CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

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

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March 21, 2024
Start: 10:17 a.m.
Recess: 5:37 p.m.

HELD AT: COUNCIL CHAMBERS – CITY HALL

B E F O R E: Lynn C. Schulman, Chairperson for Committee on Health

Linda Lee, Chairperson for Committee on Mental Health, Disabilities and Addiction

COMMITTEE ON HEALTH COUNCIL MEMBERS:
Joann Ariola
Oswald Feliz
James F. Gennaro
Kristy Marmorato
Julie Menin
Susan Zhuang

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION COUNCIL MEMBERS:

COMMITTEE ON HEALTH JOINTLY WITH

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION 2

Shaun Abreu
Erik D. Bottcher
Tiffany Cabán
Shahana Hanif
Kristy Marmorato
Darlene Mealy

OTHER COUNCIL MEMBERS ATTENDING:

Jumaane Williams, Public Advocate

A P P E A R A N C E S

Dr. Ashwin Vasan, Commissioner of the New York City Department of Health and Mental Hygiene

Aaron Anderson, Chief Financial Officer of the New York City Department of Health and Mental Hygiene

Deepa Avula, Executive Deputy Commissioner for Mental Hygiene at the New York City Department of Health and Mental Hygiene

Corrine Schiff, Deputy Commissioner for Environmental Health at the New York City Department of Health and Mental Hygiene

Dr. Jason Graham, Chief Medical Examiner for New York City Office of Chief Medical Examiner

Robert Van Pelt, Chief-of-Staff for the New York City Office of Chief Medical Examiner

Yvonne Williams, Deputy Commissioner of Administration and Finance at New York City Office of Chief Medical Examiner

Monica Rahman, Director of TOP Clubhouse in the Upper West Side

Glenn Mejia, Goddard Riverside

Charles de San Pedro, Goddard Riverside

Dice Cooper, Program Director of Lifelinks Clubhouse at Amherst Hospital

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

Maria Leon, Citiview Connections Clubhouse

Leon Sims, Greater Heights Clubhouse

Abby Jeffrey, Assistant Vice President of Behavioral Health and Wellness at JCCA

Elinor LaTouche, Executive Director of the Epilepsy Foundation of Metropolitan New York

Greg Mihailovich, Community Advocacy Director for the American Heart Association

Rachel Benner, social work student intern at United Neighborhood Houses

Shannon Rockett, Associate Director at Carnegie Hall

Juan Pinzon, Director of Government Relations at the Community Service Society

JiHoon Kim, inaugural CEO of InUnity Alliance

Dana Zakharova, Lifelinks Clubhouse

Murphy Halliburton, professor at CUNY at Queens College and the CUNY Graduate Center

Marcos Stafne, Executive Director of GallopNYC

Ronnell Lovett

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

Eric Rosenbaum, President and Chief Executive Officer of Project Renewal

Shams DaBaron, on the Board of Project Renewal

Joelle Ballam-Schwan, Supportive Housing Network of New York and Correct Crisis Intervention Today

Jane Ni, Assistant Director of Policy at the Community Healthcare Association of New York State

Caitlin Garbo, National Alliance on Mental Illness of New York City

Marg Curran, social worker and an employment specialist at the Center for Urban Community Services Career Network

Sophia Perrotto, case manager at the Center for Urban Community Services

Donald Nesbit, Executive Vice President for Local 372, DC37 and AFSCME

Sheina Banatte, Justice for Eudes Pierre Coalition

Chaplain Dr. Victoria Phillips, Mental Health Project at Urban Justice Center and Chief Executive Officer and founder of Visionary V Ministries

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

Carmen Garcia, Community Health Worker Supervisor at Make the Road New York

Karina Albistegui Adler, Co-Director of Health Justice at the New York Lawyers for the Public Interest

Laura Jean Hawkins, Advisory Board Chair of Astoria Queens SHAREing and CAREing

Sakeena Trice, Senior Staff Attorney with the Disability Justice Program at New York Lawyers for the Public Interest

Stephen Risi, self

Jeemin Cha, Data Policy Coordinator at the Coalition for Asian American Children and Families

Edmond Loi, Grants Manager at the Charles B. Wang Community Health Center

Alice Bufkin. I'm the Associate Executive Director of Policy at Citizens Committee for Children

Brianna McKinney, Chief Advancement Officer at Project Guardianship

Dr. Maurice Franken, Professor of Public Policy Chair for 100 Black Men's Health and Wellness Committee and Vice-Chair of Community Board 10 Health and Human Services Committee

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

Jordyn Rosenthal, Advocacy Director at Community Access

Erin Verrier, Manager of Policy and External Affairs at Community Healthcare Network

Jim Bohovich, peer support specialist

Scott Daly, Senior Director of the New York Junior Tennis and Learning

Rauly Chero, licensed mental health counselor and Coordinator of Wellness Services at Northern Manhattan Improvement Corporation

Helen “Skip” Skipper, Executive Director of the NYC Justice Peer Initiative (testimony read by Grace Ortez)

Grace Ortez, Freedom Agenda

Ashley Santiago, Freedom Agenda

Jay Edidin, Director of Advocacy at the Women's Community Justice Association

Shakima Hill, Program Director for Emerson Davis Family Residence at the Institute for Community Living

Dash Yeatts-Lonske, Policy Analyst at Urban Pathways

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

Maryam Mohammed-Miller, Director of Government Relations at Planned Parenthood of Greater New York

Gabriela Sandoval Requena, New Destiny's Director of Policy and Communications

Faith Behum, Senior Advocacy and Policy Advisor at UJA Federation of New York

Alex Brass

Kayt Tiskus, Collective Public Affairs

Ruth O'Sullivan, Center for Justice Innovation

Emily Miles, Executive Director of the New York City Alliance Against Sexual Assault

Ronni Marks, Founder of the Hepatitis C Mentor and Support Group

Robert Desrouleaux, Programs Manager at the Hepatitis C Mentor and Support Group

Mohamed Attia, Managing Director of the Street Vendor Project

Rosa Chang, Co-Founder and President of Gotham Park

Jennifer Parish, Urban Justice Center Mental Health Project and member of the Jails Action Coalition and the HALT Solitary Campaign

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

Lily Shapiro, Policy Counsel of the Fortune Society's David Rothenberg Center for Public Policy

Casey Starr, Co-Executive Director of the Samaritans of New York

Kumarie Cruz, Director of Education and Bereavement Services at the Samaritans of New York

Fiodhna O'Grady, Director of Government Relations for the Samaritans of New York Suicide Prevention Center

Chris Norwood, Executive Director of Health People

Meihua Yang, Entitlement Benefit Specialist at Chinese American Planning Council

Jason Cianciotto, Vice President of Policy and External Affairs at GMHC

Yuna Youn, Director of the Mental Health Clinic at Korean Community Services

Zarin Yaqubie, Mental Health Program Manager at the Arab American Family Support Center

Lisa Farmer, Lifelinks Clubhouse

Danny Lam, Director of Government Contracts and School Partnerships at New York Edge

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

Myra Batchelder, COVID Advocacy Initiative and COVID Advocacy New York

Julie Lam, founder of Last Together America

Paul Hennessy

Anna Pakman

Jennifer Pozner

Amanda Granger, Senior Director of Communications at CASES

Joy Cambe, Program Coordinator for Empire Liver Foundation

Sylvia Pizarro, Lifelink Clubhouse

Dr. Lucky Tran, scientist and public health communicator who works at Columbia and member of COVID Advocacy New York

Alina Neganova, New York City nurse

Liliana Rasmussen

Robyn Saldino

Elana Levin

Neil Corrado

May Schotz

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

Kyron Banks, Manager of Policy and Advocacy at Callen-Lorde Community Health Center

Christina Boynes, community health worker and patient navigator under the Viral Hepatitis Initiative at BronxCare Health System in the Department of Family Medicine for both Hepatitis C and B

SERGEANT-AT-ARMS: This is a microphone check for the Committee on Health, recorded by Layla Lynch on March 21, 2024, in the Council Chambers.

SERGEANT-AT-ARMS: Good morning, and welcome to today's New York City Council Preliminary Joint Hearing for the Committee on Health, Mental Health, Disabilities, and Addiction.

At this time, we ask that you silence all cell phones and electronic devices to minimize disruption throughout the hearing.

If you have testimony you wish to submit for the record, you may do so via email at testimony@council.nyc.gov. Once again, that is testimony@council.nyc.gov.

At any time throughout the hearing, please do not approach the dais.

We thank you for your kind cooperation.

Chair, we are ready to begin.

CO-CHAIRPERSON SCHULMAN: [GAVEL] Good morning and welcome to the City's Fiscal 2025 Preliminary Budget for the New York City Department of Health and Mental Hygiene. I'm Council Member Lynn Schulman, Chair of the Committee on Health. I would like to thank my fellow Council Member, Chair Lee,

for holding this joint hearing. I would also like to thank everyone who has joined us today and acknowledge Council Member Darlene Mealy, and we're joined by Public Advocate Jumaane Williams.

DOHMH Fiscal 2025 budget totals nearly 2 billion dollars, which represents approximately 2 percent of the City’s budget. This budget includes 1.2 billion for the City's public health services, which comprise 442.8 million dollars for personal services and 773.6 million for other-than-personal services. In the Preliminary Plan, funding for public health was reduced by 120 million dollars while the headcount decreased by 202 positions. In addition, the plan includes a Program to Eliminate the Gap of 26.8 million in Fiscal 2025 that will certainly impact services and operations for the public health area. While the Council is optimistic for Healthy NYC and its results, we are also wary about some reductions in DOHMH's budget and headcount. One program area, disease prevention and treatment, has 130 fewer full-time employees now than it had at adoption. It is concerning to see a reduced headcount in any program area, but this is the largest decrease

in headcount in any of the program areas followed only by environmental health with 42 fewer positions.

We will also focus on DOHMH's vacancy rate. There are currently 344 vacancies in public health and 183 vacancies in mental hygiene, which is on top of the routine vacancy reductions that the City has seen. I want to make it clear that vacant positions do negatively impact agencies' operation, especially in the health sector, and DOHMH must fill those positions to further improve the services that they provide. DOHMH strives to keep all New Yorkers healthy, despite the disparities that some New Yorkers face with their health. The life expectancy rate has been gradually declining in recent years and, while the COVID-19 pandemic played a role in this decrease, it was only one factor that affected the decrease. Diabetes, cancer, and maternal morbidity have always been issues in the city and are several of the disparities that will be addressed in Healthy NYC. Local Law 46 is an extension of Healthy NYC, and it requires DOHMH to develop a five-year health agenda that will ultimately increase the city's life expectancy rate. The Council looks forward to hearing strategies that DOHMH will roll

out to raise the life expectancy rate beyond what it has ever been.

Before we begin, I would like to thank the Committee Staff for their work, including Danielle Glants, Florentine Kabore, Christopher Pepe, Sarah Sucher, and Mahnoor Butt. I would also like to thank my Chief-of-Staff, Jonathan Boucher, and my Legislative Director, Kevin McAleer, along with my legislative fellow, Andrew Davis.

Before I turn it over to Chair Lee, I want to thank Commissioner Vasan and his team for all your work on Healthy NYC and everything else to keep our city healthy.

I will now turn it over to Chair Lee for her opening remarks.

CO-CHAIRPERSON LEE: Good morning, everyone. My name is Linda Lee. I'm Chair of the Mental Health and Addictions and Disabilities Committee so I just wanted to welcome all of you to today's hearing for the City's Fiscal 2025 budget.

I would also like to thank Chair Schulman for co-hosting this hearing with me, and I would also like to thank Commissioner Vasan, your team, everyone who is here today.

DOHMH's budget for mental health services alone is 748.4 million dollars, which includes about 63 million for personal services to support 683 full-time positions. The budget also includes nearly 686 million for other-than-personal services. The mental health services that the City provides are immensely crucial to New Yorkers, but some important areas tend to slip between the cracks. We held a roundtable last month on the needs and concerns that mental health providers have, and youth mental health and maternal mental health were among the most concerning topics we heard, which is what our roadmap will focus on this year. Our youth need mental health services in their schools. Pregnant people need doulas and postnatal mental healthcare. During this hearing, we will examine DOHMH's mental health budget and how it addressed the needs of those in need. We will also review the Fiscal 2025 Program to Eliminate the Gap, PEG, savings of 12.4 million to ensure that any reduction will not impact programs and services, especially now as we continue post-COVID recovery.

Another service that the City should invest in is access to Clubhouse. DOHMH released a request for proposal in October 2023 to expand the

total number of Clubhouse in New York city. However, the RFP's guidelines will exclude several of our smaller Clubhouse that have been serving the population in need. Clubhouse expansion is part of the Council's mental health roadmap from last year, and we're interested in partnering with DOHMH to increase the number of Clubhouse in the city instead of decreasing them, and I understand that the totality and the number of people served in your new RFP proposal are higher, but I'll ask some questions later about the size of the Clubhouse.

Among other topics, I would like to discuss the Mayor’s Office for People with Disabilities, which I know is not you all, and ensure that we are not cutting their budget. Last year, I brought up concerns about MOPD's budget; however, the Preliminary Plan reduced this office budget to be about one half of what it was one year ago, and we're talking about an agency that serves 1 million people in New York City that have various different types of disabilities so we need to make sure that those services continue as well.

I would like to thank the Committee Staff, Florentine Kabore, Danielle Glants, Sarah

Sucher, Cristy Dwyer, for all of their hard work as well as my staff as well.

We've also been joined by Council Member Menin on Zoom as well as Council Member Ariola.

Now, I would like to introduce our Public Advocate, Jumaane Williams, who has come here to testify as well.

PUBLIC ADVOCATE WILLIAMS: Thank you so much, Madam Chair. As mentioned, my name is Jumaane Williams. I'm the Public Advocate for the City of New York. I want to thank Chairs Schulman and Lee, the Members of the Committees on Health and Mental Health, Disabilities, and Addiction for holding this hearing today and allowing me an opportunity to give a statement.

In any given year, more than one in five New Yorkers experience psychiatric illness with low-income people of more color often unable to access any treatment or support. Barriers to effective care include a host of issues related to a lack of adequate insurance, stigma, and discrimination, lack of access to stable housing, among others. The increased visibility and vulnerability of these individuals compounded with a decrease in resources

as cities around the country struggle to meet demand have devastating consequences. The death of Jordan Neely last year, an unhoused person experiencing a mental health crisis on the subway, is just one example. Programs like B-HEARD launched in 2021 to address mental health crisis caused with non-police response cover only a quarter of mental health calls made in the city. B-HEARD teams are established in only 31 of the City's 77 police precincts. One of the primary challenges has been hiring enough social workers and EMS staff for B-HEARD teams at a time when EMS staff are already overstretched. The lack of adequately trained staff has led to continuous cuts to the program's budget. Peer support specialists and other embedded mental health infrastructure could help fill these gaps. The City's Overdose Prevention Centers, or OPCs, which opened in 2021, and in their first six months of operations helped prevent over 300 overdoses, is another program that could address serious healthcare gaps in NYC.

I want to echo the Progressive Caucus' request last year for 20 million dollars to shift the City's two existing OPCs in Manhattan to 24/7

operations and to open four additional centers, one in each borough that does not have an OPC.

In addition to these requests, I want to highlight and reiterate my support for a few recommendations from my office's report, Improving New York City's Responses to Individuals in Mental Health Crisis, released in October of 2019. The report updated and re-issued in November was informed by conversation with and the work of mental health and justice advocates want to uplift the need for respite centers. They are an alternative to hospitalization for those in crisis and serve as temporary stays in supportive settings that allow individuals to maintain their regular schedules and have guests visit? Currently, there are four Health Department Community Partners operating respite centers serving adult New Yorkers, a drop from eight centers in 2019. ACS also operates a respite program for youth, and increasing supportive housing. Supportive housing is affordable housing with supportive social service in place. Currently, the City is lagging behind in providing supportive housing with a long and often delayed application process. This should include supportive housing for

incarcerated individuals and individuals re-entering communities post-release.

Further, I would highlight the need for expanded STI testing and sexual healthcare centers, and recent data from DOHMH shows that the number of sexually transmitted diseases has spiked across the city with rates of chlamydia, syphilis, and gonorrhea skyrocketing across demographic groups.

Finally, when I highlight all the recent and planned hospital closures over the past 25 years, we've had a total of 20 hospital closures. These closures have disproportionately impacted communities of more color who often bear the burden of adverse health effects. By closing hospitals, we're losing access to beds and precious resources, and we cannot afford to go backwards. The COVID-19 pandemic exacerbated health outcomes and further contributed to (INAUDIBLE) shortages and high rates of turnovers. It's our responsibility now to realize the reforms needed and act swiftly to prevent more suffering and loss.

I look forward to engaging with this Council, the Adams' Administration, including H and

H, Department of Health and Mental Hygiene, and communities across the city to address the issues.

The last thing I wanted to mention was that yesterday the NYPD mentioned the need for the type of overtime dollars that they have to address issues and, as an agency, I understand agencies want to make those asks. I don't know if I'll be here to ask questions, Madam Chair, but I would like to know if DOHMH has the same access to overtime they think they need to address mental health issues that arise when the City needs it. Thank you.

CO-CHAIRPERSON SCHULMAN: Thank you, Public Advocate, and I'll leave that to Chair Lee when it comes up for her to ask questions.

I'm going to start with the questioning, Commissioner, and I'm going to ask about Healthy NYC first.

Oh, that's right. I'm sorry. We're a little discombobulated today. I'm so sorry. Give your testimony.

COMMISSIONER VASAN: It’s all right, Chair. Should I be sworn in, maybe?

COMMITTEE COUNSEL PEPE: Good morning, Commissioner. Right here.

COMMISSIONER VASAN: Hello.

COMMITTEE COUNSEL PEPE: Hi, good morning. If you could please raise your right hand, you as well.

Do you swear to tell the truth, the whole truth and to respond honestly to Council Member questions?

COMMISSIONER VASAN: Yes.

CHIEF FINANCIAL OFFICER ANDERSON: Yes.

COMMITTEE COUNSEL PEPE: You may proceed.

COMMISSIONER VASHAN: Okay, good morning. Good morning, Speaker Adams, Chairs Schulman and Lee, Mr. Public Advocate. I'm Dr. Ashwin Vasan, I'm the Commissioner of the New York City Department of Health and Mental Hygiene. I'm glad to be here today, joined by our Chief Financial Officer Aaron Anderson and members of our senior leadership team. Thank you for the opportunity to testify on the Department's Preliminary Budget for Fiscal Year ’25.

I want to start by acknowledging the Speaker's State of the City address last week. We are so grateful to have a Speaker and a Council focused on areas that are important to New Yorkers’ health and well-being, like youth mental health, maternal

health and chronic disease prevention. It's certainly been a busy year. The Health Department continued to manage COVID-19 through the end of the federal public health emergency while defining a new strategy and ambitious goals for healthier, longer lives. Last November, we launched Healthy NYC, an ambitious citywide strategy to improve and extend the lifespan of all New Yorkers by addressing the leading causes of death and premature death in New York City. We know COVID-19 took a major toll. In 2020, the city saw the biggest and fastest drop in lifespan in a century, dropping 4.6 years to just 78 years. This was the largest drop in our history and the largest drop anywhere in the U.S. or the world in 2020. In encouraging news, though, the city gained back 2.7 years in 2021. However, aside from COVID, the leading causes of death of New Yorkers are moving in the wrong direction and, like in so many issues, the decreases in life expectancy have not been experienced equally. The largest decreases were amongst Black and Latino New Yorkers with the disproportionate burden of premature death, death before the age of 65, falling on these communities. These are also the deaths that, of course, contribute

most to life expectancy loss. To address these declines, the Health Department and this Administration have advanced the implementation of Healthy NYC to increase the life expectancy of New Yorkers to its highest ever level, 83 years, by 2030 with equity at the center of all of our work. To achieve this goal, we have set very specific targets to reduce mortality from the leading issues killing New Yorkers, chronic and diet-related diseases, such as diabetes and heart disease, screenable cancers, mental health including overdoses and suicides, and violence including gun violence. Healthy NYC also sets targets to address COVID-19-related deaths and the unacceptable disparities in black maternal mortality while addressing crosscutting issues, including access to healthcare and the impacts of climate change on health. If the city is successful in reaching each of these targets, we will not only achieve a life expectancy in New York City of 83 years or more, we also estimate that we will stop well over 7,000 preventable deaths. That's 7,000 mothers, fathers, siblings, friends, and loved ones who would otherwise be taken from us too soon. Ultimately, Healthy NYC is an organizing principle

toward a future where New York City is the healthiest big city in the nation and the world. Too often in government, we are afraid to set big, tangible, measurable goals and to hold ourselves accountable to them. Instead, we set smaller ones, maybe ones that are easier to achieve in a few months or a few years, but complex, long-term challenges, like improving the health of our city, requires long-term vision and near-term action towards that vision. It requires everyone pulling in a common direction, not one agency alone, but one city. We will get there by investing more in prevention and upstream care, earlier intervention and support, and ensuring access to services that meet New Yorkers' health and social needs, and we will get there by responding with intentional action and planning and repeating this year after year. Healthy NYC is the first of its kind agenda in the city and in the nation. I am grateful to the Mayor for his support and proud of my team for building out this campaign and working together to organize our city around these goals. I'm grateful to my fellow Commissioners and City leaders who continue to endorse and embrace this agenda and to our partners in the non-profit, private, and

philanthropic sectors who continue to engage with us. I also want to thank the New York City Council, particularly the Speaker and Chair Schulman, for enshrining in local law the requirement for the city to ensure that Healthy NYC will endure for decades to come and will not be subject to the whims of electoral cycles and political cycles. The health of New Yorkers is foundational to New York City and our world. There's no wealth, no prosperity, no equity, and no safety without health at the core.

