demanding these funds. Without an emergency supplemental appropriations from Congress, the fight against COVID-19 will be critically impacted in the future. We are already seeing private providers charging uninsured people for testing or stopping testing operations altogether. And the White House has advised that the federal supply of vaccines and treatment will decrease in the near future. The impact of this will be felt

disproportionately by uninsured and underinsured New Yorkers, many of whom are low-income people of color and immigrants, and by trusted community based providers who will no longer receive reimbursement for testing and vaccination services.

Without a robust federal supply or response effort, many New Yorkers will have trouble accessing treatment and vaccines in the future. Putting the entire city at risk of losing ground in this battle. I encourage immediate congressional action to appropriate emergency funding to ensure continued progress in the city and the country's recovery. I thank Mayor Adams for the resources dedicated to the department in the executive plan and for his continued commitment to public health.

Thank you to the Speaker, Chairs and members of the committee for your partnership and dedication to the health and well-being of all New Yorkers and I'm happy to take your questions.

CHAIRPERSON BRANNAN: Thank you, doctor. I appreciate you being here, and welcome aboard, and thank you for your service and all you will do for our city. Before we start I always like to preface with: We might not get to all of our questions

today, or you might not have sufficient responses. We certainly hope that's not the case. But we will send a letter for any of the unanswered questions which is important for our budget negotiations.

I want to ask about the opioid settlement funds. The Attorney General and the mayor recently announced that the city is set to receive \$256 million from the \$1.5 billion dollars from settlements with opioid manufacturers. Additionally, Doctor, you were recently appointed to the opioid settlement board by the mayor. How much funding does the executive budget include from the settlements? And what's the timeframe for the allocation of these funds?

COMMISSIONER VASAN: Thanks so much for the question, Chair Brannan. Let me just start by saying the opioid crisis and the overdose crisis we're facing in our city is a major public health priority. I've been calling it a five-alarm public-health fire that we would be addressing as the top priority were it not for the other pandemic that we're facing, and so... for the other epidemic that we're facing, and so, this... this has been in remains a major priority for the health department. 2020 was the worst year on record for overdose deaths in New York City and

1 nationally, over 2000 New Yorkers died of a drug
2 overdose in New York City, uh, last year... I'm
3 sorry... in 2020. And we expect that number to rise
4 in 2021. More New Yorkers died in 2020 of overdoses
5 than of homicides, suicides, and auto accidents
6 combined. And we are committed to a comprehensive
7 approach that emphasizes prevention, harm reduction,
8 community based care and treatment. And we've...
9 we've proven that in the development of our overdose
10 prevention centers in particular, over the last
11 several months. As you know, our overdose prevention
12 centers provide safe and evidence-based proven
13 strategies to save lives, link people to care, and
14 improve... improve conditions surrounding...
15 surrounding neighborhoods. As of... Just as an
16 update, as of May 8, 2022, the two overdose
17 prevention center locations in New York City have had
18 1100 unique participants, over 18,000 utilizations,
19 and over 290 overdose interventions, which means 290
20 potentially fatal overdoses were averted. So this is
21 proven and this does save lives.

22
23 As you know, the city does not fund or run
24 overdose prevention centers. They are funded by
25

private funding, and then run by private providers.
But we are certainly a proponent of this strategy.

Obviously, I am very grateful for the work of the state and the Attorney General to hold accountable companies who have sought to profit off of the epidemic... the overdose epidemic in our city and in our state and nationally. And I'm very pleased that that money is intended to be reinvested into proven opioid prevention... overdose prevention strategies, and grateful that I sit on the... and will be sitting on the opioid settlement board coming up. We have yet to meet as a settlement board, but we will be doing so in the coming weeks. And we will be discussing exactly how to use these funds to advance opioid prevention, treatment, recovery, and harm reduction.

CHAIRPERSON BRANNAN: Thank you. Is there... are there guidelines on that money and how it needs to be spent? Does settlement... does this opioid settlement funding have to be spent on opioid treatment? Or can it be allocated elsewhere?

COMMISSIONER VASAN: I'm happy to get you more details on... on any guidelines. But I can say that as a settlement board, we have not yet met to discuss

how this money will be spent. We have not yet received guidance on any rules or regulations for how the money will... will be spent other than to say it is being reinvested into addressing our overdose crisis.

CHAIRPERSON BRANNAN: Okay. But we have the money, right? You got the check in the bank account?

COMMISSIONER VASAN: Again, I can... I'll defer to my colleagues at OMB for precision on whether we have the money and when the money arrives or is coming.

CHAIRPERSON BRANNAN: Okay, let's... I want to move along.

Article VI reimbursement rates: The enacted state budget did not reverse the rate reductions in the Article state... Article VI state matching funds that support and augment public health services, which if the city doesn't cover will result in year-over-year we're done options for our contract and CBOs. The executive plan includes an additional \$19.5 million on top of \$59 million in the budget to cover city contracts, but not this The Council's discretionary contracts. So how much loss in funding does the Article VI reduction amount to? And does

the city budget include to bridge the gap from the state's rate reduction?

COMMISSIONER VASAN: Thanks for the question, Chair Brannan. Yes, the enacted state budget, of course, made some important investments into public health, including increasing Article VI funding for New York City. But we were very disappointed to see that the state did not restore the 36% reimbursement rate for Article VI in New York City, and also to restore prior year cuts to Article VI funding categories to help the city invest in vital public health infrastructure.

Article VI, as you know, is a critical source of state funding for local public health activities and services. And state support is needed now, more than ever to address the health disparities that you pointed out, and that Chair Moya pointed out and others that have been really exposed and blown open due to the COVID-19 pandemic.

And, you know, our... our Article VI reimbursement rate has not increased in this budget, it was previously cut to 20% from 36%, some years ago, and unfortunately, New York City's the only locality in the state getting this lower

reimbursement rate for public health programs. And we think this is unacceptable and unfair, especially at a time like this coming out of the pandemic, when public health has never been more important, as was said in the opening, and where we need to be making transformative investments into public health infrastructure. And so we will continue to encourage the state and urge the state to reinstate this match. And you're right, it does impact the work of vital community based organizations that we depend on for core public health services.

CHAIRPERSON BRANNAN: Okay, so I guess for the questions if the city... does the city intend to... because the administration did not add funding to support the discretionary contracts funded by The Council, but I assume I'll have to ask OMB about that.

COMMISSIONER VASAN: I think that's right. Yeah.

CHAIRPERSON BRANNAN: Yeah. Okay, I got a couple more.

Early intervention savings: So the executive plan includes OTPS savings of \$25 million in FY 23 for the early intervention program. This is in spite of DOHMH being exempted at the preliminary budget for

the OMB's PEGs. So how is that reduction realized? And will there be services reduced to realize those savings?

COMMISSIONER VASAN: Thanks for the question Chair. You know that New York City has a robust Early Intervention Program, perhaps one of the best in the country. And it makes a difference in the lives of tens of thousands of New Yorkers and children and families each year.

For more details I'll punt to my First Deputy Commissioner Torian Easterling.

FIRST DEPUTY COMMISSIONER EASTERLING: I'll ask our Chief Financial Officer Samri Jarrah, who is going to talk a little bit about the savings on this one.

CHAIRPERSON BRANNAN: Yeah, I'd like to know, you know, how we save that money, and then if... if the reduction is expected to have any impact on your early intervention services?

DEPUTY COMMISSIONER JARRAH: Sure, I can speak to that. Thank you for the question, Chair.

So to your first point, this reduction has nothing to do with services. It's based on enrollment into the Early Intervention Program. And

the other piece to say is that this funding reduction is more in line with prior fiscal years. So based on our on our enrollment data, this is more in line with fiscal 20. So just for context, in fiscal year 20, we were at \$276 million based on enrollment, and then in fiscal 23, will be at \$275. So it's really based on the enrollment for services, and it was not part of the city's PEG program. Thank you.

CHAIRPERSON BRANNAN: Okay, I appreciate that. Last question. Something that's personal to me. Taking privileges as the Chair here.

In our budget response, we called for the inclusion of a \$1.4 million pilot program to provide eye care and vision care for... where low income New Yorkers can receive screenings and services. The program seeks to launch a mobile bus that would provide free eye exams and glasses to any New Yorker who does not exceed 250% of the federal poverty level. As you might know, Commissioner, I recently received the cornea transplant. It's something I'm very, very lucky that I had the healthcare to not only have a doctor who could diagnose it early on, but then I had the healthcare and insurance to

actually get an organ transplant to hopefully restore my vision.

Unfortunately, the executive budget did not fund our ask of a \$1.4 million pilot program. Has there been any discussion internally to make this make this happen? And we were just surprised not to see this included in the budget.

COMMISSIONER VASAN: Thanks for the question Chair. And I'm just very, you know, thankful for you and happy for you that you got the care that you needed. You know, I'm a primary care doctor by training, and an eye care is one of those areas in which, through our Medicaid programs, through Medicare... Medicare is better than Medicaid... but through most insurance programs, eye care as long with vision... along with hearing and dental seem to be carved out in ways that really don't reflect the reality of people's lives. Our brains, our eyes, our ears, and... are connected, and our teeth, of course, are connected. And so, you know, I'm so glad you got the care that you need. Vision is a critical part of overall health. Through our Office of School Health, we provide free vision screening to all pre-K students, and offer screening, optometry services,

and eyeglasses to all kindergarten and first graders. We also provide free screening, optometry and eyeglasses to all grades in community schools and students in temporary housing, and through STH schools, Students in Temporary Housing schools, through vendor partnerships. You know, for other questions about direct vision care, I would defer to my colleagues in New York City Health and Hospitals.

CHAIRPERSON BRANNAN: Okay, but... but... and those programs are great, but they only reach kids, right? They don't reach adults. So there's adults out there right now that are walking around with probably undiagnosed, unchecked vision issues because they either don't have insurance so they don't... they can't afford to see a specialist. So you know, our ask in \$100 billion budget and ask of \$1.4 million for an eye care program that would reach adults as well didn't seem like a big ask. Is this... Is this something that...? Well, I guess let me ask: How much has DOHMH proposed to spend on eye care services in FY 23?

COMMISSIONER VASAN: To answer that specific question, I'll kick it to Samri Jarra, my CFO, for the question about how much we spend. But let me

just start by also saying, you know, a lot of adult healthcare for a whole range of issues is run through our healthcare system, and not run specifically by clinics and services operated by the Department of Health and Mental Hygiene. So that's why I referred you to my colleagues at H and H, because they're in the... they're in the best position. They have the expertise. They have the optometrists on site and on faculty to be able to provide this sort of care, but as far as the spending, I'll kick it to Sammi Jarrah.

DEPUTY COMMISSIONER JARRAH: Thanks Chair for the question. I actually don't have that number right in front of me. And it's a little complex because it's a partnership with Warby Parker, a private vendor who provide some gratis services, but we'd be happy to follow up on that.

CHAIRPERSON BRANNAN: Okay, I appreciate that. I'm going to kick it over to my Co-Chairs. Thank you, doctor. I appreciate your team. I appreciate it. Thank you.

COMMISSIONER VASAN: Thanks so much.

COUNSEL BUTEHORN: We'll start with Chair Schulman.

CHAIRPERSON SCHULMAN: Thank you very much.

Thank you Chair Brannan. To follow up further on Chair Brannan's questions about Article VI: It's imperative that we understand that without the city covering the gap in services, there would be a reduction in funding for public health programs at a time when we are calling for increased services post COVID. The council added \$5 million in fiscal 2022 to cover these gaps for council discretionary contracts. Can you break down what services and populations will be most impacted through these cuts?

COMMISSIONER VASAN: Thank you for the question Chair. And again, I'll just reiterate how critical - I think you said it very clearly -- the time to cut Article VI funding... the time to even consider those sorts of things is most certainly not now, as we emerge from a once-in-a-generation, once-in-a-lifetime pandemic, where public health infrastructure is more important than ever. You know, we remain committed to providing these services both here at the department directly and through our CBO partners. I'd be happy to break... get the breakdown for you further in terms of which exact populations might be

impacted according to which services but overall I just to say that these cuts are a damaging thing.

CHAIRPERSON SCHULMAN: How many DOH... I just... I have a couple of follow up questions. How many DOHMH contracts did this reduction impact and what are we looking at in fiscal 2023?

COMMISSIONER VASAN: Thanks for the followup Chair, and I'll be happy to get that information for you. Unless my CFO Samri Jarrah, has further detail on that.

DEPUTY COMMISSIONER JARRAH: Yeah, that's a complicated question. We'd be happy to pull the data for you.

CHAIRPERSON SCHULMAN: I appreciate that. And has DOHMH studied the impact that these reductions would have on COVID rates and COVID long haulers.

COMMISSIONER VASAN: Again, well, we will be happy to pull that for you, Chair. Thank you for the question. Long-haul COVID is... is obviously a really new phenomenon, one that we don't fully understand. And we're still learning about how to address. And certainly, you know, whether Article VI funds that directly, it funds something else that couldn't be offset that would allow us to fund that

long-haul work. And so, as we pull that data about the contracts, we'll also get some estimates about those services. I will say that long-haul COVID services in general, so far through the city, have been mostly located with our partners at Health and Hospitals.

CHAIRPERSON SCHULMAN: Okay, no, I appreciate that. Because a lot of these community based organizations are in the communities and neighborhoods that we represent as... as Councilmembers. So I think that's really critical.

So now I'm going to talk about baby formula: The recall of Abbott nutrition products in February, following several infant deaths has caused a national shortage of baby formula. The FDA recently announced plans to reopen the facilities associated with the recall, how is the city managing this shortage? And how long do you think it will last?

COMMISSIONER VASAN: Thanks so much for highlighting this important issue Chair. And obviously, it's flared up nationally, as well as locally. This is a critical issue, it's critical that families have the support they need to feed their infants, regardless of whether it's through

breastfeeding or formula. There are resources available to New Yorkers who cannot afford formula and to learn more people can call 311. I know that the state that actually funds the purchasing and disbursement of formula is making some steps and should be announcing some steps. If not, they've already announced some steps to... to redress this. And so we're... we are working hard to make sure that every New Yorker who needs formula gets connected into a service that can provide it.

CHAIRPERSON SCHULMAN: And what is The Administration doing to prevent this from happening again? Clearly, there's... there are very few vendors that supply formula. So what are we doing to look to the future on this?

COMMISSIONER VASAN: Thank you for the question. Yeah, this is a... you know, this is not a problem that has shown itself before. It's a... it's a new thing. And I think what will be required is certainly a partnership with our state and federal partners to create some sort of stockpiles. So that this sort of emergency doesn't happen again, I know that the federal government is taking steps to subsidize expansions in supply from the other

manufacturers that make up the rest of the market share. And so that's incredibly helpful. We should be seeing the results of that in the coming days and weeks, according to our partners in Washington.

CHAIRPERSON SCHULMAN: Okay. I just want to also point out that, that Julie Menin, my colleague, who's Chair of the Small Business Committee, and I sent out a letter that's signed by the majority of the Women's Caucus, many of whom are on this call, to ask the mayor to ease up the procurement policies so that we can get more formula quicker, and also to make sure that inspectors go out and make sure there's no price gouging because we know that that tends to occur in these types of situations. So I just wanted to flag that for you.

But I also want to ask you several years ago, DOHMH launched the Latch On New York City initiative, which supports mothers choosing to breastfeed. The goal is to improve the health of mothers and children by increasing breastfeeding initiation and duration and exclusive breastfeeding. Is this still an initiative and DOHMH? If so, how much funding are we spending on this?

COMMISSIONER VASAN: Thank you so much for the question. As you know, breastfeeding is critical. And it's best public health practice. We understand that some families cannot. Some mothers struggle. My own wife had... had issues for one of our children in terms of breastfeeding. So this is a personal issue for me. We do support... We do support breastfeeding programs through a range of initiatives through our, of course, New Family Home Visiting Program, our Nurse Family Partnership, our Doula Program, as well as our New York City Breastfeeding Hospital Collaborative, all of which are promoting breastfeeding first, as a... as best public health practice. So that that does, and has, and will remain a priority for the health department and our Maternal and Child Health work.

CHAIRPERSON SCHULMAN: How much... How much funding are we spending on that?

COMMISSIONER VASAN: I'm happy to get that number for you. I can kick it to Samri Jarrah to see if he's got the actual figures for you.

CHAIRPERSON SCHULMAN: And do you also have a list of the hospitals and healthcare organizations that are participating in this initiative? And given

and given the issue with the baby formula that may or may not occur again, is there anything... are there any plans to enhance that initiative?

COMMISSIONER VASAN: Absolutely, we will get that information for you. We are happy to pull that, and of course, you know, it's a rapidly changing situation, and we're... we're thinking about ways to really gird ourselves for any potential future shocks to the formula system.

CHAIRPERSON SCHULMAN: Thank you. For the past several years, the council has been supporting the trans equity programs and the LGBTQ, which supports CBOs to increase coordinated delivery of Health and Human services for LGBT people and families and help empower the transgender and gender-nonconforming community. Can you walk us through the funding and programs that DOHMH has to support LGBTQ and transgender communities?

COMMISSIONER VASAN: Thank you so much. And thank you, I'm grateful to you Chair for your advocacy on this issue. I know it's... it's personal for you. As someone who spent his first 10 years of his career working on HIV and... and saw how important the LGBTQIA community was to advancing HIV

care, to affirming human rights and healthcare as a human right, this is also really critical and important for me as well and... and in my career. The Department of course, is committed to ensuring the health of all New Yorkers regardless of sexual orientation or gender. For example, to better provide young people with inclusive care, we have professional development opportunities for LGBTQ+ best health practices to all school based health center staff. We also offer a directory on our website of healthcare services and facilities that provide a variety of services to the LGBTQ, and TGN and CNB communities. We have also developed a transgender, gender-non-conforming, and non-binary community advisory board to advise and provide critical feedback on programming, educational materials, campaigns and clinical services designed to meet the needs of TGN CNB people. So this is... remains our commitment. As you know, we operate sexual health clinics around the city and they are leading edge of this work.

CHAIRPERSON SCHULMAN: Thank you. Does the executive budget include any additional resources to support the needs of LGBTQIA New Yorkers?

COMMISSIONER VASAN: I'll kick it over to Samri Jarrah for more information on whether the budget contains this information.

DEPUTY COMMISSIONER JARRAH: Yeah, thank you for the question, Chair Schulman. So I would say that our LGBTQ investments are across our program. So you know, there are pieces of every program where we support that population. In particular, I'm thinking about, you know, our mental health and family supports, several of which have had pretty significant investments over the last several months with this administration.

CHAIRPERSON SCHULMAN: So you know, very often in these budget hearings, we talk about the units of appropriation. Is there a way to break down what goes to LGBTQ in terms of services?

DEPUTY COMMISSIONER JARRAH: Yeah, we'd be happy to pull it out. I mean, you can imagine, we serve this population across a variety of services, and embed those values in all of our services. So we can do our best just sort of pull out some numbers for you to see how that looks across the agency

CHAIRPERSON SCHULMAN: (crosstalk) specific to... to this community.

And so now I want to ask in the council's budget -- thank you very much. In the council's budget response, we called for the administration to restore and increase the one-time funding for animal care centers to \$3.4 million to expand services, increase security, and provide a much needed cost of living adjustment to ACC employee... employees. How much is the total contract for ACC, and does DOHMH anticipate any impact of not restoring this funding?

COMMISSIONER VASAN: Thanks so much for the question. And we're grateful for your and the council's dedication to promoting animal welfare. The funding that has not been restored was a one-time enhancement funding. We will continue to work closely with ACC to ensure they have what they need.

CHAIRPERSON SCHULMAN: How many staff vacancies does Animal Care Center currently... currently have?

COMMISSIONER VASAN: Thanks for the question. I'll kick it over to Samri Jarrah for any details around staffing, and Deputy Commissioner Schiff for any more programmatic details.

DEPUTY COMMISSIONER JARRAH: Yeah, to answer your question about the Animal Care and Control budget. So it is, in fact, our largest contract. It's

approximately \$1.5 billion spread across several years. So it's our most significant contract. And Deputy Commissioner Schiff can answer any programmatic questions you have.

CHAIRPERSON SCHULMAN: Before we get that, can we can I can we get a breakdown of where exactly this money goes to? The 1.5... yeah. Okay, thank you.

COMMISSIONER VASAN: We're happy to do... Sorry. We're happy to.

DEPUTY COMMISSIONER SCHIFF: This is Deputy Commissioner Schiff, and thank you so much for your ongoing support of ACC. I would just... I think your remaining question was about vacancies and ACC. And of course, they are a separate nonprofit organization. So I don't have those up-to-the-minute data, but we're happy to confer with their Executive Director, Mr. Weinstock, and get that information to you.

CHAIRPERSON SCHULMAN: I appreciate that, because the money that we spend on... on this is a lot and, you know, we need to make sure that our animals are taken care of in the best way possible. And so any information that you can provide will help with that.

The construction of a full service, animal shelter in Queens is scheduled to be completed this fiscal year. What's the status of the Queens facility? And when do you expect that it will be open? (crosstalk) The Queens site, so just.

DEPUTY COMMISSIONER SCHIFF: Yes. Well, we're very, very excited about the opening of the Queens Care Center. That is a building that ACC is developing, and will be opening and managing. They are on track for a fall opening. And we, you know, were looking forward to that. It'll be great for Queens.

CHAIRPERSON SCHULMAN: And so... because I understand that there's staffing shortages at ACC anyway. Are we going to... What are we doing to make sure that this facility is adequately staffed? Because Queens has been without, as you know, a center for a very long time.

DEPUTY COMMISSIONER SCHIFF: What I would suggest is... is let me follow up with Ms. Weinstock, who's the Executive Director, and we should have that conversation with her because she'll really be able to provide you with those programmatic details for their organization.

CHAIRPERSON SCHULMAN: So I just have a few more questions, Commissioner. One is I want to follow up from Chair Brannan and talk about opioid addiction.

So Narcan: How much money are we paying... How much money is going towards the kits and training? And what kind of training are we looking at in terms of any kind of expansion?

