CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FINANCE JOINTLY WITH
THE COMMITTEE ON HEALTH,
THE COMMITTEE ON MENTAL HEALTH,
DEVELOPMENTAL DISABILITY,
ALCOHOLISM, SUBSTANCE ABUSE AND
DISABILTY SERVICES

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May 27, 2014
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HELD AT: Council Chambers
250 Broadway – Hearing Room,
16th Fl

B E F O R E:
JULISSA FERRERAS
Chairperson

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CHAIRPERSON FERRERAS: Good morning and welcome to the seventh day of the City Council's hear on the Mayor's Executive Budget FY15. My name is Julissa Ferreras, and I am the Chair of the Finance Committee. This morning, we are joined by the Committee on Health Chaired by my colleague Council Member Corey Johnson, to hear from the Office of the Chief Medical Examiner. We will kick off the hearings with the Office of Medical Examiner. Then we will hear from the Health and Hospitals Corporation, and the Department of Health and Mental Hygiene. These hearings are a lot of work, and I want to thank my Finance staff for putting these hearings together. I want to Acting Director Latana McKenney; the Division and Committee Counsel, Tanisha Edwards; Legislative Analyst, Crilhein Francisco; and the Finance superstars like Cole Anderson and Maria Pagan[sp?] for pulling everything together. Thank you for all of your hard work.

Before we get started, I want to remind everyone that the public will be allowed to testify on the last day of the Budget Hearings on June 6th beginning at approximately 4:00 p.m. The public session will be held in this room. For members of

the public who wish to testify, but cannot make the hearing, you can email your testimony to Nicole Anderson, and she will make it a part of the official record. Her email is nanderson@council.nyc.gov.

Today's Executive Budget Hearings kick-off with the office of the Chief Medical Examiner. The Medical Examiner's Fiscal 2015 Budget totals $63.6 million. His budget includes $3.1 million in new needs, which include $2.4 million to fund the salaries of 16 criminalists to reduce the turnaround time in the DNA; $221,000 to fund a fire safety director and fire watch services while the alarm is being updated; and $552,000 to fund the salaries of one risk and quality assurance manager, and eight criminalists on payroll who are not currently funded because of grant funding reductions. The Medical Examiner's Budget also sees and additional $1.6 million in FEMA funds to replace equipment and supplies lost during Hurricane Sandy. I look forward to hearing from the Medical Examiner to learn more about how this Executive Budget affects its agency's operations. Before we hear from the Health Commissioner, I will turn the mic over to my Co-

Chair, Council Member Corey Johnson for his statement. Thank you.

CO-CHAIRPERSON JOHNSON: Thank you, Chair Ferreras. Good morning everyone. I'm Corey Johnson, Chair of the Committee on Health in the Council. This portion of the hearing focuses on the Fiscal 2014 Executive Budget for the Office of the Chief Medical Examiner. During our Preliminary Budget Hearing, we heard from OCME about new technological advances, the reform of managerial practices, the repository of the 9/Museum, and ongoing efforts to identify World Trade Center victims. The Committee would like to hear on the progress of these matters, and on any budgetary concerns associated with them. The Committee also looks forward to hearing about important issues such as OCME's efforts to reduce turnaround times in DNA, in the DNA Lab; OCME's practice of uploading the DNA profiles of individuals who are not convicted of a crime to its local database; and OCME's ongoing rapport and communication with the families of 9/11 victims.

Before we begin, I'd like to thank my Committee staff who have worked so hard to coordinate today's hearing; Crilhein Francisco, the Committee's

Finance Analyst; Dan Hagletts [sp?], the Counsel to the Committee; and Crystal Palm [sp?] the Policy Analyst to the Committee.

This morning, we'll be hearing from Barbara Sampson, the Acting Chief Medical Examiner. Before we hear from our witnesses, I would like to note that we have been joined this morning by my colleagues on the Health Committee. We have you folks on -- Here we go. You can with your bike? We're joined by -- Thank you -- Council Members Gibson; Minority Leader Ignizio, Council Member Cohen, Council Member Espinal, Council Member Koo, and Council Member Eugene. Thank you very much. The Committee would now like to hear testimony from Dr. Barbara Sampson, the Acting Chief Medical Examiner.

BARBARA SAMPSON: Good morning, Chairpersons Ferreras and Johnson, and good morning to the members of the Finance and Health Committees. I an Dr. Barbara Sampson, the Acting Chief Medical Examiner. To my left is Barbara Butcher, our Chief of Staff, and to my right is Dina Maniotis, our Deputy Commissioner for Finance and Administration. Today, we are pleased to discuss the Fiscal Year 2015 Budget for the Office of Chief Medical Examiner. But

first, we would like to update you on key agency initiatives that we brought before you in March.

In our Forensic Biology Laboratory, the new Director revamped the laboratory system and operations, recognized procedures, and developed a plan to restructure operations to reduce turnaround time for DNA test results. Some may wonder why turnaround time is so important and why a financial investment in restructuring the labs is worthwhile. In short, by reducing DNA test turnaround time, we reduce costs to individuals and agencies. Shortening investigations and incarcerations, arresting perpetrators more quickly, and ensuring victims of crimes that they will not wait unduly for justice.

For every day that an investigation or a prosecution goes on for lack of a DNA test result, for every day that a victim of a sexual assault worries that her perpetrator is on the streets attacking others, and for every day that an innocent individual is kept behind bars, we pay a price both in human and financial terms. We at OCME will use our skills and the financial support of the City to ensure that our citizens are better served, and that

we maintain our position as the best laboratory in the nation.

Thus, we worked closely with OMB on a New Needs Request, to reshape the staffing of the DNA Laboratory to ensure rapid and accurate results, while maintaining our ability to stay at the forefront of developments in new and more efficient technologies. Last year, City Council enacted legislation to provide transparency into the workings of the DNA and other OCME labs, which we have embraced. Root Cause Analysis Protocols have been created, and all proficiency tests and lab manuals are published online. In our New Needs Application we requested to hire a Quality Assurance Director so as to ensure that errors do not go undetected, and preventative measures are constantly examined.

We are pleased to report that our most pressing budget needs have been met, and are grateful to the Mayor and Deputy Mayor Dr. Lilliam Barrios-Paoli, and our colleagues at OMB. The OCME Non-Grant Expense Budget for FY15 is $59.6 million, which includes a budgeted headcount of 594. The most significant change from the January plan is full funding for the restructuring of the Forensic Biology

Criminalist Lines in the amount of $2.36 million. In addition, we received funding for an Agency Quality Assurance Director, as mandated by last year's City Council Legislation, and monies for a fire safety contract due to life safety issues at our headquarters building. Where we will soon install a new fire alarm system.

In January 2014, the average number of days to complete all cases submitted to the Forensic Biology Laboratory was 94 days. With the $2.36 million expense infusion for restructuring the laboratory, we will fully implement a new system, and aim for a very aggressive goal of a turnaround time of 30 days. The $0.5 million for previously unfunded and grant funded lab criminals ensures that eight essential positions continue to support our plan structural improvements without additional adverse impact on workload and quality. This is a good point to mention our ongoing efforts in DNA identification of the victims of the 9/11 attack on the World Trade Center. We remain fully committed to the efforts to recover and identify every World Trade Center victim. The scientists in our DNA Laboratory test and retest samples every time there is a new technique or a new

method in hopes of making a new identification. Recently, the remains of the victims in our safekeeping were transferred to the Repository at the World Trade Center Memorial where we will continue to be their guardians. The Repository will always be within our control, and our personnel will be onsite to meet with families and friends of the victims to answer all their questions. Funding for the Quality Assurance Director in the amount of $90,000 was approved, and helps us maintain our accreditation and meet compliance obligations we have now under Local Laws 85 and 86.

OCME's role in the criminal justice system is central, and I expect nothing less than the highest standard of quality accuracy within the forensic sciences we practice. We now have the funding to attract a top notch quality management professional to establish an OCME agencywide quality assurance and improvement system. We will constantly monitor for significant events occurring within the agency, which may represent quality concerns, and when appropriate, conduct a full Root Cause Analysis with the associated documentation and legally required reporting. $100,000 has been funded for

fire safety contract positions. Currently, OCME is updating the fire alarm system in our headquarters building at 520 1st Avenue. This funding will ensure that OCME has the proper level of fire safety staffing in place in order to maintain compliance with relevant local laws. As a result, OCME will be able to retain the contractual Fire Safety Director and fire watch personnel necessary to complete the project safely. OCME worked with OMB during the formulation of the Five-Year Capital Commitment Plan to reforecast our projected capital spending in a fiscally sound manner. As a result, OCME's capital commitments for FY15 total $27 million. This includes $21.5 million of FY15 spending for the Bronx Morgue; $3 million for various laboratory equipment; and $.8 million for IT equipment and services.

In summary, OCME will use these funds to further improve the effectiveness of critical operations, and reduce turnaround times in areas of DNA test results. In doing so, we will be working to implement the shared vision with the Administration concerning responsible fiscal management, and the progressive values necessary to move New York City forward, and to make OCME stronger. We thank you for

your kind attention and committed-- Continued support, and I welcome any questions.

CHAIRPERSON FERRERAS: Thank you, Dr. Sampson. Just for the Committee, we didn't get a copy of your testimony.

DR. BARBARA SAMPSON: Oh.

CHAIRPERSON FERRERAS: So, they weren't handed out. Maybe you can get the Committee copies, --

DR. BARBARA SAMPSON: Absolutely.

CHAIRPERSON FERRERAS: --I would really appreciate it.

DR. BARBARA SAMPSON: I apologize.

CHAIRPERSON FERRERAS: So, thank you for acknowledging Local Laws 85 and 86. We did a lot of work --

DR. BARBARA SAMPSON: We did, too.

CHAIRPERSON FERRERAS: --as prime sponsors as one of those and co-sponsor of the other, I appreciate your update, and the efforts that you've made. I wanted to follow up on the Root Cause Analysis. I know that we had talked about getting this done. Has it been done? What's the status on

this, and where are we? Thank you. Oh, we just got a copy of this.

DR. BARBARA SAMPSON: Okay. So the Root Cause Analysis is something that OCME takes extremely seriously. We have begun to establish protocols for Root Cause Analysis. Of course, the details of those will be different depending on the nature of the problem that we encounter, but we are relying very heavily on this new Quality Assurance Manager, who will be specialized in quality assurance of all kinds including Root Cause Analysis to help us. In addition, the legislation requires us to have an outside participant in our Root Cause Analysis Committee, and we have identified and outstanding person at NYU Medical Center who has a -- her and her staff have tremendous experience in the hospital setting.

CHAIRPERSON FERRERAS: Since this last incident, we haven't had a need to trigger this or are we not ready for the Root Cause Analysis?

DR. BARBARA SAMPSON: We have been constantly monitoring, and we have done Root Cause Analyses since the --

CHAIRPERSON FERRERAS: Since the Local Law?

DR. BARBARA SAMPSON: Actually, before the Local Law went into effect, and we continue.

CHAIRPERSON FERRERAS: Okay. I commend you on your very aggressive idea of getting everything with DNA down through your 30-day process. I think we support you here in the Council clearly any time that you can bring clarity even sooner helps. And if you could talk-- Why did you identify that 16 criminalists is what it takes to get you to the 30-day deadline? Why not 15? Why not 18? Maybe you can walk me through this process.

DR. BARBARA SAMPSON: This was a plan put together by our DNA Lab Director, Tim Kupferschmid, who is an expert in planning such endeavors. I think Barbara has some more details.

BARBARA BUTCHER: Yeah, Mr. Kupferschmid is not just a preeminent scientist in DNA and forensic biology sciences, but he's also what we call a black belt--

CHAIRPERSON FERRERAS: I'm so sorry. If you could just identify yourself for the record.

BARBARA BUTCHER: Yes. I'm sorry. Barbara Butcher, Chief of Staff at the Medical Examiner's Office. So, Mr. Kopferschmid is not just an expert in forensic biology and DNA sciences, but he's also an expert in what they call Lean Six Sigma Practices, and he has designed both for states and for private laboratories methodologies and operational systems for maximizing efficiency, the exact, correct number of people to process a given number of evidence cases. And to structure them in what he calls pods, where case are-- Each pod has a series of cases that they're responsible for from beginning to end. And so, he's been doing this extensive analysis of our operation, and he's determined the number of people that he needs to do it exactly right. He started the process. I would say 45 to 50% of the laboratory has been through this new pod training, and we've also seen a substantial reduction in turnaround time already. So it's quite effective.

CHAIRPERSON FERRERAS: Can you-- How many criminalists are there now? And I know that one of the issues that we had in the past was supervision. So what's the ratio of supervisor to criminalist as

it stands now, and then I guess we would add 16 to that number after FY15.

BARBARA BUTCHER: You know, it's-- I can't give you the exact number of supervisory people because it's a four-tiered structure. There are levels 1, 2, 3, 4 criminalists, and then assistant directors, and then deputy directors, and directors. I believe there are 100 and--?

DR. BARBARA SAMPSON: 149 criminalists currently, and with the additional 16, we'll be up to 165.

CHAIRPERSON FERRERAS: And you said these are in different tiers. Are there more in certain tiers than others?

DR. BARBARA SAMPSON: He has a restructuring plan where there will be many internal promotions, as well as hiring new people. So it's across the board.

CHAIRPERSON FERRERAS: Okay, got it. So we can just give to this committee, and you may not have that with you, but what the structure would look like after these. So that we understand why you need this budget increase, and what it will look like, and

how more efficient your systems will be after we pass this budget.

DR. BARBARA SAMPSON: Okay, very good.

CHAIRPERSON FERRERAS: Before I give it over to my colleague and Chair Johnson, I wanted to speak a little bit, and I know that you had mentioned, and obviously there were a lot of efforts done after the 9/11 Memorial, and we all hear of the Repository. Can you walk us through or describe what is the purpose of the Depository. And I know that you said there is OCME staff there to speak to families. But is there any other, I guess any other processes or the importance of keeping the Repository there.

DR. BARBARA SAMPSON: The Repository is an OCME facility. The remains are kept there, and there is a reflection room immediately outside the Repository, which is for the sole use of family members. We have OCME staff at the door there to greet families who are visiting and to answer any questions that there may be. The purpose of the Repository is a place to keep the remains that OCME can access as necessary to be able to continue our work at identification.

CHAIRPERSON FERRERAS: So as you mentioned earlier, as technology advances, you can ten take another opportunity to do more sifting and apply the new systems to the remains.

DR. BARBARA SAMPSON: To apply the new systems to the remains that we already have, or that we might obtain in the future. Keep in mind that no DNA testing will be done at that site. The DNA testing will be in our DNA laboratory on 26th Street.

CHAIRPERSON FERRERAS: So at some point if there's a new system, the Repository-- I guess what's encased in the Repository now would go back to OCME for testing?

DR. BARBARA SAMPSON: Just what we need to do the actual testing, which is not everything. Just small representational samples.

CHAIRPERSON FERRERAS: Okay, very good. Thank you very much. Co-Chair Johnson.

CO-CHAIRPERSON JOHNSON: Thank you, Chair Ferreras. Thank you for your testimony. Before we go onto a few other issues that you discussed in your testimony and I discussed in my opening statement, I want to stay on the Repository Room at the 9/11 Memorial and Museum. I wanted to really understand

what the interaction is between OCME's criminalists and the families at the site. If a family comes in and wants to discuss what happened with the unidentified remains, what actually occurs onsite there for the families?

BARBARA BUTCHER: The Repository is a-- It's a very dignified place, and I might point out that it comes from the word "repose." They're resting in there. It's not an entombment or a burial or a mausoleum in anyway. The purpose of the staff there is to meet the families and to discuss anything they want to talk about. For instance, we have a very small office just behind the Repository, and the computers there have all the information. We can access all the information remotely that we might need for an individual file. So for instance, if a family member comes in and says, I still don't have an identification, can you tell me do you have sufficient samples for my family, for my children?

We can go right into the database that we maintain, and see how many samples were given. Are they valid samples? Absolutely. Then, if they have someone who has been identified, let's say several pieces or several remains, we can tell them what the

latest efforts have been, how many times we've re-sampled, how many samples have been tested for that particular person. And how many remains have been identified. They can choose at any time to say, I'd like to remove the remains now, and take them to my private family plot. And then, we'll work with them to do that, of course, outside of ours. But the families have an infinite number of questions, and our folks, the criminalists have been working with them for 12 years now. So they're very sensitive to their needs, and they have every bit of information they could possibly use.

CO-CHAIRPERSON JOHNSON: So how many criminalists will be there at one time?

BARBARA BUTCHER: Two.

CO-CHAIRPERSON JOHNSON: Two full time there whenever the Museum is open?

BARBARA BUTCHER: Correct.

CO-CHAIRPERSON JOHNSON: Great. I wanted to understand the process that was taken in moving the remains, which I know took place a couple of weeks ago. I know that there were some family members who were upset about the not so advance notice that they felt like they were given. I wanted

to understand how that decision was made, and what the protocol is in communicating with these families when decisions like this are made.

BARBARA BUTCHER: We're particularly proud of the way this handled, we feel, under this administration. As you may be aware, under the previous administration we were issued a directive to move the remains quietly without notice or ceremony for a variety of reasons. And that was issued to us in a directive, which was the form of an agreement between 9/11 Memorial and the Mayor's Office. Under this administration, the Mayor and his advisors thought that it better to have some degree of ceremony to show respect, dignity, and to recognize that there are still so many who are unidentified. And so, in the early morning hours of that Saturday, I believe that's three weeks ago, we removed the remains in a scientific process where manifestos-- Manifests of captain. It was very technical.

About 35 of our scientists participated in that move, but then it was followed by a ceremony designed by City Hall. It was a very dignified procession with the Port Authority Police, NYPD, the Fire Department in which they carried transfer cases

containing remains of the unknowns. This was a flagged draped ceremony done to full honors, and I think it was a very nice ceremony. And we recognize that some will be unhappy, and some will be pleased with the way things were done. But we followed Best Scientific Practices and the recommendations of the Administration of how this should be done respectfully.

CO-CHAIRPERSON JOHNSON: Thank you. I'm happy to hear about that change, and how it was handled with respect and dignity. How far in advance were families told that it was going to happen?

BARBARA BUTCHER: About two months in advance we sent out a notice. The Medical Examiner's Office communicated with all the families. They sent out 4,000 letters saying that very soon we would be moving the remains to the Repository. We sent out a second mailing that said we'd be moving them soon without giving an exact date, and sent them informational cards for each family member's use. The then City Hall communicated with families through their own list serves. The Community Affairs Unit has an extensive network of family groups, emails, and list serves. But they sent out a notice about

the ceremony. That was not part of OCME. We had nothing to do with that.

CO-CHAIRPERSON JOHNSON: Thank you. Are there any social workers on staff at the Repository or individuals who have training in counseling or interacting with families that aggrieved or who are still grieving in some way?

BARBARA BUTCHER: Yes, our staff members have training in working in bereavement counseling, and we work very closely with the Red Cross. You may know that during the opening preview time for the families and first responders, we had Red Cross counselors on staff, and ready to meet with families. And if necessary, we have people on call immediately to work with us.

CO-CHAIRPERSON JOHNSON: Okay, I wanted to acknowledge that I forgot to acknowledge before Council Member Mendez who has been here since the beginning, and we have been joined by Council Members Miller and Cornegy. I have a couple questions -- and then I'm happy to turn it over to my colleagues -- about the TMA backlog that we, that you testified about and we've discussed. I wanted to understand in OCME's calculation what technically constitutes a

backlog? How is a backlog determined, if there is one?

BARBARA BUTCHER: The backlog period begins when a piece of evidence comes in the door to when it starts testing. And so, when calculating turnaround time there actually two components. The first being the period between accessioning the evidence in the door, and the day when the testing begins. And that's called the processing time. The processing time is now 12 days, which I might add is probably the best in the nation. So at the time a piece of evidence comes in the door sometimes it can wait for three to four days before testing begins. That is determined, and prioritized based on the level of the particular case. We would always prioritize homicides and sexual assaults. What we would de-prioritize, if you will, are the property crimes.

CO-CHAIRPERSON JOHNSON: Thank you. With that being the standard, does it appear that OCME is developing another backlog currently?

BARBARA BUTCHER: I'm sorry. I have the exact number somewhere.

CO-CHAIRPERSON JOHNSON: That's okay. Take your time.

BARBARA BUTCHER: But, of course, it's in tiny little graphs. Okay. From 2012 until 2013, there was an increase in backlog. We are not somewhere around -- We're around 1,600 cases waiting in a pipeline. However, none were waiting more than I believe it's 12 days?

DR. BARBARA SAMPSON: Something like that, yeah.

BARBARA BUTCHER: Yeah, depending on priority.