The Health Department also remains focused on addressing the second pandemic of mental health issues. As we would say in medicine, this crisis is acute-on-chronic. We had growing mental health needs long before COVID-19. Mental health systems were chronically underinvested in, and the pandemic was an acute stressor that made everything worse. Last year, we announced a comprehensive mental health plan to alleviate and prevent emotional suffering and to save lives. This plan will continue to guide the city's future actions to improve mental health. The Health Department has executed on several commitments in our plan in the last year. Importantly, we transitioned NYC to 9-8-8 to ensure

that these three digits become the go-to resource for all New Yorkers for mental health concerns and for crisis response. We launched NYC Teenspace, the city's pioneering, no-cost digital mental health service available on mobile devices to all New York City teenagers between the ages of 13 and 17. I'm pleased to report that after just five months, we have seen thousands of teenagers sign up. Moreover, this Fiscal Year, we distributed more than 280,000 naloxone kits, expanded our emergency room, peer-led overdose response program, supported syringe service providers in all five boroughs, increased access to buprenorphine in primary care, emergency departments, and in harm reduction sites and in homeless outreach settings and much, much more.

Finally, in early 2024, the Health Department and the Mayor made two key announcements that will have important impacts on thousands of New Yorkers. First, we will invest 18 million dollars over three years to relieve over 2 billion dollars in medical debt for hundreds of thousands of working-class New Yorkers. Throughout my career as a doctor, I've seen firsthand how high healthcare costs and medical debt can force patients to make impossible

choices and, as we all know too well, medical debt is the number one cause of bankruptcy in the United States and disproportionately affects uninsured, underinsured, and low-income households. The city's program will wipe out medical debt for up to 500,000 working-class New Yorkers. Second, the city set out to address the mental health impacts of unregulated social media on our youth. This included a Commissioner's Advisory declaring social media an environmental toxin and a historic lawsuit against four of the largest social media platforms. As a parent, I want to keep my children safe, and that includes the use of interaction with social media. This Administration and this Health Department are committed to leading on this issue.

And there is so much more. As New Yorkers, we know that everyone deserves the right to make their own healthcare decisions and to control their own bodies. New York City has continued to lead, ensuring that our city is a safe haven for reproductive healthcare and abortion access. Over the past year and a half, the Health Department has expanded medication abortion access in our public health clinics, the first in the nation to do, and

have strengthened the abortion access hub, which ensures anyone from anywhere in this city or country can access reproductive healthcare in New York City when they need it.

We've also strengthened the Department's internal capabilities, including our data systems, by building the new Center for Population Health Data Science to bring together health and social services data into a single view to enable citywide planning for New Yorkers' health and to ensure resources and services are getting to the communities who need it most. The Department has also started a Response Readiness Initiative our station to ensure we're better prepared for the next health emergency, whatever or whenever it might be, and the Department has invested in our staff by expanding our worksite wellness programs and by centering mental health in the process. Our most recent workforce survey shows that more than 75 percent of our Health Department staff are satisfied with their work at the agency, a significant increase from past years when morale was low in the face of crisis and constant attacks on our work.

Before I talk about the budget, I want to take a moment to thank my team, and that includes those here with me today, my senior leadership team, and the staff who helped prepare for this hearing. It also includes those back at our offices and those on the ground running everything from public health clinics to health inspections, community health work, and disease investigations. My colleagues make me so proud to come to work every single day. We continue to do this work because we are here to save lives, to prevent suffering, and to ensure that every New Yorker can live a healthy life. Public health is often an invisible shield, stopping bad things from happening before they occur and responding when they do but, even if our work is invisible to some, every single employee of the Department of Health deserves recognition and thanks for a job well done.

Now, I'll take a few moments to speak to our Preliminary Budget. The Department has approximately 7,000 employees and an operating budget of 2 billion dollars for Fiscal Year ’25, of which approximately a billion is city tax levy. Over half of our budget is comprised of federal, state, and private funding. We are pleased that our Preliminary

Budget continues funding for many of the agency's priorities and allows us to execute on activities to address the goals we've laid out in Healthy NYC. We look forward to answering your questions on our Preliminary Budget.

Now I'll turn to the state budget. The Governor's Fiscal Year 2025 Executive Budget proposes significant investments in mental health, maternal health, and the well-being of children and families. These investments all align with the City's Healthy NYC goals. On mental health, the executive budget seeks to improve access to mental health services by raising the minimum reimbursement rate for commercial providers. I am pleased to see the Senate has included this in their One-House Budget and urge the Assembly to accept this policy. The Executive Budget also includes the Stop Addictive Feeds Exploitation, or SAFE for Kids Act, which is an ambitious first step in regulating social media companies and complements the City's work to address the health threats posed by social media. Unfortunately, the State Legislature rejected this language. I urge them to pass this as part of their final budget. The Department supports other actions in the Executive

Budget that are there to support maternal health. Governor Hochul included language establishing paid prenatal leave for medical appointments. The Senate and the Assembly have versions of this in their budgets, and we hope they can resolve their differences. The budget also establishes a statewide policy which will allow all birthing people to access doulas as well as includes language providing for breast milk expression breaks. Unfortunately, the Assembly omitted these items from their bill, and the Department strongly urges them to reconsider. We also firmly support investments in child and family health established by continuous Medicaid enrollment for children from birth to age six. We are pleased both Houses have included this vital policy.

The Governor's budget demonstrates a commitment to public health and health equity. However, the budget fails to address a key issue which undermines New Yorkers' health, gains in health equity, and our core public health infrastructure. It is not acceptable that New York City continues to be denied its fair share of public health resources from the State. Five years ago, New York State cut Article 6 public health funding to New York City from a 36

percent match on the dollar to 20 percent. This cut was to New York City only. At the time, the justification was that the City receives funding directly from the federal government, but these federal funds are for specific issue areas, not for general public health support. If parity was restored for Article 6 funding, we project the City would receive an additional 90 million dollars to support critical public health services. These are funds that can be used to address rising rates of vaccine preventable diseases, sexually transmitted infections, and tuberculosis, many diseases that we thought we had relegated to the past as well as the growing crisis in overdose rates and black maternal health, these amongst other essential and mandated public health services. New York State has an obligation to support the health of all new Yorkers, including those who live downstate in the five boroughs. At least 50 percent of the Medicaid recipients in New York State live in New York City, and most of the people of color and low-income people in the state called New York City home. This is a health issue, this is an equity and racial justice issue, and it is an issue of basic fairness and good

governance. This means that New York City must be funded at the same rate as every other county in the state. Today, I'm asking all of you to urge your State Colleagues to reinstate New York City's Article 6 reimbursement in the State's Adopted Budget.

Finally, I'd like to make a few comments on the federal budget. We thank President Biden, Leaders Schumer and Jeffries, and the New York Congressional Delegation, and Health and Human Services Secretary Becerra for their consistent support. We are, however, concerned with budget cuts for critical, federally supported public health services and infrastructure. Federal funding makes up almost 20 percent of the Health Department's budget. The Health Department has long expressed concern about the federal government's continued cuts to the prevention and the federal public health emergency preparedness and hospital preparedness programs. It's essential for the federal government to focus the necessary attention and resources to ensure the country has a robust health security infrastructure that can meet the scale and scope of threats we face in our rapidly changing world. Additionally, while we are all grateful COVID-19 is no longer an all-hands-

on-deck emergency, the federal funding that boosted so much of the response has expired with the end of the federal emergency. This loss of supplemental funding is impacting our disease surveillance and response infrastructures well beyond COVID-19 work. We are in a critical moment with federal and state investment in public health. As I previously mentioned, over half of the Department's budget is from state, federal, and private funding. We must learn from the lessons of the last four years and ensure that there is strong investment in public health infrastructure by our state and federal colleagues. We invite the Council's partnership in advocating for more state and federal investment into public health. I know many of us are fatigued of thinking about the public health emergency, but ignoring and disinvesting in public health only makes us more vulnerable to the next threat.

As I wrap up, I want to thank the Health Department staff once again for their steadfast commitment to the health of this city. I look forward to continuing to work arm-in-arm with them and with you to improve life expectancy through Healthy NYC and to face our public health challenges head on. I

thank Mayor Adams for the resources dedicated to this Department in his Preliminary Budget. I thank you to the Speaker, to the Chairs, to the Members of the Committee for your partnership and dedication to the health and being of all New Yorkers, and now I'm very happy to take your questions.

CO-CHAIRPERSON SCHULMAN: Thank you, Commissioner.

First, I want to acknowledge we've been joined virtually by Council Member Caban. We're joined in-person by Council Members Abreu and Feliz.

I'm going to ask you some questions. I'm going to start easy and then get harder, like Proud Mary. In 2020, due to the pandemic, the City's life expectancy dropped from 82.6 years to 78 years. The Council passed Local Law 46, which would require DOHMH to develop a five-year health agenda with the goal of increasing the average lifespan of New Yorkers to 83 by 2030. This is part of the Healthy NYC campaign to increase the City's life expectancy. In what Fiscal Year will funding for Healthy NYC be included in DOHMH's budget going forward?

COMMISSIONER VASAN: Thanks, Council Member, for the question. Healthy NYC is, of course,

subject to investment, but it isn't a program like any other. It is very much our strategy, it's our North Star, it's the framework under which all of our work is done. In fact, we have not only set these goals out for the public and for our external work, but we've realigned our agency and our internal performance and our KPIs to align with this, so it's much, much more than just a line item in a budget. We are obviously looking towards the kinds of investments we need to build a program around it as well, but this is about really achieving our Healthy NYC goals with leadership from all of our divisions throughout.

CO-CHAIRPERSON SCHULMAN: And is there an operating budget or, you don't, for Healthy NYC?

COMMISSIONER VASAN: Yeah, we're still working through those details.

CO-CHAIRPERSON SCHULMAN: And when you have that, please share it with us. We'd like to help with that.

COMMISSIONER VASAN: Happy to.

CO-CHAIRPERSON SCHULMAN: What funding sources will be used to fund Healthy NYC? Again, the same thing I'm assuming. Okay.

Have there been discussions with our state or federal counterparts regarding Healthy NYC?

COMMISSIONER VASAN: Yes. They're well-aware of this and very supportive. In fact, we've had discussions about these goals with both federal counterparts and state counterparts, and that's particularly interesting and important as we consider new initiatives like the Medicaid waiver and where does the Healthy NYC goals align with our downstate goals in terms of health and health equity so we're in active discussions now.

CO-CHAIRPERSON SCHULMAN: Okay, so diabetes is a major health concern, one that can result in multiple lifelong health conditions. The PMMOR states that diabetes management has increased slightly among adult New Yorkers. The goal of Healthy NYC is to reduce the prevalence of diabetes in the city by 5 percent by 2030. How many people in the city currently have diabetes in Calendar Year 2023, and how does that number compare to the last five years?

COMMISSIONER VASAN: Thank you for the question. I'm happy to get you specific epidemiological details, but I will say that, yeah,

the goal of reducing diabetes and cardiovascular disease deaths by 5 percent by 2030, it may, on its surface, not sound like a large goal, but it's a massive goal because we've seen diabetes deaths increase, we've seen cardiovascular disease deaths stay extremely high as the leading cause of death of New Yorkers, and we've struggled to make a dent, and part of the reason we've struggled to make a dent as a society is that our society is perfectly set up to create diabetes, whether it's processed foods, poor diets, lack of green space for activity so these are all areas that we are focused on as well as connections with our healthcare systems who do so much work in both screening for diabetes early and ensuring that people get evidence-based care. One of the things we're most proud of with our diabetes work is that we have the largest diabetes prevention program in the country, which means we bring together community stakeholders to really advance what better lifestyles look like, what better health looks like, and we're also very excited about our Public Health Corps program, which puts community health workers into high-need neighborhoods and advances health

coaching, lifestyle change, and connections into primary care amongst other things.

CO-CHAIRPERSON SCHULMAN: How many people have passed away from diabetes in 2023, and how does that number compare to previous years if you have it?

COMMISSIONER VASAN: I'm happy to get you the epidemiological details.

CO-CHAIRPERSON SCHULMAN: And strategies you kind of went over. What is your current five-year timeline to ensure that this goal is reached by 2030?

COMMISSIONER VASAN: We're very proud that we're in the midst of, and we're approaching the end of, a citywide Chronic Disease Prevention Task Force, which has convened all City agencies around our Healthy NYC goals, both for heart disease and diabetes as well as for screenable cancers, because we know the same risk factors are associated with the development of many diet-related and other related cancers so we will be publishing a full strategy, but it really focuses on the use of place-based strategies, especially leaning into community health workers, the saturation of high burden neighborhoods with evidence-based group interventions like the diabetes prevention programs, added support and

connection to our Safety Net Primary Care Facilities, partnering with H and H, but the many FQHCs and safety net providers around our city, and making sure that we invest in health-related social needs and nutrition security as well as addressing the commercial determinants of health and really looking at the role that industry plays in shaping our diets, our activity, and our exposure to unhealthy foods.

CO-CHAIRPERSON SCHULMAN: Do you believe that the goal is realistic for diabetes?

COMMISSIONER VASAN: I believe it is, yes.

CO-CHAIRPERSON SCHULMAN: Okay so, if so, what is your ultimate diabetes reduction goal past 2030?

COMMISSIONER VASAN: That's a great question. As I said, we haven't set that goal out beyond 2030. Obviously, we want to get that number as low as possible. What we want to show with this goal of a 5 percent reduction is that we can actually act in coordinated ways as a city. You know as well as I that we are so siloed as a city, as a state, as a country, and what we did is, this is not just the Department of Health's plan, this is the New York City plan and the Administration's plan and the

cross-Administration plan to improve health because we need everyone pulling in the same direction, whether it's our healthcare systems that the City runs, healthcare systems that are private and non-profit and academic, and also community organizations as well as City agencies pulling in the same direction.

CO-CHAIRPERSON SCHULMAN: Last year, the Council passed Local Law 52 of 2023, which would require DOHMH to develop and implement a citywide diabetes reduction plan. By April 1st, DOHMH should have a plan to identify a goal percent and timeline for the reduction of diabetes cases, and I understand this overlaps with Healthy NYC, and timeline for the reduction of diabetes cases include strategies that the Department will use to reach these goals and post those findings in a report on their website. What's the status of the report?

COMMISSIONER VASAN: We are analyzing that data now, and we are on track to finalize the diabetes incidence and reduction plan, and the data for this report is on track to be submitted in the coming weeks.

CO-CHAIRPERSON SCHULMAN: It's like a week. Just FYI.

COMMISSIONER VASAN: We're on track.

CO-CHAIRPERSON SCHULMAN: Okay. Have you had any challenges in preparing the report?

COMMISSIONER VASAN: It's always challenging in bringing together data in this city. As I said, we are a siloed city, we have siloed data, and that's why we built our Center for Population Health Data Science to create a single data hub for our city where we can bring together health, social services, community, institutional data, and match it, and then do citywide analytic. We've never had anything like this. You'll all recall that during COVID, like me, the first place I went to every morning was the DOHMH webpage to look at the cases. That was the result of data coming from every single health facility, every single lab facility, even community-based programs, and that was built on the back of my staff working overtime, extra days, seven days a week, 18-, 15-, 20-hour days. That's not sustainable and, in an era of technological advancement and AI and technology and advanced informatics, we should not accept as a city that we

have these data silos, and so that's what we're building with the center.

CO-CHAIRPERSON SCHULMAN: No, and I appreciate that, and we're trying to do what we can to be helpful to you in that regard.

COMMISSIONER VASAN: We appreciate it very much.

CO-CHAIRPERSON SCHULMAN: How does the diabetes reduction plan relate to Healthy NYC's goal to lower diabetes cases?

COMMISSIONER VASAN: Yeah, it's one and the same.

CO-CHAIRPERSON SCHULMAN: Okay, great. So I'm going to ask about Rest in Peace Debt, a couple of questions, the medical debt relief program. As you indicated in your testimony, on January 2, 2024, DOHMH announced a medical debt relief program that would invest 18 million dollars over three years to relieve 2 billion dollars of medical debt, and I just want to make a comment that that's actually the largest program in the country because other states have announced programs and said, oh, they're wonderful and this and that and they're a fraction of what this is so I want to commend you for that. This

is a one-time program that will launch soon and run for three years. When will the program begin?

COMMISSIONER VASAN: We're in discussions now with RIP Medical Debt to organize the program and to make sure that we have data access, and the amazing thing that RIP Medical Debt does is really bring together data that you have to have very specific knowledge to understand. You need to understand actuarial tables and insurance data, and they have it because it was an organization built by two former insurance executives, and so they understand hospital billing and payment really well so we're working with them closely to finalize the details of that contract and we should be getting off the ground.

CO-CHAIRPERSON SCHULMAN: Can you tell us what the eligibility criteria for the program is?

COMMISSIONER VASAN: Yeah, I'll get you very specific information, but it is related to the federal poverty line or the percentage of income that debt represents in your household, but it does vary by individual or family so I'll get you the details.

CO-CHAIRPERSON SCHULMAN: Now, is this funding housed under DOHMH, H and H?

COMMISSIONER VASAN: Yes.

CO-CHAIRPERSON SCHULMAN: DOHMH?

COMMISSIONER VASAN: It’s our funding.

CO-CHAIRPERSON SCHULMAN: I'm going to go on to something else. DOHMH's headcount in the Preliminary Plan for Fiscal Year 2025 is 196 less than its headcount in Fiscal 2024 at adoption. The program area with the largest difference in headcount is disease prevention and treatment, which has 130 fewer full-time budgeted employees in Fiscal Year 2025 than it did in Fiscal Year 2024 at adoption. DOH's overall headcount was impacted by a PEG reduction of 18 positions in Fiscal Year 2024 and 2025 in the Preliminary Plan and 29 positions in Fiscal 2024 and 2025 in the November Plan. Were there any headcount reductions in the disease prevention and treatment program area between Fiscal Years 2024 and 2025?

COMMISSIONER VASAN: Yeah, thanks for the question. Just to be clear, that number 196 doesn't account for grant lines…

CO-CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER VASAN: So many of those positions are actually grant-funded but, as you know,

in the Prelim Budget, it doesn't represent federal grants at this stage because of the Fiscal Year cycles. 47 of those 196 were from the November and January Plans which represents about 24 percent of the total vacancy reductions, not inclusive of grants, of course. Those reductions, we took every effort to ensure that they were spread throughout the agency so that one group didn't face a disproportionate burden.

CO-CHAIRPERSON SCHULMAN: Yeah, you can understand my concern that these disease prevention and treatment is at the heart of Healthy NYC so we want to make sure that you have the positions that you need to undertake the program.

COMMISSIONER VASAN: Thank you.

CO-CHAIRPERSON SCHULMAN: Sexual health clinics. I understand recently a number of sexual health clinics across the city have closed. How many sexual health clinics have closed?

COMMISSIONER VASAN: Actually, we've re-opened several. We have eight sexual health clinics across our city. Six of them are open, only two are closed, and we've been able to re-open them, and

we're working hard to get the final two re-opened as well.

CO-CHAIRPERSON SCHULMAN: What are the challenges there in re-opening them?

COMMISSIONER VASAN: As you can imagine, we face challenges with labor markets and salaries. We face challenges with hiring, and we've had long-term challenges with our sustainability of our public health clinics, but they represent a critical part of our public health infrastructure, and we are very much committed to them. I know OMB is also very much committed to them, and we're grateful for that partnership, and we continue to work on a long-term plan for sustainability.

CO-CHAIRPERSON SCHULMAN: Two questions I have, which ones closed, and why did they close?

COMMISSIONER VASAN: They didn't close, just to be clear, they didn't recently close, they've been closed.

CO-CHAIRPERSON SCHULMAN: Right, understood.

COMMISSIONER VASAN: I believe it's Washington Heights and one other, but I'll get you the details.

CO-CHAIRPERSON SCHULMAN: Okay. I want to ask a question that kind of has been asked in the past about the public health library, if you recall that issue. The William Hallock Park Memorial Public Health Library, located in Long Island City, had for decades provided DOHMH epidemiologists and the public with access to peer reviewed medical and public health journals, databases, books, and other research materials on site and electronically as well as via loans. Unfortunately, DOHMH closed this facility to the public and canceled its medical journal and database subscriptions last year citing budget cuts. At a time when our city is recovering from a global pandemic, we should be prioritizing access to the latest medical research to better inform the city's public health strategies. Who ordered the closing, and what is being done to sustain that level of research?

COMMISSIONER VASAN: Yeah. As someone who has an academic background or at least partly an academic background and continues to maintain an academic appointment, it's very important to me that my staff have access to the latest academic research in order to inform evidence-based public health

programs. We're very proud of the public health library. I just want to be clear. It was never really designed to be public-facing. It was designed to really serve our staff and so, while we've had to make difficult decisions in the process of these PEGs, we have taken pains to ensure that we maintain access to key research for our staff through other means. I will say this, this is part of a broader trend of the cost of journal access. We're seeing even universities cancel journal subscriptions due to rising costs of journal access, and it's becoming somewhat unsustainable to continue to pay these higher and higher prices. In fact, over the time of the existence of the public health laboratory, the budget has had to fund fewer and fewer journals because the cost of each journal is going up, and so we've been discussing at length with our academic partners in the city, particularly the academic schools of public health, and we've really encouraged them to step into this with us. They have access to all of these journals, and we work already extremely closely with them. We'd like to build on that partnership with them and to rebuild this service.

CO-CHAIRPERSON SCHULMAN: You mentioned there were other means. What are the other means that are being used to access the research.

COMMISSIONER VASAN: A lot of it is finding resources to fund priority journals, to essentially make choices, tough choices, but really asking our staff what's most important to them in terms of research access, and so we've tried to maintain some of that and increasing our academic partnerships. Many of our staff have voluntary zero-salary appointments at academic institutions across the city, and we're really leaning on our academic partners who have a lot of resources to help us in this effort.

CO-CHAIRPERSON SCHULMAN: Are DOHMH staff paying out of pocket to access subscription-based public health research?

COMMISSIONER VASAN: No.

CO-CHAIRPERSON SCHULMAN: Okay. What is the cost of the health library on an annual basis?