COMMISSIONER VASAN: Thank you so much, Chair, for this question. I'll just reiterate again, how important this work is. A little bit like our overall comprehensive programs for any issue or population, Narcan is spread out throughout a lot of our programs. And so it's distributed, for example, through our overdose... through the overdose prevention centers that are run out of syringe service providers, it is a run out of our fentanyl, public health outreach. It's associated with that. It's associated with our expansion of fentanyl test strips. It has its own distribution program. And of course, we... we work with our colleagues at Health and Hospitals to ensure that primary care facilities have all the Naloxone that they need. And so we'll be happy to pull... Well, we'll be happy to try to pull exactly what we're spending on Narcan

specifically, but it just in terms of distribution. It is wide. Also just highlight that we... you know, we have these public health vending machines, which we're very proud of, which are intended to be consumer-facing, public-facing ways in which New Yorkers can get access to Naloxone kits. So we're... we're trying to -- in addition to the standing order that exists across the state, and through a commissioners standing order -- we're trying to make Narcan as easily accessible as possible to fight this crisis.

CHAIRPERSON SCHULMAN: Right, no. I appreciate that a few years ago, when I was working in the Speaker's office, DOHMH provided training for the members and their staff. So I just wanted to mention that, if you want to follow up on that, too, and we can help to offer that to constituents. So that's one. The other is fentanyl strips, which I see that there's a big advertising campaign for the fentanyl strips to make sure that people don't get, you know, don't get affected by taking fentanyl and all that.

So my question is, in some states, they actually provide it, and here we're asking people to request it. So why are we doing that?

COMMISSIONER VASAN: So let me just... re-emphasize your point. Fentanyl has been really a scourge on what was already a pretty dangerous overdose crisis to the extent that we just don't know if our... our recreational drug supply safe. It's infected opioids, of course, but it's also infected our methamphetamine prescription drug supply. So it is... it is an incredibly, incredibly dangerous thing.

In 2021, we invested in a range of strategies, including raising awareness of fentanyl, expanding distribution of fentanyl test strips, and not just by request, but distribution, and to people at high risk of overdose through our overdose prevention centers and syringe service providers, in addition to having a fentanyl testing machine capability at select certain service providers. So we're doing what we... were doing a lot to ensure that New Yorkers are aware of fentanyl, but also that they have the tools in their hands to make sure that when they do choose to use, that they're doing so as safely as possible.

CHAIRPERSON SCHULMAN: If you can also get... just provide the amount of money in terms of the strips and also the advertising campaign and where

that is going where that's being advertised. I mean, I saw it on social media, which is how I became aware of it. But we should be as... as an elected body, we should be aware of it as well.

Are you... DOHMH is doing the school-based clinics RFP? Is that Is that correct? Because... So my question is, it leaves out the independent physicians. And so I was wondering about that? If there was any move to fix that because there are independent affiliated physicians who, especially in my, in my communities in my district, that have relationships with their patients, and so they're kind of being... they're not being allowed to respond to that RFP. So I wanted to ask if you could look into that.

COMMISSIONER VASAN: Thank you so much for the question. And it's something we are aware of this request. Just to be clear, all school based health centers are Article 28 certified... Article 28, state certified Article 28 centers, and any independent practice or community provider or healthcare system or hospital system that wants to operate a school-based health center in New York City must have Article 28 certification. And that's not something

we can change. That's both DOH, state DOH and Department of Education... State Department of Education Policy at this time.

CHAIRPERSON SCHULMAN: But the ones that are Article 28 affiliated, I'm hearing, are not... are being left out of this RFP. So that's why I was asking about that. If you can, if we can...

COMMISSIONER VASAN: I'm going to take a look into that. We're happy to look into that.

CHAIRPERSON SCHULMAN: That's fine. Now just my last question, because I want to let my... I appreciate the patience of my colleagues. This is you know, this is a big issue, and this is a _____ hearing, but doctors counsel: I understand that you have per diem doc's, right? So... That answer calls like on a 24/7 basis for various calls from the public is that... is...?

COMMISSIONER VASAN: That's correct. That's correct. Yes, mostly poison control. (crosstalk)

CHAIRPERSON SCHULMAN: Right. So they're hired on a per diem basis, that the salaries are really low, they're \$75 an hour is what I'm being told. And so, I want to know, where in the budget that we pay for the per diems, and if you could provide that to

me. You may not have it now, I realize. But I'd like to know that. And also, I'm being told that they're being asked to provide advice out of scope of whatever their training is. So somebody who's a pediatrician or be asked about something that's not within their scope, and that kind of thing. So if that's something that we can also look at,

COMMISSIONER VASAN: I would be very happy to look into that.

CHAIRPERSON SCHULMAN: I appreciate that. Those are... those are my questions. I want to again, thank my colleagues and the Chair for their patience, I hand it back over to you, Counsel.

COUNSEL BUTEHORN: Thank you Chair Schulman. Next we will turn to Chair Lee.

CHAIRPERSON LEE: Hi, everyone. So just going back to what Chair Brannan had said earlier, about the opioid settlement money, I'm actually planning on introducing a bill this week actually as stated, which will help track the money where it goes and help keep us all accountable. So hopefully, that's something that I can get signed on from... from my colleagues in the future. So I just wanted to put that out there. And I just had a... I wanted to

1 COMMITTEE ON FINANCE

165

2 start off by asking a couple questions about the
3 neighborhood response unit as well as the B-HEARD
4 program. So I know that the executive budget adds
5 \$2.79 million in DOHMH for the neighborhood Response
6 Unit supporting 16 positions. So just wanted to know
7 how many units does this fund... does this funding
8 support? And what is the timeline for implementation
9 on that?

10 COMMISSIONER VASAN: Thanks so much for the
11 question. The neighborhood response units really
12 aimed to provide individual and community level
13 behavioral health interventions in a variety of high-
14 need communities and high-need settings, specifically
15 now in our subway plan, but going forward, we
16 designed them to be flexible enough to adjust to what
17 has been over the course of many administrations
18 shifting priorities, all interrelated to the
19 intersecting crises of homelessness, serious mental
20 illness, substance use disorder and addiction, and
21 the related... and mental health crisis. And so that
22 was the intention in the design of the program.

23 We're using multidisciplinary community
24 engagement, including the presence of peers, licensed
25 behavioral health peers with lived experience, as

well as social workers and mental health clinicians to tackle these mental health and substance use challenges. As I mentioned, right now, the priority is focused on the subway, the funding that we received in the executive budget will fund up to 24 community facing staff, both clinicians and as I mentioned, people with lived experience, peers. Staff will be able to respond flexibly, depending on community and situational needs, which is why I... I refer to them as the number of staff and not just the teams because sometimes the team might be two people, and that will be sufficient to address the needs, sometimes they may need to be larger. And so flexibility is the name of the game for this, because we've seen multiple iterations of these sorts of outreach teams that we wanted to address.

CHAIRPERSON LEE: And you totally... oh... the motion sensors.

COMMISSIONER VASAN: Sorry about that.

CHAIRPERSON LEE: No it's fine. And you totally hit the nail on the head, because I know that there's state, you know, response emergency teams, as well as some that are run through the city. And the ones that are run under the city. Some of them include

DOHMH, some of them include homeless services, EMS, the mayor has a subway safety team. So just out of curiosity, I was wondering if you could walk us through... and this is going now to the B-HEARD program. So for the B-HEARD program, because this is separate from the -- per my understanding -- the neighborhood response units. And so can you walk us through the total number of response teams in DOHMH and how they're funded in FY 23? And how they will differ in the services and types of responses, which is sort of what you were alluding to?

COMMISSIONER VASAN: Right. The you know the... thank you for the question Chair, the Health Department's approach to mental health, it really does center public health equity, and really bringing a health-first approach to people when they're facing mental health crisis, but also to work on preventing crisis to begin with, through our mobile crisis teams and our health engagement and assessment teams, as well as these new Neighborhood Response Unit Teams. We also have co-response teams, which we operate with the NYPD. The B-HEARD team that you're discussing to be your teams are actually run out of a partnership with H and H and the Fire Department, FDNY, with

collaboration from the Mayor's Office of Community Mental Health. So I would differ on the specifics of the program with them. But the model is based on a national model, mostly coming out of Eugene, Oregon, called Cahoots, which pairs an EMS worker with a mental health clinician and deploys them to mental health emergencies, and has been shown time and again, to reduce contact with the justice system, to reduce hospitalization rates, and to get people connected to the community based care that they need. And so we're excited that the executive budget has additional funding to expand B-HEARD, and we're ready to partner in whatever ways we're asked for.

CHAIRPERSON LEE: So how do you guys... how do you guys interact? Or what's the connection or overlap with the Neighborhood Response Unit versus B-HEARD? And how do you guys sort of work together alongside each other? What's that relationship like?

COMMISSIONER VASAN: So B-HEARD is... Again, we don't run... operate B-HEARD, but this is my area. And so B-HEARD is triggered by 911 calls. And so you must make a 911 call and then get assessed by a trained person on the line, or... and then referred to a B-HEARD team. You can also access a B-HEARD

team through NYC Well, but the key thing here is it's on demand and driven by calls. Neighborhood Response Units are much like our heat teams and other teams, that are in response to programmatic needs that we designed proactively. They're not reactive. They can be reactive, but they're not in reaction to individual 911 calls or NYC Well calls in this way.

CHAIRPERSON LEE: And then I know that there's going to be the addition of 988 relatively soon. So then how is the 988 connected with all these, you know, services that are going to be responsive, you know, on the emergency side team?

COMMISSIONER VASAN: Yeah, look. I just want to say backing up for a second, it is confusing. And it is largely a result of, I think, federal and state inertia on these issues and... and really a patchwork system that we've had to build up over decades, frankly, due to lack of investment in mental health. So I'll be speaking more about that in the coming days and weeks, but specifically around 988, we're very excited that 988 exists, we're excited that the federal government is demonstrating leadership in this way. We're also very committed to the suite of services that NYC Well provides, which are really

best in class, best in the country. As you know, we can provide services as basic as talk therapy and just you know, counseling and someone to talk to, to actual mobile crisis response. So there's a depth of intensity. And we can do that in over 200 languages. And so there is a commitment on the part of the city and our partners at the state to ensure that the rollout of 988 ensures that New Yorkers get access to NYC wealth services, and that they see no interruption in the access and quality to those services. And so we're still working with our partners at the state on the operational components of that.

CHAIRPERSON LEE: Okay. And I feel your frustration with all the different patchworks because as a former provider, it was very frustrating even for us to be able to navigate the system for a lot of the clients and the patients. So I appreciate that.

Um, and then just to clarify for the... the number of staff for the Neighborhood Response Unit, you said it covers 24 community facing staff, correct?

COMMISSIONER VASAN: That's correct.

CHAIRPERSON LEE: Okay, and have most of those been filled? Or what's the timeline for that happening?

COMMISSIONER VASAN: My understanding is that we are in recruitment right now. I'll kick it over to Michael McRae, our Deputy Commissioner for Mental Hygiene, if there's any more detail to add.

DEPUTY COMMISSIONER MCRAE: No, Commissioner, I think you've mentioned everything. We're currently recruiting. You know, it can be a lengthy process, but we are at the beginning stages of that process.

CHAIRPERSON LEE: Okay, thank you. And so just switching gears a little bit to the contracts, I know that you do a lot of contracting out to different nonprofit CBOs that are doing the work on the ground. And just was wondering: For the CBOs, you know, because there was an increase during the pandemic, between Test and Trace and all the COVID, you know, contracts that were given out. And so, currently, do you have enough staff? Has that staffing increased in terms of helping CBOs navigate the contracting process? And are most of those contracted services registered at this point?

COMMISSIONER VASAN: Thanks for the question Chair. Like you, prior to me coming into this role, I ran a nonprofit... a local nonprofit that received contracts from the city and specifically from my agency, the Health Department. And so I've been on the receiving end of some of the challenges we face. And I know how delays and inefficiencies in the system can interrupt services... critical life-saving services, and how nonprofits can struggle at times to navigate the systems. And so, you know, we're committed as an administration... this is a really a city wide issue -- it's not specific to any one agency -- it's a city wide issue, because CBOs remain a key pillar for all of our work, not just public health, but across all city agencies. And we're working to improve the contracting process. As you know, The Mayor's office in the Office of the Comptroller have convened a task force focused exactly... laser focused on nonprofit contracting, and the scope of that work includes City Council discretionary contracts, the Health Department is a part of that task force... a proud member of that task force and really looks forward to solving some of these citywide systemic issues that prevent timely

contract registration. As far as our FY 22 contracts. We're working hard now to get all of those registered.

CHAIRPERSON LEE: And I know that certain agencies may face different challenges. So I guess specifically for DOHMH -- I know you're relatively new -- but for DOHMH, do you have any specific recommendations on how to expedite some of these contracts? For your agency?

COMMISSIONER VASAN: Yeah, exactly. I mean, what's clear is there's commitment. What's clear is our ACO, and our team is working really incredibly hard as a part of this task force to, you know, basically figure out what are the things we can change internally? And then what are the things that are really citywide issues that the city has to change, and we have to change together? And so I've seen a very good, robust and very open conversation about some of these challenges. I'll kick it to Samri Jarrah, if he's got any other color to add on this issue, but I'm optimistic.

DEPUTY COMMISSIONER JARRAH: Thank you Chair for the question. Yeah, I agree with what Dr. Vasan has said. You know, we're participating in this

committee and we have some specific recommendations, which I think that committee has a process for reviewing, everything from process and technology changes to legislative or policy recommendation. So I think everything's on the table. And you know, we feel the pain as well and want it to be much better for providers.

CHAIRPERSON LEE: Awesome. And I know obviously, you guys are not speaking on behalf of OCMH, but I just wanted to understand a little bit more how... I mean, because one of the things that we've asked OCMH is just a better understanding of their fiscal 23 budget, and if it's changed. But I know that you can't answer that question. But if you could speak a little bit more what you said... mentioned earlier about the subway safety plan, because I know that technically that is under OCMH, but how... is there... how is... How is your agency DOHMH working with them? Closely... I would imagine you guys are working closely together. But if you guys could speak a little bit more on that for the subway safety plan?

COMMISSIONER VASAN: Absolutely. I think it's a... it's actually a really good example, this plan

of under this administration, and under Mayor Adams, how agencies are really working collaboratively together, I think there's over eight agencies involved, including the MTA, in the subway safety plan. And, you know, this is really hard work. I just want to say that up front. Like engaging people who are chronically homeless, facing serious mental illness: It takes special people, and it takes dedication and time. And I went out and did visits on the subway, spent a shift with the teams and Dr. McRae's teams on the subway. And it was remarkable. It's just really remarkable not only to see city agencies cooperating in this way, but really the humanity and the patience and the time that people take to engage people, it's not always successful. But that's why the work is so hard. And that's why a lot of administrations lose patience for it or lose stomach for it to stick with it. And... and I'm optimistic that that's not going to be the case here.

The teams that are doing... are running most of the subway outreach are comprised of DHS and police department in the lead... mostly DHS and the lead. DHS is doing the principal engaging; police is in the background. And we are there... DOHMH clinicians are

there to assess very specific health and mental health needs that we identify either through observation or through report from the DHS worker. So our... our role is limited, but it is very specific.

We also have partnerships above ground with our colleagues at H and H through the their SHOW Van program, Street Health Outreach and Wellness, where we can take someone who's facing an immediate health challenge, mostly physical health challenges, and get them into first aid, acute care, get medication refills. And so it truly is an interagency partnership. And, you know, it's starting to bear some fruit.

CHAIRPERSON LEE: Okay, thank you, which is why I feel like we need to increase salaries for a lot of those workers for pay parity. I'm a big proponent of that.

But anyway, and the last sort of bucket was around disabilities, because we know that they've been really hit hard during the pandemic. And so, I noticed that the funding for the services for disabled New Yorkers remains at \$12.7 million for fiscal 23. So just seeing if there are areas or

target populations that fall under the Developmental Disabilities umbrella that have that you've seen have had increased demands and need additional services that you'd be able to tell us about.

COMMISSIONER VASAN: Thank you for the question Chair. We're committed, of course, to meeting the needs of all New Yorkers when it comes to developmental disabilities. I would also include mental health disabilities as well. It is separate programming sometimes, but similar issues. We fund most of our work with disabled populations of every kind through contracted services, including recreation and socialization services for people with autism spectrum disorder, including after school, weekend and summer programs, vocational and transitional employment support (which I know well, we ran a lot of transitional employment programming in my previous life), respite and home care services and clinical services for individuals with autism spectrum disorder in particular. Of course, we have seen the impacts of the pandemic on people with intellectual, and developmental, and mental health disabilities disproportionately. And so, you know, our... Right now I think we have the resources we

need to provide them with the services they need, but we're always watchful to see if we need more to... as... as demand rises.

CHAIRPERSON LEE: And how... and has... has your department had discussions with... I know the mayor's office has MOPD, Mayor's Office of People with Disabilities, and then the state has OPWDD. And so, have you begun to have conversations with them on how to increase the funding for the needs of these New Yorkers or how?

COMMISSIONER VASAN: Thanks so much for the question. Yeah. No, we have not yet started those conversations, but it certainly is a priority for us as well as our colleagues at the state and we're looking forward to those discussions.

CHAIRPERSON LEE: Okay. And this is more of a general question. But in terms of the way that you disaggregate the data, is it done both by ethnic background as well as languages spoken? Because I'd be curious to see which populations -- especially given after the pandemic, around mental health -- how that data is being captured and how we can sort of drill down a little bit in terms of what the specific needs are based on different community districts?

COMMISSIONER VASAN: Thank you. That's a great question. Thank you for the question. In general, we break down most of our programmings by racial and ethnic subgroups, demographic categories that are recognized by intergovernmental agencies, so recognized here in the city, recognized at the state, and of course by the federal government, so that we have some comparability as well. So we use those standard categories. I'm not aware that we... I do think we do disaggregate sometimes by English as a second language speakers. But as far as whether we break down further, I can get you that information.

CHAIRPERSON LEE: Okay. Awesome. And then my last question: So in the preliminary budget response, the council called for an expansion of the Justice-Involved Supportive Housing Program, and just wanted to know if you can provide the committee with an update on the current status of the program? And whether or not the executive budget included any additional resources for justice involve supportive housing?

COMMISSIONER VASAN: Thanks so much for the question. You know, as you know, and maybe others do as well, JISH is a scattered site, supportive housing

program focused on homeless people... homeless individuals with... with high behavioral health needs who have a history of cycling in and out of our criminal justice system, which, as you know, is... our largest provider of mental healthcare is Rikers Island here in New York City. The JISH process is that once a tenant has been identified, and accepts housing, they're housed upon release from jail or directly from shelter. And in that housing, they receive case management services, linkage to care and support and legal and other forms of advocacy. The program aims to assist tenants to reach goals that they've self-identified, get connected into care, and manage their... and reduce their involvement with the criminal legal system. And case managers remain in contact with them weekly. They must have weekly contact and at least two face to face visits with them per month, and one of those visits has to incur... occur in the person's apartment. So we're, you know, we're proud of this work and, and we're certainly open to conversations around expanding it and look forward to working with you on it.

CHAIRPERSON LEE: Okay, thank you so much. I'll turn it back over to the Council staff.

COUNSEL BUTEHORN: Thank you, Chair Lee. And next we'll turn to Chair Moya.

CHAIRPERSON MOYA: Thank you. Thank you to both my Chairs. And thank you, doctor, for being here. It's always good to see you. I want to talk a little bit about COVID spending, if we could, and even go back to this question, which is: How much of the federal funding for COVID programs does DOHMH plan to receive in fiscal 2023? How... and how does that compare to the current year? And are there any COVID programs in fiscal 2022 that will be discontinued or are not currently funded in fiscal 2023?

COMMISSIONER VASAN: Thanks for the question, and good to see you as well Chair. Of our total \$2 billion DOHMH budget. In FY 22 we had \$1.182 billion on COVID... spent on COVID. And in FY 23, that is \$182 million. And that's just what we have spent at DOHMH. As you know, the COVID response has been a massive interagency response and so that will differ across agencies. The total FEMA contribution to that is \$555 million. The... the DOH vaccine budget makes up the principal portion of that budget, which is \$1.1 billion. This \$1 billion from FY 22 doesn't include funding for any COVID activities at agencies

like NYSOM, H and H, Department of Education, DHS, because as I... as I mentioned, this really was a city wide response.

CHAIRPERSON MOYA: And just... I don't know... I'm sorry, if I... if I didn't hear it correctly: But are any of the programs in fiscal 2022, that will be discontinued, or aren't currently funded in fiscal 2023? Did I miss that?

COMMISSIONER VASAN: Thanks for the question. Right now, we have the capacity, we need to mount a COVID response. We're obviously very concerned about the federal funding and the emergency appropriation from Washington. And if that doesn't come through how that might compromise things like our vaccination program, our testing program, which is of course run mostly out of our partners at H and H, and our treatment program, which is a joint partnership between H and H, and our partnership here with Alto Pharmacy and others.

And so we are concerned about the future. Right now, there are no plans to end any COVID-related programming in this fiscal year, but certainly everything is under some question. I will just add, though, that despite the fact that 100% FEMA funding

is under... is under question, and the federal government has only extended the Federal Emergency to 7-1, we are still eligible for 90/10 reimbursement, which means we can submit to the federal government for expenses at 90 cents on the dollar. And so now, you know, knowing the issues we've had with reimbursement and the delays, and as you might recall, in the first days of the administration, we had an announcement with Senator Schumer about reducing contracting delays, which we... I know I think it's ironic... ironic that we're also facing those same things that others face. You know, we don't want to count on that 90/10 altogether, so we are hoping that they'll... they'll make another emergency appropriations shortly.

CHAIRPERSON MOYA: Got it. And does the department have the needed staffing and resources to respond in case of a surge or another wave of COVID. As we're seeing, you know, there is a spike happening now. Are you prepared with the appropriate staff?