CO-CHAIRPERSON JOHNSON: Thank you.

DR. BARBARA SAMPSON: Most importantly, there's little to no backlog whatsoever for sexual assault cases.

CO-CHAIRPERSON JOHNSON: Thank you. I know that so many of the positions that OCME has to fill in its lab are highly technical, take a lot of advanced educational training, and they have to go through courses to actually particularly understand their own subject matter that they're going to be working with in the Chief Medical Examiner's Office. And there's been talk about we spend all this money

training folks, which is very valuable and important for the city, and we must do it. But retention rates aren't that high. People take the training and they stay for a little while, and then they go off and they take a job in the private sector where they're going to make a significant amount more money. I wanted to understand why that is, and if we could be doing anything more to actually retain the folks that we're training to do these important jobs here in the city.

BARBARA BUTCHER: You're absolutely right. There is a relatively high turnaround. I'm sorry, attrition rate. Is that the right word?

DR. BARBARA SAMPSON: yes.

BARBARA BUTCHER: Attrition rate among DNA scientists. There are two to three factors in there. One is that they're young. Most of these folks are coming right out of college, and they go to the best possible laboratory in the United States for their training, which is New York City. The training takes approximately six months before they can even touch a case. And that's, even coming out of school with a Master's Degree. We have very rigorous standards. So then they work for the city for a

year, two years, and then they want to go some place with a lower cost of living. So they're young. Perhaps they want to start families, have children, and they want to be closer to their families perhaps. So all those factors count in. There's also the job satisfaction. I think previously we recognized that there was a morale issue in the laboratory. And I think Council Member Ferreras you're aware of that. And we really feel like we've really made a big turnaround there. This is a far different atmosphere now, and we've gotten some improvement in that attrition rate. There's a way to go. There's absolutely a way to go. Could salaries help? Probably, but without lowering the cost of living in New York City, I'm not sure how that's going to work out.

CO-CHAIRPERSON JOHNSON: What is the average salary for someone in that position?

BARBARA BUTCHER: I believe it's between $60 and $70,000. There are five different levels and Dina can give you the exact number.

DINA MANIOTIS: Yes. I'm Dina Maniotis, Deputy Commissioner for Administration. So the entry level average salary is $46.5 thousand. Second Level

Criminalist II is $55.5 thousand; third is $69; and the highest level, entry level -- at the highest level for Criminalist IV is close to $80,000.

CO-CHAIRPERSON JOHNSON: Thank you. I want to go to Council Member Cohen who has a question. Andy, you're on the clock for five minutes.

COUNCIL MEMBER COHEN: I just have one question. Good morning, thank you. I was just wondering if there is any -- If you could tell me about your confidence level that we won't see an incident like we saw in my district before I was elected regarding Kevin Bell. We're confident the procedure in place that-- That an incident won't happen again. Kevin Bell is the young man who was picked up in Woodlawn, and his remains were put into a vehicle that recycling debris and all that kind of matter. And I just want to be confident that procedures are in place that something like that won't happen again.

DR. BARBARA SAMPSON: Absolutely. We put in a number of procedures after that incident including regular spot checks at scenes by our administrators on duty, and established a number of

protocols for cleaning out our vehicles after everyone, so to speak. So I really doubt anything like that could ever happen again.

COUNCIL MEMBER COHEN: Thank you very much. Thank you, Chair.

CO-CHAIRPERSON JOHNSON: I want to get back to the -- Oh, Chair, do you have any questions? I think you had a few, too. Okay, just let me know. I want to get back to the local database. At the Preliminary Budget if you're in, and in a follow-up letter, I raised some concerns of OCME's practice of uploading the DNA profiles of individuals who are not convicted of a crime to the OCME's local database, the LDIS. I appreciate your response to that inquiry, and I had some follow-up questions. We're probably not going to get through all of the questions today. So, we'll have to follow up after this hearing. I just want to be perfectly clear. Do the DNA profiles on individuals who are not convicted of any crimes ever remain in the local databases?

BARBARA BUTCHER: If there is a suspect who has a DNA, who there is evidence from a crime on scene, and a suspect's DNA is uploaded up into the local database, it will remain there until expunged.

And we expunge on request. So, technically yes, those can remain.

CO-CHAIRPERSON JOHNSON: Who makes that request?

BARBARA BUTCHER: The attorney, or the attorney for the defendant or the suspects.

CO-CHAIRPERSON JOHNSON: What if you have someone who may be a low income person who may not have the most competent best attorney representing them, or they're been put through the system. And they don't have the funds to actually be paying someone, what happens then? How do we ensure that people are being kept in a database when they've done nothing wrong?

BARBARA BUTCHER: That's certainly possible and OCME cannot, we cannot expunge any samples independently. Everything has to come from a court order. So once we get in a court order, we expunge it immediately. So most-- It would have to come through either the district attorney or defense attorney or the suspect themselves making such a request saying they want their DNA removed.

CO-CHAIRPERSON JOHNSON: So I understand from your letter that OCME does not notify suspects

if their name is included in the local database. You've stated that you do not notify suspects because you're not the agency responsible for taking the actual DNA sample, and that the NYPD is. If you were to design a system whereby the individuals could receive notice, how would you do that?

BARBARA BUTCHER: I'm sorry. It's such a complex question. I would like to suggest at your convenience, if our -- we have an attorney in specializes in DNA matters and the Laboratory Director. We would be really pleased to meet with you, and your staff to go through the design of any program that would satisfy the questions.

CO-CHAIRPERSON JOHNSON: So, I'm happy to do that. I mean my hope here is that we could create a partnership between--

BARBARA BUTCHER: [interposing]

CO-CHAIRPERSON JOHNSON: --OCME and the NYPD, and the other enforcement agencies to make sure that suspects are given notice that they've been entered into a database, and that we can ensure that someone that hasn't done anything wrong, but at one point were being looked at with regard to a crime, are not being kept in a database, which at some point

if something happened could be used against them in some way. That's my concern there.

BARBARA BUTCHER: Of course, and we certainly agree. I would also like to point that when such requests do come to us, we advise the defense counsel that they may also want to reach out to NYPD, and have any evidence removed or anything, any other databases that they might be in.

CO-CHAIRPERSON JOHNSON: Has OCME ever been reprimanded or have there been concerns raised by the State of Federal Governments with regard to this practice. I know that the State recognized there is potential danger in allowing this type of unregulated collection and testing of DNA profiles. And, therefore, made the decision to limit the State DNA Data Bank to only profiles of those convicted of a crime. So we are doing it a little differently than I belie3ve the State is. Is that correct?

BARBARA BUTCHER: Again, a complex question. No, we don't have any reprimands that I'm aware of. In order to upload to the state or to CODIS, which is combined -- it's a combined index of the State, Federal, and local databases. In order to upload there, you have to have a local database in

order to upload to the State. So it is in some sense a temporary resting place for that data so that it could be uploaded to the State . And you're absolutely right, not everything can be uploaded to the State. For instance, if we had the victims, we need to eliminate the victim from a given profile. That would never be uploaded to the State. It resides temporarily in the local database so that we can ensure that we're not accidentally using the victim as the suspect. In addition, in that database we keep all of our employee DNA because we have to check regularly to ensure that there's no contamination. And the police who handle evidence, they are also in this local data bank because we want to ensure that again the evidence has nothing to do with contamination or suspects or victims.

CO-CHAIRPERSON JOHNSON: But if the State doesn't allow DNA profiles in their database, if they don't allow it, then why does OCME allow profiles of the not convicted? Why is there that big discrepancy, and why isn't there some uniformity in that regard? They've determined that given that there could be serious issues that could happen if you have someone that wasn't convicted of a crime,

why do you allow and the State doesn't? Why has OCME made that decision?

BARBARA BUTCHER: I don't think we're doing anything that conflicts with the State database. We have the employees there, and we have NYPD Evidence Technicians in there. That would certainly never be uploaded, but yet we must maintain them in the local database to eliminate contamination. So, again, it's a complex issue, and I don't want to misstate anything. But I don't believe that anything we do conflicts with the State.

CO-CHAIRPERSON JOHNSON: I say this respectfully because I'm trying to understand. My understanding is that the State does not keep DNA profiles of people who are deemed suspects, who haven't been convicted of anything. They just don't keep it. We don't have to go through an expungement period because it's never kept if someone hasn't been convicted of a crime. OCME doesn't have that same standard. You described to me a few minutes ago how there's a process of someone who can expunge it from the database. What I'm asking is how come there are these two separate standards that exist. OCME is keeping profiles of people who have not been

convicted of anything. If they don't attempt to expunge it ... The State never has to go through that process because they're not keeping anything if no one has been convicted. And I'm asking why that discrepancy exists? Why there isn't uniformity in that?

BARBARA BUTCHER: I'm not aware of all the State regulations. So to avoid misstating anything, I would feel more comfortable if we got back to you and then met to ensure that we meet all the standards, and all the assurances and protections for people who are not convicted.

CO-CHAIRPERSON JOHNSON: So this is important.

BARBARA BUTCHER: Yes.

CO-CHAIRPERSON JOHNSON: And so, I would really like to understand, and we don't have to resolve it now, but why this exists. And if there is an easier way, given that we know there are many people that come through the legal system in New York City who I would say -- it's subjective -- but I would say may not have the best legal representation that is spending an enormous amount of time on their case. And in the follow-up time after their case is

done, and many of these people are people who are low income people who are trying to get their lives back on track. And I want to ensure that they're not kept in a database because they don't have -- They may not have the access to funds to pay for a high-end attorney who may be able to handle this for them. And if the State is not requiring an expungement process, maybe we don't have to either. Maybe we can figure this out in a way where this doesn't have to get kept. I understand that the police probably won't like that because, of course, they want to keep this information in case they ever need it if it comes up in the course of an investigation. But I think there's a real balance here between protecting someone's privacy and civil liberties, and also ensuring that we can enforce the law and complete investigations in a fair and reasonable manner.

BARBARA BUTCHER: We'd like to work with you on this.

CO-CHAIRPERSON JOHNSON: Thank you very much. Are there any questions? We're going to go to Council Member Cumbo and you're on the clock.

COUNCIL MEMBER CUMBO: Good morning. Thank you, Chair. Thank you for your testimony

today. I have a question in terms of the DNA turnaround time, and Council Member Johnson may have touched on this as well. The investment that the city is making in order to speed up the opportunity for the results to come back from DNA testing, where would that put us nationally in terms of are there are cities throughout the country who have already exceeded what we're doing here in New York? Or would this make us a model, or where would we be, and where are we currently in terms of is this something that you have looked at nationally and said this is the model. They're doing it right in this city, and we want to be where this city is, or this we're above everybody right now. We're about to take it to the next level.

DR. BARBARA SAMPSON: That's exactly it. We're ahead of everyone, and we're taking it to the next level. The fastest turnaround time for efficiency and maintaining accuracy and scientific validity. And we believe that as quickly as we can possibly do these tests there are definite both financial benefits as well as benefits to the city, to the citizens of this city.

COUNCIL MEMBER CUMBO: And my second question is being new to this, because I -- there are several people in our district that are facing this challenge in terms of awaiting DNA tests to come back from labs. And it's taken exorbitantly -- exorbitant amounts of time for them to get the results. What I want to understand in a lot of ways let's say we get on track. Is the DNA what is holding up cases more often than not, or is the system as it currently is not able, even if the DNA testing became more readily available? So what's kind of hindering the other? Is it the legal system, or is it the DNA's role that it plays within our legal system that's hindering a lot of this. Because there's a case in particular in my district where they come back time and time for their hearing, and it is said that the DNA tests are not in. And so the case has to be postponed. So I'm trying to understand in some ways what's driving what.

DR. BARBARA SAMPSON: In any particular case there could be many issues that could prolong that particular case. So I would be glad if you provide me the information on that case to look into it, and to see what we can do to expedite it.

COUNCIL MEMBER CUMBO: But in general you would say that -- in general across the board, what seems to be slowing down the process? Is it the time in which it takes to get the DNA results back, or would you say it's the legal system and how it functions in its totality?

DR. BARBARA SAMPSON: OCME can only speak for the DNA results, the time it takes to provide the DNA report. What may increase people waiting for those kinds of results that you're talking about is beyond what we do, and we really couldn't comment on that.

COUNCIL MEMBER CUMBO: Thank you.

CHAIRPERSON FERRERAS: Thank you, Council Member Cumbo. We will now have Council Member Miller.

COUNCIL MEMBER MILLER: Thank you, Madam Chair, Co-Chair Johnson, and thank you for coming out and giving your testimony today. I just want to expand on what was talked about in terms of the database, but I kind of want to take it in a different direction. Last week we, a number of members here, had the please -- displeasure of holding a press conference out front dealing with

some of the missing -- on the issues of missing persons. And in particular, it talked about a number of folks who had because of the lack of interagency coordination ended up sitting for months in the City Morgue, and ultimately ended up on hard timing [sic]. And that obviously is a major tragedy for families here in the city and throughout the country. So, as it pertains to the database and the uses of the DNA map, are we able to coordinate that so that it will kind of help to eliminate this problem of missing persons or persons just sitting in the morgue for months at a time unidentified. And at the same time family members are looking for them. How could we use this technology, this advancement to solve this -- such an egregious problem?

BARBARA BUTCHER: I'm glad you brought that up. It's actually a national tragedy that there are approximately one million missing persons reported in this country, and that throughout all the morgues and medical examiner's offices nationwide, there are more than 100,000 unidentified bodies. Someone needs to take those numbers and put them together to match the missing person's reports, and those unidentified persons. We can relieve the minds

of at least 100,000 families who are waiting. So we've been quite fortunate at the Medical Examiner's Office. We got a grant approximately two years ago to do a project to take the 1,100 unidentified persons that we have, and this is going back some ten years. A little bit more than ten years. And do a new fingerprinting technique called Live Scan, and we use new injection techniques. And we've rerun old fingerprints, and we've been able to identify 118 people among the 500 who had fingerprints done back then in the day. Of them, 118 were identified. So it may seem like a small number, but that's 118 families who have an answer. Now, we've worked hard not just with the printing, but with DNA techniques, with anthropology techniques, and with various investigative teams we've put together to try and resolve this. You're right. It's a national tragedy, and it's actually ill-excusable. We have the technology. We have the will. We just need to marry the data. And so we now participate in something called NAMES and that's National Association of Medical Examiners System to marry missing persons reports that families can enter themselves with reports that medical examiners put in

descriptions of decedents, and we've had good success there. So I think again we're at the forefront here in New York City.

COUNCIL MEMBER MILLER: That is really encouraging for that. Again, I think the question is even locally, I've had someone in my district, unfortunately, suffer this tragedy. And there had not been the coordination that was necessary between departments because the person may have lived -- The crime -- Well, when a person was reported missing in another borough, they lie in a morgue in another borough, and there's no coordination. And this has happened several times, and so-- And I know initially this is a few years back, but it happened within the last year as well. Is there anything happening now in terms of coordination that would forbid for this to happen again? And again, most importantly, are we coordinating with those agencies, NYPD, Cit, State, and Fed of missing persons?

BARBARA BUTCHER: Council Miller, this is a joint project that we're doing with NYPD as well as National Medical Examiners. It has been the case that a person has to be reported missing in the precinct where they live. Even though they may have

been last seen in the Bronx, they may have to be reported in Brooklyn. Again, same thing nationwide. If you live in Reno, Nevada, you've got to be reported missing there even though you happen to be New York City. So it's a ludicrous system, and we work hard with other agencies including NYPD to try and try and coordinate this. So it is a joint effort, and we've made good strides. We've got a long way to go.

CHAIRPERSON FERRERAS: Thank you, Council Member. We've been joined by Majority Leader Van Bramer and Council Member Vallone.

CO-CHAIRPERSON JOHNSON: Madam.

CHAIRPERSON FERRERAS: Oh, go ahead.

CO-CHAIRPERSON JOHNSON: I just want to say one thing. I appreciate your testimony today, and I look forward to working with you on the issues that you laid out. I do have some questions, which I'm not going to ask today, but I would ask that when we submit them to you that hopefully you get them back to us in a timely manner with regard to low copy DNA analysis, and I think it relates in some ways to the questions I had before with regard to the standard that's being used in making sure we're

protecting people in the right way. So I appreciate our working relationship, but then I'm going to hand it back over to the Chair.

CHAIRPERSON FERRERAS: Thank you, Chair Johnson, and again, thank you for your testimony. If you can, as was mentioned earlier, if you can get back to us in relation to the budget questions and specifically the one that I had about the structure. So that it will help us negotiate when we begin our negotiations of the budget. I would really appreciate it. Thank you for coming in today. We're going to take a three-minute break before we go to the next committee. Thank you.

DR. BARBARA SAMPSON: Thank you.

CHAIRPERSON FERRERAS: Thank you.

BARBARA BUTCHER: Thank you.

[Pause]

CHAIRPERSON FERRERAS: We will now resume the City Council's Hearing on the Mayor's Executive Budget FY2015. The Finance Committee--

[background discussion]

CHAIRPERSON FERRERAS: The Finance Committee and the Committee on Health chaired by my colleague, Council Member Corey Johnson, has now been

joined by the -- by the Health Committee and the Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services chaired by my colleague Council Member Andrew Cohen to hear from the Health and Hospitals Corporation. We're just doing an adjustment here of seats for my Co-Chairs. You're sitting at the end, and where's Co-Chair Johnson? We're going to actually hold on for two more minutes.

[Pause]

CHAIRPERSON FERRERAS: So our colleague, Co-Chair Johnson will be joining us shortly, but in the interest of time we're going to now pass it over to my Co-Chair Cohen for his opening statement.

CO-CHAIRPERSON COHEN: All right. I'm not going to sit -- Well, let's take away these. I'm going to say thank you to Member Johnson. Good morning, everyone. I am Andrew Cohen, Chair of the Committee on Mental Health, Developmental Disabilities, Alcoholism, Substance Abuse, and Disability Services. We will now hear from the HHC on his Fiscal 2015 Expense Budget. Should I introduce the members?

CHAIRPERSON FERRERAS: You can.

CO-CHAIRPERSON COHEN: We'll hold on there for a second. The Committee looks forward to a detailed discussion of HHC's Projected Operating Deficit of $204 million for Fiscal Year 2015, and how it may impact HHC's ability to carry out its mission especially with respect to quality of care. The committee will also engage HHC in a discussion regarding reductions and the Assisted Outpatient Treatment Program as well as the role of HHC in the provision of mental health services across the city. Before we begin, I would like to thank the committee staff who have worked so hard to help coordinate today's hearing Crilhein Francisco, the Committee's Finance Analyst; Jennifer Wilcox, Counsel to the Committee; and Michael Benjamin, Policy Analyst to the Committee. I will introduce the members now. We have been joined by Council Member Arroyo and ...

CHAIRPERSON FERRERAS: Council Member Johnson.

CO-CHAIRPERSON COHEN: And I'm going to pass it over to Council Member Johnson.

CO-CHAIRPERSON JOHNSON: Thank you Chair Ferreras and Co-Chair Cohen. Good morning, everyone. I'm Corey Johnson, Chair of the Committee on Health.

As you know, this portion of the hearing will focus on the Fiscal 2015 Executive Budget for the New York City Health and Hospitals Corporation. HHC's Fiscal 2015 Expense Budget totals $6.9 billion with a projected operating deficit of $204 million, and a projected closing cash balance of $804 million in Fiscal Year 2015. The agency has experienced significant cuts, and I expect that a good portion of today's discussion will cover the many challenges to HHC's long-term financial sustainability. The community looks forward to a detailed discussion on the potential corrective actions HHC may have to consider in light of its projected operating deficit, which will grow to $1.4 billion in Fiscal Year 2018. The committee will also engage HHC in a conversation regarding the State's Medicaid Waiver; HHC's capital priorities; and finally a discussion on the role of safety at hospitals in New York City given the many changes in healthcare. Before we hear from the new HHC President, Dr. Ram Raju, I wanted to turn it back to the Chair of the Finance Committee, Chair Ferreras.

CHAIRPERSON FERRERAS: Thank you Chair Johnson. Just a reminder to my colleagues. We'll be

on a five-minute clock for questions, and there will be a three-minute second round, should you have any. You may begin your testimony, Dr. Raju.

DR. RAM RAJU: Good morning, Chairperson Cohen, Chairperson Ferreras, Chairperson Johnson, and the members of the respective committees. I am Dr. Ram Raju, President of New York City Health and Hospital Corporation. I'm joined this morning by Ms. Zurack, our Senior Vice President of Finance, and Mr. Jurenko who is a Senior Assistant Vice President of Intergovernmental Affairs. Thank you for the opportunity to testify before you today. Since this is my first hearing before the Council as the President of the Health and Hospital Corporation, let me begin with my background.