COMMISSIONER VASAN: We're happy to get you a budget number.

CO-CHAIRPERSON SCHULMAN: If you can get me the budget number, because we can see if there's anything that can be done on the Council end.

I have one other question before I hand it over to Chair Lee, and I also want to acknowledge we've been joined by Council Members Hanif, Zhuang, Bottcher, and Marmorato.

DOHMH intends to award a contract to Lifeguard Digital Health for the Lifeguard Light Pilot Program which is a physical timer that can be activated to self-monitor drug use. Residents can set the timer for a couple of minutes at a time or manually turn it off and if they don't respond to the prompts, an alert will be sent to check on the resident and alert 9-1-1. Can you provide additional information on this program?

COMMISSIONER VASAN: Thanks for the question. We haven't awarded anything yet. We're just in early stages of exploration and procurement, but you said it yourself, we are in an overdose crisis. We're losing a New Yorker less than every three hours to a fatal overdose. Those numbers continue to increase quarter on quarter year on year, and I struggle to understand why people are fighting

between different solutions when we are losing this fight. We have to have an all-hands-on-deck approach. We know that the vast majority of overdoses happen alone in housing when people don't have access to help and they can't call for help so Lifeguard is an evidence-based program that has been used in Toronto and British Columbia and we're piloting it here. We are always open to trying innovative approaches to save lives because we are losing this fight. We don't have time for petty arguments around which approach is better, especially petty arguments that aren't grounded in evidence, and I feel very strongly about this issue because we spent too much time fighting over which approach is better than another because of politics and because of, frankly, personal views on stigma and discrimination against people who use drugs. We need to save lives. People are dying, and I expect the Council and I hope the Council and everyone else will band together and try to join us in this fight, and we're going to try everything we can.

CO-CHAIRPERSON SCHULMAN: Can you tell me what the funding source will be or are you still working that out?

COMMISSIONER VASAN: We're still working all the details out.

CO-CHAIRPERSON SCHULMAN: Okay, when you have that, let us know too because obviously that goes to the budget of the agency.

COMMISSIONER VASAN: Absolutely, yep.

CO-CHAIRPERSON SCHULMAN: With that, I'm going to turn it back over to Chair Lee. Thank you very much.

CO-CHAIRPERSON LEE: Thank you. I'll use the same approach as Chair Schulman, where we start easy and then do a little musical crescendo and then go back down, but I wanted to start off with a couple of things related to what was addressed in the Speaker's State of the City, which are the next stops of the roadmap that we want to address. More specifically, wanted to start off with youth mental health services. There is a lack of focus on youth mental health, and I think many parents, including the ones I know at my sons' schools, they don't know the specific services that their children's schools provide, and there are also concerns about schools receiving budget cuts which will force social workers and clinicians to do additional jobs on top of their

regular duties which I know happens at my son's school because they technically have a social worker and guidance counselor but then, because of cuts there, they're moving them around within the school so what is the current budget in the Fiscal 2025 Preliminary Plan for youth-specific mental health services, and how does that number compare to the budget during adoption?

COMMISSIONER VASAN: Thank you for the question. We're happy to get you specific budget details for that area of work. It is a priority for us, and I'm sorry to hear that you believe that it isn't well understood. I will agree with you that this is a hard area for all parents, I'm a parent, and I have had to seek mental health services for my own children and it's really hard, and so I empathize with everyone facing this challenge. We have made this a priority in a few ways. Both within school and outside of school and in partnership with the state, we're very happy that five new school-based mental health clinics were opened in 2023. There are another 25 pending and expected to be licensed, obviously licensing happens by the State. That is a big expansion and we're grateful both to the Governor for

additional resources but, also, we've made a commitment in this space as well, but we hear you and we heard you on this issue and we've heard this issue for a long time that school administrators are saying it's very challenging for us to do this on top of our day jobs of teaching our children and keeping them safe, and that's why we built Teenspace. That's why we built a self-empowered digital mental health platform in the palm of the hands of up to 400,000 New York City teenagers ages 13 to 17, at least that's the universe of who can access it, and that program allows them to self-direct their care, to normalize the act of asking for help, to actually receive help when they ask, and to do that independent of a teacher or an adult or anyone else in between, to basically bring the front door of our very complicated mental health system to the people who need it the most, our teenagers, our young people, and so, as I mentioned in my remarks, we're only five months in. We'll be putting out some preliminary evaluation data in the coming months, but we're so excited that it appears that not only thousands of students have signed up but that the majority of them are coming from low-income

neighborhoods, from neighborhoods that are mental health professional shortage areas, and they are coming from our TRIE neighborhoods, the Task Force on Racial Inclusion and Equity neighborhoods, so we're getting to the right, most vulnerable children in addition to expanding access to all children if they should choose it and so I ask everyone to really disseminate Teenspace, talk about Teenspace, empower our young people to ask for help, and normalize it.

CO-CHAIRPERSON LEE: Thank you. To your point about silos, which is also one of my pet peeves in government is all the different silos that we have, thank you for that because I know that some people may go to the DOE site first, some people may go to the DOHM website first so depending on that, hopefully they'll be able to get to the same place in terms of what services are available for their kids.

Speaking of Teenspace, can you go into a little bit why, because I know that there's a ton of non-profits that are also in this room and partners that we have that do a lot of peer-to-peer services as well as programs in schools, after school programs, and so just wondering what the rationale was in terms of how you chose Teenspace cause it is a

for-profit company and why not utilize also and incorporate some of the community partners that we have already here.

COMMISSIONER VASAN: It's not a choice between one or the other. Teenspace is a very specific intervention, and it's built by an organization that has those very specific skills. Our non-profits don't have those technological skills. I ran a community-based mental health non-profit for years prior to becoming Commissioner. We did not have those skills and we were one of the better, stronger, more well-resourced non-profits in our city. With forgiveness from all of my non-profit brothers and sisters, we just don't have those skills in technology and innovation and digital health. We just don't, but that doesn't mean we aren't also partnering with our community-based providers, our Article 31 clinics, all of those school-based mental health centers that I described are run by community providers. They're not all run by big health systems, and so we believe strongly in a both/and approach. It's not one or the other.

CO-CHAIRPERSON LEE: So are there opportunities then for some of these non-profit folks

to get trained in making sure that they're aware of Teenspace and how that connects with the work that they're doing on the ground?

COMMISSIONER VASAN: Yeah, the contractor, the vendor has done a good job of marketing so far. We will continue to market this everywhere and anywhere we can so that we increase enrollment.

CO-CHAIRPERSON LEE: Okay.

COMMISSIONER VASAN: Including our non-profit.

CO-CHAIRPERSON LEE: Okay. The Mental Health Continuum is a cross-agency partnership between DOHMH, DOE, and H and H to provide mental health support to students. What is DOHMH's current role in the Mental Health Continuum, and what is the budget as well as how does DOHMH partner with DOE and H and H to provide those services because I know that's a huge, important program?

COMMISSIONER VASAN: Yeah, it's a big question. We're happy to get you details on the budget. I would say that the mental health continuum is really focused on children with severe and extreme emotional disturbance and need and, as you can imagine, those children need clinical care, or

psychiatric care, or at least advanced psychological care, and most of that is run by our health systems, H and H specifically in this program, and they take on the disproportionate share of that work in the mental health continuum.

CO-CHAIRPERSON LEE: Okay. Is there a focus, and this is one of my, and I know some of my Colleagues share this priority about hiring bilingual clinicians or clinicians that speak multiple languages, which I understand were at a dearth to begin with, there's very few of them, we need more and we need to build that pipeline, but the ones who are bilingual, what is the effort that's being made to hire those clinicians and also which languages are being prioritized and what languages are the most challenging to hire for?

COMMISSIONER VASAN: We can get you details on the languages. Language access is such a huge issue. We are obviously committed to it as an agency. We expanded language access during COVID to beyond the sort of 33 recognized in New York City, but it's a huge issue in mental health specifically. What we've tried to do is recognize there is such a dearth of providers and really trying to expand

cultural competence. One of the ways we've done that is through our API-focused programs promoting mental health in AANHPI communities where we've developed a curriculum to work with community providers and to work with communities to break down stigma and discrimination but to also increase cultural competence, and language is a big portion of that, and so we've partnered with 10 AANHPI-serving organizations around our city and it's a start. It's not sufficient, but it's necessary, and we're just getting started in that space.

CO-CHAIRPERSON LEE: Okay. Great. In the State of the City, Speaker Adams introduced peer-to-peer wellness groups for students which will include support from CUNY social work students. Has DOHMH held conversations with DOE and CUNY on these programs, and what is DOHMH's timeline to implement wellness groups within the schools?

COMMISSIONER VASAN: Thank you for the question. We're eager to learn more about that model that the Speaker mentioned. We are very committed to peer-based services. We implement peer-based services throughout our mental health programs, I ran an organization that was built on peer-based services,

so we know how important our peer workforce is. We're grateful that we're in a state, one of the few states, that actually has recognized State-licensed peer clinicians, and so we're committed to doing this and eager to learn more about what the Speaker has in mind.

CO-CHAIRPERSON LEE: Okay. In the State of the State, Governor Hochul announced the funding of a school-based mental health clinic in any school that desires one. Have you held any conversations with the State on when the City will receive these school-based mental health clinics, and when do you believe the funding for these programs will be reflected in the City's budget?

COMMISSIONER VASAN: Thank you for the question. I can defer on the budget questions, but we are seeing it in the numbers. Five new clinics opened in last Calendar Year alone and 25 are pending, so the money is flowing. We're in close partnership with the State. We're very excited about this expansion.

CO-CHAIRPERSON LEE: Okay, and then moving on to maternal mental health, just a few questions. Maternal mortality and morbidity are pressing concerns in the city, but one aspect of this issue

that often is not discussed as much is maternal mental health. The Fiscal 2025 budget added 1.9 million for maternal mental health services, including doula services, which is great to see that, and what is DOHMH's total budget for maternal mental health and what specific maternal mental health programs is DOHMH going to offer?

COMMISSIONER VASAN: Thanks for the question. Our maternal mental health work is spread across multiple divisions. We don't organize it in one division, and so we're happy to get back to you with some estimates there, but it's a massive issue. Suicide and overdose remain the leading causes of death for pregnant and postpartum women in New York City. Of course, that affects women of color at higher rates who also experience higher rates of postpartum depression and lower rates of access to care after pregnancy so our perinatal mental health initiative supports training and capacity for Health Department teams who serve pregnant and birthing women such as doulas, nurses, home visitors, and social workers. We have a very robust home visiting program through our nurse family partnership, our newborn home visiting program, our new family home

visiting program, all of which are intended to really serve women in that critical period, that first year after delivering, and so that's a lot of our focus. Happy to get you more details, but it remains a big issue.

CO-CHAIRPERSON LEE: Okay. Yes, and if you could get specific numbers, if you have them now, great, if not, about the budget for the doulas and also how many doulas currently are working for DOHMH.

COMMISSIONER VASAN: I'll kick it to my CFO, Aaron Anderson, for any details he can provide.

CHIEF FINANCIAL OFFICER ANDERSON: Good morning. Just give me one second. The current budget for doulas is a 4.5 million dollars.

CO-CHAIRPERSON LEE: And do you know how many that equates to in terms of numbers of people?

CHIEF FINANCIAL OFFICER ANDERSON: I think we'll have to get back to you on the specific number of folks.

CO-CHAIRPERSON LEE: Okay. Yes, please. Okay, great.

Next, I just wanted to quickly go to workforce retention, which we know is a big problem across all of our agencies and sectors so right now

there are currently, if I'm not mistaken, correct me if I'm wrong, 183 vacancies for mental health employees at DOHMH. What is your current retention rate with the mental-health-focused employees, and what are some of the reasons or challenges that you're facing in terms of the retention issues?

COMMISSIONER VASAN: We have an overall vacancy rate. We don't really calculate it out separately for mental health. We have an overall vacancy rate of 10 percent. That's down from past years. We were 12 percent last year and, encouragingly, for the first time in four years, we have more onboards than separations from the agency. That's a big change. We saw a massive turnover over the last four years with the public health emergency, with federal grants expiring, with, frankly, trauma, low morale, and issues around equity and pay and telework. The telework has been a big step forward. Grateful to our partners in labor and our office of labor relations and others, DCAS, for negotiating a telework option because that's been massive in terms of retention. We are now in step and in line with the rest of the labor market, and so that's been a big deal. We do everything we can to retain workers,

particularly in mental health. I think my focus and the Agency's focus on mental health has actually been really good in terms of attracting new talent into our mental health work. There's always more work to do. I'm very proud of the investments that we made into worksite wellness. One of the first things I did when I arrived more than two years ago was expand the budget of work site wellness offerings, knowing that, of course, each initiative is just one offering, but we had to expand the kinds of offerings, whether it's meditation programs, wellness programs, connections into mental healthcare as well as we worked very closely with our OLR to really look at our mental health benefits within the plans that we were negotiating as a city. We're trying to prioritize mental healthcare for our workforce, but also prioritize the offerings we make in-house for our staff.

CO-CHAIRPERSON LEE: Thank you, and if you could actually give us a breakdown later of that 10 percent overall, that would be great in terms of the mental health versus other staff. Thank you for that.

Also, did you provide COLAs to the mental health employees? Is that also part of the budget?

COMMISSIONER VASAN: I can kick it to Aaron for more specifics, but the COLAs I believe were focused on the human service sector, which are contracted vendors for a lot of DOHMH programs, and that's a great thing. We are very supportive of what the Mayor and the Speaker and the Budget Director did to expand that. I'll kick it to Aaron for any more details.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, nothing more to add, but we're absolutely thrilled about the new announcement (INAUDIBLE)

CO-CHAIRPERSON LEE: Great. I had a couple of questions around B-HEARD. I don't know if we're at quorum right now, but I know that some of our other Council Members later also have questions about this. I'm just going to go ahead and ask questions, a few, on B-HEARD, and I know that this is an interesting program because it does involve so many different agencies. It is a collaborative effort by DOHMH, FDNY, NYPD, H and H, and OCMH to address mental health emergencies. B-HEARD responds to emergency 9-1-1 calls with two EMTs and one mental health professional from H and H so what is DOHMH's direct role with B-HEARD?

COMMISSIONER VASAN: We are very supportive of B-HEARD. Both professionally, personally, and otherwise as an institution, we are very supportive of health-first responses to mental health crisis. As of today, we don't have a role in B-HEARD so I would direct your questions to OCMH who oversees the program and the agencies directly involved. We do not have a direct role.

CO-CHAIRPERSON LEE: Okay. Does B-HEARD have Medicaid reimbursement that you know of?

COMMISSIONER VASAN: I'll just direct you to OCMH and others to answer.

CO-CHAIRPERSON LEE: Okay, so can you answer any questions about the B-HEARD program?

COMMISSIONER VASAN: We do not have a direct role in B-HEARD in any way.

CO-CHAIRPERSON LEE: Okay. Interesting. Okay. I'm going to come back to this actually. Okay, I just want to note for the record that this is a hearing we've been requesting for a while for B-HEARD so hopefully it is something that we'll be able to get on the calendar very soon. Just want to make a note of that.

Okay. Next, I wanted to actually go into questions about Clubhouse, and I'm going to go a little off script here because this actually worked out timing-wise where I had a site visit planned at one of the smaller Clubhouse that was on the books for yesterday, and it was Lifelinks, which is actually located in Elmhurst Hospital, actually, which is great because they have an inpatient psych unit. They have all supportive services within the hospital setting. I had the opportunity to go there yesterday with Council Member Krishnan, since it's in his District in Elmhurst, and this public hospital serves over one million residents across Queens and, as we all know, Elmhurst Hospital was the epicenter of the epicenter when it came to COVID, and the reason why I'm going off script a little bit is because I have to admit I got in tears and very emotional yesterday listening to some of the stories of people who go to these Clubhouse and their family members, and some of the stories that we heard that were very hard-hitting was a father who was there speaking on behalf of his son who died two months earlier that loved the Clubhouse and said his son would have lost his life sooner if it were not for

the Clubhouse. There was a man who was suicidal that was there showing us his scars and how important this Clubhouse meant to him in terms of his daily struggle with mental illnesses and his recovery. A number of individuals there were there with several social anxiety disorders. There was a son there actually, which was amazing for me to see personally, of Asian descent where his parents were with him to support him so they actually come with him and take time off from work to support their son at this Clubhouse, and they were crying because they were so grateful, and some of the things that they urged us was that nationally I think the average daily attendance of Clubhouse across the nation is about 100 people, and they felt very strongly that the smaller Clubhouse setting for them, especially those dealing with social anxiety disorders, was so important, and the new RFP that came out, the minimum number that is required is 300, and so they're worried that their Clubhouse will not be able to exist because of this minimum requirement, and so I think my series of questions that I wanted to ask, if you could just simply respond with yes or no, that'd be great, and I just wanted to ask a series of questions. After

hearing some of the stories and hearing some of the essence of their stories that tell you how much these programs matter and how they feel seen, do you believe that small Clubhouse have a role to play in our mental health system? Yes or no?

COMMISSIONER VASAN: I'm sorry, but I'm not going to answer your questions as yes or no.

CO-CHAIRPERSON LEE: If you could answer just yes or no, that'd be great.

COMMISSIONER VASAN: These are not yes or no…

CO-CHAIRPERSON LEE: These are very simple questions that are yes or no. If you believe that smaller Clubhouse have a role to play in our mental health system?

COMMISSIONER VASAN: I believe that everyone with serious mental illness who is in need of a powerful rehabilitative effects of a community deserves access to a…

CO-CHAIRPERSON LEE: Okay, so I'm assuming that's a yes. Do you believe that individuals with social anxiety disorder will feel comfortable in Clubhouse that are much larger? Yes or no?

COMMISSIONER VASAN: I'm not going to comment. I don't have a comment.

CO-CHAIRPERSON LEE: Okay, because that's what some of the folks were telling us yesterday. From a narrative perspective, that's what these people are telling us, and is it your belief that these individuals will matter and will feel seen in Clubhouse that are far bigger than where they are now?

COMMISSIONER VASAN: Our goal is to make sure everyone feels that they matter.

CO-CHAIRPERSON LEE: Yes or no. Okay. Do you believe removing a Clubhouse from a public hospital like Elmhurst, the epicenter of the COVID pandemic nationally, will improve the mental health and well-being of those who visit the hospital and this program? Yes or no.

COMMISSIONER VASAN: I think that expanding access to the Clubhouse model remains my goal, our goal. This model hasn't been expanded in 35 years.

CO-CHAIRPERSON LEE: Okay, so then to that point, let me ask, if we're talking about expansion, why can we not expand on top of what is already

existing as well as slowly trying to push people towards different models, because I think there's something to be lost, because we're not talking about, as you said, we're talking about individual people, we're talking about someone who is a human, as a whole person, they are not a number, they are not dollar signs, and this is something that we need to make sure that we're addressing so I understand that in the budget, maybe there's efficiency purposes or something that is there, but I refuse to support a notion that some of the smaller groups are not effective and impactful in the community because, as someone who came from the non-profit sector for 20 years that ran social service agencies as well, I will say that some of the groups that we worked with are smaller non-profits that have linguistic, cultural-specific skills, and they are having a huge impact on the community because of their reach into specific niche populations, and so my last and last final question, which hopefully will be an easy yes or no, is will you join me in a visit to the Elmhurst Hospital Lifelinks Clubhouse and hear directly from the patients and the clients themselves?

COMMISSIONER VASAN: Happy to talk about that with you.

CO-CHAIRPERSON LEE: Okay. Thank you. Okay, so going to the questions now around more details about how the RFP was drafted. Were you able to consult the Council's Mental Health Roadmap to ensure that the changes and services recommended within this RFP were in line with the Roadmap's priorities because what we had said during our Roadmap is we want to add five more Clubhouse, but that was under the former RFP, which had the minimums of Clubhouse attendance much lower. I guess my question is did you consult with the Council's Mental Health Roadmap to ensure that these changes were taken into consideration?

COMMISSIONER VASAN: As you know, we launched a Mental Health Plan last year, which committed to expanding access to Clubhouse for the first time in 30-plus years, and so that's our focus. We, of course, are aware of the Council's priority on this. Ultimately, the proof is in the pudding, which is are New Yorkers with serious mental illness actually getting access to this model? One of the things that I've struggled with in working in this

space directly and watching people's, for every story you've just told, I've heard 10 more in this very same model of care, visiting every single Clubhouse around the city, and the hardest thing for me to accept is that we unintentionally constrain access to this life-saving model, as a loved one of family members who died from serious mental illness, who growing up with people in my culture and in my family with serious mental illness, they never had access to a Clubhouse and they would have been saved, and so my sole goal is to ensure that this model is available to everyone and anyone who needs it and wants it and, in order to do that, we need to start organizing ourselves a little bit more smartly, better, and collecting data on impact. It really matters. I know it's about people, but we have to hold ourselves accountable. That's good governance. It's not just about the single person's story. It's about many people's stories.

CO-CHAIRPERSON LEE: I agree.

COMMISSIONER VASAN: And the fact that for every story you're telling, there are tens of thousands of people who don't have access to a Clubhouse because of decisions you've made, we've

made, this City has made to constrain access to this model.

CO-CHAIRPERSON LEE: So then my question.

COMMISSIONER VASAN: We've got to get sharper and smarter about this.

CO-CHAIRPERSON LEE: Okay, so then my question though to your point that you're bringing up is, when you're talking about access, why is it that the total number now is less or decreasing versus the previous one, and also, when we're talking about access, I would think that we would want to expand these programs in different community groups, in different neighborhoods across New York City, because right now the neighborhoods around the city are decreasing and so I'm just wondering if there are communities in the city, how the numbers, if they're decreasing, how is that increasing access. And also, my second question is around the RFP, right, because if you're talking about, yes, I agree, metrics, dollar amounts, they're all important, right, but my question is were those metrics applied to and asked of community groups previously that were contracted with, so in other words if you're only asking for the daily average attendance, that's what they're going

to give you, right, but if you challenge them and ask them for other metrics, I guarantee you all these non-profit groups and community groups and Clubhouse will be able to provide that. I want to know how deeply and, this goes to my next question, is how deeply were the non-profits and the community groups consulted in this RFP process?