COMMISSIONER VASAN: Current... Thank you for the question. Yes, and something that is on our mind. Currently, we are adequately staffed, and we have what we need to mount a response. Certainly, if

we don't see the continuation of this funding, if we see a greater and greater and greater reliance on the healthcare system to deliver core public health interventions, we may... we may start to see some gaps in services. I think you've already heard me say in my opening remarks about the HRSA Reimbursement Program and how the lack of HRSA reimbursement is causing providers to exit the space in terms of testing and vaccination in particular. We're seeing that in particular that congregate settings and high-risk settings like our shelters, nonprofits exiting that space and other testing providers and vaccination providers exiting that space. So we haven't yet faced any shortages or any interruptions in programming, but we're watching that incredibly carefully.

CHAIRPERSON MOYA: Right. And then with the Pandemic Response Institute: I just want to touch upon that really quickly here. The city just announced with the PRI in collaboration with Columbia University, and the City University of New York Graduate School of Public Health and Health Policy to help New York City learn from the lessons of the COVID 19 pandemic and tackle the urgent public health

emergencies that is currently facing New Yorkers, from noninfectious disease to climate related events. Can you talk a bit more about this partnership? And what are the goals of this project?

COMMISSIONER VASAN: Thank you so much for the question. And it's something we're really excited about and proud of, which was initially appropriated under the prior administration through a contract that's led out of the EDC, the Economic Development Corporation at... in city government. We are a proud lead partner in this, but the contracts are held by EDC and was awarded through a competitive RFP to Colombia, a joint effort of Columbia and CUNY.

You know, I think it's a response to understanding that if we are faced with another existential, once-in-a-lifetime, once-in-a-generation public health crisis, that we are going to have to marshal all aspects of society to be prepared, and that the investments, and the partnerships, and the trust we build in peacetime or in nonemergent times, and the investments we make in those nonemergent times will pay off during emergencies, whatever the next emergent public health challenges we face. And what's clear -- we've learned a lot about this too --

is that government has a massive role to play in protecting all New Yorkers, in designing strategies, in delivering services. But there are areas in which it is better off that we lead from behind. We partner with CEOs, we partner with trusted organizations, sometimes we partner with academia. And I think this is an attempt for us to really thoughtfully design what those partnerships should look like in advance, building off the work that the health department has done for more than a decade through its action centers, its health equity work, and now most recently through Public Health Corps, to really operationalize a pandemic response by building in programs that address all these chronic underlying health inequities that the city faces. I'm excited to see where it goes. We're still in planning phases now, with our partners at CUNY and Columbia. And, yes, that's, we're excited to see that.

CHAIRPERSON MOYA: That... that leads into like my next question on this, which is like, what is the department's role in this? And how many staff do you have assigned to this collaboration?

COMMISSIONER VASAN: Thanks so much for the question. As I said, we are a lead city agency

bringing... we're the lead subject matter expert.

And remember, I mean, I think whatever is built through the Pandemic Response Institute is in support of a government-led pandemic response, right?

Ultimately, we're on the hook as a city collectively, for how we respond to crisis... public health challenges like this. And so this is about supporting city-wide goals, not competing with or providing something in parallel to. As far as staffing and commitment of time, I'll kick it to my First Deputy Commissioner Torian Easterling who might have other thoughts to add.

FIRST DEPUTY COMMISSIONER EASTERLING: Yeah, no. I think the commissioner ship the nail on the head here. We are in a supportive role, but also really trying to lead from... You know, a lot of the work that we've done over the past two years. So bringing our expertise, this is a collaboration across the agency. We have learned a lot about our data infrastructure. We've learned a lot about how we need to think about an equity driven approach, a place based approach, but also how we use a whole-of-government approach, and really bringing in government and sector partners.

So, you know, as the Commissioner has said, we're pulling on all parts of the agency to really inform this process. But really, it's being led by tapping into it.

CHAIRPERSON MOYA: Do you have an actual figure? A number of how many staff you are assigning for this collaboration?

FIRST DEPUTY COMMISSIONER EASTERLING: We can certainly work on something and follow up with you, Chair Moya.

CHAIRPERSON MOYA: That'd be great. I just want to have a better understanding of how many staff are actually working on this... this project. But keeping with that you did mention the EDC, doctor, and as part of this partnership with the institute, they received, what?, \$20 million in capital for eligible costs. What is the \$20 million in funding supporting? And how much has the city already spent on this program?

COMMISSIONER VASAN: Thanks for the question. As you mentioned, this is a grant that's led out of EDC, so they'd be in best position to comment on the budget and how that's going to be spent. But I am aware, as you said that this is \$20 million for

capital funding, non-programmatic funds. And my understanding is that the PRI is responsible for going out and fundraising for additional operating funds, including staff, including programs, and so... so that's... that's our current understanding. I'm happy to defer to my colleagues at EDC for more details on the budget exactly.

CHAIRPERSON MOYA: Okay, because that's important to know where... where that money is, and how much has already been spent on that program. So...

COMMISSIONER VASAN: Agreed, and the... as far as... They're dispersing it directly from EDC.

CHAIRPERSON MOYA: Got it. And I'm just going to come down to like my... my last couple of questions here. It deals with language access, doctor. As we know, disproportionately impacted areas in our city with a high concentration of immigrant communities like mine here in Corona, Jackson Heights, and in Elmhurst. Does the department see any need to increase language access and translation services needed as it relates to outreach to the immigrant communities?

COMMISSIONER VASAN: Thanks for the question. This is a an incredibly important issue for us, and

it's been brought even into more stark relief by COVID. Language access is a top priority for the health department. It has been, but especially now. We ensure that all of our materials are translated into at least 13 languages, and most are in over 25 languages. We work to ensure that city vaccine sites, for instance, have on-site translation and materials in multiple languages, so that language is not a barrier to accessing vaccines, for example. We have placed paid media, at a scale never seen before in the history of city government, in multilingual community and ethnic media outlets. We're really happy to work with our partners at the Mayor's Office of Community and Ethnic Media on that effort. You can also find, of course, vaccine related educational videos and PSAs online in multiple languages, and I would encourage you, of course, to share those with your constituents if you have... if you aren't already. We work closely with MOIA and International Affairs to partner with community-based organizations and consulate partners as well to reach immigrant communities in languages and in the voices they trust. We're always working to improve this. But this is a huge priority for us.

CHAIRPERSON MOYA: I only bring it up because, look, as... as being part of the epicenter of... of this pandemic, what we saw was kind of a late reaction from the city in distributing information in multiple languages, getting it out to ethnic media, which was critical at those times. And so as we have now learned, and we're doing it look back on this, you know, it's critical for us to know what the department is doing, you know, as a whole in supporting the immigrant communities. It's related to vaccine and vaccine boosters. I know you just had mentioned that you're doing that and translation. But how often does this administration translate press releases? Or has reached out to ethnic media city-wide in relation to COVID?

COMMISSIONER VASAN: Thanks for the question. My understanding is we ensure all of our materials... all of our material, press releases or otherwise, are translated into at least 13 languages. And of course, most are in over 25. I'm happy to pull that information for you, as it specifically relates to COVID, to get you more information. But my understanding is we... we work to... Anything that

comes out of this agency, we work to translate it into multiple languages.

CHAIRPERSON MOYA: And with... that, but how often do you reach out to the ethnic media, city wide, when we're when you're looking to dispense information related to COVID?

COMMISSIONER VASAN: Thanks so much for the question. And we work closely with our partners at the Mayor's Office of Community and Ethnic Media, when we evaluate contracts. When we think about our media partners, they're in the room helping us and ensuring that the... you know, the dollars and the buys... most importantly, the media buys are actually going into the outlets that people are reading and viewing and interacting with. And I think we've had a very good track record on that. I'm happy to pull data on that to show you.

CHAIRPERSON MOYA: That'd be great. And I'm just going to go to vacancies as my last question. I'm going to turn it over to my colleagues. How many... how many vacancies does the department have for COVID related programs?

COMMISSIONER VASAN: Thanks so much. As I mentioned in my opening remarks, we have 7500 staff

working at the agency. That's all... that's an all-encompassing number. You know, much like all... a lot of the agencies, city government in general, there was even an article written about this this morning in Gothamist. Recruitment is hard. Retention has been hard, especially during the pandemic. And you know, these... we currently have 1500 positions unfilled. And these positions are all across divisions. It's a little challenging to say it's a COVID-related position versus not, because as a part of the COVID response, we've reorganized our structure in terms of our incident command system and our emergency response. So in many ways, they're all COVID related because everyone's been organized in a... in an incident response. As I mentioned in my opening remarks, in addition to regular work, DOHMH staff have worked millions of hours in addition, over the last two years. It's a major challenge for us, especially in the public health and healthcare sectors. You know, while the folks we... the work we do and the folks we work with are indeed heroes, there's also just been a ton of vitriol and negativity and perception around public health that has really harmed recruitment. I think there are

lots of other reasons why people are choosing to not seek employment in city government or government in general. And so we're facing... we're not immune to those issues. And certainly it's a... it's a priority for us. Yeah, go ahead.

CHAIRPERSON MOYA: Do you have an idea of how long these positions have been vacant for?

COMMISSIONER VASAN: We're happy to... we're happy to pull that information for you, just to give you some more color on that. We lost about 1400 staff from the beginning of FY 21 to now. We were able to backfill over 800 of those positions during that timeframe. So, you know, we are trying to keep up with attrition, but it's an ongoing struggle.

CHAIRPERSON MOYA: Great. Okay. Thank you so much, doctor. I really appreciate that.

COMMISSIONER VASAN: Thank you.

CHAIRPERSON MOYA: And if you can get that to me, I'd really appreciate that as well. Let me turn it back over to our Counsel.

COUNSEL BUTEHORN: Thank you Chairs. Next we're turning to Councilmember questions. The order is Ayala, Ariola, Brooks-Powers Bottcher, Narcisse,

Brewer, Barron, Cabán, and Paladino. Five minutes each. We will first start with Ayala.

DEPUTY SPEAKER AYALA: Thank you.

SERGEANT AT ARMS: Starting time.

DEPUTY SPEAKER AYALA: Um, so my first question is regarding any level of guidance that DOHMH is offering to parents in need a formula who may be having difficulty finding the local grocery store? I don't see anything on the website. So I'm just you know, I'm wondering if there's any, any work that's being done?

COMMISSIONER VASAN: Yeah, thank you so much. We're... we're working on public messaging right now. Obviously, this is a fast moving situation. And as you know, it's our partners at the state that do the majority of formula purchasing and distribution. But we're creating resources, and there are existing resources available for New Yorkers who... particularly those who cannot afford formula, and also just to learn more where they can get formula through 311 currently.

DEPUTY SPEAKER AYALA: Okay, so they can call 311, and there'll be connected... alright perfect. That's great. Yeah, this has been weighing really

heavily on my mind. And I know that it's weighing heavily on, you know, all of those parents with newborns who don't have an alternative.

And secondly, I have so I have huge concerns, obviously, about the opioid crisis in New York City. And I have, you know, been a long proponent of really creating neighborhood-based approaches to addressing, you know, the issue. And now we're at a point where this is bordering beyond certain communities, and we're seeing it, you know, city wide. And I think a lot of that can be attributed to the COVID pandemic, and the, you know, the fact that many of our community-based organizations and groups offering resources were shut down, specifically, for the majority of the 2020 fiscal year. And I wonder: What was the exact number of individuals who died of overdose in 2020?

COMMISSIONER VASAN: We'll get you the exact number. It... We know that it was over 2000. I'll get you the precise figure.

DEPUTY SPEAKER AYALA: Okay. And if you could get that to me by borough, that would be fantastic. And do you know when the 2021 numbers will be out?

COMMISSIONER VASAN: We just released the numbers from the first two quarters of 2021 just a couple of weeks ago. And as the as I mentioned, we're already seeing year on year increases, quarter to quarter. And so we'll be working on the back half of 2021 as we speak.

DEPUTY SPEAKER AYALA: Okay, so if we could provide those as well, I would really appreciate it.

Obviously, you know, there's a concern that you know, has impacted my community and communities of color for quite some time. East Harlem, the South Bronx, Mott Haven, Washington Heights, Highbridge, Staten Island, had seen some of the highest level of overdose related deaths. The opioid crisis hit us first. And I would love to, you know, have a conversation, or be included in conversations -- as I'm sure some of my colleagues representing some of those other communities would be -- in and deciding how much of the funds that are coming from the AGs office will be redirected into those communities that were directly impacted. I've had, you know, for the last couple of years, the number of opioid related deaths has been the highest and my district bordering you know, like we shift... some... one year it's East

Harlem, another year it's the South Bronx, but as I speak to you today, I have people across the street from the office injecting. I have people that are publicly using at my playgrounds behind the schools, in front of schools, in the church. I mean, you name it, everybody's calling. And it's pretty obvious. I mean, you stand outside, you see it happening. But what I haven't seen is really an approach from the city on how we're addressing this public health crisis. And I know that we're in the middle of a pandemic, that takes precedence. But this is a serious public health crisis. And I don't think you know... and I wanted to say that I love you, I think, you know... I love the work that you did with Fountain House, one of my favorites. So I'm really excited to have you in this role. But I, you know, like, this is a... this is something that we've been dealing with for years, and I don't really see the sense of urgency in helping to address it. And obviously, I want to be very clear on the record that I did not, you know... I'm not proposing incarcerating anyone, because they have an illness. But I still need to see some sort of effort being made from the Department of Health, on how are we

addressing this by district. Oh, you know, are we picking up the syringes? Is there enough staff out there? Like, what... what are we doing? Exactly?

COMMISSIONER VASAN: Thanks so much for the question, I hear the urgency in your voice and, um, your remarks and I share that urgency.

DEPUTY SPEAKER AYALA: [Holding up plastic container] This is, these are needles, right? These are needles from like... and this is nothing, like I consistently have _____ come in and pick them up from me. And then they take them and they bring me a new batch, because these are collected outside of school. I can't have my kids walking around, you know...

SERGEANT AT ARMS: Time expired.

DEPUTY SPEAKER AYALA: It's an emergency. So what is the plan?

COMMISSIONER VASAN: Agreed. And, you know, we have we have invested considerable resources in opioid prevention, harm reduction, and with our partners in the healthcare system treatment, with Health and Hospitals in particular. You know, we're very proud of the overdose prevention centers that we opened in partnership with our 14 syringe service

providers around the city. So we are... we have been committed to safe injection ,to safe use for years.

But you're absolutely right, it is a crisis.

There's more to do, I think we are very encouraged by the resettlement dollars coming through, and the potential to use those to expand proven approaches. And we haven't had those resources in the... at that scale prior. So, you know, I'm looking forward to sitting on that board to... to, you know, representing the city's interest in that regard, and I look forward to continuing the conversation with you.

DEPUTY SPEAKER AYALA: Yeah, I think a lot of the a lot of attention usually goes towards the treatment of the individual, which is great. It's fantastic. And we should continue to do that. But there's no strategy for dealing with the outer community. And the... and it is impacting the local community. Before it was a little bit quieter, right? But now it's very, you know, abrupt and in your face. And my concern is that I'm seeing so much syringe litter and so much public use happening in spaces where I have young children. And so, you know, I think it merits more resources in terms of, you know, individuals

that are out there picking up the syringe on a daily basis on a regular... regular schedule, and also more harm reduction specialists out on the street and these communities, because we know where this is happening, and that a lot of that is based on the data, right? And we're where we have the highest number of opioid related deaths. So any... any help that you can lend, any expertise, I'm happy to, you know, to be helpful, and thank you.

COMMISSIONER VASAN: Thank you.

COUNSEL BUTEHORN: Thank you. And next we'll turn to Councilmember Ariola.

SERGEANT AT ARMS: Starting time.

COUNCILMEMBER ARIOLA: Thank you, Chairs. Thank you, Commissioner. Um, I would like to circle back to the to the vaccines. Commissioner, what is the efficacy rate for a single dose of Moderna or Pfizer vaccines on the first day it's administered?

COMMISSIONER VASAN: In general... thank you for the question. In general, vaccine efficacy is measured at least two weeks out from the original dose. It's not an immediate response. I'll have... I'll happily pull that literature for you and get that to you.

COUNCILMEMBER ARIOLA: That's great. And there's a reason for my ask. And it's because in our district, many of the parents have been calling our office. And we're wondering that if they receive a first dose of either vaccine, according to what they've been told by the schools, they can theoretically travel straight from the pharmacy or the doctor's office and be given admission to the graduation events for their children at New York City public schools. Is that a correct statement?

COMMISSIONER VASAN: As a... thank you for the question. The current rule is that I believe the current rule is that proof of vaccination must be shown. It says nothing about the date of the vaccination. Um... So I will happily get more detail on the specific language in the rule. But my understanding is, there's only... only mention made of proof of vaccination, not timing of vaccination relative to the date of the event.

COUNCILMEMBER ARIOLA: Okay, so since New Yorkers are currently able to congregate and large crowds within bars, restaurants, sporting events, music venues, you name it, regardless of the vaccination status, and the fact that the efficacy rate is two

weeks out, you know, why are we telling parents who have been... been working with their children from home, working with them via, you know, social... on... online with learning from home during the COVID shutdown, and why are we... and how can we justify excluding these parents from attending a graduation ceremony based on their vaccination status when if they got that vaccination that morning, it still would not be in effect for another two weeks, and many of them quite honestly have had COVID already. So what I like to say is -- and I'm double vaccinated and boosted so I believe in the science I believe in in the vaccine, we just want to say that -- but especially after three difficult years, that parents and students have been forced to endure since the COVID outbreak, why would we then put another burden upon them and not allow them to see their children graduate? If... if we're, we would allow them if they just got a vaccine that wouldn't be effective for two weeks?

COMMISSIONER VASAN: Thanks for the question.

Um, you know, we're in active discussions now. As you saw we... the Department of Education issued guidance around prom, and about eligibility for prom,

and loosening requirements, I believe they're still discussing as well, whether they will do that for graduations as well. So that's an active discussion,

I will just say that I want nothing more than for young people to have a moment of joy, and celebration. I obviously want them to do that safely, especially as cases are rising. And we're committed to figuring out the safest way.

COUNCILMEMBER ARIOLA: Okay, that's great, because we have been... I've written many emails and letters to both your office and the mayor's office supporting it. And I was very happy to see that they would be able to attend their graduation ceremonies, the students as well... as their... their proms.

The next question, and I don't want to take up a lot of time is, you know... you said that you're about 1500 people down in... in your budgeted lines for people who are working? There have been thousands of New York City workers that have been working courageously continuously since the pandemic and are currently awaiting decisions on their requests for religious or medical vaccination exemptions, or decisions on their appeals. How is it that the city considers it safe for these workers to

do their job during the time that they're awaiting these... these status exemptions? And... and they are provided... they are they're submitting their weekly PCR test, of course, but believe that people suddenly become unemployable dangers should their exemptions be denied or their appeals be denied? Can you explain the science or methodology behind that?

COMMISSIONER VASAN: Thanks for the question.

Let me just say that the vaccination campaign and the... the mandates and the rules to... that encourage New Yorkers to get vaccinated through required...

SERGEANT AT ARMS: Time expired.

COMMISSIONER VASAN: ... really has been an unmitigated success in protecting the city from thousands of deaths... tens of thousands of deaths. It's estimated that more than 50,000 people would have died, and more than 300,000 people would have been hospitalized. And that's just as of January that it says nothing about Omicron, and what's happens in 2022. Were, you know, as I've noted publicly, this country has lost 200,000 people to COVID since January. So we lose about 30,000 people to flu a year. So anyone trying to suggest that this

is the flu, or that it's not something to be concerned about is not correct. I will say that, you know, I think that the rules around employee vaccination have been shown to increase vaccination uptake and rates. And you know, we're working closely with our colleagues at DCAS to adjudicate specific cases, and I'm happily... I'll happily speak about the process further and in more detail and pull that in for permission for.

COUNCILMEMBER ARIOLA: Yeah. Really, it's just to round out... just, I don't understand the whole methodology with a person who is not vaccinated waiting for a waiver to come through being no health threat going to work every day. And then if that waiver was denied becoming a health threat to the rest of the people that they work with, I just... that doesn't make sense to me. And again, I follow the science I believe in the in the vaccine. But I also believe in people's choice to not get it and be... be tested. But I thank you for what you're doing. Thank you for your questions are from sorry. Thank you for your good answers.

COMMISSIONER VASAN: Thank you.

COUNSEL BUTEHORN: Thank you, Councilmember.

Next, we'll talk to Councilmember Brooks-Powers.

SERGEANT AT ARMS: Starting time.

COUNCILMEMBER BROOKS-POWERS: Can you hear me?

COUNSEL BUTEHORN: Yes.

COUNCILMEMBER BROOKS-POWERS: Thank you. So good afternoon, everyone. Thank you Chair Schulman, Lee, and Brannan and the committee staff for today's hearing. And to Commissioner Vasnan... Vasan, excuse me, and the entire DOHMH team for being here to testify.

The council called on DOHMH to include \$3 million in the executive plan to expand mental healthcare to communities hardest hit by COVID. This funding was not allocated. Can you... can the agency share the initiatives it plans to undertake to address the mental health needs and challenges that our marginalized communities are still facing? And then also, given the amount of federal dollars that came to New York State to support PPE vaccinations, I just wanted to understand, and I will first acknowledge and thank the team at DOHMH and Health and Hospitals, specifically Dr. Easterling, for working with my office to make sure we get the resources that we

1 need. But initially, there was a gap in resources to
2 be able to combat the virus. And so I wanted to know
3 what steps has the agency since taken to work to
4 ensure resources are distributed a bit more
5 equitably? And then lastly, just recently, it was
6 announced at the Sorrentino rec center testing and
7 vaccination site would be closed as a brick and
8 mortar and replaced by a mobile van nearby. And as
9 we begin to see another acute rise in COVID cases,
10 it's critical that we deploy resources effectively to
11 minimize the risk to our community. So how quickly
12 are you able to reassess the needs and reallocate
13 resources back into the neediest communities? And I
14 will just highlight that when we had an uptick
15 January, it caught everybody, obviously, off guard.
16 And so the pivot wasn't as quick as I think most of
17 us would have liked to have seen.