I will review the priorities we will be working on. I am a Vascular Anti-Trauma Surgeon by training, and with more than 30 years of healthcare experience in board, private and public sectors. Many of these years were spent here in New York City. I served for several years as the Health and Hospital Corporation Executive Vice President and Chief Operating Officer, and also its Chief Medical Officer. Prior to that, I was the Chief Medical

Officer and Chief Operating Officer at Coney Island Hospital in Brooklyn. I've also worked with similar positions at Brooklyn Lutheran Medical Center.

It's a great honor and privilege for me return to the Health and Hospital Corporation after being away for 2-1/2 years to serve as the Chief Executive Officer for Cook County Health and Hospital System in Chicago, the third largest public system in the country. I enjoyed the work I did for Chicago, and Chicago's public healthcare system. But the opportunity to be the President of the nation's preeminent public hospital and the healthcare system is a once in a lifetime opportunity for me. I didn't want to pass it on. So my time in Chicago deepened my experience and the commitment to the mission of public healthcare systems in this country to treat all patients -- treat all patients respectfully, and to ensure that they all are -- all have access to healthcare system and leave no one behind.

One of the things I knew from working in New York and the understanding was reinforced when I was working in Chicago is that people need, and people deserve better access to high quality healthcare services. The Health and Hospital

Corporation proudly offers care to all New Yorkers in all boroughs, more than one million patients each year. We have been -- we are the single largest municipal healthcare system in the country, of a role that extends beyond being the biggest service provider in New York City. We also need to be seen more clearly in this light. My aim is to make Health and Hospital Corporation as a first choice of healthcare for all New Yorkers.

We are an essential part of the New York City healthcare infrastructure. We are an integrated delivery system offering comprehensive high quality health, behavioral health, long-term care, and home care services. With a wide array of access points from small neighborhood clinics to large acute care hospitals and long-term care centers. Our health plan Metro Plus is primarily run through the Department -- by the New York State Department of Health in terms of quality and customer satisfaction. Health and Hospital Corporation is an industry leader in language access services, and delivering culturally competent care for all New Yorkers.

However, we cannot just rest on these laurels. Health and Hospital Corporation and other

healthcare providers at all levels of New York City must do more. We most focus on reducing healthcare disparities while expanding access to care. Disparities unfortunately persist across the nation on an ethnic, language, and economic basis. They also exist along the basis of gender identity, age, sexual orientation, immigration standards, and for individuals with disabilities. All providers need to step up their effort to be inclusionary rather than perpetuate the care that's exclusionary.

At the same time, we must also expand access to care in the traditional sense of extending ours and increasing capacity to take care of people. And we must also eliminate barriers that deter and make it difficult for people to consistently access the care they need. I know that Health and Hospital Corporation cannot do all of them alone. I look forward to partnering with the Council, the other elected officials at all levels, committee representatives, healthcare advocates, our other partners and the healthcare providers through all five boroughs. For example, I am formally committed to work with the Staten Island representatives to expand access to healthcare in Staten Island.

I am open to your ideas and solutions on how we can build our corporation's accomplishments and improve healthcare for all New Yorkers. There is no batter time than now to act. The healthcare system is changing dramatically right before our eyes. Health and Hospitals Corporation must continue to evolve and adapt to recent changes so that we can continue to provide excellent care to all New York City communities. The paradigm has shifted from a hospital-centric healthcare delivery model to one in which the growths are forecast on preventive care, and keeping people healthy. Thereby, reducing the need for unnecessary hospitalization.

We must seize on this opportunity to transform how we deliver care in the system. That opportunity is provided by New York State recently approved Medicaid Waiver. As you may know, New York State received approval for the 1115 Medicaid Waiver last month. The Waiver is expected to bring in $8 billion in new federal funding that will be distributed on a statewide basis over the next five years based on the performance targets that are met by the whole of New York State. The majority of the dollars are to be mainly used to support delivery

system reforms throughout the healthcare sector of the state.

Health and Hospital System is formally accepting applications for the DSRIP Program Funds in mid-December. The DSRIP Transfer Delivery System Reform Incentive Payments. Last week we sent the State a letter of intent that is required of all applicants who seek to become what we call as a Performing Provider System under the DSRIP Program. We have already been informed that the Health and Hospital Corporation has been approved as an Imaging Performing Provider System that was approved last week. United Share [sic] will be applying for the Interim Access Insurance Funds, which is designed to support the public hospital and non-public safety net hospital through next March.

At this time, we do not know how much funding we will receive either through the IAFF Funds or the DSRIP Projects. It is most important to emphasize the waiver of funds that we are committed to receive and not grant funds. Waiver funds will initially flow to support the creation of projects. Over time, the funds will flow one day at the specific statewide performance to ensure the change.

If the performance targets are not met statewide, the funding will be reduced accordingly. Collaboration, cooperation, and coordination will be critical to ensure success. The corporation will be working with other providers over the next few months on our DSRIP Project Applications.

We are still in the process of identifying potential partners and projects. Application for DSRIP Funds are due in mid-December, and the Assurance Program Funds were expected to flow of April of 2015. Statewide the funding will largely be invested in full [sic] access, care management, and care coordination, and are committed to reduce available inpatient and emergency room visits. The Health and Hospital Corporation has worked diligently over the past several years on the same initiatives. Over the next several years, we will continue to pursue these goals by engaging with partnerships, of engaging with patients' lists to improving healthcare, and taking the lead in changing the way the healthcare delivers to better manage the healthcare spending in New York City.

While we work over the coming months of new payments on the DSRIP project, we will continue

to work with our family of partners, which is Metro Plus to engage the new enrollees who gained coverage through the expansion under the Affordable Care Act. I'm thrilled that more than 90,000 individuals chose Metro Plus as a health insurance plan through the New York health insurance marketplace. Metro Plus access will be a primary means for our corporation increasing market share, and improving our financial health.

The premiums on Metro Plus received for these newly insured individuals will generate increased net revenue for the corporation that can be used to reinvest in our service capacity. We also seek Metro Plus to be an insurer of choice for all New York City employees. However, all these health plan access enroll New Yorkers into health insurance, there will continue to be hundreds of thousands of health and hospital systems the corporation uninsured patients who are undocumented individuals who will not benefit from the Affordable Care Act. The corporation will continue to need funding to support the cost of serving these patients, and to cover other shortfalls caused by inadequate investment.

As our budget stands now, the corporation total expenses for the Fiscal Year 2015 Executive Budget are projected to be $6.9 billion and the total revenues projected to be $6.7 billion. This leaves us with a $200 million gap to close the seal. Our out-of-field [sic] gaps continues to be uncomfortably large. In Financial Year '16, our gap is projected to be $833 million, and this grows to $1.3 billion in Financial Year 2018. These gaps could increase if we don't achieve the 100% of all our corrective action plans. The plan includes continuation of the Health and Hospital Corporation Restructuring and Cost Containment Program that is forecasted to achieve additional annual savings of between $82 million to $90 million.

Most of the savings will be achieved by receipt of federally qualified health centers life stratas [sic] for all the corporation's six treatment diagnostic centers. Improve environmental service initiatives, and lower pharmaceutical costs through the Federal 340B Drug Program. The Financial Plan also anticipates a new round of saving initiatives to achieve $200 million in the Financial Year '15 growing to $400 million in the Financial Year '18.

This initiative includes centralization procurement, revenue enhancement projects, and ongoing performance improvement activities throughout the corporation brought on by a breakthrough program.

Lastly, the financing also assumes an additional $400 million in gap closing savings in the State and Federal actions. We hope to obtain this amount the DSRIP and IAFF Funding. We continue to work to secure the federal funding as a result of Hurricane Sandy. As you know, the corporation suffered a serious loss due to the storm. We experienced nearly $250 million in losses due to closure of Bellevue Hospital and Coney Island Hospital. On top of these losses, we need capital funding to offset the cost of repairs, and spending to prevent further storm-related closures.

We have submitted multiple applications to FEMA for relief. Specifically, we are seeking $137.5 million for reimbursement of emergency expenses incurred to restore the operations as quickly as possible at Bellevue, Coney Island, and Collin [sic]. Our facilities were severely impacted by Hurricane Sandy. To date, we have received $94 million in FEMA reimbursement through the City, as

well as an additional $87 million in capital funding from the City for the storm-related projects. We have made substantial progress with FEMA.

We resolved outstanding issues that receipt of these funds, which are intended for image stabilization [sic] and restoration of services. In addition, we are also seeking under FEMA 406 Hazard Mitigation Program to improve resiliency of our facilities that are most at risk for future storms. Specifically, we are seeking $35 million from FEMA for Coney Island Hospital to build a freestanding building on the hospital campus, which will be raised above the 500-year flood plain level to house ED, Imaging Services, and Surgical Services. This project will also include money for the hospital's power plant and other critical systems.

We are requesting $284 million from FEMA for Bellevue to build a raised ED, flood walls, and gates, new elevators, and raise other infrastructure out of the basement. We are also requesting $100 million for FEMA for Kohler[sic] to build a series of beams and walls, to raise the generator, and set up additional protection for the critical facilities first floor electrical system. And lastly, we are

also requesting $80 million from FEMA for Mental Partner [sic] Hospital to build a flood wall around the facility, and a pumping system for the removal of excess water.

Before I conclude, I want you to know that our Capital Budget remains largely the same since our Preliminary Hearings. Work was recently completed on several capital projects. This includes a new Emergency Department at both Harlem Hospital and Lincoln Medical and Mental Center in Bronx. At the Elmhurst Hospital In Queens, we opened a new Women's' Health Clinic, which expands access to prenatal care and comprehensive obstetrical services.

In addition, the City Council appropriated $2.5 in capital funding for the Financial Year 2014 and under the $2.5 million in the Financial Year 2015, to improved access to services for women with disabilities at our facilities. These fundings will be used to make renovations and purchase acute care [sic] and make examination rooms and bathrooms optimally accessible for patients -- for persons with disabilities in all hospitals, diagnostic treatment centers, and long-term care facilities.

The first phase of our preliminary design work including the cost estimates for the ten projects in eight facilities is nearly done. Over the budget -- once the budget is finalized, the work will begin at some of these facilities beginning this fall. We anticipate construction will be completed by the end of this calendar year. If the $2.5 million in capital funding for the Financial Year 2016 will be appropriated, we would like to find similar projects in other facilities where we can improve access for persons with disabilities.

We are very appreciative for the Council's investment. In particular, I would like to thank Council Members Arroyo and Council Member Ferreras for the leadership and dedication to ensure that women with disabilities receive the healthcare in respectful and appropriate settings. This concludes my recent testimony. I'm looking forward to listening to your comments, and answer your questions. Once again, thank you very much for this opportunity to testify before you today.

CHAIRPERSON FERRERAS: Thank you very much, Dr. Raju. I wanted to follow up on your deficit issue. HHC has projected a deficit, as you

mentioned in your statement, of $200 million for Fiscal 15, increasing to $1.4 billion. And as you mentioned throughout your statements on different opportunities to save money, it seems that it doesn't total -- doesn't bring us to $1.4 billion. So I can you walk me through the possibilities of perhaps consolidating services or more efficiencies that will get us to not necessarily be in this deficit?

MARLENE ZURACK: So the deficits that we cite are the above-the-line deficits. Okay, so we do have --

CHAIRPERSON FERRERAS: I'm sorry. Can you just state your name for the record?

MARLENE ZURACK: I apologize. I'm Marlene Zurack, the Corporate Chief Financial Officer. So, Chairwoman, the numbers that you cite are above-the-line deficits. So those are the deficits before we enact our actions. After the actions, we've actually presented a balanced plan throughout the course of the year, of the five years. So what's at issue is really our ability to achieve our plan. And the components of our plan are $200 million in HHC actions beginning in 2015, which grows to $400 million by the end of the plan, as well as

$400 million in federal actions each year, federal and state actions.

Dr. Raju identified that we're hopeful that most of the $400 million can come from DISRIP, which is the 1115 Waiver Funds, and that's a simple arithmetic. If we were to get the funds that we believe we deserve based on the volume of Medicaid, Medicaid HMO and uninsured patients that we treat, that that would, in fact, be a realistic number. So what's at issue is really the program that we have for ourselves, the $200 million growing to $400 million. And the $200 million is consisting of centralizing procurement, which we're hopeful we'll achieve $75 million, and we are well on our way to doing that. And we're hopeful that our very large spend on supplies can be leveraged if it's centralized and we can get high-volume discounts.

And then another $75 million in improved collections. Eighty-seven percent of the money in our budget comes from the money we collect ourselves through our Patient Accounts Department. So we have a robust program to improve collections. The rest will be an additional $50 million or through savings that we're hopeful we'll achieve each facility a time

through our Breakthrough Program or our Lean Program. So for the next upcoming fiscal year, we have the elements, over $200 million. We're hopeful that those initiatives will grow, and we'll identify new initiatives throughout the year. But if we do achieve our below-the-line items, we will be balanced.

CHAIRPERSON FERRERAS: So, in providing these options including very, and I would say aggressively looking at the restructuring for savings, is any of this tied into reduction in staff?

MARLENE ZURACK: We have achieved dramatic savings through attrition, and we have reduced 9% of our staff to date. We have not assumed additional staff reductions in the $200 million. It's through better supply pricing and better collections of revenue. I can't really speak to the more out years of the plan. Clearly, as we are embarking upon DISRIP, which is the $400 million a year in federal funds flowing through the state, we are going to be looking at creative partnerships, and all kinds of creative ways to identify savings, and to identify new revenue. But I don't believe that we're in a position at this moment to identify those.

Our planning is first due June 26th, and our actual application is due December 17th. And so, we'll be further along as we move through that process to be able to put a little color on those out years. But for the upcoming year, the relation and any staff implications for what's in our plan today

CHAIRPERSON FERRERAS: Okay. So we just need to keep a mental note of that so that you can update the Committee as we prepare for the next fiscal year.

MARLENE ZURACK: Sure.

CHAIRPERSON FERRERAS: I want to talk about -- I know that you talked about grants or opportunities on the state of federal level to help mitigate some of the fiscal impact that we will have. Can you speak to me about perhaps risk that we have if we don't get these state and federal grants, where does that put us?

MARLENE ZURACK: We have a number of risks to the plan. First of all, there is the risk of not getting the full $400 million in DISRIP, although we're working as diligently as we can to achieve those dollars and are hopeful that your partnership will help us along those lines.

Additional risks really relate to the federal budget, and there have been a number of items in the President's budget throughout the years that would result in additional cuts to HHC. I could go item by item, but I think that those are the biggest risks right now. Also, we've experienced declines in utilization. So when we come back to each plan, we're taking our revenue down to reflect that. So those continued declines are additional risks.

CHAIRPERSON FERRERAS: Can you get to this Committee as soon as possible the federal risks that you spoke of?

MARLENE ZURACK: Yeah, I have it.

CHAIRPERSON FERRERAS: We're establishing our federal agenda.

MARLENE ZURACK: [interposing] Sure.

CHAIRPERSON FERRERAS: And Council Members are going to be pushing this on the federal level. So we want to make sure that we have things that are --

MARLENE ZURACK: [interposing] We have it. Okay.

CHAIRPERSON FERRERAS: Great. So I'm going to ask two more questions before I give it over

to my colleagues, and then I'll come back for the second round. This is in reference to the Sexual Assault Response Teams. As a result of the Council's Advocacy, HHC's Sexual Assault Response Team, also known as SART, which provides state-of-the-art services survivors was based around Fiscal 2015. It is my understanding that the $1.3 million restored for HHC's Sexual Assault Response Team does not actually cover the cost of operating SART. What is the total cost of operating SART? How did HHC absorb the operating shortfall, and has HHC engaged in the current administration -- with the current administration in funding this shortfall?

MARLENE ZURACK: We actually have engaged with the current administration, and we're talking to them about an extra $1.5 million to cover all the costs.

CHAIRPERSON FERRERAS: Did you say extra $1.5 million?

MARLENE ZURACK: Yes, I did. $1.5 million.

CHAIRPERSON FERRERAS: Okay, and again we can't reiterate how important this is --

MARLENE ZURACK: [interposing] Yeah.

CHAIRPERSON FERRERAS: --that it was based on and how important this is to the Council. And with the work that we did, and I really appreciate, Dr. Raju, that you actually mentioned in your statement of Council Member Arroyo and myself, and this Council really. As a result of the Oversight Hearing on access to services for the disabled, HHC has been working with the Council to make sure that HHC facilities are more accessible to patients with disability. Can you -- I know that you mentioned it in your statement. How many facilities will be impacted by this funding, and what are the future plans? If you can talk to us about that. And just your name for the record, please.

JOHN JURENKO: So, good morning. My name is John Jurenko. I'm Senior Assistant Vice President for Intergovernmental Relations. Thank you for appropriating that money last year, those capital dollars. We have projects underway that we're taking a look at: Woodhull Hospital, Metropolitan Hospital, and North Central Bronx Hospital, Lincoln, CV-1 Staten Island, Cumberland Diagnostic and Treatment Center, Renaissance Diagnostic and Treatment, and Morrisania Diagnostic and Treatment Center. That

covers the $2.5 million in capital funds that are -- that's currently sitting in our budget. If the Council renews the additional $2.5 million for next fiscal year, then we would look at projects: Bellevue, Kings County, Harlem, Kohler [sp?], Jacobi, East New York, Baptist, Queens, and our long-term care facility, Dr. Susan McKinney. Thank you.

[Pause]

CHAIRPERSON FERRERAS: Okay. Thank you for the update. Again, we also urge you to reach out to the Administration, and see how they can partner with us because the Council loves to invest capital dollars. We also need to spend it at that rate, but also any time that we can partner with the Administration to cover the cost of that is greatly appreciated. I'm going to pass it over to my Chair, my Co-Chair Cohen.

CO-CHAIRPERSON COHEN: Good morning and thank you. Could I just follow up on something that Ferreras asked. Could you just briefly describe-- I found it counterintuitive that hospitals have barriers to the disabled. It just did not occur to me that that could possibly-- It seems that a hospital should be by definition would be accessible.

Could you just describe some of the barriers that exist?

[Pause]

DR. RAM RAJU: Just to understand your question correctly the barriers to seeking healthcare?

CO-CHAIRPERSON COHEN: Yes, the physical barriers.

DR. RAM RAJU: The physical barriers to having geographically convenient healthcare are so important because healthcare is not-- if it is not geographically accessible, then the healthcare does not really work as a part of it. So we in the Health and Hospital system apart from our hospitals, clinics, and the treatment diagnostic centers, as well as all of the partners in Metro Plus, all of the physicians that are taking Metro Plus, we've got a large healthcare access in the city.

But there are other --there are certain parts of the city that doesn't have any healthcare access especially with that. So we need to work with the other healthcare providers to create the access. It is really a god send that we got the DSRIP one. The DISRIP actually wants to do exactly what we are

trying to do for many years. Work with other partners and create healthcare access in geographically convenient for other folks so they can access healthcare without any physical impediment at all. That is a major part.

The second part of healthcare access is even though we open the connection, and we add them, we have to be culturally competent and leadership in the proper care at the beginning. Otherwise, healthcare access doesn't work. In other words, once a patient comes to the door, he or she needs to be understood and treated with the culture competency and language access. And I'm very proud to tell you that the Health and Hospital Corporation is a leader in that. We have really led the city in culture of competent care and linguistic competent care.

Because we are a very diverse hospital system. We have more than 176 languages spoken in our system. There is no system like this in the country. So those are some of the axis that we have to really work on and be able to do. And hopefully with the DISRIP, we are able to collaborate and cooperate with the different partnerships and create the healthcare access.

CO-CHAIRPERSON COHEN: Thank you. Regarding HHC Executive -- The budge included $1.5 million baseline funding for development of evaluation clinic operations at several HHC sites, which the Council has faithfully restored for several years. Can you describe a little bit of the purpose of these funds? What services are available at these sites? And how many patients are actually served at these sites? And is the baseline funding adequate for the operation of these services? And also, if there's any sort of customer service evaluation of people who get these services are satisfied with these services?

JOHN JURENKO: So thank you for the dollars that the Council has put back in, in years past. We have developmental evaluation clinics at several facilities around the city. These are designed to assess and develop a treatment plan for children who may have developmental disabilities. So this was a program that has been pegged in years past. The numbers vary by facility. Overall, it would be a couple of thousand children who would be affected. I can send you the stuff, the actual numbers when I get back to the office this afternoon.

But those dollars were based on, and one of the issues is that the cost of providing care never, you know, the reimbursement that we get never covers the cost. So, we do run a shortfall. I would have to get back to you on what those specifics are, but any additional funding would be welcome.

CO-CHAIRPERSON COHEN: Finally, HHC's budget reflects a $2.3 million decrease in the out years for AOT services. The Executive Budget reflects a reduction in the assisted outpatient treatment services for 2015 in the out years. What does this reduction related to, and will this impact services in New York City?