COMMISSIONER VASAN: I can't really comment on the RFP, right? It's an open RFP. We're at the final stages.

CO-CHAIRPERSON LEE: But it is an RFP that you drafted, correct?

COMMISSIONER VASAN: I certainly did not personally draft this RFP.

CO-CHAIRPERSON LEE: Your Department drafted it, yes.

COMMISSIONER VASAN: But our Department drafted it and, yes, we've been working with Clubhouse, funding Clubhouse, for 40-plus years or more, and so we're intimately familiar with this model. We convened the Clubhouse Coalition, which is a coalition of all the providers. We've heard these challenges and complaints for years, and…

CO-CHAIRPERSON LEE: Can you go more specifically into the challenges and complaints that you're talking about?

COMMISSIONER VASAN: We have convened the Clubhouse Coalition of every single contracted Clubhouse provider for more than 20 years, and we consult with them on a regular basis and so, from that, we glean a lot of data, a lot of information around their challenges. One of the core issues here is how do you compare the rehabilitative quality, which is really an important point of a program that has three staff and 25 people attending with a program that has more staff and the ability to offer more rehabilitative services. This isn't about just bringing people to a site and then letting them hang out. This is about active rehabilitative services, and it's about active engagement. I know this model very well, Council Member. You cannot tell me, and the data doesn't bear it out either in New York City or elsewhere, that outcomes are comparable between programs. You have to offer the right levels of rehabilitative service and quality in order to get the outcomes we want. I'm going to kick it over to our Executive Deputy Commissioner…

CO-CHAIRPERSON LEE: Okay, but before, I'm sorry, before we move on. Just to your point, you're saying if there's a staff of three and of 25. In the previous RFPs, were there not requirements of what services they need to offer, and also, I will say that, to your point, each program, each individual is different, right, so maybe I don't need the extreme set of rehabilitative services that a group of 500 members in a Clubhouse would have, right, and so my question is, to your point earlier, why does it have to be 'or'? It could be 'and', right? So is there a place, and this is going back to my one of my original questions is that I do believe there is a place for smaller Clubhouse in smaller settings that still provide quality services, and this is the notion that I'm trying to get at is the underlying notion that I'm hearing is that the smaller Clubhouse, if you're 25, 50, 100, in my opinion, it doesn't matter. If I'm getting help at this Clubhouse and I feel heard and I feel seen, how are you to tell me that is not having an impact on my mental health recovery?

COMMISSIONER VASAN: I'm going to kick it to Deepa for more.

EXECUTIVE DEPUTY COMMISSIONER AVULA: Deepa Avula, Executive Deputy Commissioner for Mental Hygiene.

COMMITTEE COUNSEL PEPE: Sorry, Executive Deputy Commissioner, could you please raise your right hand?

Do you swear to tell the truth, the whole truth, and to respond honestly to Council Member questions?

EXECUTIVE DEPUTY COMMISSIONER AVULA: Yes.

COMMITTEE COUNSEL PEPE: You may proceed.

EXECUTIVE DEPUTY COMMISSIONER AVULA: Thank you. Council Member, thank you for your questions. I wanted to address a couple of things about the RFP and the process because, obviously, our Commissioner is not involved in the details of developing that and working with stakeholders. One of the things that we are required to do when we put out an RFP is we are first required to put out a concept paper. That concept paper was actually much more ambitious than what we ultimately landed in the RFP. Based on feedback from providers, so there's a public comment period, the providers can comment, members of the public can comment, anybody can comment during

that period. Those comments were very carefully reviewed, and edits and course corrections were made in our RFP development. Once the RFP, itself, was posted, we then do conference calls and webinars with potential applicants, with again members of the public, anybody can join these calls. Based on feedback from those calls, the RFP was further edited. A couple of the edits that were made were things like people thought our calculation on average daily attendance was too rigorous. We pulled it back. We wanted originally 40 percent of active membership. It's now 30 percent. We wanted people to reach their active membership target in a shorter period of time. We said originally 6 to 10 months. We extended that time period for a ramp-up period of two years based on the feedback that we got from providers. People said you haven't given us long enough time to apply for this, we need to extend the deadline. We extended the deadline. I wanted to make sure that feedback that was received by providers, by potential applicants throughout the process was incorporated to the greatest extent that we could while still being held to the rigor that we ultimately wanted for this population in this model.

CO-CHAIRPERSON LEE: Okay, so I just want to clarify that the amendments mostly that were made were to increase the tiers of the number of the Clubhouse and so, again, my question is, because what we've heard from the community groups on the ground is something very different than what you're describing and what they urge us to urge you on is the fact that they needed the numbers to be lower than 300 because, as I mentioned earlier, the national average of Clubhouse attendance is about 100 so my question is, and I would love to see which groups commented, who gave feedback on what, because what I'm hearing is very different, and I'm just telling you from a person who has been on the ground talking to a lot of these advocates, and I get that you come and I understand that we're all agreeing to the same holistic goal that this program is important. We don't want to let it see it die, but coming from a smaller non-profit I feel very passionately about this issue, not just about Clubhouse but the way that our City sees these smaller agencies that have a huge impact in the communities that they serve and, just because they're

not meeting all these perfect metrics, doesn't mean that the work they're doing is not valued.

EXECUTIVE DEPUTY COMMISSIONER AVULA: Sure. No, and we understand that, and I don't think anybody is saying that services are not valuable. I think we, as public stewards, also have to make sure that the services are as high quality and evidence-based and rigorous as possible and also really carry the fidelity to the Clubhouse model and the standards so, as you note, if 100 is the average across national Clubhouse, we have an active membership is 300, that's our requirement. Average daily attendance is 30 percent of that number so it's actually 90 people so the standards that we've put out are very doable based on even the information you're sharing so one of the things that we have really tried to do because we care so deeply about individuals with serious mental illness and because we want them to get the best care possible, we had to put some standards to ensure that we were meeting the needs, right? There are 240,000 people with serious mental illness in our city. Only 5,000 of them currently access Clubhouse services.

CO-CHAIRPERSON LEE: So that goes to my last question on this topic, and I'll move on to something else, but the law that we had, Local Law 119 of 2023, which was something that came out from the Council's Roadmap, it required the Mayor's Office to establish an additional five Clubhouse in the city on top of the ones that were currently there so do you think that you can do that and that you will reach that goal, and my question is, to your point, I know some Clubhouse that actually did not apply because they didn't meet that minimum number, and so the question is, the messaging obviously didn't get reached to all the groups that were current and previous Clubhouse providers, and so my question is what is also then going to be the next steps to make sure that they're still included into the mix.

EXECUTIVE DEPUTY COMMISSIONER AVULA: So again, right now we're in the middle of the sort of active review process. Once we know where the final awardee pool will land, we will then reach out to all of the applicants, whether or not they received an award, they will hear from us, and we will work with individual applicants who either did not receive an award or did not apply for one to ensure that there's

proper either transition of their membership or that there's linkages that we can help support, but we don't have specific answers to that right now because we just don't know where the ultimate pool will land.

CO-CHAIRPERSON LEE: Okay, I just had a few followup questions on B-HEARD. I know that it's mostly sitting with OCMH, although it's interesting because when we've asked them about it, they tend to defer to other City agencies. Does DOHMH plan to liaise with OCMH in the near future to oversee the coordination of B-HEARD?

COMMISSIONER VASAN: We don't have that sort of inroads into that program. We don't control B-HEARD's budget. We don't see anything about B-HEARD operations because we don't have an active role in the program.

CO-CHAIRPERSON LEE: But the DOHMH website says that you guys are involved with B-HEARD, so I think this is where a lot of the confusion is right now because the website says that you guys are involved and, according to everything that we're seeing, there is a role for DOHMH, so I'm just curious to know how deep or wide is that role?

EXECUTIVE DEPUTY COMMISSIONER AVULA: Just to clarify, so we have no involvement at all in the administration or management of B-HEARD. Our teams cross refer so we refer to one another so B-HEARD may refer to our co-response team, we may refer to them. We have involvement in other crisis teams but, as for the management and administration of the B-HEARD program, DOHMH has no involvement in that.

CO-CHAIRPERSON LEE: Okay, do you believe that a peer-led workforce could aid in mental health non-police crisis responses?

COMMISSIONER VASAN: Yes.

CO-CHAIRPERSON LEE: Okay. Thank you for saying that for the record.

The last question I'll ask before I hand it off to my Colleagues is just one question around supportive housing programs, and I wanted to talk specific about supportive housing, but I'll focus specifically on the New York City 15/15 program. This program was launched in 2015 with the goal of constructing 15,000 units of supportive housing over 15 years. Halfway through that time frame though, which we're in, we're not keeping pace with the goal so I understand that DOHMH, HRA, and HPD are

currently in conversations with OMB about the future of the program and how to restructure it so do you have any information or updates to provide on the restructuring of the New York City 15/15?

COMMISSIONER VASAN: Thanks for the question. We can't comment specifically on any restructuring, but I can tell you our role and what we have done recently. We focus our work on the services. We run the service contracts associated with supportive housing sites so we focus entirely on what are the supportive services, clinical services and otherwise, that people who are in supportive housing get so we're not really involved in the units or the construction or that piece of it. That, as you said, is our partners at HRA and DSS. There are currently a total of about 12,000 supportive housing units in New York. 76 percent of those are congregate, and 24 percent are scattered site. In FY23, we opened 724 new units for people experiencing homelessness, mental illness, and substance use disorder.

CO-CHAIRPERSON LEE: Okay. One more question, sorry, about opioid settlement funding. I'm curious to know what you all know, because we're not

seeing a lot around this or we're not given a lot of information, but I know the State has reached multiple settlement agreements from the opioid manufacturers and distributors and, according to the State Fiscal 2025 Executive Budget, the State expects to receive more than 2 billion dollars through 2040, 2 billion dollars, I just want to say that again. DOHMH has 14.6 million, OCME has 800,000, and H and H has 14.6 million in opioid settlement funds so if you could explain a little bit more about how you've spent the settlement funds up to date and is there collaboration with OCME and H and H on the opioid settlement funding?

COMMISSIONER VASAN: Yeah, thank you. There is collaboration on the funding. We have set out a target of reducing fatal overdoses by 2030 by 25 percent. In order to get there, as I said passionately in a previous response, we're going to need every tool in our toolkit to get there. We can't take anything off the table. We have been allocated one tranche of the opioid settlement funds, and the numbers you stated I believe are accurate. That tranche awarded in June 2022 was used to both extend and expand wraparound services and hours of operation

at our two existing overdose prevention centers. Because we know they're saving lives and interrupting overdoses, we heard very clearly that people wanted those to be open for expanded hours, weekend hours, after hours, and to offer a wider suite of services. We recently announced that an additional 3 million dollars per year would go to Staten Island providers, and we're in current discussions with OMB around the use of any subsequent tranches of funding.

CO-CHAIRPERSON LEE: Okay. Thank you, and is there any talk of anticipating receiving more funds in the near future?

COMMISSIONER VASAN: I believe we anticipate receiving more funds, and we are in discussions with OMB about how those will be used, but we are working in a unified way towards that goal of 25 percent reduction by 2030.

CO-CHAIRPERSON LEE: Okay, great.

CO-CHAIRPERSON SCHULMAN: Commissioner, I just want to ask a couple of more questions and then we're going to give it over to our Colleagues. One is people that have contracted COVID-19 are susceptible to developing long COVID in which they have the same symptoms that they had when they first tested

positive for weeks or even months after they tested negative. How many cases are there of long COVID, I'm going to ask these in a row so that we can go through these, and what parts of the city is long COVID most prevalent, and the city received funding for COVID-19 prevention and treatment services. Was any of this funding allocated to treating long COVID?

COMMISSIONER VASAN: Thanks for the question. I think we're actually really early in our understanding of what long COVID is. We know it's real but, because COVID is such a new virus, the actual case definition of what is long COVID is changing rapidly. We are very grateful to our partners at H and H for standing up some long COVID standards of excellence where people can get their concerns heard and to get care in specialized centers that focus entirely on long COVID, but one of the things we need to do in our job at the Health Department is to really advance understanding about this illness, and so we're very proud to have announced a new long-term observational research study, a long COVID cohort study, built similarly to how we do the World Trade Center registry. We're going to be building a long COVID cohort study to

really study what are the long-term impacts of long COVID on health and to come to some clear understanding of what is long COVID, what is that case definition and what's included, what's excluded, and how it's impacting New Yorkers so once we have that study up and running, which is federally funded, not city funded, we will be able to provide clear answers on who has and who doesn't have long COVID.

CO-CHAIRPERSON SCHULMAN: Okay, so I want to ask a couple of questions on the animal care centers, which we haven't asked about. DOHMH's Preliminary Fiscal 2024 to 2028 Capital Commitment Plan includes 521.8 million dollars for various capital projects. What are the major capital needs for public health?

COMMISSIONER VASAN: We're very excited for the new animal shelters that we're constructing, particularly the one in Queens which we're very grateful that is going to be renamed after your late Colleague, our late Colleague, Paul Vallone. I'll kick it to my colleague, our CFO, for any details on the capital expense.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thanks for the question. There's about 164 million

dollars budgeted for various animal care center projects going on. We're delighted to say that the Queens shelter is opening this year and the Bronx shelter is under construction and we expect substantial completion to occur next year.

CO-CHAIRPERSON SCHULMAN: Okay. What is the current operating budget for ACC's broken down by location? If you don't have that, you can send it to us.

COMMISSIONER VASAN: Yeah. The total is 34 million dollars in FY25. We'll get you the details.

CO-CHAIRPERSON SCHULMAN: Please, and are there any new capital projects for ACC's or just basically what you spoke about?

COMMISSIONER VASAN: Yeah, the continuation of all the existing.

CO-CHAIRPERSON SCHULMAN: Okay, and my last question is about Legionnaires disease. I know that there have been several cases in and around the city recently. As you know, Legionnaires is a rare form of pneumonia caused by Legionella bacteria, which is found in freshwater environments. How many cases of Legionnaires have there been in the past year?

COMMISSIONER VASAN: Every year, we have about 300 to 500 cases per year. It's a seasonal illness in some ways because it's associated with water tanks, water cooling systems, which are in greater use, of course, during hotter weather. It's a very low risk for the general public, but people who are more susceptible are people over age 55 and those who have underlying chronic conditions. We have a very robust surveillance system. We work very closely with landlords, building owners, and operators to do that surveillance and to monitor for cases and also to track for community clusters and to do building level investigations.

CO-CHAIRPERSON SCHULMAN: Can you tell us how many building evaluations has DOHMH conducted due to confirmed cases of Legionella?

COMMISSIONER VASAN: We're happy to get back to you with details.

CO-CHAIRPERSON SCHULMAN: Okay, and how often do building owners need to test for it?

COMMISSIONER VASAN: Happy to get back to you with that. There's a routine protocol. We'll send you what is the percentage of building owners that

are up-to-date with their inspections, but how does DOHMH ensure compliance? That you can answer, right?

COMMISSIONER VASAN: We do it through routine inspection, reporting. I'm happy to kick it to my Deputy Commissioner of Environmental Health, Corinee Schiff, for more details.

CO-CHAIRPERSON SCHULMAN: OK, thank you. She has to be sworn in.

COMMITTEE COUNSEL PEPE: Please raise your right hand. Do you swear to tell the truth, the whole truth and to respond honestly to Council Member questions?

DEPUTY COMMISSIONER SCHIFF: Yes.

COMMITTEE COUNSEL PEPE: Thank you. You may proceed.

DEPUTY COMMISSIONER SCHIFF: Corinne Schiff, I'm the Deputy Commissioner for Environmental Health at the Health Department, so your question was about our investigations. When we determine that there are two cases of Legionnaires disease within 12 months at a shared address where there's a shared hot water system. That's what triggers a building level investigation. When we do that, we direct the property owner to do water sampling and remediation.

If Legionella bacteria are found, we provide technical assistance to that property owner to stay on track with that order, and then they come out from under that order only when their remediation is shown to have succeeded in addressing the Legionella bacteria.

CO-CHAIRPERSON SCHULMAN: Okay, and how do you ensure compliance by the landlords, building owners?

DEPUTY COMMISSIONER SCHIFF: There's a water sampling protocol and they follow that and, when the results of their sampling show that the Legionella bacteria have been addressed, then that is demonstrating compliance and they've satisfied the order.

CO-CHAIRPERSON SCHULMAN: Thank you. I want to thank my Colleagues for indulging us Chairs on this line of questioning.

We've been joined by Council Member Gennaro virtually.

First is Council Member Ariola.

COUNCIL MEMBER ARIOLA: Thank you so much, Commissioner. I just would like to know how much

DOHMH is spending on advertising for people from other states to come to our city for abortions.

COMMISSIONER VASAN: Thank you for the question. I'll send it to my CFO for specifics, but I don't believe we're currently doing that right now.

COUNCIL MEMBER ARIOLA: You aren't, because I think that money might be better spent on building the library that Chair Schulman was talking about.

COMMISSIONER VASAN: I'll kick it to my CFO.

COUNCIL MEMBER ARIOLA: Okay.

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

COUNCIL MEMBER ARIOLA: Okay, great. I just want to go back to what Chair Schulman was talking about with the anti-OD life alert device. I read the article. It said that will be paid for by taxpayer dollars and we also talk about overdose interruption centers, but nowhere in your testimony do we talk about any drug treatment and outreach programs, which is really another way to save lives, and that is the main focus of this Health Committee.

What is DOHMH's plan to expand drug treatment programs and outreach for those programs?

COMMISSIONER VASAN: I just want to correct the record. My testimony is very clear that we are supporting buprenorphine access in the community, buprenorphine being medication-assisted treatment for opioid use disorder. We're doing that in primary care settings. We're doing expansion of naloxone, and we are connecting people who have experienced a non-fatal overdose, which is the highest risk group, if you've experienced a non-fatal overdose, you're at risk of having a fatal one, connecting them into treatment as well as other supports so the idea that we are only doing one thing is just not accurate.

COUNCIL MEMBER ARIOLA: What I think we're doing is more enabling, and naloxone I think it's great, we have to do it. I think we have to do all these things, but they're enabling people to do drugs. I came from a hospital setting, as you well know, and there a very few drug treatment programs in our hospitals. What are we doing to expand those programs in hospitals, both city, not-for-profit, and for-profit as well as doing outreach where people

know they can go to a hospital for short-term treatment and then long-term treatment for their drug addiction disease.

COMMISSIONER VASAN: We agree that treatment is a crucial strategy. Treatment is also extremely difficult. The failure rates of treatment are very high for opioid use disorder, particularly in the era of fentanyl. We're very glad that our partners at H and H are actually using their portion of the settlement dollars to expand access to treatment while we are expanding access to community-based treatment, including working with primary care centers to expand access to medication-assisted treatment like buprenorphine. As you know, methadone and other forms of hospital-based or clinical-based treatment is overseen by the state.

COUNCIL MEMBER ARIOLA: Yes, but I would love to see people go into treatment and become drug free. Thank you so much…

COMMISSIONER VASAN: As would I.

COUNCIL MEMBER ARIOLA: Your testimony.

COMMISSIONER VASAN: Thank you.

CO-CHAIRPERSON SCHULMAN: Council Member Zhuang.

COUNCIL MEMBER ZHUANG: Thank you, Chair. I actually want to thank to Chairs, ask really good questions. The question I want to ask, you guys already asked, but I have couple additional question. What resources you guys give for new immigrants group for the drug addiction because in my District, I see a lot of new immigrants, especially the one doesn't speak English, have drug addiction problem, but never know where to get help.

COMMISSIONER VASAN: It's a great question, Council Member. As you know, the city has faced an incredible influx of asylum seekers in the last two years as well as new immigrants that always come to our city, and those new New Yorkers have faced incredible journeys to get here and are often subject to trauma and mental health concerns due to histories of violence and other forms of oppression. They are at risk, especially with fentanyl involved in over 80 percent of our fatal overdoses, so this remains an area of work that we are interested in building out. Currently, we focus a lot of our mental health outreach in linguistic and cultural minorities in the areas that I mentioned in particular our work

with faith-based organizations as well as the API community work that I mentioned.

COUNCIL MEMBER ZHUANG: And how much you willing to increase invest in this area in your budget? How much percentage?

COMMISSIONER VASAN: We can get back to you with further details, thank you.

COUNCIL MEMBER ZHUANG: And also I really Chair Linda Lee ask about Clubhouse. I did a little research. In our community, we don't have any. Actually, the people in our community really need some. Is anything you guys already did in Southern Brooklyn? I did not know about the Clubhouse, the mental resources they can use and especially in different language, how much resources you got put in different language.

COMMISSIONER VASAN: Yeah, it's a great question. One of the areas in the RFP for Clubhouse is not just expanding the number of sites or expanding the number of people served, it is really about making sure that those sites are also in the highest need communities, which is also I believe the spirit of or specifically stated in the Council's bill on Clubhouse expansion so we have a zip code

based criteria or at least considerations where those zip codes are aligned with the greatest need in mental health crisis, lack of access to care, and so language and cultural competency remains a huge piece of this. Ultimately, the Clubhouse model and Clubhouse across this country have been relatively constrained in their funding, and so we're trying to grow that base of funding.

COUNCIL MEMBER ZHUANG: You answered how you agree with me, but you did not answer how you're going to expand and how much you expanded.

COMMISSIONER VASAN: Yeah, we doubled the funding for Clubhouse in this RFP so that's the first major expansion of funding for Clubhouse in decades.

COUNCIL MEMBER ZHUANG: And how much did you invest in minority group?

COMMISSIONER VASAN: We can get back to you with specifics.

COUNCIL MEMBER ZHUANG: Okay. I'm looking forward for the data.

CO-CHAIRPERSON SCHULMAN: Council Member Hanif.