19 COMMISSIONER VASAN: Thanks so much for the
20 questions. I'll start with the first one on mental
21 health. I share your commitment to this issue. It's
22 obviously one of the big reasons I'm here is to
23 tackle this crisis, and to tackle it in the most
24 diverse city in the world, which means representing a
25 whole range of communities and making sure that that

care is accessible. We're going to be talking about this and announcing initiatives over the coming weeks, months and certainly beyond to address this crisis. You know, we are proud of the neighborhood response units as the mental health investments in the executive budget. There's more to do, and we're eager to do it. And we'll be talking about and announcing things in short order in the coming days, weeks, and months. On equitable distribution of resources, we have talked a little bit about the efficiency of contracting so I won't go down that direction. But I will talk about our Public Health Corps program, which has really formed a partnership with community based organizations... over 100 community based organizations in the hardest hit neighborhoods. Our taskforce on racial inclusion and equity neighborhoods, those neighborhoods that represented the neighborhoods that were hit hardest in the first wave of COVID, and partnered with over 100 community based organization not only to staff them with community health workers, but to disperse resources. And we dispersed resources, frankly, at an unprecedented scale... at a scale that we've never had to do nor done in the history of this city

government and this agency. And so we've learned a lot about how we can do that more efficiently, more effectively going forward. And make no mistake, it's a core part of our public health infrastructure going forward.

I'll kick it to Dr. Easterling if he wants to add anything more about our tree neighborhoods and how we're getting resources into those neighborhoods efficiently.

FIRST DEPUTY COMMISSIONER EASTERLING: Yeah, I'll just be brief just... just because of time, but, you know, as Councilmember Brooks-Powers knows, we're happy to follow up. If there are any gaps that you're seeing, we want to work with you. We want to bring those resources to your community. So we'll certainly follow up to do that.

COUNCILMEMBER BROOKS-POWERS: (crosstalk) Just to be clear, it's less about the gap per se, because as I acknowledge, I've been working closely with you all on it, but it's to be able to be preventative as we see an increase, and learning from what has happened already. So I just want to make that clear.

COMMISSIONER VASAN: We share your... we share your interest and commitment to that. We want to

make sure that -- I kind of said this at an earlier response -- the investments we make now, in non-emergency times,

SERGEANT AT ARMS: Time expired.

COMMISSIONER VASAN: working on chronic health issues and inequities are going to be the resources that will allow us to do better, faster, and to address the needs of the most marginalized communities the next time we face an existential public health threat like this. So... so we share that concern.

On the vaccination sites: Look, we've seen vaccination uptake decrease because, in large measure, so many New Yorkers have been vaccinated. 80% of adults have received their primary series, and that's a... that's an incredible number. 97% of adults have received at least one dose. And so we are seeing vaccination uptake wane, and that's playing into our decisions around which vaccination sites to either close or scale back hours. But make no mistake, we can flex quickly in a way that we weren't... as you mentioned, we weren't in that position necessarily, even in January, because none of us predicted how fast Omicron would move, nobody

predicted that we would see a peak of 60,000 cases per day, which I don't think we'll see again. But you know, I may eat those words, but I don't think we'll see a peak of 60,000 cases, again. And so I think we've learned a lot about how to flex those resources. But right now, it's a good time to save money, to save resources, and to flex them for any new challenges, new variants, or new challenges that may come our way in the future.

COUNCILMEMBER BROOKS-POWERS: And the one last commitment I would just ask from you is in terms of having dedicated funding for a PR campaign in some of the community... in the communities that have the lowest vaccine rates and that have been impacted. I've asked this in the past, I haven't really seen that investment made in communities like mine, that is out there to help encourage members of the community get vaccinated and boosted. So I would love to see and to get a commitment from you to invest actual dollars and resources for an actual campaign to promote this.

COMMISSIONER VASAN: Thanks for the... thanks for the comments. I'll only just add that the historic scale of the challenge of COVID meant that we were

spending historical amounts of money, and most of it federal money, on COVID advertising. We have never had a massive advertising budget at DOHMH until COVID hit. And so we're... we will be eager to talk with you and to work with you to ensure that we're not only ensuring that those ads are getting to the communities that needed the most but that we're spending in the right ways and at the right amounts.

COUNCILMEMBER BROOKS-POWERS: So can I take that as a commitment?

COMMISSIONER VASAN: We're always happy to talk with you and to work with you on... on figuring that out.

COUNCILMEMBER BROOKS-POWERS: So it doesn't sound like a commitment.

COMMISSIONER VASAN: We're always happy to work with you and to talk with you to figure that out.

COUNCILMEMBER BROOKS-POWERS: Okay, thank you. Thanks for having that conversation.

COMMISSIONER VASAN: Yep, you too.

COUNSEL BUTEHORN: Next we'll turn to Councilmember Bottcher.

SERGEANT AT ARMS: Starting time.

COUNCILMEMBER BOTTCHER: Hello, Dr. Vasan, how are you?

COMMISSIONER VASAN: Hey, how are you?

COUNCILMEMBER BOTTCHER: I'm good. Thank you. I want to ask you about funding for clubhouses in this year's budget. As you know I'm a big fan of the clubhouse model ever since visiting you at Fountain House years ago. Fountain House is a clubhouse and Hell's Kitchen, a clubhouse being places where people can get opportunities for support friendship, education, housing, and so on. I've called for a large scale expansion of these services. And last spring, Mayor de Blasio said that the city would expand clubhouse membership by 25% by the end of last year. In our February hearing, I asked about that, and was told that clubhouse membership had only been expanded to 17... by 17%. But even with an increase of 25%, that's only a few 1000 people who would be benefiting from clubhouse services, when there's really hundreds of thousands of New Yorkers who could be benefiting from these services.

Could you tell us where we are with the commitment that the Health Department made last spring to expand clubhouse membership by 25%? But

also in this year's budget, what is being allocated to expand clubhouses in all five boroughs?

COMMISSIONER VASAN: Thanks so much for the question. I mean, I think you pointed out this is a question that's of great interest to me. You know, I was taken by Fountain House maybe in the same way that you were. It truly is an inspirational, and a magical place. And we have 16 club houses across the city that try their best to approximate that and to deliver the same quality of services. But make no mistake, I think, until that investment last spring, this is a model that has not had any investment... additional investment in more than 20 years or so... 15 to 20 years, I think. And... and that is because it hasn't been a priority. And it's my commitment to... and I can make a commitment to see this model, expand and grow, because you pointed out rightfully we have 300... nearly 300,000 people who live with serious mental illness in our city, and many, many more than what we currently serve could benefit from this life-restoring, life-saving model of social infrastructure and community support. And so I'm committed to making that happen during my time.

COUNCILMEMBER BOTTCER: Do you have any update on the growth of membership since our... our hearing in early February?

COMMISSIONER VASAN: Thanks for the question. Yeah, I think your number of about... I think you quoted 17% is about right. That is a total membership increase of about 837 people across the city, and it's... We have more to do, I think you rightfully pointed out that too few people have access to these programs, and we have more to do to support them, to grow them, and to ensure that they're meeting the needs of marginalized communities on top of having serious mental illness. And so that's my commitment is to see that... to see that work.

COUNCILMEMBER BOTTCER: And do you believe it we possible to expand clubhouse membership without a city investment, a significant increase in spending on clubhouses?

COMMISSIONER VASAN: We're actively looking at... Thanks for the question. We're actively looking at multiple ways to fund this work. You know, I think there are avenues that involve the state and their grant programs. There's avenues that involve

Medicaid and reimbursement for services, and we're exploring ways in which to see what the city should and could be contributing, and we're actively working on that now, and we're looking forward to continuing those discussions.

COUNCILMEMBER BOTTCHER: Thanks so much. Between now in the adoption of the budget, I'd love to hear more about this and... and see an investment because if we want to make progress on this in the coming years, it needs to start now. As you know, it takes a long time for these things to come to fruition. Thank you very much.

COMMISSIONER VASAN: Thank you.

COUNSEL BUTEHORN: Thank you, Councilmember. Next, we'll turn to Councilmember Narcisse.

COUNCILMEMBER NARCISSE: Thank you, Commissioner Vasan, and all your staff. And thank you, Chairs, for giving me the opportunity to ask my question.

What is your DOHMH role in staffing up the schools with mental health and social workers?

COMMISSIONER VASAN: I'm sorry, I apologize. I did not catch your question because of the noise.

COUNCILMEMBER NARCISSE: What is DO... which is your... your role here... What is DOHMH role in

staffing of our school with social workers and for mental health... children, our young children.

COMMISSIONER VASAN: Thank you so much for the question. Obviously a hugely important one, given the crisis we're facing. As you might know, DOHMH runs and Office of School Health in partnership with our colleagues at DOE. So jointly, we work to both provide school nurses, train school nurses, and bring in other additional social workers and so forth to provide a whole range of services. Separate in that... Separate to that, of course, we help to run, or we have to administer school-based health centers, of which there are 161 across the city.

We try to focus our work in mental health in schools on prevention in the main, our school mental health consultants send trained social workers to help teachers and childcare providers develop strategies to meet the needs of kids struggling with emotions or behaviors, because that can also, you know... behavioral data and emotional data in the classroom can often be a leading indicator of something underlying... an underlying mental or behavioral health issue. Our early childhood mental health network provides trauma informed care and peer

support to young children and their caretakers. That has been remote over the last two years, but also in person. And we do mental health consultations for school staff, as well as training and technical assistance to early childhood healthcare providers, and mental health professionals. So we try to do a range of supports through that Office of School Health to ensure students attending public schools have access to mental health screenings, care and treatment. But you know, I think there's... and we're actively exploring ways to improve that.

COUNCILMEMBER NARCISSE: (inaudible) enrolled in the program.

COMMISSIONER VASAN: I apologize. I didn't hear...

COUNCILMEMBER NARCISSE: How many (inaudible) enrolled?

COMMISSIONER VASAN: How many people are enrolled in the program?

COUNCILMEMBER NARCISSE: Schools. Schools-wise.

COMMISSIONER VASAN: I'll happily get that information for you and get that to you.

COUNCILMEMBER NARCISSE: And by the way, I don't want to (inaudible) your word when it comes to the

height of the pandemic, but I'm a nurse for three decades. And one of the things that I know: high risk area, we usually take the brunt of the... anything, whether it's pandemic or epidemic. So what is... because right now, what we've been discussing is the access to healthcare... quality healthcare in the high risk area. What is your plan in the city, in the city wide to address that?

COMMISSIONER VASAN: Thank you so much. You know, we... A lot of our healthcare in the city is run through our healthcare systems. We have large nonprofit healthcare systems, academic healthcare systems, safety net systems, as well as a public healthcare and hospital systems through which most of the city run healthcare is run by our colleagues at Health and Hospitals. The Department of Health and Mental Hygiene runs relatively little direct healthcare services to New Yorkers. We do a lot more on community-based prevention programs, obviously, epidemic response, and a whole host of other programs, including immunizations, school-based care and so forth. And so through our NYC Care Program, which is a citywide program, to get people who are uninsured or underinsured access to care at our

Health and Hospitals sites, we've been able to expand access to care to hundreds of thousands of people across the city. But those... the details are best left to our colleagues at New York City Health and Hospitals.

COUNCILMEMBER NARCISSE: Okay, which I already spoke to them. The overdose that we're talking about? What is in your plan to... to address that overdose? And are you going to make Narcan accessible to... to those folks that are in need of them?

COMMISSIONER VASAN: So thanks so much for the question. And yes, we're doing we're doing a lot on the... to try to address the overdose crisis. And there's more to do, especially with the...

SERGEANT AT ARMS: Time expired.

COMMISSIONER VASAN: ...opioid settlement funds that are coming our way. We have for years invested in our healing NYC program, which is comprehensive prevention, harm reduction, care, treatment and ongoing support. That includes programs like our syringe service providers, 14 of them around the city that we help fund through vendors, our 2 overdose prevention centers, which we launched... the first in

the country that exist, an evidence based model that exists in a whole host of other countries but not... not in ours until December of this last year, which has, as I mentioned, has intervened in nearly 300 potentially fatal overdoses... 300 people who may have died, if not for our intervention. Of course, we have a citywide Narcan distribution program through pharmacies through faith-based organizations, community-based organizations, houses of... community based clinics, as well as an on-demand phone number through 311 where people can actually just request Naloxone be sent to them, as well as training programs for that. And as I mentioned, we have just piloted these public health vending machines, which are meant to be physical points of access for not just Narcan, but a host of other public health interventions around the city. So we're doing a lot, we can do more, and thankfully, we'll have more resources coming to help us scale those proven approaches.

COUNCILMEMBER NARCISSE: And thank you so much. And one other thing: Can you add up the hours, okay maybe 24 hours, because when... once the safe site closes, people go to the train station, I'm sure

you're aware of it, all the places that they should not be, like one of my colleagues mentioned in front of schools. Thank you.

COMMISSIONER VASAN: Thank you. We're very aware of it. Thank you.

COUNSEL BUTEHORN: Thank you, Councilmember. Next, we'll turn to Councilmember Brewer.

COUNCILMEMBER BREWER: Thank you very much, Commissioner. And I just want to shout out Chelsea Cipriani who all during the pandemic, and even now, answers every question, answers every call, and is phenomenal. So you have many wonderful employees, but she's... we're going to nominate her for some awards. But don't tell her.

COMMISSIONER VASAN: (inaudible)

COUNCILMEMBER BREWER: I'm sure nobody will tell. The pest control: Now maybe it's here, and it's my inability to find it, but I want to know how much is allocated? how many staff? how many openings? what you envision? I have to say, you know, New Yorkers are kind of united in not liking rats. Not everybody, but most of us. So I was... that's, you know. Obviously the garbage, I'm sure that the sanitation commissioners going to get rid of all the

garbage problems, and then you will have less rats. But meanwhile, can you give me some numbers on that pest control?

COMMISSIONER VASAN: Thanks so much, Councilmember, and good to see you. Our... In our FY 23 budget, we've allocated \$12.5 million for rat mitigation as a part of our pest control program. That... Based on our data, and as you might expect, there is increased rat activity in the city, compared to pre-pandemic levels. You know, you might also know, though, that our pest control program is a national model, and in the few years before the pandemic, we were seeing terrific progress from some of these new approaches that we've been advancing. So we will continue to work closely with our partner agencies to implement these comprehensive mitigation strategies. We were largely diverted, of course, from mitigation through... due to COVID. But we're back to our routine work as of January. So hopefully that will start to... (crosstalk)

COUNCILMEMBER BREWER: How many staff... How many staff people? And do have vacancies? I know a lot of people went to Test and Trace on their back. But what is the number of staff points? And is that

\$12.5 what you had before -- I should know this -- or is it an increase?

COMMISSIONER VASAN: Thank you for the question. It's currently 199 staff that that funds. As far as whether that is the same as before represents an increase or decrease I will kick it to my CFO, Samri Jarrah.

DEPUTY COMMISSIONER JARRAH: Thank you, Councilmember for the question. That's level funding from what we've had over time.

COUNCILMEMBER BREWER: And do you have vacancies? Or is that 199 staffed?

COMMISSIONER VASAN: I will kick that to my Deputy Commissioner for Environmental Health, Corinne Schiff.

DEPUTY COMMISSIONER SCHIFF: I'm going to have to get back to you, Councilmember, on the exact information about current vacancies.

COUNCILMEMBER BREWER: Okay. Sometimes I know the answer, just so you know. The other thing I want to know is: Plus Pool. Why can't you sign off on my Plus Pool?

COMMISSIONER VASAN: Thanks for the question. We're aware of the issue. We're aware of the

request. We're aware that the request has been made many times over the last years. We're working closely with our partners at the DEP, at DDC, EDC, and a host of other city agencies to consider the request. And we'd be happy to follow up with you on more... with more details about where that process stands.

COUNCILMEMBER BREWER: Okay. Again, sometimes I know the answer, but I would love to hear from you.

The public health lab at your brand new building. You certainly need a new one. What's going to happen to the old building? Is that... I know it's not tomorrow, but is that something that will...? What is it going to become? Do you have any sense of what it's going to be sold for? Or is that up to a different agency?

COMMISSIONER VASAN: Thanks for the question.

Just to give an overview, I mean, the public health lab is anticipated to ground-break sometime in the next month or so... before the end of this fiscal year, and to be completed and opened in 2026. So you're exactly right. We needed this lab. And we're very grateful for the support. The current lab is in very poor condition, and can't support the needs of a

modern and advanced laboratory, certainly not one with the kind of pandemic response capabilities that this city deserves. And the new one will be state of the art. It will also provide a variety of community benefits and a training lab, and as you may know, is actually sited right next to Harlem Hospital. And so we hope to pull from the local community as well as city wide for the next generation of our public health laboratory workers. As far as what will be done with the existing space, I'll be happy to confer with my team and get back to you.

COUNCILMEMBER BREWER: Okay, because we would like it to be something that's of interest to the community. Thank you very much.

COMMISSIONER VASAN: Thank you so much.

COUNSEL BUTEHORN: Thank you, Councilmember. Next we'll turn to Councilmember Barron.

SERGEANT AT ARMS: Starting time.

COUNCILMEMBER BARRON: Thank you very much. I wanted to ask some questions on first the budget. Is it true that you got a \$93 million cut?

COMMISSIONER VASAN: Thank you for the question, Councilmember. I'm not aware of a \$93 million cut.

But I'll kick it to Samri Jarrah, just to clarify, so I am not mis-speaking.

DEPUTY COMMISSIONER JARRAH: Yeah. Thanks for the question, Councilmember. No. One of the important artifacts to understand about the budget is we cannot (crosstalk)...

COUNCILMEMBER BARRON: Let me do this real quick, because we have the time thing. Just yes or no.

DEPUTY COMMISSIONER JARRAH: There's no cut. We don't budget for federal funds until we receive them.

COUNCILMEMBER BARRON: Right. But the there was a \$3 billion budget, including federal funds, correct?

DEPUTY COMMISSIONER JARRAH: That's right. It includes many federal funds. Yes.

COUNCILMEMBER BARRON: Right. So you did have a \$3 billion budget that went down to \$2 billion. Right?

DEPUTY COMMISSIONER JARRAH: Approximately, yeah, that's right.

COUNCILMEMBER BARRON: So you all don't see that as a cut. But that cuts services. That creates major problems, because many of the agencies are saying no, we didn't receive a cut, because of the

2022 budget, which included federal money, but the responsibility of the city should be to restore that federal money when it's cut from vital services like health. So I think nobody wants to beat up the mayor, you want to make the mayor look like he's doing so much for all these agencies. But when you combine PEGs, and not restoring federal money, those are major cuts to services. And guess who gets hit first and hardest? Black communities, Latino communities, low-income communities get hit hardest than anybody. So we need to stop saying like nothing's happening with the budget. Some even say we got an increase, because they don't count the federal money that's not going to be there. They'll count from the preliminary budget to now the executive budget and make it appear that you are doing better. But in fact, almost a billion dollars was cut when talking about the... the community money, I mean federal money as well. That's one thing. Secondly, \$3 million for expanded health services that the council acts for in communities that were really neglected. You know, people will thank you, because you're coming into the areas now and doing some stuff. I want to know why black

communities were neglected in the first place. I'm not patting you on the back for coming to talk to us now. But when COVID hit us harder than anyone else, we were neglected. I want to know why that neglect occurred. Not you coming on saying, "Yes, it did happen, but we making up for now." Why did it happen in the first place? This is a very important question, because the kind of neglect in our communities permeates every institution in the city. And we have to go from health, education, transportation, you name it, we have to deal with these issues. So I want to know why it happened in the first place, and \$3 million is mere pittance to really respond to this, and that wasn't even included in the executive budget.

So when we were hit with COVID, whether was your agency, other agencies, hospitals, everything went to the white community first, the governor... the governor sent a... what was that? The Javits Center? They fixed that up for health to be delivered there to The Javits Center, a 1000-bed ship in the black... white community. They did Central Park, in the white community. They turned that into a thing. But when it came to our community, when we were dying most, we

1 didn't have our parks converted into nothing like
2 that. And I'm not holding you responsible for this,
3 but we didn't have our parks converted to anything
4 like that. Our hospitals like Brookdale and other
5 hospitals, we have the one Brooklyn hospital deal now
6 that we're trying to get more money for, including
7 three hospitals, to split up money that was supposed
8 to come to one hospital, Brookdale, and made it into
9 a three hospital split.
10

11 This madness has to stop because we're dying,
12 with dying and our communities. This is not about
13 protecting a mayor who is not giving you the
14 sufficient money that you need. And this is not
15 about acting like everything is fine, and we just got
16 a little do a little better. So I want some
17 responses. And I know the time has run out,

18 SERGEANT AT ARMS: Time expired.

19 COUNCILMEMBER BARRON: but I want some responses
20 to this, because it's critical of me. And when I was
21 in the State Assembly, and money was given out for
22 opioids, all white not-for-profits, not one, I went
23 to a meeting in the state for those of you are sick
24 of hearing about racism, we're sick of being victims
25 of it. But I went to a meeting in the state, and

they had a group of about 50 not-for-profits to receive opioid money, not one was black, until we complained. And then they put a few more in. So this was the kind of racism that permeates most of the institutions. And it's madness, it must stop, particularly at this critical moment.

As far as vaccinations and boosters, it's getting ridiculous... (crosstalk) and all the... (crosstalk)

CHAIRPERSON BRANNAN: Councilmember, let's give the doctor time to answer.

COUNCILMEMBER BARRON: I will, but you didn't cut nobody else off and they went over their time.

CHAIRPERSON BRANNAN: I still have lots more... (crosstalk)

COUNCILMEMBER BARRON: But do that to everybody, and I'll feel that...

CHAIRPERSON BRANNAN: I need to.

COUNCILMEMBER BARRON: No, you didn't you didn't cut anybody else off when they spoke. I'll stop out of respect for time and my colleagues. But make sure you do that with everybody when the five minutes is up, because you have not done that to anybody but me.

CHAIRPERSON BRANNAN: It's only because we're going over it's got nothing to do with you.

COUNCILMEMBER BARRON: Well do it for everybody, and we won't go over.