MARLENE ZURACK: So HHC had been providing those services on behalf of the New York City Department of Health and Mental Hygiene, and the department decided to do the program itself. So the staff was transferred, and so the dollars remained with the department. It shouldn't affect the services.

CO-CHAIRPERSON COHEN: Thank you.

CHAIRPERSON FERRERAS: Thank you, Chair, and we'll give it now to Chair Johnson.

CO-CHAIRPERSON JOHNSON: Thank you, Chair. Before I ask questions, I just want to recognize that we've been joined by the kids at Mazel Day School from Brighton Beach in Brooklyn. Welcome to the New York City Council, and I believe your council member is Council Member Deutsch. He is not on this committee, but I'm sure he sends his best. So thank you for being here. [applause] Welcome, yes. Thank you for your testimony.

I wanted to get back, and I believe Dr. Raju just said the DSRIP Funds in the Medicaid Waiver really is a godsend for HHC in a time of -- in a fiscally perilous time for the corporation. I understand as you laid out in your testimony that you must partner with certain providers in reaching the targets to receive the funds that are available under DSRIP. I was wondering if there were any initial providers that HHC has planned to partner up with in applying for this funding that you could tell us about.

DR. RAM RAJU: We have a large enough -- this is one of the most interesting actually, the most rewarding thing is that when we started putting applications we had an enormous amount of partners

who wanted to work with the Health and Hospital System or Corporation. So that's a great thing to do that. So we have a large number of partners we are working with, and we have a letter of intent identifying their names to an extent. Now, we have to find the projects, and who works with who and in which borough, and in which one of our hospitals. So we'll be happy to send you that list, the initial interest to partners who want to work with us. So we have really opened our doors. And we said anybody and everybody who wants to work with us, we want to really work with them as a part of it. But we need to figure out the projects and match the providers to be able to do that. And it includes hospital, federally qualified health centers, the local community. A lot of things. It includes a wide plethora of healthcare delivery systems.

CO-CHAIRPERSON JOHNSON: And we're talking about both providers and CBOs, community based organizations that you could partner with. So I think that's important for people to understand.

DR. RAM RAJU: Absolutely, that is -- that's a part of this whole DSRIP is involving the

community, and taking the healthcare to the community as opposed to the hospital-centric healthcare system.

CO-CHAIRPERSON JOHNSON: And the folks that you choose are incredibly important because you want to choose people who can actually do the job well to meet the targets to actually get the funding.

DR. RAM RAJU: [interposing] Yes.

CO-CHAIRPERSON JOHNSON: So they have to be both providers and community based organizations that really know what they're doing, and can meet the standards that are set out to receive the funding.

DR. RAM RAJU: Absolutely, correct. Yes.

CO-CHAIRPERSON JOHNSON: So I know that HHC, as you mentioned in your testimony, will be applying for Interim Access Assurance Funds, moving forward. When would you expect to receive those funds?

MARLENE ZURACK: So the application is actually due Friday at 3 o'clock, and the Department has not given us a precise date, the Department of Health, New York State. What they said is that around June 6th, but they reserve the right to take a little longer. They will let us know what the award is. Based on the application, the impression that

we're getting is that they're going to take the amount of the award and divide it by eleven and give it as a monthly award. But they haven't been precise about that, but that's how they're asking for the information.

CO-CHAIRPERSON JOHNSON: I apologize. You said that you think you could receive it by the middle of June?

MARLENE ZURACK: The Department said we could receive the amount of the award by the middle of June. And they're saying that we should --

CO-CHAIRPERSON JOHNSON: [interposing] That's the quickest government turnaround --

MARLENE ZURACK: [interposing] I know.

CO-CHAIRPERSON JOHNSON: -- I've ever heard of in my entire life.

MARLENE ZURACK: It does, in fact, and I invite you to go to the website. It does say "around." It does use the term "around June 6th." So I suspect it might be a little bit of delay, but I don't believe that we will get the full amount. I think that what they're going to do is divide it by eleven, and maybe give us one or two months' worth in June. But we've made it very clear to the State

Health Department that we have cash flow issues, and they've been very sympathetic, and they know the details of our cash flow issues.

CO-CHAIRPERSON JOHNSON: That's good news. Thank you. Dr. Raju, in your testimony you spoke at HHC's work and goal in reducing hospitalizations, which we know I think is the future of the healthcare system in New York City and nationally. And that's, of course, a major goal of the Medicaid Waiver, and why funds are being given out as part of DSRIP. What is HHC's comprehensive plan. If you could just touch on some of the cornerstones of the plan in reducing hospitalizations moving forward.

DR. RAM RAJU: Thank you for the question. I think the Health and Hospital System even before my prior stint in that we have concentrated on improving the quality and making sure to be clear what we call as a patient-centered medical homes where there's a comprehensive management of the people. The overall idea of that was to keep the patients healthier, and the preventive medicine is a major part of it. So that we were able to do that. So, the second part of is

that our -- reducing not necessarily admissions to the emergency departments in various systems, but able to reach up to the people, to be able to do that.

MARLENE ZURACK: We have implemented ED case management programs throughout our emergency departments, and we, hopefully through DSRIP, would expand it so that it's available all the time. And there are case managers that assist patients to get access to services outside the hospital. So that's one of our programs.

DR. RAM RAJU: I think the overall project if you manage the care, and care quality issues in case management, and you're able to really do the right things in the patients in a medical home the number of unnecessary hospitalizations will reduce. And we have actually invested in this a few years ago, and we have more than 180 -- If we have 35 patients in a medical home in our system, are we do the care -- core care -- the care coordination across the various elements of it. So, I think we're probably -- I think that we are really leading the city in a lot of those new administrative models. And this kind of helps us to do this on a DSRIP much

more -- we are much more confident and able to achieve this in DSRIP because we have an existing structure and a plan to do that.

CO-CHAIRPERSON JOHNSON: So just so I understand a bit more what you're saying is that people that are coming into HHC facilities whether it be any facility, what the goal is to make sure that they're not re-hospitalized in some ways by having case managers to follow up. And that in the future is going to significantly reduce costs on the corporation as a whole.

DR. RAM RAJU: That is correct.

MARLENE ZURACK: And I think another element is a program that we do upon discharge to educate patients, and make sure they get attached to after-care services. So that's at the ED at the point of discharge, and the most important, as Dr. Raju was saying, is primary care medical home.

CO-CHAIRPERSON JOHNSON: I have a question with regard to just our safety net hospitals generally in New York City. HHC, as you know, as you all know is incredibly important, and as you outlined in your testimony is really taking care of people who this is their primary entry, or their first entry

into the healthcare system. Undocumented folks, people that are on Medicaid, the real poor folks in New York City who really rely upon HHC. Can you speak a little bit about the role of safety net hospitals in New York specifically HHC given the major healthcare changes that we're going through. And HHC is adapting and staying sustainable with these changes happening currently?

DR. RAM RAJU: Let me give a global perspective. Then we can get into where it is. But globally, the healthcare delivery system for all these years, and council member, we talked about it. We always had a sick care system in our country. We basically had when people got sick, people got paid, and there's no incentive to keep people healthy for a long period of time. So that's completely changed, and also the model really thrives on competition. People competed with each other, and they're able to get the market share. So they're able to keep that. The whole thing has changed because Health and Hospital System always collaborated with the folks to do that. The safety net survival is extremely important to us because if the safety around one of our hospitals closes, usually Health and Hospital

takes the brunt of it as a part of it. So it is in our interest to make sure that segments survives in the new healthcare system. We want to collaborate with them in the DSRIP. So that we can be a part of making sure that they survive and thrive in the future healthcare model. And it also helps us to lead them into the healthcare delivery system so that they're never left behind. Because practically the whole model is based on purely a sick are model, and people learn how to play in the healthcare model so we are --

CO-CHAIRPERSON JOHNSON: [interposing] Sorry to interrupt, but I just want to give an example, which I think may speak to what you're discussing. In my district with the closure of Saint Vincent's, the very tragic closure of Saint Vincent's, what we heard was it was a cascading impact over to the East Side. And Uptown when Saint Vincent's closure. And that Bellevue actually saw a significant amount of spillover from Saint Vincent's cases given that Saint Vincent's was a level one trauma center that was eliminated, and Bellevue had to pick up the slack in some ways. Is that an example of this?

DR. RAM RAJU: That's a perfect example. I think that's what -- whenever the safety nets gets into trouble in our neighborhoods, the Health and Hospital System always bears the brunt of it. So it is our interest, and it is our strategic interest to make sure that the safety nets around us are viable and take care of patients as they need to take care of them.

CO-CHAIRPERSON JOHNSON: Thank you. I have one more question, and then I'm happy to go to my colleagues, and I'll come back for a second round as well. I'm very excited about the application for the FQHCs at the diagnostic centers. I wanted to understand when you think that would actually be approved? I know there's been a difficult regulatory process you've had to go through for approval. And what do you believe the impact will be with the designation of FQHC at these facilities?

JOHN JURENKO: Thank you, Council Member. There was a site visit that was conducted by the Federal Government, HRSA came at the end of March, and conducted their site visit. We had very good results from them, very good comments. A couple of areas that we needed to work on with our -- just

administrative, more ministerial issues. We are presuming that we could hearing something in June from them. It's been a long process so far. So maybe I'm being optimistic, but our hope is that this would be -- We would get positive news from them some time in June, and with that, with the additional funding. I think it's something like 25 to $30 million in additional funding that will support the operations for our diagnostic and treatment centers. Now, that's welcome funding, but we still run a deficit at those sites. So a little bit is -- every little bit counts, though.

CO-CHAIRPERSON JOHNSON: June looks like it's going to be a good month at HHC. We hope. Yes, knock on old wood. I'll give it back to the Chair.

CHAIRPERSON FERRERAS: Thank you, Chair Johnson. We have been joined by Council Member Crowley. We will now hear from Council Member Miller followed by Council Member Arroyo.

COUNCIL MEMBER MILLER: So, thank you, Madam Chair and Co-Chair Johnson, Cohen, and so good to hear from you again. We enjoyed the conversation that we had earlier. But to kind of follow up on that, over the past decade, the Borough of Queens had

lost about nine hospitals. None of -- not to be replaced as of yet. And with the advent of the Affordable Care, assuming that the rapid rise of the for-profit agent care centers are not the answer, what do you propose in terms of delivering services to these communities that are in need?

DR. RAM RAJU: Thank you, Council Member for that question. So, the idea is to create accessible healthcare for the people so they are able to connect to healthcare, which is committed to them. The hospital centric -- we should stop looking at hospitals as being the provider of the delivery system as opposed to moving the access point from the hospitals to communities, community-based organizations and we need to do that. And that's what DSRIP really allows us to do as a part of it. So we need to figure out where the needs are, and whom we should partner with to provide access to the communities. So this is an opportunity, a once in a lifetime opportunity for us to redesign the healthcare delivery system in New York City. And we should not waste it because this is an opportunity to do that. So I agree with you. When the hospitals close, there's a huge impact on the people in the

neighborhood because we have delivered -- We have cleared the system, the healthcare delivery system purely through the hospital system. That is why all this happening. If we had really delivered -- we delivered the healthcare delivery system through the community based networks then it will not have this kind of impact. But we will try our best in the new things and the new DSRIP to make sure the healthcare is accessible, and it is available to people in the different communities.

COUNCIL MEMBER MILLER: Okay, thank you. So, to kind of get back to the budget piece. In terms of the upcoming labor agreements, what impact do you think that they will have on the budget as we move forward?

MARLENE ZURACK: SO, we're still clearly in the middle of discussions with our unions, and we really don't know what the impact will be at this moment. We're working very closely with the City, and we're very optimistic that things will progress in a way that will be satisfactory to both sides.

COUNCIL MEMBER MILLER: Give the pattern that has been thus far set, and I'm assuming that we're anticipating that the rest of the agencies,

including HHC will be a part of that pattern. I think that we should have some idea of what that would look like. (coughs) Excuse me. And if you do, would that allow you to move forward, and without really impacting the upcoming budget.

MARLENE ZURACK: I would beg the indulgence of the Committee to allow us to come back to you. Because so much is still under discussion that while we did calculate if you had the UFT pattern, but it would just muddy the waters at this moment. We're feeling really good about how this is going to turn out, and we're happy to do a complete and thorough briefing once we know.

COUNCIL MEMBER MILLER: That's encouraging to hear. I was having difficulty locating your contracts online or anywhere else. (coughs) Excuse me. Obviously, you guys have as many contracts out as anyone, and for a number of reasons. Number one being the Chair of Civil Service and Labor, I want to see the impact on the workforce, to being a former union president, and want to know the numbers in terms of the overview of the workforce and the impact on those outside contracts moving forward. In particular, are they oversight? (coughs) Excuse

me. Making sure that they are responsible contracts, and doing what they are supposed to do.

MARLENE ZURACK: Are you referring to the Collective Bargaining Agreements or to other contracts? Your question is referring to Collective Bargaining Agreements?

COUNCIL MEMBER MILLER: No, it's --

MARLENE ZURACK: [interposing] Oh.

COUNCIL MEMBER MILLER: --it's the contract, the work that has been formed, which is traditionally HHC work.

MARLENE ZURACK: Okay, so we could get you that.

DR. RAM RAJU: Yeah, we can get you that. Overall, I cannot agree with you. But the service could be performed by our employees, and we're able to train them better to do -- perform services. We should do that, and I think we want to weigh everything. And the most important what you talked about is that vendor management is something which is very near to my heart. Making sure the vendors perform, and that they're held accountable to specific sets of measurements, and making sure they perform at that level is so important to me. So I

believe every intent that we are enforcing that with their contracts.

COUNCIL MEMBER MILLER: Okay, thank you, and I will send you something, and you could direct me where I could find those contracts.

DR. RAM RAJU: I'm happy to do that. Thank you.

COUNCIL MEMBER MILLER: Thank you so much for your time.

CHAIRPERSON FERRERAS: Thank you, Council Member. We will now have Council Member Arroyo followed by Council Member Crowley.

COUNCIL MEMBER ARROYO: Thank you, Madam Chair. Thank you to the Co-Chairs. Dr. Raju, welcome back.

DR. RAM RAJU: Thank you.

COUNCIL MEMBER ARROYO: I'd like to say we missed you, but I didn't know that you were in Chicago, but welcome. I have four questions and five minutes. So I'm going to pose the questions first, and take some notes. Okay, on the Federally Qualified Health Center question, there was a visit. There were issues that were raised, quality issues. The funding that the corporation received for the Women's

Health Suite, and making sure that they're accessible. You mentioned an allocation in 2016. Did you request that allocation from the City Council and your affiliate contracts? You don't speak about your affiliate contracts, and I met recently with PAGNY, the Physicians Affiliate Group NY, six hospitals. How much does that cost? When are the next five hospitals coming on board? Your turn.

DR. RAM RAJU: Thank you. I'll answer your first question. First you'll start with HHC, and John.

MARLENE ZURACK: John, do you want me do to it or you do it? Okay. So the issues for the FQHC had to do with our sliding fee scale, which is more generous than a typical FQHC, which we have a response to. The way in which we do financial reporting it's more centralized than they wanted. So we are going to do what they want, and specifically the authority of the Board of Gotham, which I think we've solved for them. So those are the FQHC issues. So the next question is yours I guess.

JOHN JURENKO: So Council Member --

COUNCIL MEMBER ARROYO: Capital funding that you requested --

JOHN JURENKO: [interposing] With the, uh --

COUNCIL MEMBER ARROYO: It would be the 25 for 2016.

JOHN JURENKO: So the capital funding that I was referencing was last year when the Council appropriated $5 million for the project, you split it $2-1/2 million and $2-1/2 million next year. Those dollars are in the budget currently. You just need to re-appropriate them.

COUNCIL MEMBER ARROYO: But Dr. Raju specifically referenced Fiscal Year '16.

[background conversation]

JOHN JURENKO: So that's my mistake. That should have been --

COUNCIL MEMBER ARROYO: [interposing] I understand. That year is '15.

JOHN JURENKO: -- that should have been Fiscal Year.

COUNCIL MEMBER ARROYO: Okay, so you're looking for the same $2.5 million.

JOHN JURENKO: Yes, with those -- with that additional $2-1/2 million, we can work on those additional sites.

COUNCIL MEMBER ARROYO: Affiliates contracts.

DR. RAM RAJU: Overall, for all the healthcare transformation and delivery system reforms, we need to have physicians completely linked with the overall goal of the organization. So a few years ago when I was here, we started putting the forces together. So that we are -- The other time the Affordable Care organizations coming up, and the President just got elected the first term, and then we felt that we need to really have a much better control of the physician workforce.

When I was Chief Medical Officer of the corporation, if you want to do anything, you have to talk to eight different, nine different ideas. And we have to get an accurate agreement with everybody to get anything done. So that's why we started the PAGNY. The PAGNY only consists of these, and we still have affiliation with Mount Sinai, and we are in affiliation with the NYU as a part of it. So we extended all of the contracts for one year, and we are basically coming up with new productivity model, new performance indicators as a part of it so that

everybody is relying on the same page able to achieve the things we want to achieve for the organization.

So all contracts are distributed one year during the time. We have some data on the productivity, and awareness levels, and also how the workforce needs to be restructured, the physician workforce needs to be done. And that is the reason why we extended the contract one year. And next we'll have a company sort of standardized, a standardized way of doing affiliation agreements with everybody else. So the other -- the next question if I understand correctly is that when do you think the other people come into PAGNY?

COUNCIL MEMBER ARROYO: Yeah.

DR. RAM RAJU: Right. That is something we are -- we need to really negotiate and see where we are because of the fact that Bellevue-NYU relationship has been there for many years. And we need to figure out which portions of it need to come into PAGNY, and which ones should remain. Because it has got implications on the residency programs. Because most of the residents are trained, which are NYU residents trained there. So we have to really do this much more carefully than we have done with Coney

Island. Because it's not about the residency program involved in this.

COUNCIL MEMBER ARROYO: So would it be unreasonable to expect that all eleven hospitals will go under the Affiliation Contract with PAGNY?

DR. RAM RAJU: Provided that if it -- once it makes sense, and provided if the people cannot match up with the Standard Performance Indicators. If that place was not able to manage it, yes it would be.

COUNCIL MEMBER ARROYO: Thank you, Madam Chair.

CHAIRPERSON FERRERAS: Thank you, Council Member Arroyo. We will now hear from Council Member Crowley, We've been joined by Council Member Barron.

COUNCIL MEMBER CROWLEY: Good morning. Thank you to our chairs.

CO-CHAIRPERSON JOHNSON: Good morning.

COUNCIL MEMBER CROWLEY: I want to follow up on a question that Chairperson Julissa Ferreras asked about the Sexual Assault Initiative. I was surprised that there just isn't enough money in the budget right now to support the needs of the program. Can you tell us what happens when there isn't enough

money? Does the hospital eat up the costs or do people just not get served?

MARLENE ZURACK: We've been covering the cost. HHC has been covering the cost.

COUNCIL MEMBER CROWLEY: Now, also in regards to women's health, a sexual assault could happen to either to either or female. It could happen to anyone, but in particular to women's health our city last year the statistics showed that our city has an alarming rate of maternal mortality, and it's compared to many third world countries. And I know in my district there are a number of women who do not have access to healthcare, do not regularly see a female gynecologist, obstetrician. And it affects the whole family's healthcare. How could HHC do more to make sure that people have better access to healthcare in their communities and don't have to travel too far to get it?

DR. RAM RAJU: I think that access to GYN healthcare is also an important issue. You are absolutely correct. They should not be every -- We should strive for a zero women mortality rate in this country because shouldn't die of child birth as part of it. But with DSRIP what we talked about the

Council is going to help us to create those access points with the proper providers in the various areas. So that we're able to work with them, and be funded by the federal government funding.

So we have -- finally we have some funding available, and we need to be extremely strategic about how do you want to create and use the funding to create more access in the areas where there is no access? So we have to be careful. That's why the DSRIP is so important with the partners and the providers. We cannot just put more money in the areas where there are already good programs in there. Because the idea is to create programs in the areas where there's no programs. So the people have to do that.

So that kind of discussions are there as opposed to what the role of the corporation is. We see ourselves as a leader of the transformation system, and we want to work with the other providers and lead them in the transformation. And we look at our role as the leaders who are able to do that. Because we have the largest public health system in the country, and we are the biggest provider of

healthcare in New York City. So if we don't lead, who will lead? So we need to lead.

COUNCIL MEMBER CROWLEY: How much funding did you receive from the federal government for this project, and how soon do you see these changes taking shape?