COUNCIL MEMBER HANIF: Thank you, Chairs and Commissioner Vasan. Great to see you.

Commissioner Vasan, can you walk us through the public health strategies in place for disease prevention and mental health services for immigrant communities and particularly for South Asian older adults, and I'd love to know if there's disaggregated health data available on Asian ethnicities and how you're adjusting your work, and if there's data on the NYC CARE enrollment and outcomes.

COMMISSIONER VASAN: Okay. Let me try to flag all your questions. I can answer the easiest one first. NYC Care is a program run out of the Health and Hospital system, so not…

COUNCIL MEMBER HANIF: I guess, walk me through the disease prevention part, because in my community, I think the outreach isn't reaching folks who now have illnesses that could have been prevented, and that's a big issue. What is the City doing to ensure that our communities that are working very hard, long hours, now have high blood pressure, high cholesterol, diabetes that could have been prevented are now suffering?

COMMISSIONER VASAN: Yeah, one of the programs we're most excited about in that vein is

Public Health Corps, and this is a perfect example of a program that was built during COVID with emergency dollars that we're working hard to figure out a long-term funding solution for, but it is based on community health workers using in group ways and door-to-door and working through community-based organizations to engage people with chronic diseases in high-need neighborhoods, mostly focusing on our TRIE neighborhoods that have been historically disadvantaged due to legacies of racism.

COUNCIL MEMBER HANIF: So at this time, does the City have any protocol or programming geared toward outreach.

COMMISSIONER VASAN: That’s sort of what I'm describing. The community health workers, boots on the ground.

COUNCIL MEMBER HANIF: That exists?

COMMISSIONER VASAN: That exists today, and we're exploring ways to transition it from emergency funding, federal emergency dollars, to sustain…

COUNCIL MEMBER HANIF: And what's the funding allocated for that?

COMMISSIONER VASAN: We will get back to you on details. We're still in discussions with OMB and other…

COUNCIL MEMBER HANIF: And this is an existing program that will continue on and you're expanding.

COMMISSIONER VASAN: We can't make any commitments right now. We're in discussions with OMB, but it is a priority. It was funded with federal emergency dollars, and that represents a big challenge as that money expires. How do you build permanent programs with temporary emergency dollars? It's a…

COUNCIL MEMBER HANIF: I'll be following up, yeah, and the public health of all New Yorkers is critical, particularly at this moment when we've welcomed so many asylum seekers and, coming out of COVID, I appreciated Chair Schulman's question about the study for long COVID, the health of New Yorkers should be our utmost priority.

My second question is, is there a specific funding allocated to DOHMH for subway safety? Based on the 2022 Subway Safety Plan, there was a line item about Neighborhood Response Unit

Teams, 12 Neighborhood Response Unit Teams, which would include medical staff, clinicians, peers, which would provide services, and I think this is a really great opportunity for mental health services within our subway system, and this was included in the Subway Safety Plan. Is that still the case? Are we at 12 units? Have we implemented this plan or have we increased the number of units? How much funding has gone into this? We're spending 155 million for police overtime. How much have we spent on the Neighborhood Response Teams?

COMMISSIONER VASAN: Yeah, thanks for the question. We are very committed to partnering with our partners in the Department of Homeless Services and law enforcement with the core response model that the Subway Safety Plan.

COUNCIL MEMBER HANIF: Commissioner Vasan, how much have we spent on…

COMMISSIONER VASAN: Yeah, we'll have to get back to you on details.

COUNCIL MEMBER HANIF: Does this exist? The Neighborhood Response Teams?

COMMISSIONER VASAN: Yeah, so this was a program that was designed and launched towards the

end of the last Administration. We have a range of outreach teams. Most of them designed to do very specific functions and, when the Subway Safety Plan was launched, we redirected a lot of their work towards the work underground and then, of course, above ground as well.

COUNCIL MEMBER HANIF: Got it. Thank you.

CO-CHAIRPERSON SCHULMAN: Council Member Bottcher.

COUNCIL MEMBER BOTTCHER: Good afternoon. It's no secret that we're failing as a society in addressing the mental health crisis and you don't have to go far in New York City to see how badly we've been failing with people dying of untreated mental illness on the streets and in the subways in the richest country in the richest city in the world. New Yorkers see this more than anywhere on the subway system, and I would love to give you an opportunity briefly to tell New Yorkers what steps are being taken to address mental illness on the subways. We hear a lot about police officers. We have troops in camo. Most New Yorkers do not see mental health outreach teams engaging with the person who's in the subway car with them who has severe mental illness.

If you could talk about, briefly, what the plan is now, what's happening now, and what the top barriers are to engaging with the person? How do you feel about getting a handle on this problem?

COMMISSIONER VASAN: It's a very challenging problem. I'm grateful to the Administration for prioritizing it from early January of 2022. We made this a priority, but it is a challenging one. The subway work that we launched then was largely focused on being stationary at certain key locations throughout our subway system, and that's with Department of Homeless Services outreach workers, social workers as well as our clinicians and other staff. Recently, you may have heard the Governor announced the expansion of a pilot we started called the SCOUT program, which is more about, I think what you're describing, which is mobile teams that are actually riding the subway as it's moving, going station to station and staffed with clinicians, homeless outreach workers, social workers and really trying to start with this engagement-first approach sometimes and, you know very well Council Member having been engaged in this work for a long time, it can take multiple

engagements to build just that modicum of trust to get someone to accept services or to come in from the subway system to shelter or to respite or to the hospital or anywhere else, and so I'm always impressed every time I go out with my colleagues at DHS as well as our clinicians, I'm incredibly impressed with the care and the attention to give to people as human beings and really working in that engagement-first approach.

COUNCIL MEMBER BOTTCHER: How many SCOUT teams are in the system at any one time?

COMMISSIONER VASAN: Right now, it's a pilot, but the Governor just announced that the State was going to be putting in more funding. That's also a partnership with MTA just to be clear. We can get you details on what she announced. I don't have that on the top of my…

COUNCIL MEMBER BOTTCHER: Why do we need a pilot for a program like the SCOUT team? We know that this is how you address it. Why isn't the City and State flooding the subway with mental health professionals and outreach teams?

COMMISSIONER VASAN: I think we have some big challenges. Number one, I don't know that we know

exactly what will make a difference because otherwise we would have solved it already. This is a growing problem, it's a longstanding problem as well, and this Administration has put its attention on it in a way that I don't believe others have, and so we are actively trying to problem solve as we go and learn as we go and collect data as we go and to improve, number one.

Number two, I think that we have to get down to the root of the fact that we have a massive workforce crisis as well. The idea that there are droves of mental health workers sitting on a shelf not working in the subway, ready to go into the subway is just not accurate. It's not representative of what the state of the mental health workforce is, which is why it's so important what the City Council did, what the Mayor did last week to increase the COLA for human service agencies. So much of this work is run by human service agencies that are in contract with the City and, having run one, I know how much we struggled with recruitment and retention, particularly of social workers and clinicians, and so this goes a long way to improving that. This is long work. I often think about it as in medicine we have

something called refeeding syndrome. If someone is chronically malnourished, you don't just pour food into them immediately. You feed them slowly and bring them back to life. You can actually make them sicker by giving them too much food too soon. Our mental health system has been chronically undernourished in this country, the city is no exception, but we are bringing it back to life with the investments that the Governor has made, the City has made. Year on year, we're going to see floor-on-floor of this system that we've always needed, always deserved, but never had.

COUNCIL MEMBER BOTTCHER: Thank you for identifying for New Yorkers one of the big challenges we're facing, which is a shortage of mental health workers and social workers. I have a bill that would put social workers in police precincts to intervene in a positive and meaningful way when people are brought into a police precinct, but we don't even have enough mental health professionals to service the bills that we've already passed, the programs that we've already funded, so that's a big problem that we have to address, but we have to address it and we have to address it very quickly because New

Yorkers, they've really lost patience, and I don't blame them, and people are dying, people are hurting. You have our partnership here to help address this, but I really would like to talk about what we can do to upscale the teams on the subway and do it much quicker than we have been.

CO-CHAIRPERSON SCHULMAN: Council Member Marmorato.

COUNCIL MEMBER MARMORATO: Thank you, Chair. Hi. Good afternoon.

I would like to discuss the Zadroga program. My family included, many of my constituents have worked down at Ground Zero, and it’s not an assumption that people are getting sick and dying and being diagnosed with cancer. We're seeing it when we go to the supermarket. My father sees his co-workers, and they're discussing their health issues and what's happening. I wanted to know, did you document how many individuals have become ill in the past few years from long-term effects of working down at Grand Zero? Do you have a number associated with that?

COMMISSIONER VASAN: Not on my head but, Council Member, we are so proud of our World Trade Center Health Registry. People think that research is

just research. It's not. It affects people's lives. As a result of us building that registry, we have unlocked disability payments for your family, for families who are at and near Ground Zero. We have changed federal laws. The data that we produce has led to massive advocacy for Ground Zero families and victims and loved ones and, yes, we collect that data all the time and happy to get back to you with…

COUNCIL MEMBER MARMORATO: Is there a way that the public can access that information?

COMMISSIONER VASAN: It's a great question. We're happy to get back to you.

COUNCIL MEMBER MARMORATO: Okay. I do see that there is a change in budget, let me see here, from 2024 there was a savings of 17 million. In 2025, it looks like 24 million. What is happening here? Why is there a change in the budget and is it to improve services, is it because of, can you just elaborate why there is a change?

COMMISSIONER VASAN: I'm going to ask my CFO to comment.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thank you for the question. So this is basically a re-forecasting based on actual costs that we've seen

over the last few years so it's really just a technical adjustment.

COUNCIL MEMBER MARMORATO: Is there just change in services? Are you changing what you're covering or?

CHIEF FINANCIAL OFFICER ANDERSON: I don't believe there's been any change in that. It's really just to reflect what the actual costs have been.

COUNCIL MEMBER MARMORATO: Okay. Thank you.

Just another thing I wanted to touch on is I see that there is an ask for about 300,000 due to congestion pricing. What are those funds going to be used for?

COMMISSIONER VASAN: Thanks for the question. I'll bring in my Deputy Commissioner for Environmental Health to comment more specifically.

DEPUTY COMMISSIONER SCHIFF: Hi, Council Member. Our work on congestion pricing is we are working very closely with the Department of Transportation and with MTA to do an evaluation of the air quality changes that happen once congestion pricing is implemented.

COUNCIL MEMBER MARMORATO: Okay, so this is just for research purposes.

DEPUTY COMMISSIONER SCHIFF: That's right.

COUNCIL MEMBER MARMORATO: Okay.

CO-CHAIRPERSON SCHULMAN: Council Member Bottcher had one followup question.

COUNCIL MEMBER BOTTCHER: Commissioner, is the 9-8-8 number under your purview?

COMMISSIONER VASAN: It is.

COUNCIL MEMBER BOTTCHER: Could you talk about how you see the 9-8-8 number with respect to teams to respond to mental health crises, and I know that the B-HEARD program isn't under your purview, but do you think that the 9-8-8 number could be used as a number for people to call to dispatch teams like the B-HEARD teams?

COMMISSIONER VASAN: You know, over time we want those three numbers to be the go to resource for all New Yorkers, for all Americans, and we're very proud to be working as a part of this larger national Landscape of 9-8-8 so it becomes our 9-1-1. Right now, 9-1-1 is still the place where people go for help, but we want 9-8-8 to be that. The vast majority of people who call 9-8-8 nationally as well

as in New York and that called NYC Well in the past, are really not looking for crisis services but, over time, I think that certainly is a hope and a goal. I'll kick it to Deepa for further.

EXECUTIVE DEPUTY COMMISSIONER AVULA: Yes, so while the Commissioner is correct that the vast majority, so 96 percent of people who call 9-8-8, their issue can actually be addressed on the phone, which is what we want. We want you to call 9-8-8 as early as possible so that you're actually not at the moment of a crisis but, when individuals are at the moment of a crisis, exactly what you described as what we do. 9-8-8 deploys a mobile crisis team to go to wherever that individual is so whether it's their home, whether it's the street, wherever that individual is, generally it's from a residence and, based on the last year of data which comprised about 420,000-plus calls to 9-8-8, 13,000 of them received a mobile crisis treatment visit.

COUNCIL MEMBER BOTTCHER: What progress is being made to getting to the place that you want to go when 9-8-8 can be used as a number for people to call with emergency response?

COMMISSIONER VASAN: Just broadly, and I'll kick it to Deepa for more, we are seeing incredible progress, but lots of challenges, and they come down to some of the issues we already talked about, workforce. On the back end of 9-8-8 has to be expert clinicians, people who are trained to manage a range of mental health needs and, while we are very glad and proud of our partnership with organizations like Vibrant and otherwise, that call line, there's work to do. There's work to do on that back end of workforce.

EXECUTIVE DEPUTY COMMISSIONER AVULA: One of the things that we've done in New York City really to be an exemplar to really realize the ultimate promise of 9-8-8, which is that anyone across the country can dial these three numbers, you don't have to remember a local number, and you'll get mental health crisis support immediately so that’s why we also sunset our local 10-digit number, and then the other thing that we've done with our mobile crisis teams, over the past couple of years, those teams actually took longer to respond, so it was more like a 24-hour response or not a true crisis response. Our teams are now responding within two hours of time so

we've really seen very clear improvements locally, and we're hoping to expand on those improvements as well.

COUNCIL MEMBER BOTTCHER: A 9-8-8 dispatcher gets a call from someone and, in the judgment of the 9-8-8 dispatcher, it requires an emergency team response, a B-HEARD-type response. What is the sequence of events that happens in that case?

EXECUTIVE DEPUTY COMMISSIONER AVULA: So B-HEARD is not routed via 9-8-8? DOHMH runs mobile crisis teams. Those are teams that are clinician health led teams or clinician pair teams. Those are the teams that are routed. If there is an emergency need where a person needs to be there right away because we are worried that there is an imminent threat or an imminent harm, then we are routing to 9-1-1. We are currently working on an algorithm to also work with 9-1-1 to do the reverse so that if they're getting a call where clinicians can handle it, we are going to be routing our clinicians as well so we're in conversations right now with PD on how best to route those calls for both of us.

COUNCIL MEMBER BOTTCHER: What's the timeline with that referral from 9-1-1 to 9-8-8?

EXECUTIVE DEPUTY COMMISSIONER AVULA: That's currently in process. We're still working on exactly how that would work because the systems right now are different.

COUNCIL MEMBER BOTTCHER: You're meeting about it. You're talking about it. Is that something that we could potentially see in 2024?

EXECUTIVE DEPUTY COMMISSIONER AVULA: I don't know that you, in 2024, there should be a good solid plan for it, but obviously that takes time because of technology and other things as well.

COUNCIL MEMBER BOTTCHER: And the technology is needed because it's more than just a phone call. It's a computer.

EXECUTIVE DEPUTY COMMISSIONER AVULA: It’s a dispatch, correct.

COUNCIL MEMBER BOTTCHER: It’s a dispatch.

EXECUTIVE DEPUTY COMMISSIONER AVULA: Yeah.

COUNCIL MEMBER BOTTCHER: And you're using external vendors to help you with the technology or is the City Department of Technology involved?

EXECUTIVE DEPUTY COMMISSIONER AVULA: So the vendor that operates our 9-8-8 system here in New York City as well as nationally is Vibrant Emotional Health, and I defer to PD on the system that they're using.

CO-CHAIRPERSON SCHULMAN: Council Member Bottcher, we appreciate your questions. If you want to talk to them separately, you can. Thank you very much.

I have one quick question and then I'm going to close it out and Chair Lee will close it out as well. The question I have is going back to Healthy NYC, the Office of the Chief Medical Examiner, everybody thinks of them as just doing autopsies, but don't they have a role in the data collection for Healthy NYC?

COMMISSIONER VASAN: Yes, particularly.

CO-CHAIRPERSON SCHULMAN: Can you describe that?

COMMISSIONER VASAN: Yeah, very much so. Our Healthy NYC program is based on a counting of life and death in New York City, and that is grounded in our Vital Registry. For over 200 years, we've been collecting vital records, and that has massive

implications on funding, on census tracts, but also on disease control activities, and all of the data in Healthy NYC is based on data that is collected on death certificates which are certified by the New York City Office of the Chief Medical Examiner so they are very close partners with us. In particular, I would say overdoses are a place where we partner very closely because it can take time to really certify what was the cause of death when someone experiences a drug overdose.

CO-CHAIRPERSON SCHULMAN: Okay. Thank you. I want to thank you and your team for testifying today. I do want to say somewhat disappointed that there weren't exact figures used in terms of budget figures so we're going to follow up with you and your CFO on that so we'd like to get that moving forward but, like I said, really appreciate it, very happy to partner with you on Healthy NYC and other programs and thank you for testifying today.

COMMISSIONER VASAN: Thank you.

CO-CHAIRPERSON LEE: Yeah, I just want to echo the same sentiments. Thank you for being here today, and I sort of think of myself today as a little Sour Patch Kid because I know I was sour

before but now I'm going to end a little sweet, which is to say that, I want to be very clear, I do see us as partners because the City and the people in this city, especially those suffering with mental health, are really looking to us to help them with their recovery, to help them fix their issues, and I actually appreciate these kind of conversations because that's how we get to a better solution, is that we need to hear all sides, whether we want to hear it or not, we have to hear it, and we need to make sure we take all that into consideration, so I really, really hope that we will continue the conversations and be partners. I know that I am very appreciative of the work you're doing around diabetes especially because that's a huge issue that impacts our communities as well as us, and I will try to push the Article 6 on my end as well because I do think that's super, super important and we need to get that funding from the State so those are things that we will definitely try to push, but my sort of earlier, is, I don't get like that often, people who know me know I don't get like that often, but when it has to do with issues that I really care about and feel very passionately about, I can't help but dive a little

deeper into some of these questions so I really, really hope that you'll come with me to Elmhurst and visit LifeLinks, and I promise I won't bite, but I really want you to hear the stories of the people who are really impacted especially from the smaller Clubhouse that really feel the services every day, or just to visit any sites across the city, impacting folks with mental health, whether it be the opioid treatment centers, the needle exchange programs. I'd be more than happy to go with you to some of these because I think they're doing such incredible work so I just wanted to thank you and your team for really being here and listening to all of our questions so thank you.

CHIEF FINANCIAL OFFICER ANDERSON: Thank you.

CO-CHAIRPERSON SCHULMAN: Thank you.

Just so everyone knows, we're going to take a five-minute break and then we're going to hear testimony from the Office of Chief Medical Examiner and then go to public testimony. Thank you.

SERGEANT-AT-ARMS: Can I have your attention, please? Can I have your attention, please? Quick announcement. If you were here for the

Committee on Parks, once again, if you were here for the Committee on Parks, that hearing is going to be next door in the Committee Room. Please use the double doors and on your lefthand side. Thank you.

Ladies and gentlemen, good afternoon. Please find your seats. Please ensure that all cell phones and electronic devices are set to silent or vibrate.

Thank you for your kind cooperation. We shall be resuming momentarily.

CO-CHAIRPERSON SCHULMAN: Hi, I'm Council Member Lynn Schulman, Chair of the Health Committee. We'll now turn our attention to the Office of the Chief Medical Examiner, OCME, who provides forensic research and investigates mortalities in the city. OCME's Fiscal 2025 budget is 100.1 million dollars to support 753 full-time positions. This budget was reduced by 3 million dollars when compared to the Fiscal 2024 budget adoption. The budget headcount has remained unchanged, and OCME is among the fewer agencies that were exempted from a Program to Eliminate the Gap.

Despite their smaller budget, OCME's work is immensely important to the city's well-being, and

the autopsies they provide bring closure to the families of thousands of decedents. In addition, the data they provide is helpful to DOHMH in building strategies for disease prevention and will have a specific role in the rollout of Healthy NYC. At this hearing, I would like to make sure that OCME is adequately funded to provide effective services. In addition, we will discuss some of the results of OCME's Preliminary Mayor's Management Report, specifically the rates of completion for their DNA cases and autopsies. OCME has historically provided excellent results with their work, but there are still improvements they can make. I would also like some updates on their Gun Crimes Unit, which came into effect in December 2022. We see noticeable improvements with the gun crime cases turnaround due to this program and would like to learn more about the services provided.

Once again, I would like to thank Chair Lee along with my Committee Staff and my own Staff for their work on preparing this hearing. I would also like to thank OCME for the work that they do. I will now turn it over to Dr. Graham for his opening remarks.

CHIEF MEDICAL EXAMINER GRAHAM: Good afternoon, Chair Schulman, Chair Lee, and Members of the Committee on Health and the Committee on Mental Health, Disabilities, and Addiction. Thank you for the opportunity…

COMMITTEE COUNSEL PEPE: Chief Medical Examiner, I'm sorry to interrupt you, but we do need to swear you in. Please raise your right hand.

Do you swear to tell the truth, the whole truth, and to respond honestly to Council Member questions?

CHIEF MEDICAL EXAMINER GRAHAM: I do, yes.

COMMITTEE COUNSEL PEPE: Thank you. You can continue.

CHIEF MEDICAL EXAMINER GRAHAM: Thank you. Thank you for the opportunity to testify here today. We at the Office of Chief Medical Examiner value your leadership and thank the City Council for its partnership in support of our mission to serve the people of New York City. My name is Dr. Jason Graham, and I'm the Chief Medical Examiner for New York City. Attending with me from the Office of Chief Medical Examiner, or the OCME, are to my right, Robert Van Pelt, our Chief-of-Staff, and to my left, Yvonne

Williams, our Deputy Commissioner of Administration and Finance.

The OCME has two mission-critical roles, to protect public health and to serve impartial justice through forensic science and medicine. Our agency's core purpose is to provide answers in support of families and communities during times of profound need. Today, I'm fortunate to lead the nation's finest forensic medical legal institution, impartial, immune from undue influence, and as accurate as humanly possible, qualities that go to the core of why we exist and upon which the integrity of our science relies.