CHAIRPERSON BRANNAN: Okay.

COUNCILMEMBER BARRON: Do it for everybody. Go ahead Doctor,

COMMISSIONER VASAN: Okay, thank you. And I don't know that there's an answer that I can give that is sufficient to the... to the pain and the to the comments you made. The questions about why are... I think you've made the diagnosis, which is that we live in a structurally racist society. And... and I don't think that that absolves any of us from responsibility. But I think... I know that I'm proud of the efforts we're making, even if the efforts are not leading to change as quickly as communities may need. I'm an epidemiologist by training as well. I measure things in statistics. I look at whether we're making a difference by who's living or dying and... and how well they're doing both. And the systematic inequities and the fact that black and brown communities are facing the brunt of just about every health challenge in our city, disproportionately is a serious public health crisis that I think we're still learning about the best ways

to address frankly, because someone much smarter than me said the value of \$1 earned that compounds interest is similar to \$1 stolen, it \$1 stolen also compounds negative interest, and systematic disinvestment into black and brown communities in the city has... has reared its ugly head in this pandemic once again. And so, you know, collectively I think, everyone on this call, everyone in city government, everyone in the community, we have work to do. And, and I'm hopeful I can be a good partner in that work.

COUNCILMEMBER BARRON: Well, thanks for the diagnosis of the problem that we already. But I want to know more about the solution. But go ahead, because we're running out of time.

COMMISSIONER VASAN: Yeah, thank you, Councilmember. I'll kick it to Torian Easterling, my deputy for more details on our programming, but I'll just say I'm very proud of the work that our Center for Health Equity is doing on not only making this institution... or working towards making this institution, anti-racist, but embedding anti-racism in all of our programming. And so kick it to Torian to see if he's got anything else to add.

FIRST DEPUTY COMMISSIONER EASTERLING: Yeah, I think that this is an important conversation. I think the facts have already been laid out. We know what the issues are. And I think we need to draw a line in the sand in making commitments. Some of the things that we have done, Councilmember, and I think you are aware of it, we've made strides in the type of investments in community based organizations. But I think, even before that pre-pandemic, as you already know, our investments in our infrastructure to ensure that we're anchoring in communities a lot of the health programming beyond just sort of think about secondary... secondary and tertiary prevention. But how are we thinking about primary prevention? So, you know, really thinking about our agriculturalists, thinking about how we're supporting our schools, and also thinking about our farmers markets, I think there's been a lot of good work that we can build on externally, as well as internally as well through our racial justice initiative. Naming and normalizing the conversations that we have around structural racism, and really pushing ourselves and thinking about how we make decisions, whether they're around policy, finances, but also thinking about how

we use our data. That's... that's the commitment. And I know that we're running out of time, but I think that's where we're starting, but we certainly have a lot of work to do. And we're committed to moving it forward.

COUNSEL BUTEHORN: Okay, next, we will turn to Councilmember Cabán.

SERGEANT AT ARMS: Starting time.

COUNCILMEMBER CABÁN: Thank you. Thank you to all the staff that... for doing all this hard work to make these hearings happen. Thank you for being here to testify. Just to sort of frame, or put my questions into context, I want to follow up on some of the questions that Chair Lee had asked earlier specifically about B-HEARD. You know, I think not just to myself and not just to my colleagues, but to New Yorkers generally, alternative responses to mental health is really important. In fact, in the New York City Speak Survey, 64,000 New Yorkers, the largest survey our city has seen said that, you know, behind housing and... and homeless services, the top priority for public safety were mental health responders that were not police to provide care and address these issues in our in our city. And I know,

anecdotally, as my... in my almost decades experience as a public defender, I can't tell you how many families I spoke to who said they call 911 to get help for their loved one, and then ended up arrested in a... in a criminal case. And so, you know, one of my questions is around the... so how these calls are being diverted and to what degree that they are.

It's my understanding that only 20% of these B-HEARD calls are diverted from police responses. Is that your understanding as well? Can you can you verify some of those numbers?

COMMISSIONER VASAN: Thanks, Councilmember. Let me just start by saying I share your... your interest in this topic. I've been speaking out on this topic for last several years. And as a doctor, I know it's evidence based and... and effective to provide people experiencing a mental health crisis with the health response first. As I mentioned earlier, B-HEARD is a program run out of FDNY and out of New York City Health and Hospitals, with partnership with the Mayor's Office of Community Mental Health.

Currently, we don't have direct involvement in B-HEARD, and so any questions around data and protocol, I think are best diverted to them.

COUNCILMEMBER CABÁN: Okay. And I think... I'm hoping that this is something that you can speak to, but like the... the 988... the National 988 rollout, which I'm personally pretty excited about. And I think the way that it connects to this is that not just here, but you know, studying a lot of these alternative mental health responses, right? Like we're experimenting with a lot of different models with some nuanced differences all around the country, and kind of hearing like what's been working, what hasn't been working, and a consistent issue is... is the dispatch issue and how those calls are being diverted and how they're being dispatched. But with 988 there's a real opportunity here for specialized dispatchers who have training that 911 operators and dispatchers don't have specifically, being able to de-escalate and to provide care over the phone until somebody can arrive. But the other thing that I have noticed around the country that people are dealing with it, and I'm hoping we can preempt here and do right, is that people have to know that 988 exists, right that there's this other number that they can call. Is there anything in the executive budget that is specifically earmarked just towards, like an

education outreach campaign for people to know that this number exists? So they have they can call it and they don't have think, or don't only have 911?

COMMISSIONER VASAN: Yeah, thank you for the question. It's an area of huge interest. And... and, you know, I'm very excited about it and share your excitement. Because as you rightfully diagnosed, we want people experiencing mental health crisis to get a mental health response. And the likelihood of that is increased immeasurably by getting them to the right place at the first call. 988, as you know, is a federal program. And if you are digging into the numbers, the federal government has applied about \$300 million nationally to fund 988. That means, by extension that localities, municipalities, and states are left to basically carry the water on this. And so we are in active discussions right now with the state about how to answer this very question. When do we start marketing 988? How do we... how do we ensure that people who call 988 get the suite of services that NYC Well provides, and that has built up over the years, and that really are unlike any other jurisdiction in the country, in terms of its range,

and diversity and, and quality. And so we're working through those operational considerations now. Once we get the operational considerations set, we can figure out the marketing piece to the consumer and to the public. But we ultimately share your goal as well. One number that people can call, get the response they need. And so we're working towards that now, with our (inaudible) (crosstalk)

COUNCILMEMBER CABÁN: And I really just want to highlight this... this point of, you know, like we're making these investments and alternatives, which is good. And I have my own, you know, sort of critiques and criticisms around B-HEARD and... and what maybe could be some better practices to build on in terms of the model.

SERGEANT AT ARMS: Time expired.

COUNCILMEMBER CABÁN: But if I could... Chair, just finish my thought. But the money that is currently earmarked to be invested in it is like barely enough to... to operationalize it. Like it's not the scale we wish it would be in any of these things. And so I just want to like really stress and hope that my colleagues and other folks will support making sure that there is enough money to inform the

public about, you know, these things that they're used, and we get the intended impacts from these practices. So thank you.

COMMISSIONER VASAN: Thank you.

COUNSEL BUTEHORN: Thank you. And our last two Councilmember questions will come from Councilmember Paladino first followed by Councilmember Hanif.

SERGEANT AT ARMS: Starting time.

COUNCILMEMBER PALADINO: Good afternoon, everybody. I'm happy to be part of this meeting this afternoon, though I'm extremely disappointed. This is not a question or a series of questions. This is a series of statements.

I did not expect this to be a COVID-19 hearing. This was supposed to be a hearing on health and mental health, and drug addiction. I have yet to hear anything that addressed drug... drug addiction, aside from Councilmember Ayala up in the Bronx... up in East Harlem. She hit it spot on. We have a problem here in this city. We have a gigantic problem in this city, and it is called mental health. We have drug addiction. We have homelessness. We've got opioid addiction, heroin addiction, people are allowed to inject on the street, major crime issues

all related back to health... mental health. And yet while we're talking about today is COVID. If you wanted to talk about COVID, then you should have been on the earlier meeting today concerning New York Health and Hospitals. There's a mental health issue. That's what this meeting was supposed to be about. And yet all we heard was COVID COVID COVID, when nine people out of 100,000 people are being hospitalized as of today with COVID. Yeah, we're ticking up to the red zone.

I'm not here to talk to you about COVID. I want to know how much is being... how much is our mental health budget, in full? That's what I wanted to hear today. Then I wanted to hear line by line where our money was going for mental health to help our kids, to help our young adults, to help our older adults that are suffering terribly. I want to know what's out there and how we're going to spend... We're in a we're in \$100 billion bracket here. How much of that \$100 billion dollars is actually going towards mental health? How could Linda Lee and I, who are on the mental health committee? How can we work together with others in chambers to best put this money to use? Yet no. All I heard today was COVID. I'm

tired of hearing about COVID. It's like pouring a thimble of water over Niagara Falls. COVID is not going away. Mental health can be helped. People need help. We got kids committing crimes as they get out of high school. Okay, we've got suicide rates through the roof. Yet, I didn't hear one bit of talk about that today. And I'm here to tell you, I'm really unhappy. This was not what my response was going to be. But yet, I'm the second to last person to speak. Therefore, the conversation has taken a different turn for me.

So I just want to know if anybody out there could give me a bottom line number: What is our budget... our overall budget for mental health? And perhaps we can resume another meeting, whereas you could give us line for line how this money is going to be spent to best help the drug... the drug abuse, and the people that are homeless on the streets, our kids, and get them the proper help they need. \$100 billion folks. That's a lot of money. I want to know how much is going to actually help the problem that we need to deal with on a daily basis here 24 hours a day, 365 days a year. For the last two and a half years. Everything has skyrocketed. We know that. Now tell

me what's your solution? How much money are you giving us? How are we going to go about this? How can we best serve our constituents throughout this city? I need your help. What's your plan? Thank you.

COMMISSIONER VASAN: Thanks, Councilmember. COVID is one of those questions and things that (crosstalk)

COUNCILMEMBER PALADINO: No, sorry, do not put the... don't even go to COVID with this! I asked you for... And my question was this: What is the overall budget for mental health?

COMMISSIONER VASAN: The overall budget for mental health... (crosstalk)

COUNCILMEMBER PALADINO: Do not even say the word COVID! Do not even say the word COVID!

COMMISSIONER VASAN: The overall budget for mental health... (crosstalk)

COUNCILMEMBER PALADINO: Do not...!

CHAIRPERSON BRANNAN: Councilmember... Just let him answer... (crosstalk)

COMMISSIONER VASAN: Please let me answer the question Councilmember.

1 COMMITTEE ON FINANCE

245

2 COUNCILMEMBER PALADINO: Okay. Okay, Justin.
3 Absolutely, I'm muting myself.

4 COMMISSIONER VASAN: Let's please communicate
5 with a little respect both ways. Thanks.

6 COUNCILMEMBER PALADINO: Do not say I'm
7 disrespectful.

8 COMMISSIONER VASAN: The Division of Mental
9 Hygiene budget is \$689 million for FY 23. There is
10 mental health work and across other divisions in our
11 agency...

12 SERGEANT AT ARMS: Time expired.

13 COMMISSIONER VASAN: ... and we're happy to pull
14 that number for you, and there's mental health work
15 at our sister agencies, the Office of... the Mayor's
16 Office of Community Mental Health, and New York City
17 Health and Hospitals, and we're happy to pull that
18 for you as well are happy to refer you to those
19 colleagues. That represents the mental health work
20 across city government.

21 COUNCILMEMBER PALADINO: You didn't answer the
22 question, did you? You had... You did not answer the
23 question. The question was, why do you keep
24 reverting back to COVID? Why this is a mental
25 health... This is a budget... this is a budget

hearing on mental health. So along with that \$689 million number, what I'd like and I think Linda Lee would like, and our committee would like, and I think the city of New York would like: We'd like to know how that \$699 million is going to be addressed and handled line by line to help the people that are most troubled in this city. That's what I'm all about.

COMMISSIONER VASAN: We'll be happy to provide that.

COUNCILMEMBER PALADINO: Okay, the thank you very much.

COUNSEL BUTEHORN: And we'll finally turn to Councilmember Hanif.

COUNCILMEMBER HANIF: Thank you so much. I'm not sure if this has already been covered, but I was in and out of the hearing. As we know by July of this year. The State Office of Mental Health will make a 988 suicide behavioral health crisis hotline system available, operational, and effective across the state. This is a very critical development that will make emergency mental health services more accessible and further removed from ineffective police lead responses tied to 911. Could you share what is DOHMH's plan for the 988 rollout, and how you all

foresee addressing the higher volume of calls to the suicide prevention hotline since it will become more accessible as a three digit number?

COMMISSIONER VASAN: Thanks for the question.

We... yes, we just talked a little bit about up this, but 988 is a federal hotline that's coming down the pike this summer. It doesn't come with significant federal resources, so that's left to the state and to our municipality to fund. We are in active discussions with the state right now about how to fund that, how we can get state funding for that, as well as what resources we need to bring together with our existing mental health call line, NYC Well, to bring this over time into one shared service. It's going to take a bit of time operationally, but... but we're committed to that single line over time being the port of call for a whole range of mental health needs, from basic talk, to talking and counseling, to crisis response.

COUNCILMEMBER HANIF: That's really promising to hear from you that you're committed to transitioning to the 988 number. Could you share: What are some of the challenges you're anticipating as we roll this out?

2 COMMISSIONER VASAN: Yeah, I think I... Thank
3 you for the question. I mentioned the main
4 challenge, which is the lack of funding... the lack
5 of funding from the federal government. They
6 established 988, and then they didn't really fund it
7 adequately nationwide. And then they transferred it
8 over... the responsibility over to states and local
9 government. And so we do need to fill that, and we
10 need to think about the best ways to do that, and I'm
11 in active discussions with... we're in active
12 discussions with the state about how to do that.
13 They are... They are highly technical issues around
14 kind of where it is, call routing, and geolocation,
15 and an issues like this, but we're committed to
16 working through all of those issues. The number one
17 thing is New Yorkers, when they call... when that
18 date comes that 988 is live, we want whatever number
19 New Yorkers call -- NYC Well of 988 -- to get the
20 same quality level and range of services that they've
21 been getting for the last several years through NYC
22 Well.

23 COUNCILMEMBER HANIF: Is there an allocation
24 you're looking to, to be able to adequately fund the
25 launch of 988 in our city?

COMMISSIONER VASAN: As I said, we're talking to the state about different ways to potentially fund this. I'm happy to offline with you about that further.

COUNCILMEMBER HANIF: And then I know you're in conversations -- and this is something that is actively happening right now. Do you know if the B-HEARD teams will be able to be dispatched from 988?

COMMISSIONER VASAN: Well currently B-HEARD teams are able to be dispatched from NYC Well. So if we are maintaining that level of service, then yes, we... our intention is to keep that level of service with... whenever 988 is live.

COUNCILMEMBER HANIF: And then what are the agency's plans for the crisis intervention centers? How are the centers being folded into the larger crisis response infrastructure?

COMMISSIONER VASAN: Can you specify further which crisis intervention centers you're working... you're... you're speaking of? Because we have several models.

COUNCILMEMBER HANIF: Sure. This is also part of the federal administration's commitment to addressing the mental health crisis in our country.

COMMISSIONER VASAN: Yeah. So money was given from the federal government through the block grant program to our state mental health services to expand crisis response. And the governor and the mayor, when they made an announcement about the subway safety plan in January, they announced expansion of these crisis response services. They are state-run facilities, and they are state-funded facilities, and so I'd refer questions about how those are run and how many there are to our state partners.

COUNCILMEMBER HANIF: Thank you. Appreciate it.

COUNSEL BUTEHORN: Thank you, Councilmember Hanif. Councilmember Sanchez actually had a quick question.

SERGEANT AT ARMS: Time will begin.

COUNCILMEMBER SANCHEZ: Hello, and first of all, my apologies to... welcome. Thank you. Thank you, everyone for... I know this has been a long hearing. So I just, I'm not sure if it was asked. So I did want to bring it up just in case. Opioid prevention centers. There's... Is there any money in the executive budget to support OPCs? And has any of the settlement money come to us in the city of New York to support expansion?

COMMISSIONER VASAN: Thank you for the question. As you know, we as a city do not fund OPCs. We do not provide any direct money to run OPCs. They're run privately by private organizations, though we do support those organizations in different ways, which are largely syringe service providers around the city. With those organizations, we opened two OPCs in December, which as I mentioned earlier, have intervened in in nearly 300 potentially fatal overdoses in that time. So there is no direct money for OPCs in the executive budget, because we do not fund OPCs. But we are committed to the model. It's a life-saving model and an evidence based model. And as we think about ways to support syringe service providers to add OPC services to their repertoire, we'll be looking to the opioid settlement dollar as one source of funding for that work. And I'm grateful to be on the advisory board.

COUNCILMEMBER SANCHEZ: Thank you. If you could follow up and share with us where... where those centers are that DOHMH partners with, that would be really helpful. And especially I represent the Bronx, and I just yesterday got a call from one of my schools where, you know, kids are running into

needles. You know, and I know Councilmember Ayala also talked about this, but on their way to school, and it's, you know, it's an illness and just want to make sure that we're providing as many supports as possible in the city. Thank you.

COMMISSIONER VASAN: Thank you.

COUNSEL BUTEHORN: Thank you, Councilmember.

Chairs, Dr. Vasan has to catch a flight. So if you all just want to thank him for being here, and then your fuller closing comments can be addressed to his colleagues. No one should be made to miss a flight. So Brannan, Schulman, Lee, and Moya?

CHAIRPERSON SCHULMAN: Chair Brannan go.

CHAIRPERSON BRANNAN: No, you guys go. I go last.

CHAIRPERSON SCHULMAN: Alright. I want to thank Commissioner Vasan and his... and his staff. I mean, you've... you answered the questions really distinctly. I really appreciate all the work that you do. We hope there's a lot of follow up questions that were... that... information rather, that we need that we would love for you to follow up on. And we really appreciate you being here today. I want to thank Chair Brannan, I want to thank my, my co-

1 chairs, Linda Lee, and Francisco Moya, and I really
2 appreciate the robust amount of information that was
3 shared.
4

5 COMMISSIONER VASAN: Thank you Chair.

6 CHAIRPERSON LEE: I just wanted to say thank you
7 again, Commissioner. And just so you guys know, I
8 know that a lot of the topic today was talking about
9 the opioid settlement as well as the opioid centers.
10 And so there's going to be a sort of emergency
11 hearing next week that our committees holding on the
12 26th, May 26, next Thursday at 12pm, about the opioid
13 settlement funds. And so hopefully, you guys will be
14 able to join us for that one as well. But that is
15 something that we wanted to definitely discuss and
16 make sure that we follow the money and see... make
17 sure it's going to the communities that are hardest
18 hit and the zip codes that are hardest hit. So
19 that'll be next week.

20 But I just wanted to thank all of you for
21 sticking through with us today on this important
22 hearing. And obviously mental health is a big, you
23 know, issue that we're facing in our city
24 continuously, even before the pandemic. So hopefully
25 one silver lining in all this is that it's showing

that there is a disparity in need that we need to address. And it seems like we have the right folks in the administration on the city and the state level to do that. So I'm excited about that. Thank you.

COMMISSIONER VASAN: Thank you.

CHAIRPERSON MOYA: Well, look, I'll be very brief. Thank you, doctor, and thank you to the rest of the department staff that was on this zoom. I want to thank my... my colleagues as well. Chair Schulman, Chair Lee, and Chair Brannan, for their work on this. But in particular, I want to thank the staff who really did a great job in putting this together. Again, Kirilian Francisco. Thank you again to Sarah Lass, Harvoni Huja, And Em Barkin, and Megan Tatio. But Yo Malcom, I'm giving you a big shout out because somebody needs to send this man some lunch or something, because he's been doing this all day long.

Thank you to everybody for helping us always look good here in this process. So thank you very much. Have a great day.

CHAIRPERSON BRANNAN: Doctor, thank you and your team. I think today the questions that you heard from... from my colleagues and I only show how

holistic health has become, and how it's really been redefined in every aspect and how... how important the... the oversight hearing for Department of Health has become so we want to be your partners in this work, and with equity as our main focus and in all the ways that COVID has really exacerbated everything that existed before it's really low tide. It just reminded us of what was there and we want to work with your department to... to make the city as fair and as great and as well funded as it can be. So we appreciate your time. Don't miss your flight. And we thank you very much.

COMMISSIONER VASAN: Thank you so much. I share that goal.

CHAIRPERSON BRANNAN: Thank you. Alright, Malcom, you got CUNY now, right?

COUNSEL BUTEHORN: We're going to switch over to CUNY. And for the last hearing, we were also joined by Councilmembers Paladino, Farias, Narcisse, Feliz, Carr, and Williams. All of... We'll just do a quick sound check for City University of New York.

Chancellor Rodriguez, you should be able to unmute yourself. Just want to make sure your audio is working.

CHANCELLOR RODRIGUEZ: Uh, Can you hear me?

COUNSEL BUTEHORN: Yes, we can perfect.

Executive Vice Chancellor Batista.

EXECUTIVE VICE CHANCELLOR BATISTA: Can you hear me?

COUNSEL BUTEHORN: Yep. Thank you. Vice Chancellor Atalla?

VICE CHANCELLOR ATTALLA: Yes. Do you hear me?

COUNSEL BUTEHORN: Yes. Thank you. And Interim Vice Chancellor Chiappa.

VICE CHANCELLOR CHIAPPA: Hello.

COUNSEL BUTEHORN: Hi, thank you. And for this next portion, we're joined by Councilmembers Brannan, Dinowitz, Barron, Brewer, Feliz, Hudson, Narcisse, Sanchez, and Velázquez. I will be the bad guy. Thank you, CUNY, for being patient. Folks, when it comes to questions when the sergeant's call the time please say thank you and move on. Questions not asked staff, staff will reach out and we will collect them from you. So we'll turn immediately to Chair Brannan for his opening statement, then Chair Dinowitz, and then I will swear in the administration.