DR. RAM RAJU: The total amount of money, which is given of DSRIP statewide is $8 million, and we don't know exactly how much we're going to get. But we are really going to put some good programs and good partners so that we can get a proportion of money for us.

COUNCIL MEMBER CROWLEY: Give us an example of a program, and how soon you could build the program and implement it.

DR. RAM RAJU: I can give you the list of programs and be able to do them. So behavioral health is a big issue. If you would like to partner with community groups and other providers, other healthcare hospitals to provide that as a part of it. You know, giving the home care, and able to give community-based services is an important aspect of it. Some of the preventive measures we do on the

substance abuse side, HIV is a major portion we are led to think.

So there are a lot of projects, which are available, which we will choose depending on what is needed in the community. If the community needs GYN services, then we should really collaborate with somebody. If other services, if they got a really high smoking rate, we will work to reduce the smoking rate. If a high -- if one community has got a high HIV rate then we will try and do that. So it's depending on what is needed in the community as opposed to we decide this is a project we're going to do, and then everybody kind of fits into that. So that's what we should do.

COUNCIL MEMBER CROWLEY: Okay, thank you. No further questions.

CHAIRPERSON FERRERAS: Thank you Council Member Crowley. We will not have Council Member Barron.

COUNCIL MEMBER BARRON: Thank you Madam Chair and Co-Chairs that are here. I want to thank the panel for coming to provide us with information that we need to make sure that we can do all that we can to have a health system that addresses the needs

that the citizens and residents of New York face. We know there's a large disparity in healthcare in low income communities, communities of color. And we know that there has been a proposal for outsourcing for dialysis. And I wanted to know what was your position, and what is the status of that program. Because there were questions as to whether or not the services that were being rendered for outsourcing would be of the quality that is presently being given. And also the issue of jobs. So if you can answer that, and then I have two other questions.

DR. RAM RAJU: Thank you very much for the question, council member. We entered the post for this joint venture for the foreseeable future. Because I just came in. There were some questions raised by our neighbor partners regarding the quality of the program, what the issues are. So I needed some time to look through the quality in making sure at the end of the day quality is everything. So we need to look not at that. So, it was supposed to be on the agenda this month, in the state agenda approving. We pulled it out. I need time to think it over, and say what is needed and assess the

quality and then I'll be able to come back to you with an answer.

COUNCIL MEMBER BARRON: What are the financial differences between outsourcing, and doing it presently as it's done?

DR. RAM RAJU: Well, from my perspective I view this purely as an access issue because for a $7 billion corporation, when the finances are like a couple million dollars it not going to make that big a difference. For me, the most important thing is that that's a right point that disparity in healthcare is a big issue for me. And especially people of color, people with low socio-economic conditions in this country do no get adequate access to care. The reason was we cannot provide dialysis care for everybody who comes to us. But we have to really find adequate access for them, and as you probably know, some of the people will not get access.

If they're undocumented, immigrants in the system, then naturally they don't get access anyway. So we have to really figure out how to create more access. So I view this impact program purely as an access program as opposed to being

financially -- either it makes money, or loses money, or saves money. That is not my intention looking at it. So I will look at the program purely from an access perspective. Make sure that whoever you want to be with, whether you want to do it inside or outside, the quality which we give is absolute. Because there are the most vulnerable people.

If we do get dialysis, if they don't get it correctly there is no way to do it. They die because that's what happens. It's not like taking care of a common cold. You know, you've got another chance tomorrow to do something, if you don't do that. So I will do the complete. I was briefed on that, but I want to make my own decision on that, and I want to be looking at it from access perspective, and then I will definitely get back to you. Thank you for the question.

COUNCIL MEMBER BARRON: Thank you, and you'll be looking at the labor partners as well, won't you.

DR. RAM RAJU: Of course. This is a role --

COUNCIL MEMBER BARRON: [interposing] And secondly--

DR. RAM RAJU: --of working over there.

COUNCIL MEMBER BARRON: Thank you. Secondly, the issue of hepatitis is one that again is disparate -- there's a disparity -- a number of cases in our community, Black of Latino communities, Asian communities also. What is the Department's position in terms of addressing that issue? Do you have any plans or projects or programs that you're considering to address educating, treating, and getting better results for Hepatitis.

DR. RAM RAJU: Thank you.

JOHN JURENKO: Thank you for the question, Council Member. We are indeed working with the Department and also with an outside company on ways that we could educate, treat, prevent Hepatitis B and C. We have a proposal that we've shared with the Council. I think the funding would be about two or two and a half million for Hep C. It would be modeled along lines of rapid HIV testing expansion for something that we did a few years ago that was very successful. We're looking for partners with the Council. It's something that very much needs to be done. The Council has had a couple of hearings of Hepatitis-C over the last couple of years, and it's

growing issue and it's a growing concern. It's something that we're definitely going to look at.

COUNCIL MEMBER BARRON: And just following my last few minutes. Regarding the disproportionate share of hospital funding, I see that it's been decreased again this year. Can you just talk briefly about how that factor, how that funding is determined? Why it's different for different areas? Again, Black and Latino areas often times don't get the same rate as other areas.

MARLENE ZURACK: So Disproportionate Share Funding is matching funding created by the federal government to match Medicaid dollars for the treatment of the uninsured, and also to cover the losses when Medicaid doesn't pay enough. Because there are certain providers like HHC that see large percentages of Medicaid that are uninsured. At HHC 80% of our patients are either Medicaid, Medicaid HMO or uninsured. So if our Medicaid rates are 70% of costs, we're in trouble. So Disproportionate Share Funding is intended to help hospitals just like ours. The State gets an allocation of Disproportionate Share Funding.

That allocation was equal to the lesser of 12% of its Medicaid budget or a dollar specific amount that was grandfathered in about 15 years ago with an annual inflation. Disproportionate Share dollars are used to fund certain State hospitals, as well as county hospitals, as well as HHC through -- it's called the Dish Max Program [sic] or the Intergovernmental Transfer Program. In addition, about a billion one of the Disproportionate Share Dollars in New State or about a third go into a pool for all hospitals. Out that, $140 million go to public, and the rest go to academic medical centers, safety net hospitals, and the like throughout the state.

And, in fact, most hospitals get a little bit of money regardless of how little uninsured care they provide. So one of the major issues affecting HHC is the fact that the Affordable Care Act, the federal act that created the exchanges, created the exchanges by cutting Disproportionate Share Funding in half. When that cut takes effect, the big portion of that in our Fiscal '18 or '19, although there were smaller portions along the way, and that's why you see the diminution of that funding.

One of the concerns we have at the Health and Hospitals Corporation is when the State has to implement its cut? When the federal government cuts the State, how will it implement that cut? Will it continue to provide a little bit of funding to every hospital in New York regardless of whether or not they really provide significant care to the uninsured. And that addresses your disparities question head on. Or are they going to tailor it so that it's for the hospitals like HHC with 80% Medical and uninsured that have a true open door policy as it relates to all New Yorkers.

DR. RAM RAJU: You know, in addition to that, I always maintain that Disproportionate Share is actually disproportionately funding given to people. So it's not actually based on anything. So they're having a new formula, which they are trying to figure out how to do that. And then we have to really be on the top of it making sure the Disproportionate share goes to people who provide care, not to people who are not providing charity care. So thank you for the question, and it gives us an opportunity to kind of state that very clearly in this meeting. So we need to work towards that.

COUNCIL MEMBER BARRON: Thank you.

CHAIRPERSON FERRERAS: Thank you, Council Member Barron. We will now hear from Council Member Mendez.

COUNCIL MEMBER MENDEZ: Thank you, Madam Chair. Mr. President, my question is based on the Restructuring Plan. Is HHC thinking about doing any other privatization or consolidation of services, and if so, what would those services be or what services are you looking at this point?

DR. RAM RAJU: I'm not looking at any more services. Whatever is done there, and whatever is already be joint ventured outside is continuing. I'm not planning to do anything more than that at the present time.

COUNCIL MEMBER MENDEZ: At the present time meaning for this specific year?

DR. RAM RAJU: No, this is a year because we are facing from all of the years there are a lot deficit concerns. I hope as my CFO told that we are trying to manage it by getting more revenue in the system. Not by what you call outsourcing or joint ventures outside. But at the present time we have no intentions of doing that, but the problem is that two

or three years down the line, we have a huge gap or deficit, then we will come back to you and then we will talk about it.

So I just don't want to be -- absolutely say there is absolutely nothing there for the next, you know, 20 years. I can't do that. That's being irresponsible for me to do. But whatever we have done, we will go ahead, and we finish with that. I'm not coming in with any fresh ideas of what I need to outsource at the present time. My idea is to input the -- get more market share, input the revenue so that we can keep the system intact as we got it today on the savings and supplies. That's what we're talking about. [sic]

COUNCIL MEMBER MENDEZ: Okay, thank you.

CHAIRPERSON FERRERAS: Thank you, Council Member Mendez. Dr. Raju, I'm going to ask a capital question in reference to one of the challenges that we face. Or I would like to better understand how you envision your engagement when it comes to capital requests. An example is in my district I have Elmhurst Hospital, which, you know, unfortunately we're human. We have to visit the emergency room every now and then. Elmhurst Hospital has a very

particular case where we also have the patients from Rikers.

So it's a small emergency room with a lot of use. The Rikers detain prisoners right next to you while you're getting service. It just seems -- and we're talking about improving quality of service. When I'm there getting emergency treatment trying to figure out what's going on with me or a loved one, and to have to have a Rikers detainee going crazy, which is actually what happened in my case, right next to me, I think it says something to quality. My question here, and how I tie this back into capital is if it's obvious that emergency rooms need to be expanded that there's capital investments that need to be done from an HHC perspective, the corporation usually comes to the Council, and asks for budget -- or asks for a budget request or a capital request.

I feel like I have to shoulder an emergency room expansion. Where I believe if this hospital in particular and I'm sure that many other hospitals within the city deserve capital expansion. So how do you engage with the administration? How do you prioritize a capital request. And I would hate

that because we can't put in $2 million or $3 million that the project sits there.

DR. RAM RAJU: Right, and I -- So let's address it. I have Mr. Martin who is not just an Elmhurst issue because we do have some maybe good news on that. So we will let you know.

CHAIRPERSON FERRERAS: Okay, we like good news. All right.

DR. RAM RAJU: But overall, as we transform the healthcare delivery system to DSRIP, DSRIP money is not for capital expenses. So the question would be as we transform it, we are to put capital into that. Apart from the capital, what we do is we also issue bonds, and we basically raise money to do more of the capital projects in the corporation. So that's where we make in the corporation capital projects. So, we're only doing this as we -- as we look into that. I wanted to create the healthcare delivery system with it capitalized on the capital projects so the future of access looks good.

As opposed to developing silos of central excellence all over the place, and then you have great care right here, but if you go two miles away

from it, and you can't get any care. So I just don't want to create a system like that. So, we have to be strategic with capital development, where we want to do what we do, right, and the places where we do that. The second point I want to make is the only way we can create a market share for Health and Hospital, we have to work on the patient experience of care. You have to feel. It's not really any more quality is given in this.

You're supposed to get quality. Nobody cannot have quality care. That is something that every hospital system does that. So we as a system need to make sure the experience of care is there, and what we explain hit works out is going to be a problem. So we also got in the New York Budget, this budget is going to $1.2 billion. The State Budget has got the capital dollars. So we hopefully will try to get something. And any help you can give, the Council can give to get that is very important. Because we are the ultimate. We are the safety net. Actually, we are the safety net for safety nets.

CHAIRPERSON FERRERAS: Right.

DR. RAM RAJU: We have all of the safety for all the safety nets. We are basically the safety

net for all of the safety nets around us. So I think we will work closely with you, and with regard to Elmhurst, I will give it to Mr. Martin, and he can talk about it.*

ANTONIO MARTIN: Good morning. My name is Antonio Martin. I'm the Chief Operating Officer for Health and Hospitals Corporation, and we do have some good news with Elmhurst. We will be expanding their emergency room. You know, unfortunately, Elmhurst is land locked. If you think about it, there really isn't a lot of space where you can expand that to. But Chris Constantino has provided me with a very creative design that we have committed to support and fund.

CHAIRPERSON FERRERAS: Well, that is fantastic news, and Chris is an amazing director there and just does a great job. So thank you for that. I wasn't expecting such great results. Dr. Raju, you are great.

DR. RAM RAJU: It was not before I came here. [laughs] I can't afford to let him go. [sic]

CHAIRPERSON FERRERAS: I know, I know, I know, I know, but thank you for your team, and for keeping that as a priority, which is very -- But,

you know, as we move forward I know there are other hospitals in my colleagues' districts and we'd like to see also prioritizing projects such as this. We are going to go to a second round of three minutes. Council Member Barron, and we've been joined by Council Member Rodriguez.

COUNCIL MEMBER BARRON: Thank you, Madam Chair. The question that was asked about inmates from Rikers, brought another question to mind for me. Council Member Crawley, Council Member Dromm and perhaps one or two others, and I went to visit Rikers Island. And we looked at one of the units -- segregation units that they had for inmates who have been diagnosed with having mental disorders. I believe there were 40. Perhaps Council Member Crawley would have the numbers better. There may have been 40. I want to ask, Oh, that's great. How many are on the wait list?

I was told there was about 700 on the wait list of persons who they believed to have had some mental problems, challenges, and needed to be in that unit but were not. They posed the question to us. They posed a situation that's challenging to them because they're not trained medically to deal

with that issue. And they're not entitled to know anyone's diagnosis to have that be a part of how they treat the inmates. So it presents a very serious problem. So I wanted to know what can be done to get the diagnosis done in a more timely fashion, and what kind of assistance can be sent to Rikers so that the properly trained personnel are there to deal with those inmates?

DR. RAM RAJU: I'm sure, Council Member -- Thanks for the question. I'm sure you realize that the care of the inmates is actually provided by the Department of Free Health and not by Health and Hospital Corporation. We provide the in-patient emissions and in-patient -- We give some specialty care to the inmates when they need it. So we are cleared by the Access Board to Elmhurst for the prisoners as well as the Board of Bellevue. So this is a better question for the Department of Health folks to look into that.

But the point you touched upon, is something which is a bigger point. The point is that do you have enough mental health access available, and especially the prisons system. Because if they don't give them access, people get -- they get out of

prison. They act, right, because of mental illness, and they get re-arrested again. So the recidivism is a big problem, people doing mental health. So we have to really figure out how to do that in a much more global way. But I am willing to offer my help or suggestions to the Department of Health in order to see what we can do with that. But they are probably better equipped to talk about those things.

CHAIRPERSON FERRERAS: Thank you, Council Member Barron. Council Member Crowley.

COUNCIL MEMBER CROWLEY: Good afternoon, and I want to thank Council Member Barron for bringing the topic up of the health of inmates of Rikers Island. And I understand that once they're an inmate on Rikers Island, they're no longer under your jurisdiction. However, there are too many inmates going to Rikers Island to begin with, which is a problem. It's a problem and another point, but that's okay. So, it's a problem when they leave, and it's a problem before they even get into the population. For a long time they just don't make bail for a crime that was non-violent. Unfortunately, then they lose their healthcare when

they move into the Island. Then they're taken care of by the Department of Health.

But it's really subcontracted out. And as Council Member Barron said, there are just not enough providers to provide the service that is needed. But the problem is much larger than what happens there. That I really encourage HHC to get more involved in because there are inmates that shouldn't be going to Bellevue, or going to a hospital before they're taken to the island. Forty percent of the inmates on the island are diagnosed with some type of mental health need. And so, we're going to have a hearing on June 12th with the Department of Health, but in the meantime I do hope that HHC does more. Because these are New Yorkers that need a contiuum of care before they get in, and once they get out. Thank you.

CHAIRPERSON FERRERAS: Thank you, Council Member Crowley. Chair Johnson.

CO-CHAIRPERSON JOHNSON: Sure. I have a few questions, and I'll go quickly because I actually don't think they're that detailed, but things that we've talked about within February at an oversight hearing on the Road Ahead Plan and then the

Preliminary Budget Hearing as well. I want to see if you would give us an update. Your predecessor discussed HHC's plan on reopening the Labor and Delivery Services Unit at North Central Bronx. If you could just update us where we are on that.

DR. RAM RAJU: It is progressing well. We have it started. We can give you the spreadsheet we've got, how many people we have hired. We still have to hire some more nurse, and they're mostly -- We'll be ready to open very shortly as soon as we get all the personnel in place, and make sure there are trained correctly. Then we'll be able to do that. I just want to tell you there is a lot of progress on this front, and we will be able to give that to you. The unfilled positions right now in North Bronx is eight physician assistants, four midwives, and three physicians. Initially, we started with 13 physicians. We have hired 10 physicians, 12 midwives, two physician assistants, and two to three nurses so far. So we are progressing much more faster. So hopefully, we should be able to reach the goal of opening all of these services back again there.

MALE SPEAKER: [off mic]

DR. RAM RAJU: We are also refurbishing all the units so to make it more, you know, kind of nicer for the people to go there.

DOUGLAS JOHNSON: So what's the projected date of it reopening?

MALE SPEAKER: [off mic]

DR. RAM RAJU: It's still August.

CO-CHAIRPERSON JOHNSON: August. Thank you very much. If you could update us on -- I know there was talk earlier about cost containment and also outstanding issues related to temporary savings on fringe benefits due to pensions, which are expected to increase potentially due to labor settlements. If you could just discuss the outstanding labor contracts, and the potential impact of HHC's finances as we move forward.

MARLENE ZURACK: So, as you know, we're very engaged in conversations with our unions. And I think this question was asked a little bit earlier. We are so excited about the progress we've made that I actually asked the Council if we could defer this briefing until we've had a couple more weeks going. Because we might be able to give you much better information than we could give you right now.

CO-CHAIRPERSON JOHNSON: Okay. Thank you. I appreciate that, and then lastly Article 6 Funding projected potential loss of $3.8 million to HHC. It could be even higher. Could you describe how this loss may impact and affect services, and if there's any date on Article 6 Funding.

MARLENE ZURACK: Are you referring tot he loss in the State Budget--

CO-CHAIRPERSON JOHNSON: [interposing] Yes.

MARLENE ZURACK: --from last year? Okay, so we actually lost it. We were unable to get it back. We were hopeful that there would be other things we could claim, and we couldn't. So we had to absorb the loss.

DOUGLAS JOHNSON: Thank you.

CHAIRPERSON FERRERAS: Thank you, Chair Johnson. Thank you again, Dr. Raju. Congratulations and to your entire team. We look forward to working with you as we move forward. There may be some questions that this Committee wasn't able to get them. We're going to get them to you, and hopefully you can get them to us expeditiously so that we can use them as part of our negotiations.

DR. RAM RAJU: Thank you, Madam Chair, for this opportunity. I'm looking forward to working with you and the Committee. Thank you.

CHAIRPERSON FERRERAS: Thank you very much. We are going to take a three-minute break before we bring in the Health and Hospitals. Thank you. That's the Department of Health.

[Pause]

CHAIRPERSON FERRERAS: We will now resume the City's Council Hearing on the Mayor's Executive Budget FY2015. The Finance Committee, the Committee on Health, and the Committee on Mental Health and Developmental Disability, Alcoholism, Substance Abuse and Disability Services have just her from the Health and Hospital Corporation. We will now hear from the Department of Health and Mental Hygiene. In the interest of time, I will forego and opening statement and turn the mic over to my Co-Chairs for a statement. Co-Chair Johnson and Co-Chair Cohen have joined us.

CO-CHAIRPERSON JOHNSON: Thank you. Thank you Chair Ferreras. This portion of the hearing focuses on the Fiscal 2015 Executive Budget for the Department of Health and Mental Hygiene.

DOHMH's overall 2015 Expense Budget totals $1.39 billion, an increase of about $19 million as compared to the Fiscal 2014 adopted budget. Their budget includes $27.2 million of new needs, which includes $6 million in anti-gun violence monies. $611,000 for attacking rat reservoirs; $3.3 million for the Center for Health Equity; $8.7 million for Correctional Health; $291,000 for food safety and hand-held devices; $3.3 million for maternal and reproductive health; and $2 million in spending to cover the City's portion of the World Trade Center's Zadroga Act.

The Department poses to spend $781 million on public health related services in Fiscal Year 2015, which his $1 million less than the budget at adoption for Fiscal Year 2014. I would start off by stating this committee is pleased to see that Executive Budget includes $6 million in new spending for anti-gun violence initiative, which the Council called for in our Preliminary Budget Response. The Committee looks forward to hearing how the Council and DOHMH can work together on ensuring success of this innovative model to prevent and respond to gun violence. Additionally, the Committee looks forward

to update on state and federal actions like the Article 6 Funding and Ryan White Reductions, which may negatively impact public health programs. DOMH's vision for community health as it relates to preventable chronic conditions. We'll hear from Commissioner Dr. Mary Bassett. I'd like to turn the mic over to my Co-Chair of the Health Committee Council Member Cohen for his statement.