I'd like to now turn to our budget. The New York City OCME has 753 budgeted employees and an operating budget of, as Chair Schulman said, 100.1 million dollars. This has been both a rewarding and challenging year for OCME and the city. Our agency continues to see a sustained approximately 30 percent increase in our caseload since the pandemic, fueled by the national fentanyl crisis, among other factors. Despite the demands and pressures of this moment, we continue to fulfill our solemn and vital responsibilities to families in the city and maintain

our position as a leading institution for forensic science and medicine in the world. Over the past 12 months, we've made progress toward the innovations that I shared with you last year, providing increasingly advanced services to assist communities suddenly faced with the most challenging circumstances and also building upon our groundbreaking work moving beyond the traditional role of the medical examiner in providing expanded care to families we serve. Our continued success on this dual track is due in great part to our uniquely dedicated staff who day-in and day-out embrace the urgency and importance of our mission. I'm grateful and inspired by them and look forward to sharing this update on their work with you.

I want to begin with a report from our Forensic Pathology Department, where it's long been our goal to move our 24/7 operations in Manhattan from the aging facility we've occupied since it opened more than half century ago in 1960. In 2022, plans were announced by Mayor Eric Adams and Governor Kathy Hochul for the Science Park and Research Campus or SPARC at Kips Bay and now, with the master project plan underway, we're thrilled that our new state-of-

the-art forensic pathology center will be housed on a first-of-its-kind health and science campus, integrating public health institutions, public education, and private industry. The addition of OCME's Forensic Pathology Center to the campus as a training institution and a national leader in forensic science and medicine will enhance SPARC's purpose to support public health and fortify New York City's place as a leader in life sciences innovation.

Now I want to add a few thoughts about our distinguished medical examiners. There are under 1,000 board certified forensic pathologists in the entire United States, a crisis level shortage, and 32 of these highly trained physicians are here at the New York City Office of Chief Medical Examiner. The OCME has developed its own pipeline for medical examiners with a renowned forensic pathology fellowship program that's trained a significant portion of the top medical examiners working in the country today. Most of our current staff at the OCME have been hired through this program, which has enabled us to endure through the national shortage in an increasingly competitive environment. With that said, we know that we're not immune from the larger

forces at work in the market, and this is especially true in retaining our more experienced senior staff medical examiners who are coveted and indispensable teachers in the training program. We're hopeful that ongoing collective bargaining will help to retain these elite professionals who continue to be highly sought after by medical examiners offices across the country. In the meantime, to meet the increased demands of the past year, we've added capacity to our fixed mortuary facilities and refocused and streamlined some of our internal forensic operations to lend greater support to the medical examiners, bolstering their ability to manage significant caseloads with scientific thoroughness and precision. Within the coming months, we'll be integrating postmortem computed tomography, or CT scanners, into all three of our forensic pathology centers across the city. This technology will provide a level of detail that will assist the medical examiners in several ways, including investigations involving suspicious infant and child fatalities, in honoring religious objections to autopsy, and with increasing the number of potential eligible tissue donations.

I want to turn to our forensic biology laboratory, recognized as the largest and most advanced public DNA crime lab in the United States. Our 200-plus scientists engage in the identification of human remains, including missing persons and perform the entirety of DNA testing for the criminal justice system in New York City. The first-in-the-nation DNA Gun Crimes Unit announced by the Mayor in June of 2022 is fully operational and has consistently achieved our goal of a 30-day turnaround time for testing evidence in gun crimes cases, the fastest of any major jurisdiction in the nation. OCME forensic DNA scientists continue to identify remains of the victims of the 9/11 World Trade Center attacks. This ongoing effort is the largest and most complex forensic murder investigation in the history of the United States. In the days after 9/11, we made a sacred promise to the families that we would not stop until we've identified every person lost on that day. Since the beginning of Fiscal 2024, OCME has identified 47 additional remains of the 9/11 World Trade Center attacks, including the remains of three previously unidentified individuals, whose families can now, if they choose, finally hold a funeral

service and a burial, and find some degree of closure and hopefully peace after over 20 years of uncertainty.

Let's now shift to the significant work of our Distinguished Molecular Genetics Laboratory, the only lab of its kind within a medical examiner's office in the nation. This unique lab supports medical examiners by conducting postmortem molecular genetic testing to investigate the sudden, unexpected, and unexplained deaths of apparently healthy New Yorkers of all ages, including the very young. After analyzing the relevant gene panels, our team, which is led by a Board-certified medical geneticist physician and a skilled genetic counselor, alerts surviving family members so that any loved ones at high risk for a sudden death due to an inherited disease can be tested and receive potentially life-saving treatment.

I'd also like to highlight our work regarding the national overdose emergency, which is driven by the illicit opioid fentanyl in the drug supply. As I've said before, excluding the impact of the COVID pandemic, the national surge in unintentional drug overdose deaths would constitute

the greatest public health crisis of our time. Our Forensic Toxicology Laboratory is a national leader in addressing the growing universe of substances associated with this nationwide opioid epidemic. Through the tireless work of our dedicated scientists, the lab conducts tests for over 50 illicit and prescribed opioids, their metabolites, and potentially hundreds of other drugs and chemical toxins. The workload of the forensic toxicology laboratory is the highest it's ever been, and the toxicology lab has continued to stay at the forefront of this crisis to support our medical examiners and, more broadly, to aid our public health and public safety partners in the city and the region. Unfortunately, as you know all too well from your own communities across the city, for every overdose death, there are loved ones left behind and affected by the loss, some families now more than once, and many of whom remain vulnerable to a range of unaddressed needs. In recognition of this underserved population, and as an innovative new way to fight this national emergency on a new front, the OCME created our Drug Intelligence and Intervention Group, or the DIIG. The DIIG is a first of its kind model

for expanding comprehensive death investigations that's coupled with navigation to care and services for family and social network members surrounding fatalities related to the opioid crisis. DIIG started on a very small scale as a pilot initiative, and I'm proud to now report that it's fully staffed and operational. Through this initiative, when someone dies from an overdose, the OCME's investigation and response now includes skilled social workers to engage with that person's family and friends who also may be at risk and to provide support and a warm handoff to potentially life-saving interventions. The wide-ranging services and referrals include grief counseling, substance use services, housing assistance services, healthcare, and more. The DIIG is showing promising results. Social workers are successfully reaching 73 percent of the people they attempted to contact, and 78 percent of the people they've spoken with have been provided or referred to at least one service. We anticipate and are on track for reaching over 1,000 people by the end of the first quarter of this Calendar Year. I offer, finally, as an example of our work, a case from this past year. A family member that our DIIG team reached

had lost his sister to a drug overdose. After his sister's death, her brother, our client, took custody of her two young children and was also helping the decedent's husband receive treatment for serious illness. The decedent's husband was himself a person who uses drugs and therefore also at risk of a potentially fatal overdose. Our client was overwhelmed with assisting his brother-in-law and was struggling financially to provide for the children. Our DIIG team social worker was quickly able to arrange for him to receive financial assistance, and she also connected the family to a post-overdose response program, which assigned a peer navigator to the family and helped the decedent's husband receive the care and substance use disorder treatment he needed, including accompanying him to appointments. This amazing social worker also provided a referral to a summer camp designed specifically to support children who have lost a parent to substance use. Potentially life-saving interventions that, were it not for our work and the dedication of every employee at OCME who contributes to our mission, might not have been realized.

Thank you very kindly, and I look forward to your questions on the budget or any other topics.

CO-CHAIRPERSON SCHULMAN: Thank you very much, Dr Graham, and thank you very much for you and your staff and the work that they do. People don't realize the amount of work and also how important that is to the running of our city so I wanted to acknowledge that.

In your testimony, you said you had a 30 percent increase in caseload since the pandemic. Have you gotten commensurate funding with that?

CHIEF MEDICAL EXAMINER GRAHAM: We have adequate staffing, and we've made adjustments internally to accommodate this excess in volume, and that includes efficiencies that we've gained by supporting our medical examiners and changing some of our forensic operational areas, but we're adequately staffed, and our ability to handle that sustained increased caseload is due to the dedication of our staff who steps up uniformly because they're behind our mission and we're accommodating that increase in case volume.

CO-CHAIRPERSON SCHULMAN: Okay, and then you talked about the new postmortem computed

tomography or the CT scanners. Where is that funding coming from?

CHIEF MEDICAL EXAMINER GRAHAM: That was a capital project that we're realizing fully this year. All of the procurements are in place, and we will be outfitting the three forensic pathology centers with CT scanners later this year.

CO-CHAIRPERSON SCHULMAN: Okay, great. Healthy NYC is an initiative which is primarily led by DOHMH with the goal of increasing life expectancy rates in the city over the next five years. The program includes the investigation of mortality trends in the city to attempt to determine the reasons why the life expectancy rate has decreased in recent years. What role will OCME play in the Healthy NYC program?

CHIEF MEDICAL EXAMINER GRAHAM: I'm thrilled to be, as an agency, part of Healthy NYC, and we absolutely fully support the Health Department and the ambitious goals of increasing the life expectancy of New Yorkers. There are several critical areas in which the OCME directly contributes to this mission. First and foremost is in the form of a source of data. Our death certificates are a very

powerful data tool that allows public health officials to direct funds appropriately, change policies, adjust programming based on information that they're provided through our death certificates, and I don't just mean death certificates involving violent deaths. The deaths that occur, sudden unexpected natural deaths in individuals that have chronic diseases that are of great public health concern, hypertension, other types of heart disease, diabetes, obesity. All of these chronic natural conditions, that data coming from our death certificates will be critically important, and it's data not just from the death certificates but also from the work of our death investigators, our medical legal investigators in the field that are collecting really rich public health data that is available to help achieve this mission.

Aside from the data, I think that we are also in a much more active way than we historically have, we're reaching out to engage in many of the mission areas of Healthy New York City. Healthy NYC around gun violence, for example, our Gun Crimes Unit that we have invested in, and the return on that investment is continually growing. We are

participating through the Gun Violence Prevention Task Force under the First Deputy Mayor's leadership in Handle with Care, a program to get children who have adverse childhood experiences in the setting of a death referred to get the appropriate support that they need with our partners at DOE, DYCD, and NYPD and then, of course, the work around opioids and our Drug Intelligence and Intervention Group, the social workers who are engaging with these families, and this is, in my view, active, life-saving work that's going to help reduce the number of overdose fatalities in the city and address also the very broad-reaching mental health component of Healthy NYC from grief and bereavement counseling to support in many ways providing a warm handoff to care so we're very invested in Healthy NYC, and I'm looking forward to continuing to work with Commissioner Vasan and the Council to move that initiative forward.

CO-CHAIRPERSON SCHULMAN: Great. You mentioned the Gun Crimes Unit, which was initiated in December 2022. The unit focuses solely on gun crimes. The Mayor's Preliminary Management Report states that the average number of days to complete a DNA gun crime case decreased from 65 days in Fiscal Year 2022

to 24 days in Fiscal Year 2023. How many cases has the unit completed in the past year?

CHIEF MEDICAL EXAMINER GRAHAM: I will have to get back to you on the exact number of gun crimes cases that has been processed, but we have consistently hit the target and more recently surpassed our target in terms of the turnaround time that puts results in the hands of our stakeholders, recently within 22 days, but certainly within our 30-day target.

CO-CHAIRPERSON SCHULMAN: No, it is really amazing. How many criminalist positions have been hired and onboarded in the past year?

CHIEF MEDICAL EXAMINER GRAHAM: The original number of criminalists was 24, and those were brought on board, and they have been trained and integrated into the unit so there are rotations that occur within that unit, but the 24 new criminalists have been brought on board, trained, and integrated into that work.

CO-CHAIRPERSON SCHULMAN: Is there any plan to increase that number moving forward?

CHIEF MEDICAL EXAMINER GRAHAM: We have to remain flexible and respond to the needs of the city.

We're currently maintaining our target turnaround time with the staff that we have. However, if the case volume changes or the circumstances in the city shift in a direction that requires us to add more staffing, we're prepared to explore those possibilities.

CO-CHAIRPERSON SCHULMAN: Great. What is the Gun Crimes Unit budget in Fiscal 2024 and Fiscal 2025?

CHIEF MEDICAL EXAMINER GRAHAM: I think the specific budgeting for the Gun Crimes Unit, we'd would have to get back to you.

CO-CHAIRPERSON SCHULMAN: Okay, please. Is there a need for a larger budget to expand the services of that unit?

CHIEF MEDICAL EXAMINER GRAHAM: Again, I think at the moment we have what we need, but we're going to continue to closely monitor that going forward.

CO-CHAIRPERSON SCHULMAN: All right. Thank you very much. That's the questions I have.

Chair Lee, do you have any questions? Okay.

CO-CHAIRPERSON LEE: Just wanted to say hello and thank you because I think every year I continue to learn more things that you all are doing that are very much beyond the scope of what I think people think when they think of your office, and so it's actually really incredible to hear about the work that you're doing. Just a really quick question on the opioid front. Does OCME receive any funding from the opioid settlement funds because I would imagine that that could contribute to a lot of the work that you do or help.

CHIEF MEDICAL EXAMINER GRAHAM: Yes. Thank you for that question. We did receive funding through the 2022 tranche of opioid settlement dollars, and that provided for really the full establishment of our Drug Intelligence and Intervention Group. That initiative was in a very small-scale pilot form. We now through that funding have a full-time program manager. We have seven social workers. We have two family support coordinators and three epidemiologists comprising this team. Again, it's something that I believe is, as you mentioned, going beyond the traditional role of the Medical Examiner's Office, but I think that it's very active, life-saving work,

not from just the outreach standpoint, but also from the additional data contribution.

CO-CHAIRPERSON LEE: Okay. Can you just describe the types of equipment used in the forensic toxicology lab, specifically the equipment and instruments used to detect low levels of drugs that are still very potent?

CHIEF MEDICAL EXAMINER GRAHAM: I'm a physician. I'm not a forensic toxicologist, but I have general familiarity with the toxicology laboratory equipment. There are multiple types of equipment that is used to perform both screening tests and then perform confirmatory tests on samples that are taken by our doctors at autopsy, and that type of testing is more complicated than simply testing a drug that may be recovered from drug paraphernalia at a crime scene. These are biological samples, and they have to be prepared, and the portions of those samples that contain the drugs have to be separated so there is equipment in the laboratory that's used to process and extract the relevant portions from those biological samples then there are screening instrumentations such as the ELISA type tests, the enzyme-linked immunoabsorbent

assays, the screening tests, and then there are the larger pieces of equipment that are used in actually identifying what specific drugs and in what quantities are in a particular sample, such as liquid chromatography and gas chromatography, gas chromatography coupled with mass spectrometry and often tandem mass spectrometry so we would say GCMSMS because there are pieces of equipment that fit together so there's an entire range of very sophisticated instrumentation that enables our toxicology lab to identify the range of compounds that we're able to see, and that really informs our medical examiners in terms of what ends up on the death certificate, what combinations of drugs are out there and what's killing people.

CO-CHAIRPERSON LEE: Thank you. I'm actually really excited to hear about this DIIG program. It sounds very holistic and amazing, actually. Just wanted to know because I know it's still a pilot program from what you had mentioned, right, or did it go into?

CHIEF MEDICAL EXAMINER GRAHAM: I think we've certainly gone beyond the pilot stage, but it's now our goal to reach every family that has lost

someone to a drug overdose and we're on target, as I said, to have contact with over 1,000 families by the end of this quarter, and so the other encouraging factor is the idea that so many people we are able to reach, and among those we reach, so many are accepting services and getting the help they need.

CO-CHAIRPERSON LEE: Which other city agencies do you partner with because I would imagine they probably need a whole host of services, so how does that work in terms of connecting them and doing the referrals?

CHIEF MEDICAL EXAMINER GRAHAM: Yes, so we have many partners, and I would say a centerpiece to our partnership in this effort is the City's RxSTAT initiative, which is a public health, public safety partnership that started with just a very few partners and now is over 30 agencies at all levels, local, state, and federal, including the local Health Department, the State Health Department, the treatment community, law enforcement, and so we have a rich network of partners that has been built through that initiative, and so our social workers work with those partner agencies to tailor the specific needs of their clients and provide them a

warm handoff to those services, and this has ranged from the obvious substance use treatment referrals, grief support provided directly by the social workers to housing instability issues to literacy. If you're unable to read, you can't fill out a job application and get a job, and so that entire range of needs exists in this population, and we fortunately have our partners around the RxStat table to turn to for that help.

CO-CHAIRPERSON LEE: That's awesome. Where are the programs currently offered or where is it housed?

CHIEF MEDICAL EXAMINER GRAHAM: The DIIG is headquartered at our 421 East 26th Street headquarter office so all of our social workers as well as the program administration and our epidemiologists are there.

CO-CHAIRPERSON LEE: Okay, great. Thank you.

CO-CHAIRPERSON SCHULMAN: Okay, I actually have one other question, which is that there was an issue a few months ago about criminalists approving their own work. I know that you did an investigation and that there was a comprehensive report issued. Can

you just summarize the findings, number one, and number two, let us know if any new procedures were implemented as a result of that.

CHIEF MEDICAL EXAMINER GRAHAM: Yes. Thank you, Chair Schulman. This incident you're referring to involved an internal breach of laboratory protocol, which we internally identified and immediately launched a full-scale investigation, reported immediately to our oversights as well as our stakeholders. We removed the individuals involved immediately from case work. There is an active ongoing investigation on the part of officials external to the OCME, including the City's Department of Investigations that's actively occurring. We performed a full-scale investigation. We have absolutely no reason to believe that this has an impact to any case in the criminal justice system. The reports that were involved in this particular incident were promptly reviewed, and the science had no compromise of its integrity, the results were not affected, and the partners in the criminal justice system, based on all we know at this point, it has had no impact and we, based on everything we know,

have confidence that this has not gone beyond the three individuals involved.

With respect to changes, internally, we use every one of these situations as a learning opportunity. It's a chance for us to internally reaffirm our values around integrity. We're going to implement a broadening of our ethics trainings, which was already robust within the laboratory, but we're going to add to the ethics training that we provide to our laboratory scientists, and we're going to look more broadly across the entire agency as to an ethics program that would be applicable across all of our operational areas. I think that that's a general approach. I think there are specific changes we're going to implement, particularly from an IT infrastructure standpoint, that will prevent this from happening in the future and make it impossible to occur in the future based on provisions that we will implement in our IT structure, within the laboratory information management system in our lab.

CO-CHAIRPERSON SCHULMAN: Thank you very much for that comprehensive answer and thank you again for everything that you do.

Chair Lee, you have any? No?

I want to thank you. You're a well-kept secret in city government, and we really appreciate you coming here today, and we look forward to doing some other things with you in the future so thank you.

CHIEF MEDICAL EXAMINER GRAHAM: Thank you. We're very grateful to you and the Council, Chair Schulman and Chair Lee, and there's a standing invitation to visit any time for any Member of the Committee. Thank you very much.

COMMITTEE COUNSEL: Thank you, Members of the Administration.

We will now open the hearing for public testimony.

I want to remind members of the public that this is a formal government proceeding and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times.

The witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table.

Further, members of the public may not present audio or video recordings as testimony but

may submit transcripts of such recordings to the Sergeant-at-Arms for inclusion in the hearing record.

If you wish to speak at today's hearing, please fill out an appearance card if you have not already with the Sergeant-at-Arms and wait to be recognized. When recognized, you will have a strict two minutes, we have over 100 people registered to testify so we will be enforcing this strictly, two-minute time to speak today on the hearing topic, which is the Preliminary Budget Hearing for Mental Health, Disabilities, and Addiction, as well as the Committee on Health.

If you have a written statement or additional written testimony that you would wish to submit for the record, please provide a copy of that testimony to the Sergeant-at-Arms. You may also email written testimony to testimony@council.nyc.gov within 72 hours of this hearing, and we review all written testimony in full, and audio and video recordings will not be accepted.

I will now be calling the first in-person panel. We'll have Monica Rahman, Dice Cooper, Charles de San Pedro, Glenn Mejia, Maria Leon, and Leon Sims.

CO-CHAIRPERSON SCHULMAN: Please make sure your microphone is on before you speak.

MONICA RAHMAN: Good afternoon. My name is Monica Rahman. I'm the Director of TOP Clubhouse in the Upper West Side, and I have worked in several New York City Clubhouses over the last six years and, before I jump in, I think Leon Sims might be joining us virtually so I wanted to mention that but, for anyone unfamiliar with the Clubhouse model of recovery, Clubhouse are a non-clinical program for adults living with mental illness that provide an opportunity to participate in meaningful work, be part of a caring community, access essential services, and education and employment support. First, I want to say that we commend the Mayor's historic investment of 30 million dollars in Clubhouses and City Council and DOHMH's effort to expand Clubhouse membership. However, the Clubhouse community has some concerns about how the City plans to use the money or how it's going to be spent. In order to get a new Clubhouse contract, the City is requiring Clubhouses to have 300 active members and an average daily attendance of 90 and, according to Clubhouse International, which governs Clubhouses

around the world, the average daily attendance for Clubhouses around the world is 31 and active membership is 109, and most New York City Clubhouses fall within that range so the new DOHMH requirements would be tripling in size for most current New York City Clubhouses. Clubhouses that can't meet those requirements would be forced to shut down and transition its members to larger, more centralized locations, and the impact of this is breaking up existing Clubhouse communities, some of which have been around for over 30 years, and this will be devastating for the members who have found these communities to be so meaningful, providing structure, support and friendship. A one-size-fits-all approach does not work for our members. Many members prefer smaller, more intimate communities where everybody knows each other's name. Some members feel overwhelmed and anxious in crowds, and they thrive in a more intimate, closeknit environment. A lot of members describe their Clubhouses as their family, and they feel that they will lose this vital support if their Clubhouse doesn't meet the requirements in the RFP.

CO-CHAIRPERSON SCHULMAN: Can you wrap it up, please?

MONICA RAHMAN: Yeah.