CHAIRPERSON BRANNAN: Thank you, counsel. Good afternoon, everyone and welcome to part three of day seven of executive budget hearings. We will now take testimony from the mighty City University of New York. I'm pleased to be joined by my colleague Councilmember Eric Dinowitz, who serves as Chair of the Committee on Higher Education. I am Justin Brannan, Chair of the Finance Committee. I want to extend a warm welcome to Chancellor Rodriguez and his team. CUNY's projected fiscal 23 budget of \$1.41 billion represents 1.4% of the city's proposed FY 23 budget in the Executive Plan, CUNY's fiscal 23 budget increased by 3.9% from the preliminary plan. The increase is the result of a number of actions taken most significant of which are \$9.1 million for CUNY's Accelerate, Compete and Engage, or the ACE program \$10.3 million for CUNY Building Performance Lab, \$8.2 million for CUNY Career Launch Summer Youth Employment Program SYEP expansion, and \$1.2 million for increasing the number of community college campuses that provide on-campus childcare, which is very important.

Higher education for many represents an opportunity into a bigger and better world for

themselves and it can lead to better job opportunities, higher lifetime earnings, financial and personal security, security and individual empowerment. As CUNY is the largest urban university system in the United States, it serves a very wide and diverse students body, especially those who may not otherwise have access and opportunity to higher education. It's importance to the fabric of the city cannot be overstated. We must ensure that CUNY is ready and able to emerge from a post-COVID environment that placed unprecedented challenges on institutions of higher education. I plan to focus my questions today on the expansion of CUNY's ACE program, tuition revenue adjustment, as well as anti-gun programming. I want to thank Alia Ali for today's hearing preparation, my senior adviser Jon Yedin, everyone who's been working so hard behind the scenes, especially Malcom Butehorn, for hanging in there with us. I'm now going to turn to my colleague Councilmember Eric Dinowitz, so he can deliver his opening remarks.

CHAIRPERSON DINOWITZ: Thank you before my opening statement, I got to give props to Malcom Butehorn, who's been doing this all day and of course

Chair Brannan, for all the... you know, taking care of all the all these finance hearings.

Well, good afternoon, everyone and welcome to the fiscal 2023 executive budget hearing for the committee at higher education. I'm Councilmember Eric Dinowitz, Chair of this Committee of Higher Education and a proud CUNY alum. I'm pleased to be joined by my fellow Councilmembers, Councilmembers Barron Brewer, Hudson, Narcisse, Sanchez, Velázquez, and then Brannan.

Today we will hear on the fiscal 2023 executive budget and the fiscal 2020 to 26 executive capital commitment plan for the City University of New York. Chair Brannan went over a lot of the details of the of the budget, the... the changes from the preliminary budget some of the programs for which we're seeking new funding. I want the agency to provide us with additional details on each of these new needs and adjustments made in the executive plan. I want to ensure that this executive plan is responding to the needs of our community, that resources will be utilized to ensure affordability and accessibility, that students have access to vital

supports like food pantries, mental health, and homeless shelter services.

In the council's budget response The Council called upon The Administration to make a concerted citywide effort to invest \$23 million to fund a program to reengage 700,000 working-age New Yorkers with some college credits, but no degree, to complete their college degrees, advance their careers and boost their income. I am disappointed to see the executive plan not include any funding for the CUNY Reconnect Program. I also have concerns about the administration's commitment to programs that have a proven track record like CUNY Tutor Corps, CUNY Cultural Core, CUNY, ASAP, and CUNY Start and Math Start. CUNY's commitments for fiscal 2022 through 26, as presented in the commitment plan, total \$590.5 million, which is \$112.9 million, or 17.9% less, than the total for the same period presented in the preliminary capital commitment plan released in February. The amount of commitments planned for each year of the plan period is disproportionately skewed to the middle years of the period with 10.6% of the entire planned expenditure in the current year, 21.8% in fiscal 2023, and 29.7%, 23.9%, and 14% in fiscal

24, 25, and 26 respectively. Do you believe this accurately reflects cuneus capital spending?

We'll also be looking forward to hearing more about that hole in the ground. It is the council's responsibility to ensure that the city's budget is fair, transparent, accountable to New Yorkers and reflective of our residents' needs. This includes equity and funding and assistance. As the Chair of the Committee on Higher Education, I will continue to push for accountability and accuracy and ensure that the budget reflects the needs and interests of the city. This hearing is a vital part of this process, and I know that CUNY will be responsive to the questions and concerns of Councilmembers. I look forward to an active engagement with the administration over the next month to ensure the fiscal 23 adopted budget meets the goals the council has set out. I would like to thank the Chancellor for testifying today. And I would like to thank my staff and the staff of the finance division for their help in preparing for this remote hearing. Thank you.

COUNSEL BUTEHORN: Thank you Chairs Brannan and Dinwowitz. We will now swear in the administration.

The following members of the administration are here to testify under answer questions. Felix Matos Rodriguez, Chancellor, Hector Batista, Executive Vice Chancellor and Chief Operating Officer, Muhammad Atilla Vice Chancellor for Facilities Planning, Construction, and Management, and Christina Chiappa, Interim Vice Chancellor for Budget and Finance, and Chief Financial Officer.

I will first read the oath and after I will call on each member from the administration individually to respond. Do you affirm to tell the truth, the whole truth and nothing but the truth before these committees and to respond honestly to Councilmember questions? Chancellor Rodriguez.

CHANCELLOR RODRIGUEZ: I do.

COUNSEL BUTEHORN: Executive Vice Chancellor Batista?

EXECUTIVE VICE CHANCELLOR BATISTA: I do.

COUNSEL BUTEHORN: Vice Chancellor Attalla?

VICE CHANCELLOR ATTALLA: I do.

COUNSEL BUTEHORN: Interim Vice Chancellor Chiappa?

VICE CHANCELLOR CHIAPPA: I do.

COUNSEL BUTEHORN: Thank you. Chancellor Rodriguez, you may begin when you're ready.

CHANCELLOR RODRIGUEZ: Good afternoon Chair Dinowitz, Chair Brannan, and the members of the New York City Council Committees on Finance and Higher Education, staff and guests. I thank you along with my colleagues who were already introduced for the opportunity to testify this afternoon, and for the city council's steadfast support for CUNY. This is really an auspicious time. We just kicked off what is going to be a year-long commemoration of CUNY's 175th anniversary, the mission of the university, to offer an accessible and high quality education to all, New Yorkers was born on May 7 1847, when the Free Academy received its charter from the New York State Legislature. The Free Academy would later be renamed the City College of New York. And I am proud of all that has been accomplished and I'm optimistic about the future and CUNY's priorities, plans, and goals for the coming fiscal year and beyond.

Before I speak about the future, allow me to recount some of CUNY's recent accomplishments. In the midst of a worldwide pandemic during the 2020 and 21, academic Year, CUNY awarded 295,000 degrees, the

largest number of degrees in our history. CUNY also made history by launching the CUNY comeback program, erasing one... more than \$1 million in unpaid tuition and fees for more than 50,000 students through what is believed the country's largest debt forgiveness initiative of its kind. We expanded the university's mental health services to assist the increasing number of students at CUNY struggling with the effects of the COVID-19 pandemic. CUNY has helped our students maintain the academic momentum during the pandemic by ensuring the timely and equitable distribution of federal higher education relief funds directly to our students. This spring we distributed \$151.4 million to nearly 200,018 students across the university from the latest round of federal stimulus funds. full time students received an average award of \$967 and non-full time students an average award of \$300.

We are also beginning a new rounds of awards totaling just over \$3 million from the Chancellor's Emergency Relief Fund to student parents who are registered for the 2022 summer session to cover the cost of tuition and other expenses. And CUNY's excellence continues to recognize. Two of our

faculty members have been awarded prestigious 2022 Guggenheim Fellowships, one for the Macaulay Honors College and another for Hunter College. Seven college students from Bronx Community College, Kingsborough, and LaGuardia Community College were selected as recipients of the prestigious Jack Kent Cooke Foundation Undergraduate Transfer Scholarship, and Hostos Community College, Kingsborough, and LaGuardia Community Colleges were named as semifinalist for the 2023 Aspen Prize for Community College Excellence, the only semi-finalists from New York State. That is a prize that former President Barack Obama once liked to being the Oscars for great community colleges, and CUNY colleges continue to be lauded as top... top-performing schools, best for social mobility with strong ethnic diversity.

Turning now to the state budget, we are grateful to Governor Hochul and the State Senate and Assembly for significant investments in CUNY. The university received \$53 million in funding for 540 new full-time faculty and the senior faculty lines at the senior and community colleges. The colleges are in the process of hiring 250 new lecturers, 85 at the community colleges with a start date of this upcoming

fall semester. Hiring will continue throughout the next academic year. The state-enacted budget also included \$40 million in one-time funds to support both senior and community college's, \$1.2 million instead of startup funds for childcare centers at the community colleges, and \$3.6 million at the senior colleges, and an additional \$200,000 for the College Discovery Program. The State of New York provides funding for community colleges on an FTE basis. Due to declining enrollment, state based aid funding as well as tuition revenue have been decreasing. The university's fiscal 2023 budget request asks for a funding floor in order to maintain budget stability, and we are appreciative that the state enacted budget includes 100% funding floor against the fiscal 2022 level.

In addition, the state enacted budget contains welcome improvements to the TAP program, including \$59.6 million to cover the so called TAP gap at the senior colleges, and the inclusion of TAP awards for part time students enrolled in degree programs and in non-degree workforce credential programs. We have advocated for similar changes in the past, and we

thank the governor and the legislature for their support.

Now, let me turn to the mayor's executive budget proposal.

We are grateful for receiving another year of funding for the Juneteenth Initiatives. For CUNY, this includes the ACE Program, which is a senior college version of the ASAP program, and the Brooklyn Recovery Course at Medgar Evers College. In the fall of 2021, Medgar Evers launched the Brooklyn Recovery Course, a paid internship program designed to spur economic growth and recovery in central Brooklyn. The fiscal 23 city funding level is at \$1 million. The BRC, which is the acronym for the initiative is a direct response to the pandemic impact on small businesses, particularly in the central Brooklyn area, and works to pray student interns with small businesses and nonprofit organizations based in Brooklyn. The BRC Internship Program serves as a leading learning classroom, and will provide 150 interns over three semesters with hands-on learning experience while giving back to the community. We asked that funding for the ACE and Brooklyn Recovery Corpse be baselined so that we can plan for the

continuation of these programs that are so beneficial to student completion and provide internship experiences that facilitate transition to career pathways.

Also included in the executive budget is the CUNY Career Launch Internship Program. It will provide 2000 career-correct internships this summer to CUNY students with an emphasis on students from community colleges and those who have not had any previous internship experience. Employment at job sites would be focused on helping with recovery efforts in education, healthcare, community, nonprofit and small business areas. We thank Mayor Adams for including baseline funding for this program. Creating career pathways for students is one of my top priorities. Both the BRC internships and the CUNY career launch program will assist in achieving this goal. While we are appreciative for funding for all mandatory cost increases, the executive budget also includes a \$14.6 million baseline efficiencies target. We are hopeful that this \$14.6 million will be fully restored. So our community colleges can continue to provide the structure and support services that students need to

complete their courses of study, advanced to careers or further educational pursuits.

This reduction is especially challenging given the additional stress community colleges are facing and the unprecedented impact COVID had on community college enrollment. While CUNY is not unique in facing these challenges, we are taking targeted steps to reverse this trend. Declining CUNY community college enrollment has led to a \$113 million decrease in tuition revenue since fiscal 23. The university has frozen tuition rates as its community colleges for six consecutive years. Let me repeat that the university has frozen rates in its community colleges for six consecutive years, and it is critical that other sources including increased city funding covered foregone revenue that is so vitally needed to support our students. We also seek the council's help in restoring and continuing funding for several initiatives and programs. This include remediation, the Food Insecurity Initiative, community college child care centers, various centers and institutes, technology incubators which help to promote growth of other technology sectors in the Bronx, Queens and Staten Island and the CUNY Citizenship Now program,

which has provided citizenship and immigration legal services in 39 city council districts throughout the five boroughs.

We are also excited to work in partnership with Speaker Adams on CUNY Reconnect. This sweeping plan would focus on adult students who wish to come to CUNY and finish their degree as well as those who want to adjust their educational and career track. While this initiative is not currently part of the executive project, we believe this program will assist in New York City's recovery.

Now I will turn to the capital budget. In response to the pandemic and they return to campus, CUNY engaged consultants who visited our buildings to determine whether they met appropriate air quality standards. Where possible, immediate remediation work, such as replacing air filters and air conditioning units was completed. Since then, additional projects have been completed and HVAC and air quality work continues to be a priority for CUNY. We have several projects that are being prioritized as a result of these efforts. And the science for capital renewal projects include new criteria to improve indoor air quality for our buildings and to

ensure the continued health and safety of our community.

The city's executive budget proposes \$590 million in capital funds for CUNY over the five year plans with fiscal year 2026 including \$5.1 million in capital funding proposed by the borough presidents. We have worked collaboratively with the Mayor's Office of Management and Budget to more accurately realign the five year plan, with expected start and completion dates of capital projects. One of the most critical issues affecting CUNY's capital program is the age of our facilities. The university facility portfolios consist of \$29 million square feet in 300 building across 25 campuses. The average building and CUNY is more than 50 years old. Most are over 30, and some exceed 100 years. The capital renewal program to address this university-wide issue is the number one priority for our facilities team. Included in the five-year capital plan are five new high priority projects that are part of a concerted effort to expedite our capital renewal work. A fire alarm project at BMCC for \$12 million, piping and distribution upgrades at Kingsborough for \$20 million, HVAC upgrades at seven buildings at Bronx

Community College for \$80 million, sea wall exterior lighting at Kingsborough for \$2.5 million, and a boiler and Queensborough Community College for \$1.5 million.

This is a good start, but there is so much to do. The additional new needs projects are presented in our capital request book, which... which you also have a copy of. If you don't, we'll be happy to send one to your staff so you can have that information.

I thank the Council for their continuous support, and for supporting the future of this great university. I think the future is bright in spite of the challenges that we have collectively faced from the Coronavirus. I have seen our administration, faculty, students, and staff pull together and lift one another, even as families and communities were buffeted by the profound difficulty and loss. This shows me that CUNY, like New York itself will always persevere. I've never been prouder to be a member of the CUNY community, or more certain of the integral role that this university plays in the lifeblood of New York City. This concludes my... This is an abridged version of the testimony that we're submitting to the two committees. And I'm happy to

answer any questions that you might have. Thank you for your attention.

CHAIRPERSON BRANNAN: Thank you, Chancellor, I appreciate that. Before we begin, if the committee doesn't get the answers to all the questions that we need, we'll send you a letter and hopefully we can get those questions answered. It will help our budget negotiations.

So I want to jump right into it with... regarding ACE expansion. This is a comprehensive academic program designed to help students complete their academic journey to the bachelor's degree on time. The fiscal 23 executive plan includes \$9.1 million for the ACE program. Could you tell us how many students are currently in the program and how many additional students will be served by this expansion?

CHANCELLOR RODRIGUEZ: So the... the grant funding that we received through ACE supports 814 students at John Jay and Lehman.

CHAIRPERSON BRANNAN: So that's... that's how many are supported right now? Or how many the... the money will help you add?

CHANCELLOR RODRIGUEZ: No. That... that is additional funding that we get from private donors to

support students that we have with the current ACE funding for Lehman and... and John Jay.

CHAIRPERSON BRANNAN: Okay, so the ACE program is only... Currently the only CUNY colleges participating in the initiative are John Jay and Lehman?

CHANCELLOR RODRIGUEZ: And there is a version of it also beginning... began last year with some of the funding at Medgar Evers, but yeah, the other core has been Lehman and John Jay.

CHAIRPERSON BRANNAN: Okay, and there are currently 814 students in this program?

CHANCELLOR RODRIGUEZ: No. That... Those are the ones that we get funding from the city and from private partners. So that number was a private partners, the total funding in 23 would support 1714 A students. Sorry for that confusion.

CHAIRPERSON BRANNAN: Yeah, because... So the fiscal plan -- I only care about the city money right now, right? So...

CHANCELLOR RODRIGUEZ: Okay

CHAIRPERSON BRANNAN: ... the fiscal executive plan includes \$9.1 million for ACE. What I want to know... and this is an increase, so I want to know

how many additional students will be... will be served with this increase.

CHANCELLOR RODRIGUEZ: 1050.

CHAIRPERSON BRANNAN: 1050 new students?

CHANCELLOR RODRIGUEZ: Yes, sir.

CHAIRPERSON BRANNAN: Okay. Do we have any idea why this funding wasn't baselined?

CHANCELLOR RODRIGUEZ: I don't

CHAIRPERSON BRANNAN: Okay. And how does... how does CUNY track the impact of this program on graduation rates?

CHANCELLOR RODRIGUEZ: So, I mean... This is... What we're doing with ACE, and you're probably familiar with ACE with the community colleges, right? ACE is kind of... is being the adaptation of taking that model that was very successful in the community colleges over to the four year schools. That's why we began only with two schools, so that we can have good data to showcase to see if we had a similar impact, and ACE did. So the... We've been tracking that very, very closely. I can tell you, for example, that the most recent ACE freshmen corps admitted to John Jay, which is a class of 2017, realized a 4-year graduation rate of 60%, right?,

versus 42%, which will be the comparison group of students who are not part of ACE. So we have strong evidence, and we've been tracking that, about the -- particularly the graduation rates and on the rotation side -- the impact of ACE both at John Jay and Lehman.

CHAIRPERSON BRANNAN: Okay. With regard to tuition revenue adjustment, the FY 23 executive plan includes a decrease of \$100 million in FY 22 in tuition revenue. Why is this is this fiscal year's projected collection so much less?

CHANCELLOR RODRIGUEZ: So let me then turn this to our... to our interim CFO, Christina Chiappa. Christina?

VICE CHANCELLOR CHIAPPA: Thank you. So this year, our... So our initial revenue budget was... for tuition was \$386 million. They brought it down in this adjustment by \$100 million to \$284 million. So, so far this year, we're projected to collect \$222 million. So that was really a technical adjustment, and we've, as you are probably aware we're... we've been having enrollment declines which have led to less revenue collected.

2 CHAIRPERSON BRANNAN: Will that affect
3 programs... any programs, or services, or
4 initiatives?

5 VICE CHANCELLOR CHIAPPA: At this point, we've
6 been backfilling cuts that we've had, and tuition
7 revenue loss with federal stimulus funds. Those
8 funds will run out in 2023. But that's what we have
9 been doing up until this point.

10 CHAIRPERSON BRANNAN: Okay. I want to ask about
11 the anti-gun programming. It's a research program by
12 John Jay to measure the impact of the expansion of
13 the Cure Violence Program. The FY 23 executive plan
14 includes 2.6 million for a research program by John
15 Jay, how many sites will this research be conducted
16 at?

17 VICE CHANCELLOR CHIAPPA: I think we're going to
18 have to get back to you on those types of specifics,
19 the inter-city agreements. You know, CUNY has over
20 150 agreements, and I think we provided some
21 additional detail, but I could definitely get back to
22 you on that specific question.

23 CHAIRPERSON BRANNAN: Okay. I'd like to know how
24 the sites were selected. And, you know, just largely
25 what the research entails, and what data does CUNY

plan to collect from the research? And then how will it be used?

CHANCELLOR RODRIGUEZ: We'll be happy to provide you with that info. Yes. We can get it from our colleagues at John Jay.

CHAIRPERSON BRANNAN: Can you tell me now if there's a headcount associated with that program?

VICE CHANCELLOR CHIAPPA: I believe no. Yeah.

CHAIRPERSON BRANNAN: Okay. All right. I'm going to hand it over to Chair Dinowitz. I might have some more later on. Thank you. Thank you, Chancellor.

VICE CHANCELLOR CHIAPPA: Thank you.

CHANCELLOR RODRIGUEZ: Thank you, Chair.

CHAIRPERSON DINOWITZ: Thank you, Chair Brannan. I just... I want to follow up on some of Chair Brannan's questions about ACE to get a little more clarity. So the city funding can fund 1050 new students in ACE, and this is a program that has been proven to work. How many more students... How many more eligible students are there for the ACE program that, if given more funding, you can enroll... you can support with ACE?

CHANCELLOR RODRIGUEZ: We can do projections for you. The challenging thing with ACE in terms of projection, which is similar to ASAP, is that it requires the students to enroll full time, right? So any projection we would have to do based on the students who are currently doing that. So we can give you predictions of based on the numbers that we have now, how much money it will take to sort of bring ASAP up. And we can do that by... by each of the colleges. If that's if you would like the information presented in that way.

CHAIRPERSON DINOWITZ: I would. I want... you know, it's for full time students with a certain GPA, I believe. But I imagine there are... based on the data, there must be students who are enrolled in students who are not. So I would certainly love those projections. And, you know, again, if this is a program that's wildly successful, providing the cohort... the support to students, have there been talks to expand this to other senior colleges?

CHANCELLOR RODRIGUEZ: This is a very similar conversation that when... that CUNY had when the early results of ASAP continued to be very positive, right? What is the right pace of... of scaling it

up? Given that it is a rather resource... resource intensive kind of a program, right? I mean, it is not a... and so, I think the way that ASAP group was to be able to be increasing capacity in each of the colleges, making sure that you have... that the program continued to provide the excellent results as a group, we envisioned that as a model that ACE could take moving forward, right? So... So we'd be basing it of what we learned about ASAP. ASAP, which I think is part of the success formula was that we were very intentional in growing, making sure that we could absorb the growth, and that the results continue to be... to be there. As you know, there's some progress that when you scale them up, the results are not the same. So I think the vision here would be to be able to do... to do that. And we'll be happy to sit down with the Council or the administration, and think about what that future would be like. In the case of ASAP we also have, and with ACE also some support from the philanthropic community to do that. So delighted to have that conversation.

CHAIRPERSON DINOWITZ: Yeah, well, I get to ASAP it in a second. But I just want to stick with ACE.