COUNCIL MEMBER COHEN: Thank you, Chair Johnson and Chair Ferreras. This portion of the hearing focuses on the Fiscal 2015 Executive Budget for the Department of Health and Mental Hygiene. The department proposes to spend $544 million on mental hygiene related services in 2015, which is $13 million more than the budget at adoption in for Fiscal 2014. During our Preliminary Budget hearing we heard from the Department of Health about the City's involvement in the establishment of HARPS or Health and Recovery Plans; overdoses related to opioids, and heroin, and the treatment of inmates with mental health disorders.

The Committee would like to hear on the progress of these matters and any budgetary concerns associated with them. Additionally, the Committee

looks forward to an update on State and Federal actions on behavioral health, which may impact the mental health programming in New York City. We will not hear from Commissioner Dr. Mary Bassett.

COMMISSIONER BASSETT: Thank you, and good afternoon Chairpersons Johnson, Ferreras, Cohen and members of the committee. I'm Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene. Dr. Hillary Kunins is the Acting Executive Deputy Commissioner for the Department's Division of Mental Hygiene joins me to answer questions related to mental hygiene. I thank you for the opportunity to testify on our Executive Budget for Fiscal Year 2015. As you know, the Department is responsible for protecting and promoting the physical and mental health of all New Yorkers. It has been gratifying to begin implementing the Administration's vision for a healthier city.

Before I go any further, I'd like to take a moment to introduce a key individual who has just rejoined the department, Dr. Oxiris Barbot seated to my left, First Deputy Commissioner. He spent the last four years of the Commissioner of the Baltimore

City Health Department. In Baltimore, Dr. Barbot developed technology initiatives to improve health outcomes and increase efficiency. She was the architect of the City's Healthy Baltimore 2015 Health Policy Agenda, a plan focused on promoting health equity. During her tenure, Baltimore saw significant improvements in areas including infant mortality, HIV transmission, youth homicide, and life expectancy.

She previously served as Medical Director of the Office of School Health here at the Department, and before that was Chief of Pediatrics, Division and Community Health at Unity Healthcare, Inc. in Washington, D.C. Dr. Barbot is a native New Yorker. She's originally from the Bronx, a fluent Spanish speaker and with no apologies to the Mayor and New York Yankees. Please join me in welcoming Dr. Barbot back to the nation's premier urban health department. I now want to update you about some initiatives and programs that my staff and I have been working on.

In February, two initial cases of measles were identified by the Department. Between then and early May, 26 cases were identified in total, and a substantial interagency response was undertaken to

combat an outbreak of measles here in New York City. My staff rapidly confirmed these cases based on diagnostic testing, and identified those who were exposed. Because this disease is now uncommon in the United States, there were some delays in its initial recognition by healthcare providers. The Department worked to build awareness in partnership with hospitals and other provider through a series of health alerts with a swift and appropriate response to suspected cases.

This led to an increase in reports, helped to strategically shape and target our response efforts, and quickly implement control measures to minimize transmission. Providers were also advised to ensure that all eligible patients were vaccinated, particularly those residing in affected areas. This outbreak illustrates the value of a strong vaccination program linked to our robust immunization registry plus coordination with the medical community and proactive communication. All essential tools of an emergency response.

Our mental health initiatives at the Department include Court Based-Intervention and Resource Teams, known as CIRTS. This program

implemented in coordination with the city's Criminal Justice Coordinator, and the Department of Corrections helps incarcerated individuals with mental health problems access community based services and supervision based on their risks and needs. It reduces the amount of avoidable jail costs, facilitates linkages to treatment, and supports the re-integration of low risk inmates with mental illness.

The first CIRTS team officially began in Manhattan in February, and I'm pleased to report that it will be rolled out to all boroughs by early fall. The opioid epidemic in our city remains the focus for the department for which we continue to implement a multi-pronged public health response. I want to thank you for your resolution in support of the State Legislation that increases access to Naloxone, a drug that reverses overdoses from opioids such as painkillers and heroin.

This bill recently passed both the Senate and the Assembly unanimously, and we're hopeful that the Governor will sign it soon. In addition, the Department's response includes implementing drug surveillance; encouraging safe and judicious opioid

prescribing among healthcare providers; promoting overdose prevention by increasing access to Naloxone; improving access to medication assisted treatment; and conducting public education and media campaigns. Our work is in coordination with the Mayor's task force on prescription painkiller abuse, which facilitates communication and ensures that city agencies work collaboratively to address this problem and save lives.

The Department also continues to expand access to pre and post-exposure Prophylaxis for HIV infection. We provide continuing medical education to healthcare providers about how it can be used effectively in their practices. Over the past year, education events have been held in Manhattan, Brooklyn and the Bronx reaching 130 different providers. We anticipate holding sessions in the remaining two boroughs by the end of 2014. In addition, last month the Department's own Sexually Transmitted Disease Clinics began offering HIV post-exposure Prophylaxis to their patients. And it's currently available at four of our eight facilities. We anticipate by the end of next month, it will be available to patients at all eight sites.

I join you today after having traveled to Washington, D.C. earlier this month where I, along with Health Commissioners from across the country, briefed policymakers about electronic cigarettes. These devices commonly called Ecigarettes, emit vapor, and are often designed to look like conventional cigarettes. The sale of these products has literally exploded from near 300 million in 2011 to approximately two billion in 2013. I want to thank the Council for their focus on this issue, including your work to expand the Smoke Free Air Act to include these products.

In 2014, in April of 2014, this year the FDA announced that it will regulate these cigarettes. And the Department applauds this important step. But it's important to recognize that in the years before these FDA regulations go into effect, there's no way of knowing the levels of nicotine and the amounts or kinds of other chemicals that they deliver to the lungs of users. We must continue to work together to discourage the marketing tactics of these companies, which is similar to the tactics used by the tobacco industry to lure use into cigarette smoking.

Let me now turn to the Fiscal Year 2015 Budget for the Department of Health and Mental Hygiene. The Department has approximately six employees -- 6,000 employees, and a current operating budget of $1.3 billion of which $585 million is to be tax levy. The remainder is federal, state, and private dollars. While I'm pleased that our city funding has increased, reductions to our state and federal budgets remain a big concern. The Department will unfortunately lose $5.4 million of funds from the Article 6 State Aid to Localities for General Public Health Work. We have not yet determined how this loss in funding will impact our programs, but it is a loss that we do not want to face.

In addition, the Department anticipates a reduction of approximately $10 million in federal funds. This will impact critical initiatives such as emergency preparedness work in hospitals, and other community-based efforts undertake to improve health outcomes.

When I first spoke with you, I emphasized the importance of addressing disparities in health and mental hygiene, and mental health. This mission guides all of our work, and it is this commitment

that has driven the development of the department's new Center for Health Equity, which will launch in the coming fiscal year with $3.2 million in funding within the Executive Budget. As part of this initiative, we plan to pilot an innovative community health worker program. We will work across the City to facilitate and improve healthcare and manage conditions such as diabetes, high blood pressure, and asthma. We must exert sustained political will to reallocate and sustain resources for our health systems, giving priority to those most in need. And ensuring equal access to good health, and the promotion of healthy communities. The Department will also expand its work in maternal and reproductive health.

In New City, about 90% of all pregnancies among teenagers are unintended. These facts compounded with a reality that many families are unable to access resources, means that the health of many of our youngest New Yorkers suffers. We want to do more to reduce unintended pregnancies, and improve birth outcomes in the developmental trajectory. As a result, I am gratified that $3.2 million of new funding was added to the Executive Budget. This

money will allow the Department to expand both the connecting adolescents to comprehensive health, or CATCH Program in schools and the Newborn Home Visiting Program, which will provide an additional one thousand visits to mothers and families each year to support children and new mothers.

This budget reflects substantial reductions in expected revenue from finds. The Department will next week publish the final rules to further support restaurants' abilities to maintain food safety standards while also reducing financial penalties. We will offer consultative penalty-free inspections to new and existing restaurants, and fix penalties in a way that will realize a 15% reduction in levied fines. This reduction is in addition to the significantly decreased fines that restaurants are already paying because of their improved practices.

I also want to recognize the Administration's work to expand access to pre-kindergarten. As we move to accommodate thousands of new students, the Department's Bureau of Child Care is tasked to inspect, issue permits, and promote age-appropriate education, and child development programs

to childcare centers as a part of its role in ensuring the health, safety, and development of children. An additional $926,000 was added to the agency's budget to ensure that we'll be able to bring on new staff, and per the requirements of the State budget, inspect community-based UPK centers twice, rather than once, per year. This will result in an additional 1,500 inspections annually.

Before I conclude, I want to update the Council on our legislative priorities. In early June, the Department will testify at a hearing before the State Committee on Environmental Conservation and Health. We will urge the committees to maintain the requirements to report pesticide applications so that the City can continue to track where, how much, and what kinds of pesticides are used in our communities. Low income communities in New York City have far greater rates of interior pest and rodent infestation. Primarily because of the connection to poor housing conditions. It is crucial that pests be controlled safely, and that pesticides are used judiciously. The Department is committed to promoting pest-free homes, and will testify that

these data are essential to understanding the scope and response to the program -- to the problem.

Finally, I want to thank the Council for the Home Rule Resolution earlier this month in support of dog licensing legislation sponsored by Senators Serrano and Assemblyman Kavangh. The City is currently governed by an 1894 law, which puts control of dog -- the dog license fee with the state. The current fee of $8.50 for neutered dogs no longer covers even the cost of issuing a license. By amending the State law to give the Council the authority to set the license fee, the City can generate additional revenue needed to support animals.

The Department looks forward to working with the council to set a fee that is reasonable and not a financial burden on dog owners. Dog licensing is a key component of responsible dog ownership, and helps ensure that a lost dog can be reunited with its owner. The added revenue from licensing will allow animal care and control to continue to improve its services for homeless, stray, and abandoned animals. In 2013, AC&C adoptions increased 28%. Its live release rate increased 37%, and its rate of dogs and

cats that were humanely euthanized decreased 30%. Please urge your colleagues in Albany to pass this legislation S5048 and A2046. It will generate revenue that helps animals.

I thank you again for the opportunity to testify. Dr. Kunins and I would be pleased to answer any questions.

CHAIRPERSON FERRERAS: Thank you, Dr. Bassett. We're going to -- I want to speak specifically about immunization, and to gun, and reproductive policy. So when it comes to immunization, the Executive Budget includes $4.3 million reduction in Fiscal '14 in the federal funds for immunization in order to reconcile budget to the current award. Can you confirm that this reduction will not impact immunization services in New York City?

COMMISSIONER BASSETT: We are working on a plan that will ensure that the affected sites continue to provide services to the people who used them previously.

CHAIRPERSON FERRERAS: Okay, and when you talk about it, I just want to make sure that we're talking about the same thing. In the past, DOHMH had

cited a reduction in funding as a reason for the closure of immunization clinics in Tremont and Corona. Is DOHMH still planning on closing these two sites?

COMMISSIONER BASSETT: My update was actually about these two clinic sites, and the answer is yes, the funds that were restored to our budget were not adequate to continue to keep these sites running. We are still working on a plan that will ensure that the services remain available to these communities. And we will keep these sites open while we achieve that plan. As soon as I have it finalized, I'll be happy to share it with the Council.

CHAIRPERSON FERRERAS: Okay, and as a Council Member to one of those sites, let me say that there's a lot of confusion. Patients that -- the community doesn't know if they're open, if they're closed. There's always a press conference, no press conference. So if we could get clarity to the plan as soon as possible, it would help us serve our constituents better. As opposed to just -- And, of course, I'm speaking of prior administrations' dealings with us. We find things out either in the

press or very late. So I would urge you to engage with the Council members, specifically myself and Council Member Torres who represents the two sites that would potentially be closed.

COMMISSIONER BASSETT: I'll be happy to do that.

CHAIRPERSON FERRERAS: Thank you.

COMMISSIONER BASSETT: Thank you for that.

CHAIRPERSON FERRERAS: Anti-gun. The Executive Budget includes $6 million Fiscal '15 for the expansion of the Anti-Gun Violence Program. The funding is not included beyond Fiscal '15. The Council has been in discussion with DOHM on how this funding will help expand the current model. The Council is elated that the Administration included $6 million in FY15. Does DOHMH see any benefit in the other services funded in other agencies. When partnering through the Gun Violence Initiative, you are a partner with us. Have you seen as the program is now -- We're kind of going through a process. Have you see that the partnership with other agencies, does it make sense? Is there room for improvement?

COMMISSIONER BASSETT: Let me start, and then I should probably ask somebody from the program to speak to this. As you're aware, the Department has been running a program called Cure Violence. It's funded partly by funds under the Young Men's Initiative, which is continued from the previous administration and partly from City Council funds. And we work in six communities and collaborate with other agencies on the implementation of these projects. Gun violence is a complex issue. It involves many moving parts to tackle it. This strategy, Cure Violence, is a public health approach that really begins with a community bottom-up kind of approach to violence.

It relies on credible messengers to build a community response that supports non-violence. So we have been very pleased with this program, and recognize that it has to be conducted in an interagency fashion. If you'd like more details on that about the program, I'm happy to invite somebody from the program to say a few words.

CHAIRPERSON FERRERAS: Actually, in specific we are considering the expansion of this program.

COMMISSIONER BASSETT: You are correct that we have gotten $6 million added to our budget. As you are aware, we have procurement rules that we have to meet. And we are in active discussions about how best to spend this money, and in a way that enables us to spend it within the current fiscal -- the upcoming fiscal year. We will be happy to share that plan as soon as it's finalized. I'm happy to continue to receive input from the Council, which has really worked with us to get this program off the ground from the beginning.

CHAIRPERSON FERRERAS: Well, in many ways you bring in expertise that's vital to this conversation and to the advocacy work, and to the crime reduction tool that we will be using from the Council. So is there anything -- and maybe this will be a follow up, you don't have the questions specifically today. But perhaps opportunities where we can improve the initiative as it is now. Opportunities that if we're adding additional funding, there are things that strengthen from the model that already exists is what we're trying to -- kind of focusing on from the budget's perspective.

COMMISSIONER BASSETT: Well, $6 million is a lot of money. So we're delight to receive--

CHAIRPERSON FERRERAS: [interposing] Yes, we know.

COMMISSIONER BASSETT: --additional funds. Okay. I think that a key part of this is it's really sort of an organic model that it depends on strong and trusted messengers to promote it within the community. These are relationships that can't simply be purchased. They're ones that have to be built.

CHAIRPERSON FERRERAS: [interposing] Right.

COMMISSIONER BASSETT: And I think that it does sound like it would be a good topic for follow-up discussion.

CHAIRPERSON FERRERAS: Okay, very good. We will follow up, and the Committee will -- is making note of that. So I want to talk about maternal and reproductive health. The Executive Budget includes $3.27 million in Fiscal Year '15 and the out years to fund the expansion of two programs. The Newborn Home Visiting Program and CATCH, the Connect Adolescents to Comprehensive Healthcare.

This funding will add 15 positions for the Newborn Home Program and six staff for CATCH. The CATCH Program is being expanded to 14 schools going from current 14 schools to 28 schools.

COMMISSIONER BASSETT: That's correct.

CHAIRPERSON FERRERAS: Can you describe what areas this program currently serves, and the areas in which you will expand to?

COMMISSIONER BASSETT: The geographical location--

CHAIRPERSON FERRERAS: [interposing] Yes.

COMMISSIONER BASSETT: --of the current school base health clinics, the 14 that are -- Actually, these are schools that don't have school-based health centers. I don't actually have that list in front of me. Let me see if Dr. Platt would like to speak to that, but this is a program that promotes access to reproductive health services in high schools that lack school-based health centers. And helps us to tackle the overarching issue of reducing teen pregnancies, which is a high priority for reducing disparities in health outcomes to the city. I'd be happy to provide you with a list of the

14 high schools where the program is currently in place, and --

CHAIRPERSON FERRERAS: [interposing] And where your intentions are to expand.

COMMISSIONER BASSETT: -- I do -- I do have a list. I apologize. Let me turn to that page, Council Member, and --

CHAIRPERSON FERRERAS: And just so that someone else could help you find the other part of my question.

COMMISSIONER BASSETT: [laughs] I'm not finding that.

CHAIRPERSON FERRERAS: I know that you had this thousand --

COMMISSIONER BASSETT: [interposing] Oh, here. I had it matched. Okay.

CHAIRPERSON FERRERAS: [interposing] The thousand, give me please.

COMMISSIONER BASSETT: Let me -- So, I'll tell you the one that's currently ongoing as -- Should I just read them all for you?

CHAIRPERSON FERRERAS: That would be awesome.

COMMISSIONER BASSETT: All right. Abraham Lincoln High School, which is in Brooklyn; the Barton High School in Brooklyn; John Adams in Queens; Elmhurst Campus in Queens; Christopher Columbus Campus in the Bronx; Murry Bergtraum High School in Manhattan; and Queens Vocational Educational Council in Queens. The Grover Cleveland High School in Queens; Peace and Diversity Campus in the Bronx; Prospect Heights Educational Campus in Brooklyn; Park West Campus in Manhattan; the Urban Assembly and New York Harbor School in Manhattan; Liberty High School Academy for Newcomers in Manhattan; and Port Richmond in Staten Island.

CHAIRPERSON FERRERAS: Okay, and then if you can get us the proposed expansion for the next '14, the Committee would appreciate it.

COMMISSIONER BASSETT: I'd be happy to do that. The proposed expansion will serve approximately 28,000 additional students.

CHAIRPERSON FERRERAS: Fantastic, and then can I--? I wanted to just go back to the Newborn Home Visits. The additional funding will have a thousand visits. Is there a targeted area that you're looking at for these thousand visits?

COMMISSIONER BASSETT: The Newborn Home Visiting Program has been in place for a number of years since 2007. The expansion will be mainly in Brooklyn. Let me ask Dr. Cantiva [sp?] to speak to this Home in Brooklyn.

DR. CANTIVA: There's an additional 1,000 families that will be reached. It will be primarily in Harlem and Brooklyn.

CHAIRPERSON FERRERAS: Harlem and Brooklyn. Okay, and I'm going to -- Before I give it over to my Co-Chairs, I just want to say, and I know that you mentioned during your testimony that this 15% reduction on levied fines for restaurant owners is really an amazing response from the administration. We sat here with hours of testimony from restaurant owners that were frustrated. The need for this system to be revisited. They often felt like they were being attacked. The system's change would depend on the inspectors.

So the quality of training of inspectors is essential in interacting with restaurant owners. So I just want to commend the administration for looking at this in a forward thinking way. And reminding small businesses that they're a partner

with us in the city, and keeping the city moving. So I thank you for that. And when we were talking about health -- public health, in many of the conversations that I've had unfortunately the times that we've opened up the newspaper, we've see an increase in suicides especially amongst Latinos.

The numbers of suicides may have dropped across the board in other groups, but with Latinos it continues to rise. I'm sure this is something that's important to you. It wasn't in your testimony. I kind of want to know what your thought are in approaching young Latino suicide. Just the suicide rates are kind of often partnered with bullying, and a lot of -- I wanted to identify if there is any interagency work that you do with the DOE, and the suicide issue that we have in our city.

COMMISSIONER BASSETT: Most of our work on promoting mental health is done through the schools. We have 450 clinical sites for mental health services about evenly divided between school-based health clinics and stand-alone mental health clinics in our city schools. We also have a range of other smaller programs, a rapid response program, a mobile program, which is aimed to help our schools

increase their ability to tackle mental health issues amongst their students. And better identify students who are in need of help, and provide them with that help. I think that thinking of a way to improve the overall climate for the promotion of mental health is the right way to advance this, and we work hard to promote these services within schools. We also have some services obviously outside of schools for those people who don't feel comfortable accessing these services within schools.

[Pause]

CHAIRPERSON FERRERAS: So just as a reminder and as you just mentioned, some people have an issue with accessing services through the schools especially a parent. So any opportunities that you find yourself either through pediatric visits or maybe immunization interactions with some of our young people. Anyway that we're able to get information to parents and young people is something that this Council will always be supportive of and is vital to us getting the message out. I'm going to give the microphone over to Co-Chair Johnson.

COMMISSIONER BASSETT: And can I --

CHAIRPERSON FERRERAS: [interposing] Yes.

COMMISSIONER BASSETT: -- make one short comment.

CHAIRPERSON FERRERAS: [interposing] All right.

COMMISSIONER BASSETT: I'm very grateful for your praise for our improvements in fines, you know, the reduction of the restaurant fines. But I just want to reiterate to Council that the majority--the larger share of the reduction in restaurant fines is because restaurants are doing better on their inspections. And that was from the beginning the program's intention; was to improve the standard of food handling in restaurants, and we think the program of letter grades is accomplishing that.