CO-CHAIRPERSON SCHULMAN: Thank you. You can submit that too so we're going to read it.

MONICA RAHMAN: And so also just in part, in addition to my testimony, we submitted a petition that has 5,000 signatures that shows all of the people that care deeply about this issue, and I'm going to turn it over to other members of the Clubhouse community to share their thoughts.

GLENN MEJIA: Hello. My name is Glenn Mejia. I'm a member at TOP Clubhouse. The reason why I do not want the smaller Clubhouses to close is because it gives me structure, it gives me something to do every day. I feel that when I go to the Clubhouse, I feel that not only I'm helping myself, but at the same time, I'm helping out my fellow members, and this helps me feel like I'm making a difference in someone's life. Also, when I'm in the smaller Clubhouse where I go to, I feel like I'm part of something. I feel like I am part of the community here. I feel appreciated, comfortable, and valued. When I help out, because we're not only helping

ourselves, but at the same time helping our fellow members. Also in the smaller Clubhouses, we all know each other and the staff knows us and they help us work on our goals, and I think if we have to go to a larger Clubhouse, I don't think those means will be met. Another reason why I would not go to another Clubhouse is because the location won't be the same, and it's going to be a lot more people, and that is why I believe that they should keep the smaller Clubhouses open.

CO-CHAIRPERSON SCHULMAN: Thank you.

GLENN MEJIA: You're welcome.

CHARLES DE SAN PEDRO: Hi, good afternoon. My name is Charles de San Pedro, Jr., and a few reasons why I want small Clubhouses to stay open is it's become like a family to me, TOP Clubhouse. I really like going out on outings with some of the members, even on the weekends, and TOP Clubhouse helped me get a job at the U.S. Open last year, which I was really happy with, and I feel special over there. There are no member or staff only places, so I feel like an equal, and I really love helping out cooking and setting up for events, and it's just I've been a part of this Clubhouse for about five years

now and I want to be a member for the next 10, 20, 30 years. I love my Clubhouse and I really want it to stay open. You're welcome.

DICE COOPER: Hi. My name is Dice Cooper, and I'm the Program Director of Lifelinks Clubhouse at Elmhurst Hospital, and I want to thank Council Member Linda Lee and Shekar Krishnan for visiting our Clubhouse yesterday and actually listened to our members and their voices and what's happening now. I've spent the past 23 years working in the Clubhouse. I worked at a mega Clubhouse for a decade, and I visited other Clubhouses, smaller Clubhouses around the city and, during those visits, I saw the need, and I left that mega Clubhouse and went to a small Clubhouse and today I see (INAUDIBLE). A lot of our members just need a place to go. Many are not looking for the mega Clubhouse to be at, but they need a place where they can get the support. In a small Clubhouse, that support is there. The model of recovery works not because of the big fancy building, the numbers. It works because of meaningful relationships. Many of our members who work in the Clubhouse have been there for over 30 years, and many have built meaningful relationships that have helped

in their recovery. A Clubhouse protects members from social isolation. It protects them from unstable housing, homelessness, suicide, incarceration, and even death, and I hope that there will be something done so that our members who feel that they don't need to be in a mega Clubhouse can be able to (INAUDIBLE) the small Clubhouses where they'll have the services that they need. Thank you.

MARIA LEON: Good afternoon, everyone on the City Council. My name is Maria Leon, and I have been a member of Citiview Connections Clubhouse that is located in Long Island City, and it's very accessible to everyone. There's a train station right there on 36th Street. I've been a member since 2015 and, with all due respect to the ones that have decided to complicate funding for small Clubhouses, I speak for all of our members. We are very happy to come to a Clubhouse that makes us feel very special, and we feel comfortable and we're like family. Really, I heard what you said to the other person, and he was so evasive. He couldn't even answer you, because you said something about 100 members or less, and he couldn't even answer the question. That's wrong. We need your help. We need small Clubhouses.

They are extremely important to all of us, in every borough, everywhere. Thank you.

CO-CHAIRPERSON LEE: Thank you all so much for your testimony, advocacy, and for sharing your personal stories. We really appreciate all of you, so thank you.

CO-CHAIRPERSON SCHULMAN: Yes, very much appreciated. Thank you so very much.

COMMITTEE COUNSEL: This panel can stay for a second. We're just going to go to Leon on Zoom.

Leon, please wait until the Sergeant cues you and please accept the prompt to be unmuted.

SERGEANT-AT-ARMS: Time has started.

LEON SIMS: Okay, can I begin now?

COMMITTEE COUNSEL: Yes.

LEON SIMS: Okay, my name is Leon Sims, and I'm representing Greater Heights Clubhouse, and I just want to say the Clubhouses, smaller Clubhouses, is more than just a hangout spot. It's more like if we was to go to larger Clubhouses, I feel like a lot of members would consider that as a hangout spot. In our Clubhouse, every member contributes to maintaining a clean, therapeutic environment. Some people can't even afford meals, and they come to our

Clubhouse and they get provided breakfast, lunch, and dinner. Clubhouses are made to fit members' needs, so why aren't our needs being taken into consideration, and it affects not only members, but it affects families of members because the Clubhouse helps provide jobs, schooling, benefits, responsibilities, a safe haven, a therapeutic environment, and it's a better connection because we get the individual attention that we need, and we should be treated as a member, not instead of a number. As you can see, there are many people who feel like smaller Clubhouse is the way to go, and disability is not inability, and we know what's best for us. So I beg you to empathize and acknowledge, when I say we, I mean members and staff, how we benefit from smaller Clubhouses and feel like it's a place where we can go to and feel we could be ourselves and have a family. I have had many experiences with mental, I was once a danger to myself and others at one point, but now I have a goal to lead in the right direction and make sure people don't follow my mistakes. Our Clubhouse also has a DTR group, which I'm a member who runs that group. It's in a lot of Clubhouses. Basically what I do, I teach people with dual diagnoses to

avoid substances. As far as suicidal ideation, I have had a suicide attempt. I know the best way to prevent suicidal prevention is not to wait until the 9-8-8 number is called, it's to teach coping skills so we won't have to reach that point, and our Clubhouse enable us to do that. I would compare it to a classroom. If you have 300 students with one teacher, you're not going to get the individual attention that you need opposed to having one teacher with 100 students, they get more attention paid to them to help our needs. As a member, we have so many programs that prevent us from using substances, that helps give us something to do positively, we engage in groups, and it's very therapeutic, and I would just like to use this last comparison. I love basketball so I use this analogy. It's basically saying that an owner of a team knows what's best for the players, so they make moves but, if you're a player, you know what's best for yourself so I would just like to cut it brief and I'd like to thank everybody (INAUDIBLE) it means a lot to us, and I really hope small Clubhouses stay open.

CO-CHAIRPERSON SCHULMAN: We appreciate your testimony. Thank you.

CO-CHAIRPERSON LEE: Good to see you. Two days in a row, Leon. Sorry about that.

COMMITTEE COUNSEL: Thank you so much to this panel. We're going to move to our next panel, which will be also a hybrid panel of in-person and Zoom. Will Abby Jeffrey, Elinor LaTouche, David Freudenthal, Rachel Benner, Greg Mihailovich, and Chris Norwood please come to the table, and then Juan Pinzon on Zoom, you will testify after they are done.

Abby, you may begin when ready.

Oh, just make sure to turn on the mic, sorry.

ABBY JEFFREY: Okay. Good afternoon, Chair Schulman, Chair Lee, and Members of the Health and Mental Health, Disabilities and Addiction Committees. Thank you for inviting JCCA to testify on behalf of the children and families to whom we provide behavioral and mental health services. My name is Abby Jeffrey, Assistant Vice President of Behavioral Health and Wellness. I am an LCSW with over 15 years of experience. JCCA provides behavioral health, foster care, residential prevention, and educational services to young people across the five boroughs and Westchester. JCCA's wellness supports for young

people struggling with emotional challenges are critical to preventing and addressing family instability. Thank you for funding City Council initiatives that serve young people with mental health needs. JCCA runs two, our court involved youth and mental health initiative for justice-involved youth and our opioid prevention and treatment program for Orthodox and Bukharian youth in Queens. My written testimony describes their successes, so I'll use this time to discuss programs that could use additional support. JCCA provides a continuum of other behavioral and mental health programs, an Article 31 clinic with school satellite, a youth ACT team, Health Homes case management for children, community and family treatment support services, home and community-based services among others. We face the same workforce challenges as other providers. Reimbursement rates are so low that we struggle to keep programs financially solvent. In fact, we are considering decertifying our HCBS program because we are running a deficit. The State recently added additional hurdles for high-needs children, further reducing access and forcing JCCA to disenroll a number of children. Children and youth in

marginalized communities need mental health services, but we cannot accept all eligible referrals because we do not have enough staff to serve them. JCCA has waitlists for our Article 31 clinic, CFTSS, HCBS due to workforce issues. In the past year, our behavioral health team saw many resignations. Our Health Home program lost four workers in less than two months. When staff leave, they go to work in hospitals, private practice, telehealth, and schools. Most JCCA programs are community-based, where clinicians travel to clients' homes, often in evenings after school. It's hard to compete with jobs that offer remote work from home or comfortable office and school settings. When staff leave JCCA, clients are deeply impacted. Young people lose continuity of care and may struggle to trust a clinician, particularly when they are working to overcome trauma. What can New York City do? Work with State partners to streamline access to mental health systems. Each year, the State introduces increasingly complex regulations, particularly from Medicaid programs targeted to underserved populations then fewer children are eligible for services. Encourage State partners to increase contractual and Medicaid encounter-based

reimbursement rates to fund programs for high acuity children and youth in hard-to-reach populations. These include youth ACT teams, Article 31 clinics, CFTSS, HCBS, and Health Homes. The majority of our workforce is comprised of women of color. We ask that the City reduce barriers for aspiring clinicians and provide tuition assistance and loan forgiveness and subsidize test prep for licensure exams. We want to thank you for the 3-percent COLA that was given to us for the next three Fiscal Years, and thank you for allowing me to testify.

CO-CHAIRPERSON SCHULMAN: Thank you very much. I just want to remind people that we have now over 110 people that have asked to testify. Please keep it to the two minutes. You can submit the testimony. The staff is going to go through it all, and we're going to have more hearings in April so thank you.

COMMITTEE COUNSEL: Elinor, you may begin.

ELINOR LATOUCHE: Hi, good afternoon. I'm grateful to Council Member Schulman and Lee and the Staff who put this opportunity together for us. Thank you that I can come and talk about how the Epilepsy Foundation of Metropolitan New York wants to

underscore the City's mental health roadmap. The Epilepsy Institute doing business as EFMNA has been in business since 1967. We are New York City's only social service agency specializing in the treatment of the needs of people living with and impacted by epilepsy. Since COVID-19, our staff had noticed an increase of reports of anxiety, isolation, depression from clients living in all five boroughs. Our therapists routinely need to set aside mental health treatment modalities to address more pressing needs of housing, food insecurity, and access to healthcare. We see our role as improving integration and coordination. By linking clients to resources that make them part of their community, we can improve outcomes. Community is the way to build stronger public health. Some of our objectives for 2024 are to increase the attention to barriers for accessing mental health supports and addressing social determinants of health. Those might include stigma, employment, culture, access, etc. We want to promote our focus on vocational intervention to help clients prepare for and exceed as a part of New York City's workforce. We want to provide 10 trainings to law enforcement on epilepsy first aid. It's a

national initiative to have better outcomes when there's interaction between law enforcement and people with epilepsy. We employ a trauma-based treatment team to meet the needs of clients whose mental health is a barrier to their overall well-being. By preserving and increasing New York City's funding, we can ensure better lives for all New Yorkers. Thank you.

CO-CHAIRPERSON SCHULMAN: Thank you.

Greg, you may begin.

GREG MIHAILOVICH: Okay, thank you, Chair Schulman, Chair Lee. My name is Greg Mihailovich. I'm the Community Advocacy Director for the American Heart Association here in New York City. AHA is dedicated to fighting heart disease and stroke, and I want to touch on two City programs that will hopefully help us do that. First, self-monitoring blood pressure. Now, high blood pressure or hypertension is a key risk factor for cardiovascular disease and stroke, and often there are no symptoms that people are suffering from it, and monitoring your blood pressure numbers outside of a clinical setting, self-monitored blood pressure is a validated approach because often the numbers differ between

home and away. There's white coat hypertension, mask hypertension, and it's tied to lower hypertension and better management of hypertension, but there are financial barriers involved. Now last year, the Council passed legislation that says DOHMH is going to provide self-monitoring devices at no cost to high-need areas subject to appropriation so that means there's going to be some money hopefully, but a question of how much. We ask and recommend that it's at least 1 million dollars in the budget to support the self-monitoring blood pressure program.

Secondly, smoking cessation. Smoking is still the number one preventable cause of death in the United States. One out of four deaths for cardiovascular disease and stroke can be tied to smoking. In New York City, 13 percent of adults still smoke, but two-thirds of them try to quit every year. Also, there are ongoing efforts at federal, city, state level about removing menthol cigarettes from the market. A recent study shows that if menthol was removed from the market, a full quarter of menthol smokers would try to quit rather than switch to non-methylated products so if that happens in New York City, quit attempts are going to go up. Studies show

that when someone trying to quit gets help from a healthcare provider, it doubles their chances of success so we're asking the City to invest an additional 1 million dollars in their smoking cessation programs to help New Yorkers live tobacco-free. Thank you for everything you do to protect our physical and mental health and happy to work with you going forward. Thanks.

CO-CHAIRPERSON SCHULMAN: I'd like to ask you a question. It's confusing to me and I'm sure it's confusing to other people in terms of blood pressure, like you get different readings, even when you do it yourself so are there any materials that the American Heart Association has to give to people about how to do that because not everybody does it the way it's supposed to? I'm including myself in this.

GREG MIHAILOVICH: We have a lot of information, but that's part of why the self-monitoring blood pressure is important because people are either tense in the hospital so the idea that if you know your number is going along that you get that bigger picture as opposed to that once a year, twice

a year you're checking the blood pressure, but I'm happy to share with your office and the Committee.

CO-CHAIRPERSON SCHULMAN: Because I'd love to send it out to my constituents as well.

GREG MIHAILOVICH: Yeah, I'll send that to you.

CO-CHAIRPERSON SCHULMAN: Great. Thank you so much.

COMMITTEE COUNSEL: We'll now move to Rachel.

RACHEL BENNER: Thank you for the opportunity to testify. My name is Rachel Benner. I'm a social work student intern at United Neighborhood Houses. UNH is a policy and social change organization representing neighborhood settlement houses that reaches over 765,000 New Yorkers. Our members provide a variety of mental health and substance abuse services to their communities, such as Article 31 mental health clinics, Article 32 substance abuse treatment programs, PROS programs, geriatric mental health, and others. This testimony will focus on three key recommendations for the FY 2025 budget, restoring all funding for the Council's mental health initiatives at 25.5 million dollars,

creating a new 3-million-dollar youth mental health Council initiative, and investing 3.75 million dollars to expand school-based mental health clinics.

Our first recommendation is the restoring of 25.5 million in funding to all nine of the previously funded DOHMH mental health Council Initiatives. We greatly appreciate the Council's longstanding support for these programs that bring mental health services to vulnerable populations. Every year, these initiatives provide crucial funding to non-profit providers to offer services in non-clinical community settings. Although the funding must be restored each year by the Council instead of being on more stable multi-year contracts, the funding is flexible and allows providers to meet their hyper-local needs. Funding levels for these initiatives fluctuated over the last few years. FY24 overall funding was reduced by a million dollars so it is crucial that the Council at a minimum restore all this funding in the FY 2025 budget.

We also recommend creating a 3-million-dollar million youth mental health Council initiative. This would provide flexible mental health services for youth programs run by CBO's like

Beacons, Cornerstones, Compass, Sonic with a focus on out-of-school time. Programs would be able to hire mental health professionals who are trained to engage young people and test other innovative tailored solutions to young mental health needs, much in the same way that the geriatric mental health initiative functions for older adults.

And then our final recommendation is investing 3.7 million dollars to bolster 50 existing school-based mental health clinics with each clinic receiving 75,000. Thank you.

CO-CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: David Freudenthal and, if it is not, please state your name for the record.

SHANNON ROCKETT: Hi, just a bit of housekeeping, Sergeant, before my time starts. David Freudenthal had to step away. I'm Shannon Rockett, I work on his team at Carnegie Hall so I'd like to testify on his behalf if that's okay.

COMMITTEE COUNSEL PEPE: If you could fill out an appearance card, that would be…

SHANNON ROCKETT: Yes, of course.

COMMITTEE COUNSEL PEPE: Thank you.

SHANNON ROCKETT: Good afternoon, Chair Schulman, Chair Lee and Members of the Committees. My name is Shannon Rockett, and I'm here today on behalf of Carnegie Hall. As a member of the Cultural Institutions Group, Carnegie Hall takes seriously its compact of public service to our city's residents and believe music can play a meaningful role in people's lives, including those in high-need situations. Carnegie Hall is a leader in creating far-reaching music education and social impact programs that inspire the next generation of music lovers, nurture musical talent, and contribute to the evolution of music education. Because our own work has focused so heavily on mental health and well-being, we were very encouraged to hear Speaker Adams inclusion of arts and culture and maternal and youth mental health initiatives among her priorities for the year ahead. The Speaker's focus here calls out the "arts and" approach to which our city's cultural organizations ascribe. With the City Council's support, culture has been a highly effective resource to address many human services needs. For this reason and many more, I urge the Council to restore the devastating cuts to culture that have been enacted this year and called

for in the next year. Carnegie Hall has invested deeply in the programming and research of music and mental health for more than a decade and seeks to both broaden and deepen our citywide impact with the Council's initiative support in FY25 for our Lullaby Project and Well-Being Concert Series. The Lullaby Project connects new parents and caregivers and their newborn babies with professional artists to compose original lullabies, meeting families where they are in public hospitals, high schools, shelters, and other community centers. Piloted this year, our Well-Being Concert Series offers thoughtfully curated concerts that bring people together for an experience that builds connection and celebrates our shared humanity, regardless of socioeconomic circumstances or background. In addition to public concerts, a significant proportion of the program invites specific groups to attend without cost. These include healthcare workers, students, and clients of H and H and DOHMH, veterans invited through the New York State Department of Veterans Services and Black Veterans for Social Justice, individuals and families impacted by the justice system, and older adults. Our impact and partnerships throughout the city

demonstrate that investment in arts and culture is a compound investment in human services and our communities. Cuts to arts and culture therefore have a compound negative effect on our communities. We urge the Council to prioritize and protect funding for arts and mental health programming in the year ahead and thank you for your time.

COMMITTEE COUNSEL: Thank you. We will Juan Pinzon on Zoom. Please wait until the Sergeant cues you and accept the prompt to be unmuted.

SERGEANT-AT-ARMS: Time is starting. You may begin.

JUAN PINZON: Thank you, Chairs Schulman and Lee. Thank you for the opportunity to testify. I'm sorry that I couldn't be there today. I'm the Director of Government Relations at the Community Service Society, and I'm today testifying in support of the Managed Care Consumer Assistance Program. This is a program that started in 1998 with a large network of 26 CBOs administered by the Community Service Society to help New Yorkers navigate the healthcare system, troubleshoot any problems that they may have with their health insurance. Unfortunately, we lost funding in 2010, and we were

able to restore some of the funding in 2019, but the funding is not really adequate to help all New Yorkers who need help. This is a program that is really important when consumers receive an insurance notice that they don't understand, when they get a medical bill that they're not able to afford, or maybe the insurance company is denying a benefit and they need help, appealing that insurance. This is really the only place where they can turn to for help so we are asking for an expansion of the program to be able to bring some of the CBOs that we lost back in 2010. We need a network of at least 26 CBOs providing services on the ground. Since we relaunched the program in 2020, we have been able to serve 14,000 clients and we have been able to save those clients almost 800,000 in healthcare-related costs. We've also been very busy in the last year helping Medicaid consumers and also people who have essential plan, recertify their coverage. We can also help them explore different coverage options if they're not eligible for public health insurance during this end of the public health emergency and we, in fact, have seen a 72 percent increase in those type of cases so I'm asking the Council to restore funding for the

program. We need at least 2.3 million dollars to be able to bring an additional 15 CBOs into our network and, with that funding and with that level of capacity, we should be able to serve an additional 3,000 New York City residents through our program so I think that's all I have and thank you so much for your time and again for the opportunity to testify virtually.

COMMITTEE COUNSEL: Thank you, Juan. Thank you so much to this panel.

We will now move on to our next panel, which will also be a mix of in-person and Zoom. Will Marcos Stafne, JiHoon Kim, Dana Zakharova, Catherine Laino (phonetic), Sylvia Pizarro (phonetic), and Murphy Halliburton, and then we'll have Ronnell Lovett on Zoom, so you will testify after the in-person. Thank you.

JiHoon Kim, you may begin.

JIHOON KIM: Good afternoon, Chair Schulman, Chair Lee, and Members of the Health and Mental Health Committees. My name is JiHoon Kim, and I am the inaugural CEO of InUnity Alliance, which was created by the merger of the Coalition for Behavioral Health and the Alcoholism and Substance Abuse

Providers of New York. We represent more than 250 addiction and mental health agencies across the state with a significant footprint in New York City. First, it is vital that we invest in the human services workforce, and we join the City Council in celebrating the 741-million-dollar COLA announced last week and thank you for your continued advocacy for this essential workforce. Next, I want to emphasize the pressing need to destigmatize mental illness and substance use disorder. Stigma continues to contribute to significant challenges for my member agencies when launching services in communities that are disproportionately impacted by the overdose epidemic and the mental health crisis. InUnity Alliance is committed to building bridges to ensure that prevention, treatment, and recovery services are available to all residents of New York City. InUnity Alliance fully supports restoring the City Council's mental health and substance use portfolio to Fiscal Year ’23 levels and increasing, in particular, the opioid prevention and treatment initiative. As we're all aware, New York City experienced record high drug-related deaths last year with a disproportionate impact on black New Yorkers. Relatedly, we commend

the City Council's advocacy on encouraging the Administration to release opioid settlement funds as it is doing on Staten Island, supporting community-based organizations with additional resources will undoubtedly save lives and mitigate impacts on individuals and their families. Finally, another critical issue that requires on going attention from the City Council is contract delays. These delays have hindered our ability to deliver timely and effective care to New Yorkers. These processes need to be streamlined and expedited so that organizations can focus on their core mission of delivering high-quality care, rather than navigating bureaucratic hurdles. I appreciate this opportunity to present this testimony on behalf of InUnity Alliance, and I look forward to strengthening our partnership with the City Council.