Do you.. Given that the students... what did you say?
61% graduate within four years versus 40% who are not
in the ACE program? Is that the number I heard you
say so.

CHANCELLOR RODRIGUEZ: Yeah, 61 versus 42. At
John Jay.

CHAIRPERSON DINOWITZ: At John Jay. And do you
have the same (crosstalk)

CHANCELLOR RODRIGUEZ: At Lehman it was 61 versus
30.

CHAIRPERSON DINOWITZ: Oh, it's even better. I
believe I took a couple courses at Lehman too.
Great...

CHANCELLOR RODRIGUEZ: Yup.

CHAIRPERSON DINOWITZ: It's one of my favorite
CUNY's, though I don't play favorites.

So the... the ACE program, do you have a sense
then, just finances right? Given that this is a
program that gets students to graduate in a more
timely fashion? Do you have a sense of how much
money either the system or students are... are saving
my graduating on time?

CHANCELLOR RODRIGUEZ: I am sure that we... we
have that data, because it's data that we collected

for... for ASAP. This was one of the variables that we used. So I don't I don't have that information on hand, but we can get that information.

CHAIRPERSON DINOWITZ: Great. I mean, I think that's an important data point to have, right? You know, to know how much we're... what the return on investment is for this program like ACE.

CHANCELLOR RODRIGUEZ: And to your point, the... because this happened with ASAP too. The concern was that it's a lot of money up front. I mean, there are... It is an expensive program to run, right? You're adding resources. But the data on ASAP showed that for the state and the city, you ended up saving, right?, because the students graduated faster. So even though upfront, it might seem as the case that the state and the city was making a larger investment, and they were, over the long term it provided a return on investment that I think you're seeking to find out with your question,

CHAIRPERSON DINOWITZ: Right, we call those upstream solutions, I think is the phrase that we hear. It's a good phrase. And ASAP: What has been the changes to the funding in the city budget? In

the executive budget? The changes in funding for the ASAP program?

CHANCELLOR RODRIGUEZ: Christina, do you want to take that?

VICE CHANCELLOR CHIAPPA: Yeah. There were no changes this fiscal year.

CHAIRPERSON DINOWITZ: Do you want to... But this is another program that could see significant investments. The numbers I'm seeing: A \$20 million investment could mean ASAP for all. Are those... Do those numbers sound familiar to you?

VICE CHANCELLOR CHIAPPA: No, I'm sorry.

CHAIRPERSON DINOWITZ: It was showing here that with a \$20 million investment, we could provide this ASAP program for everyone. I think the answers are going to be the same as... as... The questions and the answers are going to be the same for ACE as they are for ASAP, but is... is CUNY advocating for any more funding for ASAP, a program that... that works and increases graduation rates and provides support to the full-time students that they really need.

CHANCELLOR RODRIGUEZ: We've been advocating for it. The enrollment issue with the community colleges in the last couple of years of the pandemic has sort

of put a little bit of a monkey wrench into that equation.

I'll give you one example of some of the things that are in our minds: The ASAP program requires that you attend full time. We have seen in this enrollment declining time that some students might prefer, right?, to maybe begin part time because they're not sure about how the economy is going to be, some health issues, so those students, for example, would not benefit from ASAP. Our team has been trying to think about maybe what could ASAP look like for part time students. It is more difficult to do, because there's a lot more moving parts, but we'd be happy also to share those... those projections with you. And we do think that as we try to bring students back, ASAP has always been one of our most attractive programs to recruit students to the community colleges.

CHAIRPERSON DINOWITZ: Speaking of part time, because you had mentioned the changes to the state law regarding TAP and part time TAP... TAP for part time students that we call the TAP gap. And we've spoken about your changes in projected revenue. Have

those changes to the TAP program impacted your projected revenues in any way?

CHANCELLOR RODRIGUEZ: So I'll have Christina talk about the TAP gap portion of your question. On the part of the funding of TAP for part time, that is something that will kick in next year, right? So at this point, we don't know what... what the impact will be. We have been advocating for this flexibility for years, so we are very enthusiastic. We do think that is going to be a great game changer to bring community college students particularly, who tend to be in the system, the students that attend mostly part time. So on that one, that is something that has to be projected into the future. On the TAP gap, I'll let CFO Chiappa respond.

CHAIRPERSON DINOWITZ: Thank you.

VICE CHANCELLOR CHIAPPA: I'm sorry, did you have... I agree with the chancellor. Did you have anything specific about the TAP gap? I may have missed it.

CHAIRPERSON DINOWITZ: No, it was that you're rejecting these... so much deficits in... in enrollment, and my question was how the changes to...

to the rules around TAP and the TAP gap have or will impact... impacted the money you're receiving...?

VICE CHANCELLOR CHIAPPA: Yeah.

CHAIRPERSON DINOWITZ: For the for the lack of enrollment.

VICE CHANCELLOR CHIAPPA: Yeah, Yeah. Like the Chancellor said, it's too... it's too early to predict what will happen for 23. But clearly this will be... We hope that it will encourage students to attend CUNY.

CHAIRPERSON DINOWITZ: Okay. And speaking, you know... Speaking with part time students, you know, I think in our first year we dealt with... spoke about remedial programs and programs for students who need who need remediations like CUNY Start and Math Start. Are those programs seeing cuts in this... in this budget this year... this upcoming year?

VICE CHANCELLOR CHIAPPA: The Executive Budget didn't cut any specific programs.

CHAIRPERSON DINOWITZ: Will you be... Given the budget, will CUNY Start and Math Start and other programs for mediation be cut?

VICE CHANCELLOR CHIAPPA: Those... Those are not, uh, no. Those are not. We had identified a couple of programs, but those were not one of them.

CHAIRPERSON DINOWITZ: So which programs...
(crosstalk)

CHANCELLOR RODRIGUEZ: We do also have the remediation initiative, which is one of the categories that we will be asking to restore the funding. That would allow us to complete the work that we've been doing to sort of eliminate the so-called remedial courses at CUNY and move to what is the most current accepted model of success, which is the core curricular model.

CHAIRPERSON DINOWITZ: Right.

CHANCELLOR RODRIGUEZ: We should be finishing that transition in this academic year. So hopefully, next time though, I come to testify in the next budget hearing, I should be able to report that we have fully moved to that core curricular model. There might be some nuances with English language learners and some of the groups, right?, but that is... that is the trend that we're moving. So that's why that funding from the remediation initiative in this year is particularly important, and we asking it

for... for restoration. And CUNY Start and CUNY Math continue to be extremely successful programs that we... we're trying to better calibrate, right? What students who are coming to CUNY would... would be better off by studying in that route as opposed to going directly to... to the school so they're really part of our menu of... of entry point of successful students.

CHAIRPERSON DINOWITZ: Wonderful. Yes. These programs... Which... which programs are seeing cuts? You know, you said CUNY Start is not one of those programs. Can you list the programs that are going to be receiving cuts this year?

VICE CHANCELLOR CHIAPPA: A part... a part of our plan is Algebra For All, College Explorers, and CUNY Tutor Corps.

CHAIRPERSON DINOWITZ: I want to talk about CUNY Tutor Corps. Give me one moment. [PAUSE] Thank you. I want to talk about CUNY Tutor Corps for a moment, because it's one of the programs being [PAUSE]... Thanks for your patience. So those... those are programs, CUNY Tutor Corps, Algebra For All, and the College Explorers Program, that I think by being cut are really going to hurt CUNY and our city because

they're programs that impact our high school students. And one of the things that I believe about CUNY, that chance, and I know you believe, it's not just about the 2, 3, 4, or 6 years that you're at CUNY. It's really about, you know, a continuum of... of how CUNY fits into the rest of the city, which is why I know you care so much about internships and paid internships, and students seeing themselves in other parts of the city. And you know, I believe that those cuts are really going to hurt our high school students. But I want to talk about CUNY Tutor Corps for a second. This... this program where your students go into our high schools and middle schools and tutor them in in STEM and... and other important subjects.

The city recently... the comptroller released a report that outlined the fact that we have not spent a good chunk of our federal stimulus money... billions of dollars in federal stimulus money that is supposed to go towards academic learning loss. This is a gap that can be filled by CUNY students, and we had spoken with... with CUNY, people from CUNY, and they said that the capacity is there, and that... and that legally it's allowed for this money to be spent

there. And I'm wondering how far along... how far along these conversations are about getting this federal stimulus money, which is otherwise not being spent, to fund CUNY Tutor Corps program?

CHANCELLOR RODRIGUEZ: You mean funding destined to CUNY?

CHAIRPERSON DINOWITZ: Say that again? I'm sorry. Mister Softy is quite loud.

CHANCELLOR RODRIGUEZ: You mean the federal stimulus funding that is coming to CUNY?

CHAIRPERSON DINOWITZ: The federal stimulus money that is designated for learning loss.

CHANCELLOR RODRIGUEZ: But is it money designated to CUNY? Or is it money designated to the city and to the Department of Education?

CHAIRPERSON DINOWITZ: It's... it's... I mean, those are details that I'm asking how far along these conversations are, because we reached out, because this is, you know, it's vitally important that we are intervening, you know, during this academic intervention, the details of it... But what we were told is that the money is able to be used for this program. How it's funded... through DOE, through whatever city agency, through CUNY, I think are part

of the conversations to see how it's done, legally.

But... the point is that this... that there's money

sitting there from the federal government being

unspent, that I think, can be used for the CUNY xxx

Tutor Corps Program, which is otherwise going to see

a devastating cut, which will, of course, hurt our

young students. And so I'm asking if... how far

along we are in those conversations, if at all, and

what kind of push needs to happen to see this... this

plan come to fruition?

CHANCELLOR RODRIGUEZ: So let me first begin by

agreeing with your assessment of... of the importance

of the success of, in this case, the CUNY Tutor Corps

from that model. And for... I mean, for the reasons

you stated about that pipeline coming from the from,

you know, the K-12 coming into the university, but

also because that's money in our students pockets,

and students who participate as tutors, right?, they

get paid. They get the added self-esteem or feeling

that they're sort of part of a larger purpose, that

they're serving as a mentor. I mean, that... that

has shown that it helps in their retention on our

side. It allows the new students in navigation to

our campuses.

We will continue... I'll have to get back to the on the exact conversation on that. Let me just tell you that we have a really great line of communication with the DOE on all aspects of the sort of things associated with both career learning and pathways and this model of apprenticeships and internships. And we're obviously trying to facilitate that transition from the students in, you know, a senior year to CUNY. So let me get back to you on that, but I think that this is something that we'll be able to... to resolve with funding from different forms. Because on both sides, there is... I believe that this is important. And our commitment to working together on those things.

CHAIRPERSON DINOWITZ: Yeah. It appears based on the comptroller's report, it appears that the money's there, not being spent, and one of the issues is, in fact, that there are, you know, teachers who are -- and I was one of them, right? -- that you do so much during the day, and you've spent so much time after school, contacting parents that you just don't maybe not have the bandwidth to stay after school or on weekends for tutoring, or you're a teacher, and you need that support in the classroom. And again, I've

been there and would have loved to have more support in my classroom, and CUNY... It's just such an incredible opportunity for our CUNY students, for our teachers, and for the... you know, the middle and high school students to have this. So it's... it's... this is really... And time is of the essence, because the longer we wait, the more learning loss there's going to be, and the money is, again, to my... to what has been communicated to me, just sitting there, you know, waiting... being able to be spent.

The CUNY Cultural Corps. That's a program that provides students with paid work experience in arts and cultural institutions, and creates a pipeline for students to have successful careers while diversifying New York City's cultural institutions. Again, these... these paid programs I know you love so much. The fiscal executive plan includes \$648,000 in fiscal 22, for CUNY Cultural Corps. What's the total funding for this initiative in fiscal 23?

CHANCELLOR RODRIGUEZ: Christina, do you have that that figure?

VICE CHANCELLOR CHIAPPA: I don't, but I could get back to you on that.

CHANCELLOR RODRIGUEZ: My understanding, Chair, was that that program was baselined, because it is a program that is very dear to... to our hearts. It is replicating that model of success with the Service Corps. I actually personally fundraise additional money from the Mellon Foundation, because they wanted to support our cultural institutions to replicate part of that model and bring in more students. So my understanding is that it was baselined, but we will get that right number for you.

CHAIRPERSON DINOWITZ: Yeah. Thank you and do... And also, if you don't have it, I would love to have how many students participate in the program and benefit from it, right? And then really what the capacity is? In other words, you know, if more funding were provided, do you have the capacity to... to provide opportunities to more... to more students? And how many partnering institutions there are. And what's important to me is how they're distributed throughout the boroughs.

CHANCELLOR RODRIGUEZ: And the... I mean, all that we can get. The other part, too, which is important to us is the quality control, because we do want that when the students go, that it is a

meaningful internship, right, that they're not just going there. Yeah, and you know. We've all seen examples in which it is not really an enriching experience. So we want to make sure this is part of the work our staff does. Making sure that the feedback from the students is that there was meaningful work for them, and the reflection. Again, you want to expose them to the whole world of the art, as a potential employment vehicle. And we want to make sure that those internships are... are meaningful.

CHAIRPERSON DINOWITZ: Yeah. I have a bunch more questions, but I do want to get to my colleagues who have questions. And I don't know if, Malcom, if you're... I saw Councilmember Barron. I will call on you to ask your question or questions?

COUNCILMEMBER BARRON: Yes, thank you very much. A couple of things. One, I want to speak on the capital project. And notice that in the capital highlights, you have... you highlighted money that's going to Hostos Community... two... two capital projects money at Hostos Community College, and the project will be general renovation, ventilating, heating air conditioning. Then in 2023, Hostos again

is included in that, and Queensborough, and others.

But I don't see anything in here for Medgar Evers

College in our black community, and that is sorely

sorely needed: renovations at Mega Evers college. I

don't see anything in the capital project here. I'm

certainly there has got to be something somewhere,

just not highlighted, not in 2022, not in 2023, and I

know Medgar Evers has needs, and black colleges like

York also has needs. But yes, when I when I look at

this, I don't see either one of them in your

highlights.

Secondly, I'm going to bring up the black faculty

again, I know 500 units... or 500 positions will be

opened for hiring of faculty, and we have to really

seriously look at that. You know, how do we get more

black faculty? Can we look at the terms of... there

is a... The way they did some of the Latino hiring,

they had some kind of -- Do you remember that? --

they had a Latino caucus of... what was it?

CHANCELLOR RODRIGUEZ: I... I don't...

COUNCILMEMBER BARRON: Alright. Well... well,

anyway, they had... they had what they call the

Latino faculty initiative. Do you remember that?

CHANCELLOR RODRIGUEZ: That was many years ago.

Yes.

COUNCILMEMBER BARRON: Right. And they hired more faculty. We want a black faculty initiative to do the same thing. So that we can have, you know, that kind of parity, and more upward movement for black staff and mobility. This has been a serious problem in CUNY over the years, of getting equal treatment, fair treatment, equitable treatment for black faculty, and making sure the capital money goes to the colleges where predominantly black people are as well as some of the other colleges. So if you can address some of them. And then it seems as though the state money: It did all right. It looks like that. I don't know if this is some... Hard to believe. When I was up there, we had to fight tooth and nail, and we did get some things, you know, from the state. But particularly the... the TAP gap. You know, that's... that's very critical, the TAP gap and, I hope once again, that you don't have to impose tuition hikes, you know, as you can, but the state gave me the authority to do that, but I'm hoping that does not happen. Thank you.

CHANCELLOR RODRIGUEZ: So thank you Councilmember. Let me turn... I don't know if... if CEO Batista wants to talk about the capital question. Hector, do you want Mohammed to... to do that?

EXECUTIVE VICE CHANCELLOR BATISTA: I'll start it off Chancellor, and then Muhammad could jump in. Councilmember Barron, thank you for your question. I mean, I think that we should talk a little bit specifically about Medgar Evers. The chancellor has made it a priority for us to look at Medgar Evers and really work on some projects. So for example, we're... we're in negotiations right now to build a new facility for Medgar Evers connected with the high school that is located there. It is going to bring Medgar Evers an additional 56,000 square feet of classroom space. And... and it's going to create a new gym for the high school. We're towards the final stages of that negotiation. There is money has been earmarked in the budget to... to begin to address that.

In the Chancellor's budget to the state, we made York one of our priorities in terms of projects that we wanted to... we wanted to move forward. It is one of the, I think, top three projects. I have a list

of projects which I'm happy to send to you that are connected to Medgar, where we're doing things like fixing the HVAC system, power upgrades, and so forth. There is a list of projects that are all... not in the... down the road. They're... they're happening as we speak in design, and we're in the process of picking up architects and things along those lines. So a lot of work there. The chancellor has made it very clear that he wanted to make sure that schools that in the past have not gotten resources. Again, that's where you see Hostos, right? Hostos is an example of a school that... (crosstalk)

COUNCILMEMBER BARRON: They deserve... they deserve everything they get. I'm just saying... (crosstalk)

EXECUTIVE VICE CHANCELLOR BATISTA: No, I understand that. And the same is to be said, for York and Medgar Evers. So I think that those are the kind of projects that the chancellor has asked us to pay attention to. I'll let Muhammad... Muhammad... (crosstalk)

COUNCILMEMBER BARRON: Let me ask you just real quick: What the community colleges? Don't you have to get a state match for that?

EXECUTIVE VICE CHANCELLOR BATISTA: That...

You're absolutely right, Councilmember.

CHANCELLOR RODRIGUEZ: Which Medgar is not included, because Medgar is a 4-year school.

COUNCILMEMBER BARRON: Right. No, I understand.

But I'm just saying in general, is the state matching that so I can go talk to some of my folk at the state to see how that's going? Because the matching...

(crosstalk)

EXECUTIVE VICE CHANCELLOR BATISTA: And you'll see in our request, we're asking for _____ dollars on a couple of our two year schools to get that 50% match.

CHANCELLOR RODRIGUEZ: And Councilmember Barron, let me, let me just add that... on that project that the CEO Batista mentioned of the partnership with... with the Medgar Evers Prep, I am very proud that it was this team. That was a conversation that had been going on for years about getting that... that done. We prioritized it, we worked with the people that needed to be, and we made that project possible because we wanted to prioritize additional facilities, and better facilities, and new facilities for the students at Medgar. So that's one example in

which I am proud. I mean, there's a lot of things that we need to do... to do better, right, and I have no doubt that you will remind you of them. But that is why we... we intentionally said this needs to be solved. People have been trying to get this done for a lot of time. And... and we're very proud that... that that we got it done. And there's more to come.

COUNCILMEMBER BARRON: Well, well, thank you very much. And I'm looking forward to meeting with you and me and the black... black faculty. I want to meet together. We want to meet both of us, and not just one.

CHANCELLOR RODRIGUEZ: I am always happy to meet with... with the faculty, always happy to meet with you. So we look forward to it. Thank you for your comment.

COUNCILMEMBER BARRON: I look forward to it. Thank you, Chancellor.

COUNSEL BUTEHORN: Thank you Councilmember Barron. And next we'll hear from Councilmember Brewer.

SERGEANT AT ARMS: Starting time.

COUNCILMEMBER BREWER: Thank you very much, Chancellor. You know, you're doing a lot of work on

workforce. And I guess my question is -- because there are many places even just when your comments and certainly in our budget briefing. So how are you... Like how much generally is going towards workforce? Is it more than in the past? And obviously, what you're trying to get out of it is students.. I think you explained... getting a job. I think you explained to me that there are x numbers of students graduating every year, and about half of them, grad school, go on to something, but the other half needs to be picked up, for lack of a better word, or the corporations in the city need to come forward and say, these are our students, they're fabulous, and, you know, make sure that they get jobs in our city. So is that kind of where you're focused in terms of trying to get this workforce, because in the city, there are 21 agencies doing workforce development, which is crazy. So how are you coordinating it? How much are you spending? And what do you hope to get out of it? That's question number one.

Question number two is food. A lot of students, you know, they just don't have the money for food, lunch. I was wondering how you're handling that.

And then finally, you know, that hole in the ground that you know... Only two. Okay, so the first is the workforce, the food, and the hole in the ground?

CHANCELLOR RODRIGUEZ: So let me... let me answer your questions in reverse order, if you'll allow me.

COUNCILMEMBER BREWER: Okay.

CHANCELLOR RODRIGUEZ: We are continuing conversations to move... to be able to maximize the real estate that we have in... in our hands right now, the hole in the ground. We are hoping to end... When the... when the city budget process ends, that we have a full view about the capital resources that we have available. We'll be in a better position to be strategic about how to allocate resources. You know that one of the challenges with... with that is that it's a... it's a huge capital asset project, right?

COUNCILMEMBER BREWER: Almost a billion.

CHANCELLOR RODRIGUEZ: So you know, we it probably has to be, you know, a number of years because that will take our entire capital, but it's a priority of ours that to continue to move on. And now that we have really substantially more capital

dollars from the state side, I think we're going to be in a situation to be able to do that and bring some... some good news to the many people that have been, for the last couple of years, asking about the famous "hole in the in the ground".

COUNCILMEMBER BREWER: Okay.

CHANCELLOR RODRIGUEZ: To your question on food insecurity, one of our requests is that the City Council provided a million dollars last year for additional funding in food security. We asked that that money is... is restored. We've been running a very successful pilot with that... with that program. As you know, this was an idea that came from the students. So I give it all to the student leadership. They requested that we open up all their pantries when they pandemic to students from all over the system, so you wouldn't have to be a Baruch student only being served by Baruch, for example, and we've done that. It was the right thing to do. And kudos to our student leaders for guiding us in that... in that direction. We continue to partner, and we're looking to do more partnerships, candidly, with neighborhood-based groups, because for some students, the food pantry might be more convenient

than the campus, right? And even our campus are trying to make them not have any stigma and none of the issues they have, but for some students it might not be convenient. It might not be that close to home, right? We'd rather have some of those students connect with pantries or services closer to their home where they do their shopping. And I think that that is, in my modest suggestion to the counsel, as we look into additional policy and food insecurity, to do things less based on the campus and more based on partnership in the communities where the students do their shopping, assuming that they have healthy options to shop, right?, which can be an issue in some food deserts. But we continue the partnerships in that... in that area. We're also doubling our efforts with the City's Commissioner, to get a lot more students who qualify to get SNAP, where you are leaving money on the table, and we're going to begin an intensive campaign. Now we have our systems by which we can tell you if you're a SNAP eligible, where you're in CUNY first, and we can tell you go do this, and part of the work is already done, because the data is already there and available. So we want to be able to take advantage of it, because that's...

that's money that's there, right?, that that is being left on the table.