CO-CHAIRPERSON JOHNSON: Thank you, Dr. Bassett. Just to quickly stay on that point about restaurant fines. You mentioned in your testimony that the reduction will be 15% approximately in levied fines. What does the actual dollar amount come out to be when it's estimated that way?

COMMISSIONER BASSETT: The amount is estimated to be $15 million in Fiscal Year '15.

CO-CHAIRPERSON JOHNSON: $15 million in Fiscal Year '15?

COMMISSIONER BASSETT: Correct.

CO-CHAIRPERSON JOHNSON: Thank you very much.

COMMISSIONER BASSETT: And that's for -- for everything and not just the 15%, but also our expectation is, and I'm sure the Council shares this, that restaurants will continue to perform as well as they are now and continue to improve their hygiene practices. So that we will continue to experience lower rates of fines due to violations founds on inspection. With that presumption in place, we expect to see 15 -- a $15 million reduction. It includes both performance inspections, and the change in the fee structure.

CO-CHAIRPERSON JOHNSON: Thank you. I want to say I think part of this hopefully will come from the promulgated rules associated with the consultative relationship that now will exist between small businesses, and DOHMH, which I think is a great thing. So it's -- seeing this implemented, I think will show us how the city and small businesses can work together.

COMMISSIONER BASSETT: My local restaurant, my favorite local restaurant says that they're going to get a consultative inspection.

CO-CHAIRPERSON JOHNSON: Can you give a plug? What's the name? What's the name of the restaurant.

COMMISSIONER BASSETT: I don't know if I should. They say I shouldn't. [laughter]

CO-CHAIRPERSON JOHNSON: Okay. It's a mystery. Twitter will find out for us right now. I want to go back to the anti-gun violence monies that were discussed by the Chair, the $6 million for the expansion of the Anti-Gun Violence Initiative. I know you talked about the procurement process that is going to take place moving forward. With that procurement process, which we know is mandated, what do you expect the timeline to be for the release of these funds to the organizations that can actually use them?

COMMISSIONER BASSETT: Well, the process of contracting, so it depends on what the ultimate plan that we come up with will be. When we are simply expanding existing contracts, it's faster than I think we have to release our fees, and get new

groups in to deliver these services. So it depends on what the ultimate plan is, which we'll be happy to share with you as soon as it's settled.

CO-CHAIRPERSON JOHNSON: Thank you. I mean I ask you because this is a great initiative, which I think could be -- The Department and the Mayor's Office is excited about it as well as the Council. The grassroots component of the model I think is key. And organizations that the Council has funded in the past have sometimes run into problems actually accessing the funds during the contracts process, and the heavy paperwork associated with it. So if there's a way for us to work with organizations that are doing this work to make it easier for them, but still, of course, abiding by the procurement rules and laws, I think that would be helpful.

COMMISSIONER BASSETT: I appreciate that comment. The procurement rules, of course, are not ones that are tailored to the Health Department. They are citywide rules that we work with, and we will do our very best to ensure that they're met as quickly as possible.

CO-CHAIRPERSON JOHNSON: Thank you. You mentioned in your testimony the over $5 million loss from the Article 6 State Match. Is that final?

COMMISSIONER BASSETT: Yeah, what can I say? It's not over until it's over.

CO-CHAIRPERSON JOHNSON: But it doesn't look good?

COMMISSIONER BASSETT: So, just to remind other members present, this was -- it was not in the budget. Is a reduction in the Article 6 offset through an administrative action that the State was entitled to take. It is not aimed at New York City. It's aimed at all counties that were considered not linked to stress with a goal of the state of saving $10 million statewide. new York City is a big share of that. And we are continuing to have discussions, and our hope remains that we will be able to convince the administration that they should not take this action that they are entitled to take. However, time is passing, and it doesn't look good for us.

CO-CHAIRPERSON JOHNSON: Do we know what the drop date is on this is? When a decision must be made by?

COMMISSIONER BASSETT: No. I don't think it's tied specifically to the budget cycle, but the anticipation is that it will be in the coming fiscal year's budget that we will lose this spending.

CO-CHAIRPERSON JOHNSON: And if we do lose the money, how is that going to impact our own public health services?

COMMISSIONER BASSETT: Well, we'll have to come up with a plan. We haven't yet determined how to meet this reduction.

CO-CHAIRPERSON JOHNSON: Thank you. I just have a couple questions on the school-based health centers, which was discussed before. Given the potentially difficult changes facing the school-based health centers financing through the upcoming inclusion into Medicaid managed care, and their already challenging financial position, how do you see preserving and expanding school-based health services in a sustainable way that fits within the vision of community schools, and also in your department's vision?

COMMISSIONER BASSETT: Thank you for that question. Now, you're referring to what we often call the Medicaid carve-out. The state is aware that

this would present a real challenge to the school-based health clinics and they have deferred its implementation. So that's good news. It gives us more time to plan, and the way in which school-based health centers will adapt to this is not yet clear. But at least we have more time to plan its implementation.

CO-CHAIRPERSON JOHNSON: Okay, and -- Sorry. Over the years there's been a steady reduction in City tax levy dollars for HIV-related services. I was very happy to hear about your inclusion of PEP and PREP in your testimony. Especially, city tax levy dollars spent on HIV-related services has increased $23 million from 2009 to now. So it's about -- it went from $23 million -- sorry -- to $5 million. So it's a lot of I think about $18 million in city tax levy dollars, which is quite significant. you may not have this information now, but it would be helpful to know what type of services were reduced as a result of this significant decrease.

CO-CHAIRPERSON JOHNSON: [interposing] Do you think Dr. Varma has it?

COMMISSIONER BASSETT: I think maybe Dr. Varma can help us?

CO-CHAIRPERSON JOHNSON: Yes.

DR. JAY VARMA: I do --

CO-CHAIRPERSON JOHNSON: Dr. Varma, could you state your name for the record?

DR. JAY VARMA: Sure, yeah. Sure. My name is Dr. Jay Varma. I'm the Deputy Commissioner that oversees our Infectious Disease Programs. I think we'll have to get back to you to give you the exact breakdown of all those. Probably the largest reduction came I believe two years ago related to -- HIV related prevention contracts that we previously funded, and these were defunded to meet a very large budget gap that was noted across the agency.

The main reason those programs were defunded was that they were relatively low performing for the amount of costs that were associated. We re-focused on behavioral interventions. We were also able to supplement some of those -- some of those similar types of activities with federal grant money that we had. But we need to give you the exact breakdown of all of the money that was cut, and what it was previously targeted at.

CO-CHAIRPERSON JOHNSON: If you could stay. My last question and then I'm going to turn it back to the Chair is also related to Ryan White. As we understand it, in 2013, New York City lost $18 million in federal Ryan White Part A funding. As a result, client caseloads were reduced. 54% of agencies have reduced the number of services offered, and 12% of agencies have eliminated certain types of services. If you could, and again, you may not have the information now, but it would be helpful to know. If you could provide an update on the funding New York City receives through Ryan White, and what the plan is to address the funding and address the loss of services.

COMMISSIONER BASSETT: Well, as you point out, there has been a reduction of both Ryan White funding, and we had some reduction related to the Federal Sequestration. The new budget actually bumps up our budget in the coming year by about a million dollars. But it in no way goes to meet the nearly $18 million that was reduced. The Planning Council came up with a scheme of how to address this budget shortfall, and it included a number of actions including the AIDS drug access, Case management

Services and others. This was a large budget reduction, and the overarching sort of focus of the Planning Council has been to retain services to people living with HIV-AIDS.

DR. JAY VARMA: Yeah, correct. That's the summary. So right now, we have a -- our budget for the next year is slightly more than it was last year. It's a little bit over $1 million. So there have been no further cuts sustained. What the long-term trajectory is, we don't know. As you probably know, there is still an ongoing debate in Washington, D.C. about the reauthorization or renewal of the Ryan White Program. Your point is absolutely well understood that with -- We can't do more with less.

We have to do less with less money that we receive. We don't have a plan in place right now necessarily to make up for those services. We think that the general condition related to HIV in terms of a declining number of deaths, declining illness rates, and declining incidents rates is good. And so, we may not see severe consequences as a result of this funding. But it's something that we need to monitor, and then, of course, practically adapt to

it, if it turns out that the services that were cut are turning out to cause undue harm.

CO-CHAIRPERSON JOHNSON: Thank you, and I'm done with my questions. I just want to make a quick statement, which is I really appreciate the fact that PREP was mentioned, Pre-Exposure to Prophylaxis, in your testimony, and the fact that DOHMH is doing work on it. I think what you detailed with regard to educating providers and having educational sessions is deeply important. I think there are many medical providers, especially primary care physicians in New York City, who don't have accurate science-based information on this. Which is causing an issue with regarding to counseling patients on how PREP actually works, and what the benefits are of it. So I look forward to working with you all and continuing that outreach and educational efforts to the medical community and to New Yorkers on why PREP is important, and why we should be talking more about it. So thank you, and I turn it back to Chair Ferreras.

CHAIRPERSON FERRERAS: Thank you, Chair Johnson. We'll now hear from Chair Cohen.

CO-CHAIRPERSON COHEN: Thank you for your testimony, Commissioner. I had a question regarding Naloxone, and your agency's interaction with the NYPD in making this drug available.

COMMISSIONER BASSETT: As you probably read in the newspaper today, Council Member, there is now going to be a plan to expand the pilot project that began in Staten Island to all boroughs so that NYPD members will carry Naloxone, and be able to reverse potentially fatal overdoses. The overarching goal of making Naloxone available both to the Police Department, and other primary sort of first responders and to members of the community, family members and so on, is to prevent deaths from opiate, opioid overdoses.

Dr. Kunins was actually critical to this. So I'll ask her to say a few words about it as well. But this began as a pilot project in Staten Island. The Department played a role in terms of training, and providing training to the New York Police Department for its members to carry Naloxone. I note this year so far they have successfully reversed at least three overdoses. I don't think anybody who has ever reversed an overdose will ever forget it. And I

think that the Police Department has been very happy to embrace this additional role. We've been very pleased to promote it. It's prime part of our response to this epidemic to make Naloxone more available. Dr. Kunins who should introduce herself first should -- can tell you a little more.

DEPUTY COMMISSIONER KUNINS: Hillary Kunins, Acting Executive Deputy Commissioner for Mental Hygiene. I'll just add to that summary that we were -- We trained the trainers. That was the model we employed using a standard curriculum so that police trainers could go and train their own officers. The Police Department program at this point is a registered opioid overdose prevention program under New York State law under our own program at DOHMH because they cannot yet do their own program. And their prescribers, the police physicians are so-called affiliate prescribers with our program.

CO-CHAIRPERSON COHEN: How is the drug paid for?

DEPUTY COMMISSIONER KUNINS: Right now, they are purchasing their Naloxone for their own officers. Their early pilot was out of their own

budget, I believe, but I would defer to them. And as you know, more recently the Attorney General made additional dollars available. We supply, as I believe as you know, to community-based organizations in New York City including our Syringe Exchange Programs, and other registered programs out of our own budget.

COMMISSIONER BASSETT: It costs about $50 or $60 per kit, which has two doses.

CO-CHAIRPERSON COHEN: Might that ultimately be reimbursable?

COMMISSIONER BASSETT: I believe that it is reimburse able under some insurance plans.

DEPUTY COMMISSIONER KUNINS: Right now, the intramuscular form of Naloxone is reimbursable through Medicaid. There are a few insurance companies that have adopted this reimbursement policy. As of yet, the intranasal formulation, which is the formulation that we distribute, is not yet covered by Medicaid or other commercial insurances in New York State. It is likely to be.

CO-CHAIRPERSON COHEN: That's great. Could you just talk a little bit about your agency's

work with the Department of Corrections in terms of its safety with inmates with mental health in that --

COMMISSIONER BASSETT: Thank you for that question. The Department of Health and Mental Hygiene contracts and provides services to the Rikers and other facilities in of the jails New York City. We provide mental health services to these contracts, and we have been very concerned about the management of mental illness among Rikers inmates. There are a number of services available to inmates who have mental health diagnoses. An intake exam is a first opportunity to make a diagnosis, to identify a diagnosis.

The diagnosis is then followed up with an additional assessment if it's deemed necessary within 72 hours. So that we can correctly identify and continue the medications or initiate medications for people who have mental illness. Now, there are also special programs aimed at people with mental illness. We endeavor to deliver the standard of care in the community within the New York City jails.

CO-CHAIRPERSON COHEN: I think it's the intention of this Committee to come back to that meeting next month.

COMMISSIONER BASSETT: As I am aware, that we are going to be having a hearing on June 12th about Correctional Health, and I look forward to that discussion.

CO-CHAIRPERSON COHEN: Could -- I guess the Executive Budget includes a reduction in funding for the phasing out of the Managed Addiction Treatment Services or MATS. Can you talk a little bit about what's going to be the impact on this? Are these services going to be provided another way?

COMMISSIONER BASSETT: I'll defer to Dr. Kunins for this question.

DEPUTY COMMISSIONER KUNINS: So those services were actually phased out in the earlier part of this fiscal year. The intent is that those services got picked up by health homes. So if in the context of the health homes, that case management has begun, and continues in that domain. So we don't anticipate an impact on services.

CO-CHAIRPERSON COHEN: That's great. Thank you. I just have a couple of questions related to, Commissioner, your testimony. I regard to Ecigarettes, do you think there is a gap in

regulation regarding marketing? I wasn't sure from your testimony if there is

COMMISSIONER BASSETT: There is no regulation regarding marketing, and at our level, our hands are more or less tied. This really has to be addressed at the federal level, and that's part of the reason that several health commissioners, commissioners from Los Angeles and Chicago, Boston, and myself all went to the Hill to sort of make the point that we really need to address the rather egregious marketing practices that are being used to promote Ecigarettes. All of our efforts over the past years to de-glamorize cigarette smoking are really being challenged by these -- this advertising effort. It aims to make smoking Ecigarettes or vaping appear a very attractive and glamorous habit. Aimed at use. Clearly aimed at use.

CO-CHAIRPERSON COHEN: Do you think there's anything we could be doing on a municipal level to -- from a marketing perspective banning certain kinds of advertisement, or something we could be doing locally to try to prevent the marketing use, too.

COMMISSIONER BASSETT: Well, the main -- So, you know that there are these First Amendment Rights that advertisers have, and that is -- that is something that all of us struggle with in terms of limiting advertising. But there are opportunities in terms of limiting what is done with publicly-owned advertising space.

CO-CHAIRPERSON COHEN: All right. You also talked about dog license fees. Do you have any idea of -- Do people currently really register their dogs? Are dogs getting licenses? I mean regardless of what the fee is, if nobody is actually licensing --

COMMISSIONER BASSETT: No, I don't know what proportion of our dogs are licensed. We have thousands of licensed dogs in New York City, and we continue to work to make getting your dog licensed a very useful thing for an owner to do. I'll ask Dan Kass who leads our Environmental Health, which oversees this, to give you more detail.

DEPUTY COMMISSIONER KASS: Hi, I'm Dan Kass. I'm the Deputy Commissioner for Environmental Health. Dog licensing falls under our division. So we actually know that about -- just around 20% of

dogs are licensed in New York City, and we've done a number of things to try to increase that. And I want just to be clear that I think that the changes that we're seeking with state legislation, and eventual city authorization on fees and other practices are intended to increase that number. Right, now, under state law, we're allowed only to provide a dollar, and it's retained by a third party to issue licenses.

Jurisdictions that are successful at licensing more of their dogs, depend on point of purchase of licenses in a variety of venues, and they're able to do that in New York City. So that will be one of the key changes that will happen is that under the state legislation we propose as much as 10% of the fee will be able to be retained by a third parties. We're already preparing for that. We have a data system that will be designed to enable pet shops, veterinarians, adoption centers, rescue organizations, and others to issue licenses.

We're modifying our system so they'll be able to maintain an inventory of the tags themselves rather than just simply filling out paperwork on behalf of residents who then have to come back us to complete and process payment. So there are a variety

of things that the legislation, besides just a fee will enable the city to do to increase this. We've designed an ad campaign that has already had several rounds in subways and bus, and social media. And we're planning to also continue and expand that.

CO-CHAIRPERSON COHEN: And also just to follow up on a question asked by Chair Ferreras, talking about suicide prevention you were sort of talking about it in general, but now with a lot of advocates it seems to be a recurring thing. I think it's fair to describe it as a crisis. I'm not sure if these programs are specifically geared to -- I'm not sure what are the factors that make this particular population vulnerable, and I don't know if there are any programs that we have that really target this population. Or that we think because we haven't identified a population, is there something specific that we think we should be doing, or we could be doing.

COMMISSIONER BASSETT: I know that our data from the Behavioral -- from the Youth Risk Behavior Surveys suggests that Latinos are more likely to report depressive symptoms. So in addition to completely suicides, which are thankfully

extremely rare, I do know that the report of sadness, of sadness that interferes with their daily activities is most commonly reported by Latinos. I'll ask Lilly Toms to say more about our services, and with this population.

ASSISTANT COMMISSIONER TOM: Again, adding to -- This is Lilly Tom, Assistant Commissioner for Children, Youth, and Families in the Division of Mental Hygiene. To add onto what the Commissioner has mentioned around the Youth Survey just to clarify, the data speaks to suicide attempts and not suicide where they actually completed suicide. So it's really talking about sadness as attempts to hurt oneself. So just to clarify that point. And also, they are in selective communities in the city. So with that said, we still are very concerned about this disproportional very high rate of suicides in Latinas, as well as in other groups as well. So like LGBT as well as youth or mixed race. Those are also very high. They're higher rates in sadness as well. So I think our approaching in thinking about all of this is to address all youth who have these issues. Because they are all more than just one particular group even though we are

after Latinos who have high rates of suicide attempts and sadness.

CHAIRPERSON FERRERAS: Just to follow up, we had a hearing here in the Council I would say a year or two years ago now.

ASSISTANT COMMISSIONER TOM: Yes, I was here. I testified.

CHAIRPERSON FERRERAS: Right.

ASSISTANT COMMISSIONER TOM: Yes.

CHAIRPERSON FERRERAS: So in that hearing one of the things we identified, and I appreciate you clarifying, but this is the one time where not success is great, right, that they're not successful at committing suicide. But how do we get before that where they're not even considering or attempting it? I remember in particular Dr. Hill, it was he who is the founder of Community Life, who very successfully figured out a program that works with young Latinos. And it was more than just I'm not happy with who I am. It was more complex.

It was about translating very important and private issues like telling the landlord we don't have the rent, and she was the one challenge to do that. Or having to take care of young siblings and

not being allowed out of the house. So I mean, yes, we could probably see this in other groups, but it just seemed like it was very specific to immigrant groups and Latinas. So if this is something that's been identified as a group, I guess the Council what we're trying to figure out is does -- From your perspective, does this not rise or elevate itself to an issue of a very specific target approach.

ASSISTANT COMMISSIONER TOM: You're absolutely correct in thinking about this sort of culture confidence perspective. And we do focus a lot of that in terms of working with the programs that we contract with. And we do have cultural confidence standards that we expect them to meet in terms of training around specific groups that they -- that the program serves. And cultural confidence and bilingual capacity are issues we have in our community especially around getting bi-cultural, bilingual mental health professionals. And it is an area that the department wants to improve upon. We do have funding that we give 200 [sic] school or social work and the target group is to recruit and track bilingual, bicultural staff in our communities so that we will be able to do better in that area.

CO-CHAIRPERSON COHEN: I just had one. It's not really a question, but on the agency's organizational chart it says Executive Deputy Commissioner for Mental Hygiene is vacant, and I know it's not. So it would be helpful, I think -- Because I do get asked about your role. So it would be appreciated if you could at least update it so that we have an active commissioner.

COMMISSIONER BASSETT: Yes, as soon as I'm able to update you on this substantive appointment I will do so.

CHAIRPERSON FERRERAS: Thank you very much. Now we will hear from Council Member Rodriguez followed by Council Member Levine. Again, a reminder, Council Members, we are on a five-minute clock with a three-minute second round.

COUNCIL MEMBER RODRIGUEZ: Thank you, Chairs and Commissioners. Thank you for everything that you're doing. I would like to follow up with the question about Latinos and those that attempted to commit suicide. For me, that's a big crisis. I think that the last -- one of the studies say that 17% of Latinos girls are attempting to commit suicide in New York City. And I think that's a number that

should take us to declare a crisis because if we -- All the services that we've been providing the last victims that we have in my district happened like last Friday.

Not this Friday but the one before. Twelve years old from a good school from Rio High School, which is a school that it got rated almost 100%. Even one of the students will recognize that the First Lady Michelle Obama in top school, 12 years old committee suicide. Last year, another girl in my district well, she used to be even a student of my wife when my wife used to teach elementary. So when that happened even my wife, we have this conversation, how did we fail?

Because, you know, like what happened we entertain what are we missing? So I mean with that percentage, with that half percentage so Latinas attempting to commit suicide. What else can we do besides what we've been doing to support that particular population, and declare it's a crisis? Because I think as we have Vision Zero, and I'm very proud to be part of this initiative, this is the type of crisis that we should take all of us and say, How can we make a plan to say that by a certain year we

should have a zero percentage of Latinos attempting to commit suicide.

COMMISSIONER BASSETT: Well, it certainly is a terrible tragedy to have a 12 year-old in a situation where they take -- where she takes her own life, and I hadn't heard about that, and I'm really sorry to hear about it. The data suggested a really large proportion of teens who are really unhappy. And I think that our strategy has been Latina and other groups or other groups that really Tom just mentioned. So I think that a key strategy that we've used is to try and promote mental health in schools in collaboration with the Department of Education. And to address really more globally promoting access to services as well as having supportive environments for young people. This is not a simple issue. It's one that makes the collaboration of many partners to address to address more comprehensively, and it certainly is very similar. And I will look into it more closely.

[Pause]

COUNCIL MEMBER RODRIGUEZ: My second question is about an initiative that I know you are really interested in our ideas, which is like to do

better or to do more communication education outreach. I think that the reason why more working class across the glossary [sic] go to emergency rooms because sometimes we don't have the resources or we don't have information. And I know that you are very interested into looking at, you know, approaching at the grassroots level. So what is your idea to move on, and work in collaboration with the grassroots so that we can establish a better educational health initiative in the local communities?

COMMISSIONER BASSETT: Thank you for that question, Council Member. As you saw in my testimony, we will be launching in the new fiscal year a Center for Health Equity. It's prime focus will be on neighborhoods, and the idea of building healthy neighborhoods, and having a healthy neighborhood includes lots of things including better access to health care. The Center for Health Equity will work on policy approaches to strike a bridge across the divide between public health and primary health care. We'll seek more interagency approaches to having a health promoting community, and we'll also work to promote better access to services.

We'll be launching an initiative that uses community health workers, lay workers, we hope recruited from communities themselves to work on promoting people -- ensuring that people have access to health insurance, that they enroll in health insurance, that they use their health insurance to gain access to services that they participate in health care. And for people with specific diseases that we know [bell] exist in excess in hybrid neighborhoods, that they are able to adhere to their care. I look forward to telling you more about this when we get underway. Thank you, and I hear the bell.

CHAIRPERSON FERRERAS: Thank you. Council Member Levine.

COUNCIL MEMBER LEVINE: Thank you, Madam Chair. Thanks to all three of our chairs, and thank you Commissioner for being here. I want to ask you a couple of questions about rats, and by that I mean the four-legged kind, not the two-legged kind. This is a serious problem, and it seems to be mostly long-term areas all over the city, where in my district and the Manhattan Valley neighborhood with several streets with a real epidemic underway. And this is

about more than just aesthetics. We have rats who are going into cars and eating out electrical cables. We have rats that are entering homes. They carry disease, as you well know. This is a serious issue, and I'm very pleased to see you prioritizing it with $611,000 of additional funding that is designated for a rat indexing program. And I wonder if you could tell us about how this fits with your existing program, and how much you're spending currently, and what percent of increase this would represent?

COMMISSIONER BASSETT: I'll begin while we're looking for the budget numbers for you to tell you a little bit about we do about rats. So you're right. Nobody likes rats. I wouldn't worry about them so much as carrying diseases. I hadn't thought of the problem of eating out wires in cars. That certainly presents a danger. But nobody wants rats in their community, and we are committed to tackling the rat problem. We do it in two ways. One is in response to complaints. When people call 311, we make every effort to respond to that complaint quickly. And then we instituted a more proactive approach to rats, controlling the rat population with something called Rat Indexing, which is a community

level scan in which members of the Division of Environmental Health go out into communities, take a scan and look for the presence of rats; notify landlords that they have to tackle their rat problem. And also, tackle the problem of rat reservoirs, which often exist in public spaces like public parks.

COUNCIL MEMBER LEVINE: Could you explain that term, a "rate reservoir?"

COMMISSIONER BASSETT: Rat reservoir. Well, this, you know, rats burrow and live in colonies. I'll sometimes imagine when I walk through a park if I could have sort of a rat vision there are all these tunnels that are occupied by rats. And from there the rats fan out. I know there are reservoirs often in our subway system, as all of us know who take the subway. So these are large collections of rat colonies where they reproduce, where they have access to water, where they have access to food, and the -- You know, they -- that's the origins of the pest problem. So there is a considered effort to work with the Parks to tackle specific parks where we know that there is a rat reservoir problem. When this has been done, it's been extremely successful in reducing the number of

rat burrows, and the presence of rats in these populations.

COUNCIL MEMBER LEVINE: How would you? Do you target these reservoirs, or are they frozen?

COMMISSIONER BASSETT: So, let me ask Dan Kass who pioneers these efforts to say a little bit more. But it's by, you know, rats wouldn't reproduce and populate our city if we didn't feed them, and didn't give them water.

DEPUTY COMMISSIONER KASS: Thank you. As you said, and let me just elaborate a little bit on Dr. Bassett's testimony. For the last several years, we've been indexing as a principal strategy, and the key idea there and the key innovation base that was implemented with that program mounted to the prior efforts, is that we simultaneously -- we discovered simultaneously at a community level where rats are. And we essentially order property owners, largely private and to some extent public, to simultaneously address the problem so that rats don't simply migrate from one property to another as attempt to exterminate them or to close up burrows or to deny them food. That has actually worked quite well.

We had very good evaluation data including in Manhattan Valley that these repeated round of indexing, and notification, and providing training and information to property owners to address the problem has a fairly significant impact on relative to what it might have been otherwise, and just waiting for a complaint to appear in one location or another. Not every neighborhood has a reservoir, but some neighborhoods have these sort of large reservoirs. And I think the goal of this supplemental money is to perfect the system by which we can discover the reservoirs and then act on them. Reservoirs are typically are beyond an individual property owner's capacity for addressing them.

It's real intense areas. Where we're working with private property owners to simultaneously address the problem of rats, to increase the success of any one of the properties adjacent to on the block, we want to also increase the success of any one of the properties adjacent to on their block. We want to also for those neighborhoods that have these identifiable reservoirs to go after those. The essential technical is to scan and survey parks and sewers in the neighborhood

for the presence of rats to address them through baiting and shoving off access through closing off burrows on a repeated and ongoing basis.

We've done a few pilot parks in area, and we find that repeatedly going over and over and over again to these areas, we're able to successfully reduce the burrows, the number of burrows in their population, quite dramatically. And the theory behind this is once you -- if you simultaneously close off private properties, help to address garbage and coverage problems and food sources. While at the same time depleting the ability of rats to reside and remain in these reservoirs from which they can fan out in search of food and temporary shelter, and you'll have a big ramp up.

COUNCIL MEMBER LEVINE: Thank you very much.

CHAIRPERSON FERRERAS: Thank you, Council Member Levine. We'll now go to Co-Chair Johnson.

[Pause]

CO-CHAIRPERSON JOHNSON: Thank you, Chair. I have a few more questions. There was a recent report by the Medical Examiner in the NYU School of Medicine that DOHMH's Bureau of Vital

Statistics has been under-reporting the number of deaths caused by preventable medical complications of accidents at hospitals and nursing homes. According to the news reports, if these complications and medical accidents were considered a disease, if they would rank as the tenth leading cause of death in New York City surpassing homicides and suicides in some years. As I understand it, this data is critical because it's the primary basis for action by the City responding to hospital safety issues. If you could please explain the discrepancy between DOHMH's reported numbers, and the numbers in the Medical Examiner's reports. And if you could let me know if you think DOHMH should change how it reports deaths caused by preventable medical complications at hospitals and nursing homes?

COMMISSIONER BASSETT: Thank you for that question. I should begin by noting that I haven't read the report yet of the Office of the Chief Medical Examiner that was published recently and appeared in your literature. The data released from our Vital Registration Reports is collected. And according to the Standards set by the National Center for Health Statistics, this is the way in which

deaths are reported across the nation, and our Reporting Centers meets those standards. It draws the cause of death from the death certificate. So the Office of the Chief Medical Examiner uses a different strategy, one which they were discussing their paper, and it is not the standards set by the National Center for Health Statistics. It's important to have standardized death reporting so that we can compare our reports to other jurisdictions. So we are doing it the way it's done across the nation, and there -- In fact, it represents a different measure than the one offered by the Medical Examiner in this report.

CO-CHAIRPERSON JOHNSON: Would there be a way to modify, keeping the uniform standard that other cities are using to be able to use comparative data while at the same time having a subcategory or another box that -- So that we could get accurate numbers on this. Since the numbers are so high, would DOHMH be open to that?

COMMISSIONER BASSETT: I don't know what the Office of the Chief Medical Examiner is planning to do. I don't know if they plan to report on this annually. That would certainly be a source of these

data. I just want to reiterate for the Council that it's important that we collect data in a standardized fashion, that the standard for death reporting that's used by our vital registration is in consort with the National Standard.

CO-CHAIRPERSON JOHNSON: Given these numbers, what does the rate of death with regard to hospitalizations and nursing homes tell us about the state of safety and care at hospitals and nursing homes in New York City?

COMMISSIONER BASSETT: You know, I'm going to have to read the report to really comment on that in the way that you request and suggest I should comment. Certainly, the numbers that are quoted in the press are really numbers and entering the top ten causes of death is -- would be a source of concern. So I understand why you're interested in asking this question.

CO-CHAIRPERSON JOHNSON: And after you read the report, I would like to understand if you anticipate the Department taking any role in understanding what the City could be doing to prevent these deaths from moving forward, and whether it's intervention in some ways with hospitals, and with

nursing homes. And how we can be more proactive to ensure that this doesn't happen at this alarming rate that we're seeing with this report?

COMMISSIONER BASSETT: As I said, I haven't read the report, but I do want to reiterate that it is not a light matter to change standardized reporting. And that we are committed to maintaining our standards in consort with the National Standard, which is what we're doing.

CO-CHAIRPERSON JOHNSON: I apologize. I meant -- With that last statement, I meant with regard to us doing work within hospitals and nursing homes not even around the reporting, but what is the root cause of this happening. Does DOHMH believe they could be making recommendations or doing things to help ensure that this number goes down?

COMMISSIONER BASSETT: I understand. Thank you for that clarification.

CO-CHAIRPERSON JOHNSON: I have a question about the food safety hand-helds, which were part of the budget. I understand that the new devices will allow for the implementation of IT enhancements related to policy changes and the inspection program, which we discussed and talked

about. What specifically will this allow DOHMH inspectors to do when they go in to a food serving establishment?

COMMISSIONER BASSETT: So these hand-helds are the way they capture their data. It also allows us to rapidly upload and make data available more rapidly.

DEPUTY COMMISSIONER KASS: Yeah, the only thing I would is that this isn't envisioned as an enhancement specifically. We've already made the changes to our hand-held systems to accommodate new inspection types including state inspections, to make modifications to our information technology systems, to manage the new fine schedules, as well as many other changes that we've talked about with the Council in the past. This funding is really intended to try to ensure an ongoing source of funding to deal with the obsolescence of hand-held equipment. They don't last forever. And we've had to cobble together money over the years from expense budgets to do this, and this enables us to keep them current and replace them as they go bad.

CO-CHAIRPERSON JOHNSON: So if I'm holding -- If I'm a sanitarian and I'm going in to

inspect a restaurant, and I walk into your favorite restaurant in Washington Heights, which we don't know what the name is, yet. And I plug it in, will it tell me the violation history? Hopefully, there won't be one in that restaurant, but would it tell me if there was a violation history?

COMMISSIONER BASSETT: You know, I don't know that detail. But let me ask. It certainly allows the inspector to enter all the data at the time of the visit so that it is uploaded, and can't be fiddled with at a later time.

DEPUTY COMMISSIONER KASS: One of the things that we're actually -- we're providing now will be for the purpose of the consultative inspections. We have a report that will available on the entire history of inspections for a particular restaurant. It will be delivered to the restaurant at the point -- right around the time that they've scheduled their consultative inspection. And it will analyze common features across these inspections. So we're taking a look, and we can discuss with them differences of categories and deficiencies. Some that might be related to supervision, some to

training, and some to managing the practice to handling food.

COMMISSIONER BASSETT: I think the answer to that was yes.

CO-CHAIRPERSON JOHNSON: So you can see the history?

DEPUTY COMMISSIONER KASS: Any individual inspector at the time of conducting an unannounced inspection does not have access to every other inspection without having to do the specific work to do so. There are a variety of reasons for that, but if a question comes up about a past inspection during a particular inspection, that inspector will be able to answer that question. They'll be able to go find out about it. They can always contact a supervisor. So there is always a way to find out.

CO-CHAIRPERSON JOHNSON: Thank you. That's all.

COMMISSIONER BASSETT: So, yeah. So I guess the answer -- Just to clarify that the answer then is no. At the time that the inspector goes they're supposed to have a blank sheet, and not be biased by a prior inspection result. But they can

get that information if it's relevant to the inspection at that time.

CO-CHAIRPERSON JOHNSON: Thank you, I understand the reasons why. It makes sense. Just a couple more questions. If you could please describe DOHMH's role with respect to the World Trade Center as to the Zadroga Act Compensation Program, what is DOHMH specifically doing with regard to that? What is the involvement of the department?

COMMISSIONER BASSETT: The DOHMH maintains the World Trade Center Registry and it follows over 70,000 individuals who were exposed either as first responders and survivors or as people who were in the vicinity to experience the World Trace Center attacks. And that's the principal activity that we conduct. In addition, there is under the Zadroga Act a health program. We work hard to encourage people to avail themselves of those services. But the health program is contracted through the Fire Department, Mount Sinai, and NYU, and we have a share of the costs of that, a 10% share, which needs it helps to meet. But we don't directly provide the health service program.

CO-CHAIRPERSON JOHNSON: Thank you. I have a bunch of questions that I'm not going to ask you right now with regard to maternal and reproductive health of the Newborn Home Visiting Program, which I'm very excited about. And we know how successful the Nurse-Family Partnership has been, which is a great thing that the department is doing. I have some detailed questions about the program, and how we want to be supportive of that program. And also looking at individual -- the effectiveness with regard to the data. I'm happy to send that as a follow up, since they're very particular.

I did have a question with regard to Hepatitis Surveillance, and maybe Dr. Varma could participate in this as well. We know that there's a huge number of people that have Hepatitis in New York City who currently don't know they have Hepatitis because the disease may not show itself for years. And that the treatment right now is incredibly expensive if you are, in fact, diagnosed with Hepatitis. I think I just saw a report and on a case-by-case basis Medicaid is now covering the cost of Hepatitis for individuals who have it.

I wanted to understand what you believe the City Council could be doing to help DOHMH on its Surveillance Program, on linkage to care on Hepatitis generally in generally in New York City given that it's a really silent disease in many ways. And what we could be doing. As Council Member Barron said, in predominantly minority communities. I think the epicenters right now are in China Town and Sunset Park and in Flushing. What can we be doing to actually help on this more. I know that Dr. Varma is deeply involved in this, but I'd love to hear what you think the city could be doing to pursue this even further. And how the Council could be helpful in that?

COMMISSIONER BASSETT: Thanks very much. You're referring to Hepatitis C infection, viral infection, which really is astounnding. I think it's really quite miraculous is now a curable viral infections. Our data suggests that nearly 150,000 people are living with chronic Hepatitis C infection. Many of them are unaware of their infection status, and the key strategy of controlling Hep C is reminiscent of efforts that we've made with HIV. We want to encourage people to be tested. It's

recommended that everybody in the so-called Baby Boomer Generation born between 1945 and '65 be tested as well as people who have a history of risk factor exposures.

Largely even a remote history of injection drug use. All of these individuals should be tested for Hep C. And then, they need to be tested to determine whether they have chronic infection. And then they need to be referred to treatment, which as you know, Mr. Chairman, that is extremely expensive, but it's covered by some insurance plans. We do not have earmark funding for Hepatitis C programs. The program has worked to put together a program in response to this problem, which we're projecting mortality from Hep C will exceed that from HIV.

Because we have been successful in delivering treatment to people living with HIV infection. So we know that this is a looming problem. It's one that we can solve. The answer is surveillance, the linkage to care, and ensuring that people who lack adequate health insurance coverage or uninsured can access this extremely costly but life saving treatment. I think Dr. Varma is seated --

Yes, seated here. And if you would like to add to that -- Thank you.

DR. JAY VARMA: The Deputy Commissioner has summarized most of that. The critical issues I think you're well aware we've had many discussions with people on City Council with City Hall and then with some private companies as well about looking for different ways in which we can work together and mobilize resources. So our current strategies right now are based with the limited money we have available in all of the areas that the Commission mentioned. I think in addition to that, I think with Hepatitis C, the majority of the work we've focused on has been on what we call prevalent cases.

That is cases people who are already infected, usually some time 10, 20 years in the past. Another area that we are increasing concerned about is Hepatitis C infections in younger people, particularly people that have transitioned from opiate used as pills to now being first-time injectors. So with our apprising in the Division of Mental Hygiene, we've been looking for -- trying to identify new resources to help with injection drug users.

We've been very grateful to the Council for its designations over the years to support the very successful program focused on injection drug users. But primarily that's been a success with people sort of established in injection drug using communities. But may not be addressing those who are now recently starting. So I'd say that's one major area. And I would say the second is -- I think in so many neighborhoods you mentioned are actually areas of -- they're most prevalent for Hepatitis B, which has a different public health approach. So if you want to talk more about it, I can, but I'll pass it on.

CO-CHAIRPERSON JOHNSON: Thank you. And lastly I had a question and I know that my colleague Chair Cohen asked about this earlier. But given the huge number of heroin overdoses we're seeing in the city, and I know you discussed Naloxone, and the State Legislation that is pending. Is DOHMH partnering with the NYPD? The Times did a large piece last week stating that New York City is one of the central hubs for distribution of Heroin on the East Coast of the United States. If you could describe if there is a partnership right now between

the Department and the Police Department on what can be done, whether it's educating officers. Just any initiatives and efforts in this regard.

COMMISSIONER BASSETT: The main way that we work with NYPD is on launching a pilot targeting overdoses with officers carrying Naloxone. That pilot, as you know, will now be expanded citywide. We worked with them to train their trainers, and supported this pilot initiative. We also work with others, not only the NYPD. But our overarching goal is to get more Naloxone to the place where it might be needed, and most overdoses are witnessed. And so if there's more Naloxone available to family, friends, other people like peace officers and homeless shelters. A recent pilot has been conducted in the Rikers visiting area to see if that would be a good place to promote Naloxone access. So see a great need to promote access to Naloxone, and very pleased with the State law, which will make that simpler from a prescribing perspective.

CO-CHAIRPERSON JOHNSON: Thank you.

COMMISSIONER BASSETT: The expansion of the NYPD effort is being done largely with support

from the Attorney General, the State Attorney General's Office.

CO-CHAIRPERSON JOHNSON: I want to just first say thank you for your I think very detailed testimony, and for the preparation for today's hearing. This is my first budget cycle in the Council, but I can say that it has been a pleasure working with you. And being collaborative on where our goals align, and I think there are many with regard tot he membership and the Council and the committees. And I look forward to working on those issues with you. I thank you for answering nearly all of my questions, and I look forward to working with you through the rest of the budget cycle. Twitter is making a guess that the restaurant is Corner Social, but you don't have to comment on that. Thank you.

CHAIRPERSON FERRERAS: It took him long enough. So as a follow-up, and I guess you got the information to the committee in reference to the two immunization sites. What would be the cost of keeping them up, and if there has been any engagement with OMB to help address the issue of keeping those two sites up? So if you follow up with this

committee, I would appreciate it. We're actually done. This concludes our hearings for today. The Finance Committee will resume Executive Budget Hearings on Wednesday, May 28th, at 10:00 a.m. The hearings will be held in this room. On Wednesday, we will hear from the Department of Education, Parks and Recreation, and the Department of Environmental Protection. As a reminder, the public will be allowed to testify on the last day of budget hearings on June 6th beginning at approximately 4:00 p.m. The public session will be held in this room. For members of the public who wish to testify, but cannot make the hearing, you can email your testimony to Nicole Anderson, and she will make it a part of the official record. Her email is nanderson - N-A-N-D-E-R-S-O-N @council.nyc.gov. Thank you again. This hearing is now adjourned. [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 June 1, 2014