I can get you a comprehensive set of the resources we're putting on workforce. I am able to do that, because they need to get that from different buckets. You pointed out the paid internships. And you know, I wouldn't be a broken record already. Chair Dinowitz keeps, you know, repeating me and making me say that, but you know, the more the marrier. There's other things that we also need to do. We are reassessing some...

SERGEANT AT ARMS: Time expired.

CHANCELLOR RODRIGUEZ: Curriculum... curriculum needs to be developed too so that it is more up to date with what industry needs, right? So it's not just the internships. There's work to be done. We began a small party with faculty that become champions of modifying curriculum, right? So we need to have the entire community on board about the career success of our students.

COUNCILMEMBER BREWER: Just really quickly. One college is doing the following: All of the kinds of certificates, blah, blah, blah, that one can get, but then also giving the students six credits. Then the

student goes off and does his or her job, but they'd be interested in coming back and finishing the community college, you can imagine who that is, because the person is very innovative. So that's something to look at as a model or a pilot to do elsewhere. I would suggest. Just one quick question: Libraries. I teach at Hunter. You know, I get all the little complaints. They love CUNY, but the students love to complain, too. So one of the issues is libraries. When you're at Baruch, can you also use Hunter or... or you know, anybody else's library? How does that work? I think not. So I'm wondering how that works.

CHANCELLOR RODRIGUEZ: No, no. So, so all libraries are open to all CUNY students with ID.

COUNCILMEMBER BREWER: Okay.

CHANCELLOR RODRIGUEZ: Sometimes people don't bring the idea they want to get in, right? They seldom tell that when they... The other part is at sometimes, like in finals and meeting period where you have a lot of students coming in, some campuses do prioritize their students first, just because they don't have enough space. But throughout the year...

throughout the year, they're open to anybody that shows a valid CUNY ID.

COUNCILMEMBER BREWER: You might want to do a little survey on that to see how it's working, because they are complaints about who gets into the library. Thank you very much. Thank you.

COUNSEL BUTEHORN: Thank you, Councilmember. Next, we'll turn to Councilmember Menin.

SERGEANT AT ARMS: Starting time. Storytime.

COUNCILMEMBER MENIN: Thank you so much. Thank you Chairs Brannan and Dinowitz for this hearing. So I wanted to come on... Chancellor, first of all, good to see you. Thank you so much for your help on the Census.

CHANCELLOR RODRIGUEZ: Yes, thank you. You were a great partner.

COUNCILMEMBER MENIN: It was a great partnership with the student ambassadors. So my question is similar to Councilmember Brewer's about the "hole in the wall" because I have the honor of representing the district that has this hole in the ground. I wanted to get a better understanding of the timeline. You said that you think that we'll have some good news soon. Can you be a little bit more specific?

When do you think this will break ground? And also, you all released a January RFEI that really changes the use of the project that's very different than the ULURP that was approved. So I just want to get a better understanding of that.

CHANCELLOR RODRIGUEZ: So... so let me... let me... Thank you for your question. So first, that RFEI is, again, just looking at options, right? Because a project that has potentially such a huge bill, right? Like, you know, a little less than a billion dollars in capital, probably we are going to have either do it stages, or we're going to have to do it in some form of partnership, right? So those require sort of complex proposals, and we wanted to see who's interested, what... what's out there, and what kinds of things we can do so that we can be more creative in identifying some additional funds to make... to make our project there a reality, right? So that... that is the extent. That is a non-binding, sort of like intellectual exercise, right,? to be able to identify who's interested and... and what are the things we can we can build. And as I mentioned, in answering the question of Councilmember Brewer, we want to be able to finish the entire sort

of budget cycle, both state and city, look exactly about how much capital we received, and then based on that, see how we can allocate it in the best way so that we can support not just our project, because as you also know, there's other Councilmembers who are going to be asking about projects in their districts, right? And we need to be able to stretch those capital dollars strategically across... across the system. But we realize that there's a great opportunity there, and we're just trying to have a better picture of all the resources we have, before we make any... any next moves.

COUNCILMEMBER MENIN: Can you say if that'll change the square footage of the nursing school?

CHANCELLOR RODRIGUEZ: I mean, our idea in that... I mean, the nursing school is... is the anchor, as I see it, right? I mean, you don't want to... um, I mean, there's the science needs and all those things for the for the Hunter faculty, which are important. But given the critical shortage of nurses, I mean, that is one of our main driving force. We want to make sure that in whatever, you know, situation that we end up, we end up with a medical... a nursing facility that is up to date,

that maybe has the capacity to expand, right?, because we do have the demand. There's other allied health programs that Hunter runs, also that we want to make sure they have the space for along with nursing. So that is, I mean, that's the anchor. Given the need that we have, I think that everybody will be in agreement that that's what we want to secure, first and most.

COUNCILMEMBER MENIN: Okay. Thank you for that update. We're obviously incredibly supportive of this nursing school. And whatever can be done to expedite the overall construction timeline so that we no longer have this hole in the ground would be greatly appreciated.

CHANCELLOR RODRIGUEZ: Oh, trust... trust me, no one more than me would like to eliminate that... that from your list of questions.

COUNCILMEMBER MENIN: Great. Thank you, Chancellor. Thanks, Chairs.

COUNSEL BUTEHORN: Thank you Councilmember Meningitis. And we also want to recognize we were joined by Councilmember Carr. That's it for committee members. So I'll turn it back to Chairs Dinowitz and Brannan.

CHAIRPERSON DINOWITZ: Thank you. And Chancellor, I just want you to know that I fully support Councilmembers Brewer and Menin in their support of excuse me of Hunter and figuring out that hole in the ground.

Speaking of nursing, Lehman College is also building a nursing school... a nursing program. My understanding is that... that CUNY is building the school itself, right?, they're building the school, but there's actual equipment inside the school that is needed that is not being funded. That is what's being... Vice Chancellor Batista?

CHANCELLOR RODRIGUEZ: I would defer to CEO Batista, who has been working very, very...

CHAIRPERSON DINOWITZ: Yes, please.

CHANCELLOR RODRIGUEZ: closely with that, but that... that is news to us, because we've been entirely supportive of Lehman in making that project go, and I visited with the nursing faculty at Lehman several months ago. But Hector, you might have more updated information.

EXECUTIVE VICE CHANCELLOR BATISTA: Sure. Thank you, Chancellor. Councilmember, that is not true. The project is fully funded. We had to go back to

our board about a year... about nine months ago, because it was under... underestimated. And to your point, there were issues connected to fit out that needed to be done. I just had the pleasure... every so often, I get lucky and have the chance to do some other things. I had the pleasure of going to the Topping Out party of the project, where I got to sign my name. So the project is on time, on schedule, and it's and it's fully funded. And that's all due to the work of Vice Chancellor Attalla's staff. So we're... we're in good shape there.

CHAIRPERSON DINOWITZ: That is great news. I put a little checkmark next to my... you can't see my notepad, but I put a little checkmark there. So that's great news. Really... I'm really happy to hear that.

I have a question about childcare. The investments in childcare. So CUNY receives state funding to open the new childcare centers on campuses that don't have them, and you're requesting additional funding from the city. And I'm just asking: Can both the city and state money be used to ensure that campuses have enough physical space to provide the additional childcare slots that's needed.

CHANCELLOR RODRIGUEZ: So... so we were looking into that. There's not that many campuses that do not provide childcare presently, they tend to be some of the smaller units, and now they're trying to configure some joint arrangements, right?, close to... or close by, to be able to put those together. The only, and you know, the community colleges, which is always of a particular interest to this committee. Queensborough is the only one that did not have a childcare center. They have identified a space, they're going to benefit directly from this injection of funding. And that would mean that all the community colleges will have childcare centers. And again, I can get you the breakdown of... of the few others who do not. They tend to be the smaller schools, the graduate schools. But that would provide that. The... the second thing that I want to... because I know that the... the members here care about childcare: The other thing that we're trying to do is to work with a city, similar to what I mentioned about food insecurity. For some students, the childcare option on campus is the best thing. For others, it is not, right? They come to campus, you know, twice a week, three times a week,

and their childcare situation is better taking care of with a provider maybe closer to home, or something like that. So in that case, we're trying to work with students to help them identify resources they might have, that might be more convenient to them, right?, and at the end of the day, would lead to their success. So we want to be there for other students for whom they feel that the option on the campus is the best one, the safest one, and the most affordable, but we also want to point them out to things that might be closer to where they live, programs that they might apply for, for funding, because it might be better for them in terms of their lifestyle.

EXECUTIVE VICE CHANCELLOR BATISTA: So... And Chancellor, can I just have one thing? We do have a request with the council for a _____ for equipment, I mean, and constantly want to make sure that we have the right equipment in the childcare center.

CHAIRPERSON DINOWITZ: Sorry, for how much?
(crosstalk)

EXECUTIVE VICE CHANCELLOR BATISTA: We'll get you... I'm looking at the number right now, but we do have the...

CHANCELLOR RODRIGUEZ: It is \$1.2 or something like that. Christina can you check?

EXECUTIVE VICE CHANCELLOR BATISTA: I think it's \$1.2.

VICE CHANCELLOR CHIAPPA: Yeah. The state... the state funding is one-time funding to startup funds to develop the childcare centers. So that's, I think the difference between that and we're requesting the city council to fund for ongoing operating costs.

CHAIRPERSON DINOWITZ: Is that funds for startup operating costs... is there any funds going to the capital funds to build any sort of space or retrofit any space that's needed?

VICE CHANCELLOR CHIAPPA: The \$1.2 from the state? I think the plan is to do some build out with those funds at community... at Queensborough.

(crosstalk) So we didn't get... That's part of operating funds, but they're allowing us to use it as one time startup funds to... to make whatever kind of renovations we need there.

CHAIRPERSON DINOWITZ: Oh, how nice. So it's \$1.2 million from the state and you're also requesting \$1.2 million from the city. Do I get that right?

CHANCELLOR RODRIGUEZ: Let me get you the number for the city.

VICE CHANCELLOR CHIAPPA: (inaudible) thousand.

CHAIRPERSON DINOWITZ: Okay, well, we can we can come back to that. But in that sort of realm of food insecurity, childcare, and what we were speaking about before: Helping people find the right program. We... two hearings... at our last hearing rather, we had spoken about the Single Stop successor programs, right? And the... I think what was communicated, or the general sense that I got, was that the successor programs for the Single Stop provided all the same services, all the same supports that a that a student needed. You've shared with us the services at each at each university, and there seem to be inconsistencies between the services that are provided between colleges. So not every college provides the same service. So for example, Access HRA services were not available at all colleges. Access to menstrual products were not available at every single college, so can you just talk about why there are inconsistencies between the programs and supports that are being offered to... at the Single Stop successor programs?

CHANCELLOR RODRIGUEZ: So again, the best thing would be if you share that list with me, and then I'll be able to answer your specific comments on... on each one.

CHAIRPERSON DINOWITZ: No, you shared with me. [laughs].

CHANCELLOR RODRIGUEZ: I know, but I don't... so I can take a look at the things that you identified that were missing, right? We gave you the list. Having been a community college president and having the, you know, what you what used to be the Single Stop, right? We would now call them something differently. Different schools might have some of those resources available out of a different office, right? And that Single Stop might be a referral to that because it's organized in a different way, right? Some of these now benefits, maybe they're going to do them through ASAP. So that might explain why there's some gaps, why things are not provided there. So that's what if I think. I will take a look at the list, and the things that are missing, we will try to find. I mean at the end of the day, what you want, is that that's... that that's offered,

right? That is that is your question you want to make sure.

CHAIRPERSON DINOWITZ: Yeah.

CHANCELLOR RODRIGUEZ: So let's... let's take a look at the list, and... and hopefully there'll be answers as to where that is being offered, that might not be in Single Stop, but it might be in a different office.

CHAIRPERSON DINOWITZ: Well, I want it to be... I want to ensure every student has access to the same to the same programs and the same supports, but I also want to make sure that there is ease of access. And that's sort of the idea behind Single Stop, you know, One Stop, so we can we can certainly follow up with... with this list to get more... more.

CHANCELLOR RODRIGUEZ: I'm happy to do so.

CHAIRPERSON DINOWITZ: Yeah. Because... because you're absolutely right. You know, my goal is to make sure students are getting all the supports, or whether it's you know, childcare, HRA, food, whatever it is, all the supports they need to ensure that they are successful in their school career. And, and one answer I don't think that we got an answer to, so maybe you know, now, and if not, hopefully to get

2 back to us is: If faculty and staff are able to
3 utilize the programs at the Single Stops at the
4 Single Stop successor programs, if those are
5 available to faculty or only students.

6 CHANCELLOR RODRIGUEZ: My... I mean, they tend to
7 be housed out of the Student Services offices, right?
8 So that's, I think, who... the main line of defense.
9 I mean, I cannot envision a situation in which a
10 faculty member could benefit from our program, that
11 that system provided referral to, that they wouldn't
12 do that. But I mean, they haven't been constructed
13 with that population in mind.

14 CHAIRPERSON DINOWITZ: Okay. Okay, I mean, I,
15 you know, I think, I know, it's not designed with
16 them in mind, but I think, you know, we know that
17 faculty have needs to, especially with so many
18 adjunct professors who maybe aren't getting the
19 income that they really deserve, or should get.

20 So I just want to ask for a second about
21 endowments. Is each... Does each CUNY... CUNY
22 college have endowments? And if so, what are what
23 are the endowments at each of the colleges?

24 CHANCELLOR RODRIGUEZ: So we... so the... the
25 individual colleges, for the most part, I think all

1 them have... you know, and it's normally run by a
2 foundation, right?, and they manage that endowment.
3 In addition to that there's a CUNY-wide central
4 endowment that also manages funds for... for the
5 system and for the campuses so we can provide you...
6 CFO Chiappa's office can provide you with a list of
7 all the all the colleges and the amounts in their
8 endowments.
9

10 CHAIRPERSON DINOWITZ: Yeah, is that
11 information... of the amount of the endowment and
12 also what it's spent on? Is that is that information
13 that's shared with the public?

14 CHANCELLOR RODRIGUEZ: We... we collect that and
15 it's also part of the tax audit for the university
16 to, so when we do the audit for the entire
17 university, they're included in that. And Christina
18 if I'm saying something out of line, just kicked me
19 under the table.

20 VICE CHANCELLOR CHIAPPA: That's good. You're
21 doing good. Yeah.

22 CHANCELLOR RODRIGUEZ: They... they are part of
23 that of that audit, right?

24 VICE CHANCELLOR CHIAPPA: Yeah.
25

CHANCELLOR RODRIGUEZ: Let me also, before folks start getting the impression that there is a pot of gold of endowment money there unrestricted for use.

For the largest, largest part, Most of that endowment money is restricted. It is, you know, you know, the Dinowitz Family Fund for a scholarship, right? So a lot of those funds tend to be earmarked towards a specific interest. Most of them go to students in the form of fellowships and things like that. So that's the greatest bulk of what those endowments provide. And in many cases, they are restricted by the gift made by the donor. So I just want to... I just want to put it out there, because people mention endowments, and in some people's mind, it becomes this large pot of money that's there waiting to be used. And in the large majority it is already restricted in its use. But we can get you that information, no problem.

CHAIRPERSON DINOWITZ: I'm still laughing at the Dinoowitz Family Endowment Fund because I... I spent 14 years as a public school teacher. I think the endowment can fund a couple of Tootsie Rolls, and that's... that's about it.

CHANCELLOR RODRIGUEZ: Every... every penny counts.

CHAIRPERSON DINOWITZ: It's a worth... worthy investment. Okay. Oh, I didn't get to finish this last time, but I know you collect data on how effective certain programs are. Just going back to the programs that are being cut, that as you know, I hope are not being cut: The... the programs for the for the for the K-12 students like Algebra For All, the college visits, the Explorers Program, what data does CUNY collect to measure the short-and-long-term success of those particular programs? And if... and, you know, did you take any... any of that data into consideration before cutting those programs?

CHANCELLOR RODRIGUEZ: Well, so we... our office of residual research sort of tracks all the different programs in terms of different metrics of success. So always happy if there's a specific program to get that information to you. I don't know all those programs offhand in terms of what... what they provide.

CHAIRPERSON DINOWITZ: So I don't remember if I said all of thenar atrophy: CUNY Algebra For All, and the college... and the Explorers Program.

2 CHANCELLOR RODRIGUEZ: Okay. I can take a look
3 to see if they have... Some of those are fairly
4 recent, so they might be just how many students
5 participated, probably some retention data, because
6 there might not be graduation data, right? Because
7 it's fairly new, how many students came in. In any
8 case, but I can get you that information?

9 CHAIRPERSON DINOWITZ: Right, because, you know,
10 because again, it's that, you know, as I mentioned
11 earlier in the in the hearing, if you are front
12 loading some of those investments, but certainly in a
13 program like Algebra For All, if it means you're
14 spending a little more now to spend a lot less on
15 remedial programs, because... because our high school
16 students are coming in without needing the
17 remediation, you know, that's... that's important
18 data to know, in terms of, of making a budget, and in
19 terms of us as a council knowing, you know, what
20 programs to invest in, and what programs to push for,
21 right? As you know, and Chair Brannan refered to
22 this, you know, we're interested in the... in the
23 finances... in the money.

24 CHANCELLOR RODRIGUEZ: And to your point, if...
25 if I may, thank you for that, because one of the

things that we're doing, and it's something that you've been asking, and I was remiss not to mention, given that... that it's in the Bronx. You know, we're also looking... I mean, sometimes we have some programs that have been there for a while, and we used to get used to them, right?, and maybe they were more effective in the past. And I think we need to be assessing them for their ROI consistently. One of the things to your point about the Single Stops and the coordination, we have a pilot that came out of the group. It used to be called the Hungry CUNY. It has a different name now. The name escapes me. But it's called CUNY Cares, and it's looking in the 3 Bronx schools to do an integrated coordinated approach to services around food insecurity, around housing insecurity, about many of those issues that we're piloting. The idea is can we package what we have even in a much more integrated way? So we're beginning with that model in the Bronx with the three Bronx schools, Lehman, Hostos, and Bronx, and if we feel that it has legs, right?, to your question about data, then we might be coming and saying, "This is a model that we want to expand in other campuses in other boroughs."

CHAIRPERSON DINOWITZ: Yeah, and you know how much I value that because it is often the case that the Bronx is left out of, you know, a lot of these funding decisions, a lot of the investments that you're... So that the Bronx is being invested in, I think, is... is very important.

Just lastly, just going into data. And I think I've brought this up at a bunch of hearings, and we can get you some more specifics later on. But data is important to you. Data is important to me. On the CUNY website, there's just a lot of data that's out of date by... by many, many, many years. Since, you know, there's some data that we don't even have during the pandemic, since, you know, 2017... 16, I think, is the most recent data in some of the places on the website. So I just, it's really important that, you know, for us as a public to make informed decisions and have a good sense of all the important work you're doing at CUNY, right? All the social mobility, economic mobility work, that you do, all the social justice work that you do at CUNY, and that's reflected in the data that is posted... that is posted online for all of us... for all of us to see.

CHANCELLOR RODRIGUEZ: Well, thank you. What... what I'll do is I'll talk to the different vice chancellors and make sure that they look at their pages on our website and make sure that the data that we have is up to date. And if for some reason that data that we have has an old date, right?, that they explained why, right? It might be that the last data set that we have is that one, and that might not look current, but it is the best one that we have. So I think that that additional clarity is important. So thank you for that. And if you have specific examples of the... the suspects, I'll be happy to get that so that I can be encouraging to those suspects to get their stuff up to date.

CHAIRPERSON DINOWITZ: Thank you. We will get those over to you. I don't... I don't know if Chair Brannan, if you have any further questions for CUNY.

CHAIRPERSON BRANNAN: No. I just... No, I don't have any other questions, but I'll close it up.

CHAIRPERSON DINOWITZ: Uh, alright...

CHAIRPERSON BRANNAN: If you're done. If you're done.

CHAIRPERSON DINOWITZ: I am. I am done. I just I just want to thank everyone from CUNY, especially

the Chancellor for coming today to the hearing. To answer the questions. You know how much we here in the city, and me... and especially me, value CUNY and what you've done for so many lives of so many New Yorkers, as I said, including me, including my father, and maybe one day, including my own children, and also importantly, so many of the students that I've taught throughout the years. So thank you. I look forward to working with you on you know, many of the things that we discussed today and many of the things going forward.

CHANCELLOR RODRIGUEZ: Thank you. And you know that our respect to you and the fellow members of the City Council is high and we always look forward to working with you. So thank you.

CHAIRPERSON DINOWITZ: Thank you.

CHAIRPERSON BRANNAN: Thank you Chair Dinowitz. Thank you, Chancellor.

You know, it bears repeating CUNY has made higher education accessible to New Yorkers of all backgrounds and has truly been a stepping stone for economic prosperity. And I want to thank the 30,000 faculty and staff that make that possible. And the council is here to be partners. We're big fans of

CUNY. We were disappointed not to see more funding in the executive budget for CUNY, we're going to fight to try to get you as much as we can. Because we really think that at a time like this, we should we be doubling down on our investments in our city university. So we appreciate your time today. And any questions... There were some questions early on, that we needed some more details on. So I will have council staff... The Finance Committee staff will follow up with you to get some more details. It just helps us with our negotiating process, so we know what we're fighting for, and we know where the money's going.

So I appreciate your time today.

CHANCELLOR RODRIGUEZ: Thank you.

CHAIRPERSON BRANNAN: Yeah, no worries. Thank you Chancellor. With that I will adjourn this hearing. [GAVEL]

C E R T I F I C A T E

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



Date 07/08/2022