CO-CHAIRPERSON SCHULMAN: Thank you. You may begin.

COMMITTEE COUNSEL: Just make sure your mic's on.

DANA ZAKHAROVA: Hello. Good afternoon. My name is Dana Zakharova, and I have been a member of the Lifelinks Clubhouse for the past six years. I

enjoy every minute of it. Lifelinks Clubhouse helped me to get education, job, and friends. I learned about being a mental health peer mentor, someone with a lived experience who helps other people with a mental health diagnosis through the Clubhouse. I received my training through it. I was able to get a full-time employment as a peer specialist because of my training. I got inspired to return to school to work on finishing my bachelor's degree because of a continuing education program I learned about and attended through my Clubhouse. I'm now going to be attending Hunter College to pursue my dream career in theater, dance, and Slavic studies. I met so many new friends through my Clubhouse, friends that I shared my life's moments with and who have been with me for years. I have a place to socialize and call my own because of my Clubhouse. I have friends because of the Clubhouse, I have a career, college, and I'm forever grateful to my Lifelinks Clubhouse. Thank you.

COMMITTEE COUNSEL: Thank you so much. You may begin when ready. Just make sure, yep, mic is on.

MURPHY HALLIBURTON: Thank you. My name is Murphy Halliburton. I'm a professor at CUNY at Queens

College and the CUNY Graduate Center. My specialty is medical and psychological anthropology, and I look at social and cultural issues related to mental health mostly, and I'm currently doing a research project on the Hearing Voices Movement, and my testimony is related to others here who will also speak to the Peers Not Police efforts. Hearing Voices Movement is a peer-led group where basically experienced voice hearers, some of whom have mental illness diagnoses like schizophrenia and some of them don't, help train more inexperienced people on how to handle the voices, and all the people I've interviewed have said that the medications didn't help them and they didn't get rid of voices. What they said made the difference was being involved in hearing voices groups, these peer groups. They said that they don't get rid of the voices. They change their relationships to the voices, and negative antagonistic voices are modified or resolved and sometimes go away. I asked several of these people I interviewed who had been arrested by the police for not doing anything threatening, but behaving strangely in public basically, what if a peer, say a voice-hearer, had come instead of the police during this behavior, what do you think would

have happened, and they always had this reaction like, oh my God, that would have been amazing. One woman said when she first had this happen to her she was just wondering what was happening and she wanted someone to explain why she was having this experience, and the police couldn't explain that to her but, no doubt, peers would have been more effective so I guess I'm speaking to the choir a little bit because I did hear concerns about B-HEARD today so I just want to encourage you to continue to pursue groups like that to become involved in using peers rather than police.

MARCOS STAFNE: Honorable Chairs and Members of the Committee, my name is Marcos Stafne, Executive Director of GallopNYC. I'd like to express my sincere gratitude for your support of the City Council's Autism Awareness Initiative, vital for New Yorkers on the autism spectrum. Over one-third of our participants have autism, emphasizing the need for targeted interventions. Therapeutic horseback riding, and being in the presence of horses profoundly benefits individuals with disabilities and their families. We prioritize serving low- and middle-income families, ensuring accessibility without

formal diagnosis requirements. City funding sustains our operations, providing therapeutic riding, and scholarships essential for our extensive 1,000-person waitlist. We advocate for the reinstatement of 124,916 dollars in autism awareness funding. I invite Committee Members to witness our program's transformative impact in Queens and Brooklyn with plans for expansion in Staten Island. Your continued support enables GallopNYC to serve our city with excellence. Thank you for your time and consideration.

CO-CHAIRPERSON SCHULMAN: I also want to say that GallopNYC is in my District, and they're amazing. I would encourage my Colleagues to go and visit and see what they do with the horses and the people that need assistance.

MARCOS STAFNE: Thank you.

COMMITTEE COUNSEL: Before this panel concludes, we're going to move to Ronnell Lovett on Zoom. Please wait until you are unmuted, accept the prompt, and wait until the Sergeant cues you.

SERGEANT-AT-ARMS: You may begin.

RONNELL LOVETT: Good afternoon. My name is Ronnell Lovett, and (INAUDIBLE) Clubhouse, and I

want to make this statement briefly. Why my Clubhouse is very important to me, (INAUDIBLE) Clubhouse is my second home. Keep my Clubhouse open and don't shut us down. I'll agree we make sure more New Yorkers like us have access to Clubhouses, but making big Clubhouses (INAUDIBLE) small Clubhouses like mine (INAUDIBLE) our struggle to do the best job for members. We need our Clubhouses to be in our communities and, if they are no options for small Clubhouses, where does that leave us? Please make sure you keep my Clubhouse open in my community. Thank you very much.

COMMITTEE COUNSEL: Thank you.

CO-CHAIRPERSON LEE: Thank you, everyone, and before we dismiss this panel, I just wanted to say for the record right now, but also hopefully we'll remember this in the future, but there is an incredible amount of talent in this room right now, and have the fortune to get to know and visit all of you guys at your different sites, GallopNYC, InUnity, that merger is huge, because as we know, comorbidity exists, we need the research, we need community, we need all of these partners on the ground, UNH, whoever, if the social work intern's here, don't

leave, please, the industry because we need more social workers, but I just want to say this because I feel very humbled to be in the presence of such great leaders who are doing the work on the ground in the community, and what I wanted to say is I want to encourage you guys to also exchange information with each other because there is such a wealth of knowledge in this room, and I just wanted to state that for the record and recognize it and really hope that you all also get to exchange information. If you guys want to reach out to our offices, sorry, John, I'm giving you guys more work on my Staff but, if you guys want to reach out to our offices as a resource, I really encourage you to do that because I just really want you all to get connected to each other because there's so much room for collaboration so just wanted to say that.

COMMITTEE COUNSEL: Thank you, Chair, and thank you so much to this panel.

Moving along to our next panel, which will be in-person. Will Eric Rosenbaum, Shams DaBaron, Jane Ni, Caitlin Garbo, Anne Casper, and Joelle Ballam-Schwan.

ERIC ROSENBAUM: Good afternoon. Thank you to Speaker Adams, Health Chair Lynn Schulman, Mental Health Chair Linda Lee, and the entire Council for the opportunity to testify. I'm Eric Rosenbaum. I'm the President and CEO of Project Renewal. For over 55 years, we've provided shelter, housing, healthcare, employment services to hundreds of thousands of New Yorkers experiencing homelessness. Let me start by saying thank you for this COLA. It's a big, big deal. Our workers, our professionals, they provide care, compassion, and renewal. This COLA is a big step towards, although it doesn't get all the way there, a living wage so on behalf of our nearly 1,000 staff, thank you.

Project Renewal houses about 5 percent of the single adults in New York City's shelter system. Our population is the most challenged by mental illness, substance use, criminal justice involvement, and, if we're really honest, racism. Our services go far beyond City-funded shelter and housing. We provide primary healthcare, psychiatry, substance use treatment, dental care, occupational therapy. Our workforce development programs are uniquely successful at bringing our clients into the workforce

and provides a ladder to a true living wage. Our scale and our cross-functional behavioral health expertise is the secret sauce that makes the difference in the lives of our population. Consider the state-of-the-art 16-bed Support and Connection Center in Council Member and Deputy Speaker Ayala's East Harlem District, which this year provided engagement, stabilization, and treatment services for 800 adults with mental health or substance use needs and is an effective alternative to incarceration and hospitalization. Our occupational therapy program is integrated across all of our shelter and housing programs, and it helps the bridge that connects that makes clients help get the skills they need to build a fulfilling and stable life. This comprehensive support means faster, more effective care, and it changes lives. We're really proud to have your support through the Speakers Initiative and the Homeless Prevention Service for Veterans Initiative. We hope to count on your continued investments in our mission to end the revolving door of emergency room, jails, shelter, and the streets. Thank you.

SHAMS DABARON: Thank you to Speaker Adams, Deputy Speaker Ayala, Health Chair Schulman,

Mental Health Chair Linda Lee, the Committee Members and the entire City Council for the opportunity to testify. My name is Shams DaBaron. Today I'm proud to serve on the Board of Project Renewal, a shelter provider whose shelter I once slept in. But when I first came to Project Renewal, leadership wasn't on my mind. I was unhoused, deeply depressed, and wondering whether I could go on. Life, for me, ain't been no crystal stair and, at that point, I was ready to give up on life because I couldn't take it no more. Many of the shelters I've been in were so inhumane, I preferred to sleep in the streets. It was at a Project Renewal shelter that I was given more than a bed. In their shelter, I received therapy, treatment for alcohol abuse, and wraparound support. I participated in occupational therapy groups to develop skills to navigate challenging situations. Within months, I knew I had a life worth living and wanted to make a difference. That's where the homeless hero was born. Today, I'm proud to be a leader for others who need care and support. My advocacy is rooted in my personal experience. To make stories like mine possible, partnership with the New York City Council is crucial. Project Renewal and

other providers need your continued support to ensure that thousands of New Yorkers get the integrated care they need. I asked for the Council support to expand initiatives like Project Renewal support and connection centers, Clubhouses fund job training initiatives like its culinary arts program and embrace a food-as-medicine policy in all shelters. Thank you for the opportunity to testify and your continued partnership.

COMMITTEE COUNSEL: Thank you.

JOELLE BALLAM-SCHWAN: Hello. My name is Joelle Ballam-Schwan and I'm with the Supportive Housing Network of New York and Correct Crisis Intervention Today, CCIT-NYC. Chair Lee, thank you so much for all your support around NYC 15/15 and thank you to the entire Council for the COLA. We look forward to learning more details and ensuring that it covers all supportive housing programs. As you know, we are concerned that the NYC 15/15 initiative is falling short of its goal to create 15,000 units by 2030. NYC 15/15 relies on the scattered-site model where non-profits rent units on the private market and bring services to tenants, but private market units aren't there. The Housing and Vacancy Report

showed the vacancy rate at just 1.4 percent. This, along with inadequate service rates, has resulted in only 17 percent of scattered-site units awarded after eight years when the City should be at or above 50 percent. This is also a racial equity issue. Black people who are over-represented in supportive housing applicants make up the majority of tenants. The network has developed a plan to improve NYC 15/15 and ensure the City reaches its target so we seek to reallocate the 6,220 unawarded scattered site units as follows. Develop additional congregate units, develop only a limited number of scattered site units, develop a supportive housing preservation program, and investigate the overlay model. We also ask to increase and align all NYC 15/15 service and operating funding to ensure parity across the programs and expand eligibility to folks exiting jail or prisons and survivors of domestic violence, and we'll provide more details in our written testimony. As part of CCIT-NYC, we're advocating for a peer-led non-police mental health crisis response system. The current City pilot program, B-HEARD, omits peers from the response teams. We ask that the Council adopt best practices and features of CCIT-NYC model by

focusing on placing trained peers on B-HEARD response teams as well as restore prior B-HEARD PEG cuts. Thank you.

COMMITTEE COUNSEL: Jane Ni, you may begin next.

JANE NI: Good afternoon. My name is Jane Ni. I also go by Ni Xiaowei, which is my Chinese name or Wei for short, and I am the Assistant Director of Policy at the Community Healthcare Association of New York State, New York's primary care association representing more than 70 federally qualified health centers, also known as community health centers, across the state. On behalf of CHCANYS and New York City's health centers, I thank the New York City Council for convening this important Preliminary Budget hearing on Health. In New York City, community health centers serve more than 1.2 million patients at 490 sites across the city. Health centers serve as the backbone of New York's healthcare safety net, providing high-quality primary and preventive care to all, regardless of their ability to pay, insurance coverage, or immigration status. Many of our health centers' patients are from black and brown and underserved communities that have historically faced

systemic barriers in accessing quality healthcare. CHCANY has three Fiscal Year 2025 budget priorities for the New York City Council. First is to invest in primary care and community health centers, second is the support of programs that strengthen and reinforce the healthcare workforce and, finally, that the Council ensure all New Yorkers have access to care. We have submitted detailed written testimony, which you have before you, which does a deep dive on each of these topics, but I will now share a brief comment on each of these priorities. It is crucial that the Council invest in primary care. Primary care is the cornerstone of our healthcare system, but it has been long underfunded. Increased targeted investments in primary care and to support the critical role of health centers are needed and will enhance preventive efforts while addressing health disparities prevalent in underserved communities, including maternal mortality, COVID-19, and cardiovascular diseases. Health centers are the primary care safety net for New York City and are pivotal in advancing health equity and tackling disparities. Over the years, health centers have expanded their services to encompass comprehensive primary care, including

addressing social needs like housing and food insecurity. However, rising costs are far exceeding health center reimbursement rates that were set over 20 years ago. According to the analysis conducted by the Urban Health Institute, on average, costs are 44 percent higher than the maximum allowable CHC Medicaid rate. This puts immense strain on their ability to recruit and retain a diverse workforce. Finally, we hope to see the swift implementation of the expansion of the New York City CARES program to include health centers that was enacted by the Council in 2021, which would really greatly help alleviate the financial burden of uncompensated care, particularly for vulnerable populations such as asylum seekers and undocumented individuals. In the past, the Council has adopted resolutions calling on the New York State legislature to pass legislation that would expand health insurance coverage to undocumented individuals. We look again to the New York City Council to support healthcare coverage expansion to all New Yorkers, regardless of immigration status. Thank you again for the opportunity to testify today. I'm happy to answer any questions.

COMMITTEE COUNSEL: You may begin when ready.

CAITLIN GARBO: Good afternoon, Chair Lee and Chair Schulman and Members of the joint Committees. My name is Caitlin Garbo and I'm speaking on behalf of the National Alliance on Mental Illness of New York City, NAMI-NYC. For over 40 years, we've provided renowned peer- and evidence-based services led both for and by individuals and families affected by mental illness all across New York City and all free of charge. NAMI-NYC sees families as the thread across a fractured system of New Yorkers living with SMI. We want families to be known as those who are first dealing with those changes in their loved one's behavior and mood. Maybe some of you up here even identify with being a family member in this capacity. When given proper tools and adequate support, families can intervene and improve mental health outcomes for peers. To highlight this, I'd like to share an anecdote about two NAMI-NYC community members who, when they fell in love, no one told them that mental health challenges would be so integral to the strength of their relationship. When Felix confided in Keisha about his mental health condition,

she wanted to help, but didn't know how. However, when Felix was in crisis, she came across NAMI-NYC's helpline and, from there, she was connected to our support groups. During the pandemic, she took our family-to-family course. She helped be a better caretaker, partner, and friend for Felix. Keisha better understood what he was going through, their communication improved, their relationship was strengthened, and this just shows how not just Keisha and Felix are unique with this story, right? So many people across our community and across New York City broadly deal with mental illness and have difficulty navigating so we know that when a family member is involved, emergency room visits and psychiatric hospitalizations decrease and there's greater engagement with community mental healthcare. NAMI-NYC is the only non-profit that is offering direct and extensive supports to family members in New York City involved in the life of someone living with SMI. For this reason, our organization is asking the City Council to follow through on its commitment towards family and peer support services listed in its first stop on the mental health roadmap by making a 250,000-dollar investment in our one-of-a-kind

evidence-based care for mental healthcare-givers' program, which will be critical to helping New Yorkers affected by mental illness. We really hope we can get your support. We thank you for your consideration, and we hope to continue to work together on mental health issues. Thank you.

COMMITTEE COUNSEL: Thank you so much to this panel. We'll now move to our, oh, did you want to say something?

CO-CHAIRPERSON LEE: No, I just want to say you guys all rock. Thank you.

COMMITTEE COUNSEL: We'll now move to our next in-person panel. It'll be Marg CURRAN, Emily Smith, Sofia Perrotto, Donald Nesbit, Sheina Banatte, and Dr. Victoria Phillips.

MARG CURRAN: Good afternoon. My name is Marg Curran. I'm a social worker and an employment specialist at the Center for Urban Community Services Career Network where I provide supportive employment services to low-income New Yorkers living with severe mental illness. This involves helping my clients create a resume, apply for jobs, and retain that job after they're hired as a part of their mental health recovery. I am also a proud member of DC37. I was

involved in organizing a union at CUCS with my co-workers, and we are currently negotiating our first contract with CUCS management. Across CUCS, my co-workers show up every day for people living with mental illness and dealing with extreme poverty. At Career Network, I assist people with serious mental illness who sometimes have not worked in over 20 years due to homelessness, incarceration, substance use, and long-term psychiatric hospitalizations. My clients gain a greater independence by working on their employment goals with me, working to help my clients feel a sense of purpose and belonging in the wider community, which in turn supports their recovery. We are City-contracted workers facing chronic low wages. Far too often, my co-workers who are passionate about their job leave CUCS because we are not paid enough. Low wages have led to high turnover at CUCS, which ultimately hurts the people we serve. Across our 20-plus programs, we lose caring workers all the time because of wages. Our clients feel the brunt of this turnover, and our work is only as valuable as the connections we form with the people we serve, and those relationships are severed every time we lose another worker to low pay. We are

committed to the work we do, and united in the fight for fair compensation and dignity in our city contracts. We thank you for the COLA that was announced by the Mayor last week, and we continue to advocate for an increase in the DOHMH budget to invest in workers and keep the City's mental health services running. Thank you for your time.

SOFIA PERROTTO: Good afternoon, everyone. I'm Sophia Perrotto. I work for the Center for Urban Community Services as a case manager at a supportive housing site in Brownsville, Brooklyn, and I'm a proud member of our workplace union through DC37. I'm here today to join the call for increased funding for New York city's human services above and beyond a cost-of-living adjustment. Supportive housing is affordable housing with on-site social services. All of the tenants in my building are people who were previously chronically street homeless and live with either a severe mental illness, HIV, or both. Our job as social service staff is to help people re-enter the community. We help people look for jobs, fill out benefit applications, enroll in classes, and perhaps most importantly, we provide stable, healthy relationships because sometimes, having consistent,

meaningful contact with another human being is just what people need to thrive. It's so fulfilling to watch my tenants grow, but the reality is that the job is grueling and traumatic. In just my first six months on the job, my team lost eight tenants to overdose-related death. All day long, we are around maladaptive substance use, weapons, serious illness, and violence, and we are severely, chronically underpaid. I have co-workers who are on SNAP, co-workers who have to choose between feeding their children and going to the doctor, and co-workers who are quite literally homeless themselves. None of us can afford the therapy we need to prevent burnout and secondary trauma. Talented, dedicated social service workers leave this field all the time because they can't make ends meet. This is sad for the field of human services and also interrupts the continuity of care for our clients. When staff keep having to move on because we can't pay our bills, it means service consumers are endlessly abandoned by the most core supports in their lives. The increased cost of living adjustment announced by Mayor Eric Adams is certainly a start, but it's unfortunately far from enough. I invite you to invest generously in the social service

workers who uphold the most vulnerable New Yorkers, because we cannot continue to do the vital work that we do if we ourselves are struggling to survive. Thank you so much.

DONALD NESBIT: Good afternoon, Chair Linda Lee. I am Donald Nesbit, Executive Vice President for Local 372, DC37 and AFSCME. I am here today to provide testimony on behalf of the 24,000 members that we represent, including the substance abuse prevention and intervention specialists, SAPIs. Local 372 respectfully requests the City of New York to fund the SAPIs program through a dollar-to-dollar match and our request in Albany is 6 million dollars this year. New York City children are in a crisis and continue to be impacted by the lingering effects of COVID-19. New York City schools are grappling with a spike in discipline problems among children, disturbances and that educators and advocates say show that many students are still dealing with the hard emotional stress of the pandemic, over 14,000 school safety incidents last year and, according to the Police Department' data, that is over 3,000 more incidents than 2018-2019. This proves that there is a need for mental health services. According to the CDC

report, we need to monitor children's mental health, promote coping with resilient skills, services to support children's overall mental health, juvenile Justice Department and delinquency prevention. Also, their evidence suggests that programs implemented in the early stages of a child's life may provide effective prevention and create behavior adjustments. SAPIs are like New York City educational firefighters, often the first to respond to students in need. The situation at hand might involve substance abuse, risky behaviors, a school fight, a failed test, or simply times when teachers, parents, and students don't see eye-to-eye. Each and every day, caring SAPIs put out fires, providing the supporting guidance to help modify behaviors. Substance abuse is a crisis among our young people. Just yesterday, during a Public Safety Committee hearing, we heard of a 14-year-old at Brooklyn Tech High School, who unfortunately overdosed from taking drugs. SAPIs provide this prevention every day in our school system, but there are just not enough SAPIs in our school system. Quite often, they are made to go from one school to another, to three, to four, and now it's just expanding to more and more schools.

What that simply means is a SAPI on a daily basis, if they are moved to another location, a student that is at risk at one school, their services are removed and taken away from them to provide for others. It just simply should not be a choice between the two. Local 372's goal this year is to partner with the City Council, as we have done in the past, to make a smart investment towards the quality of life towards our New York City students, their families, and the entire community at large. The Council has been a leader in prioritizing opportunities for children. However, we must combat today's urgent mental health crisis. Local 372 requests that the City Council ensures that the SAPIs' fund is properly accounted for also in the City budget, as sometimes it is a difficult time to navigate and see where the money has actually went. I thank you, Chair Lee, and I'm available for questions after.

SHEINA BANATTE: Good afternoon, Chair Lee and Committee, and thank you for listening to my testimony. My name is Sheina Banatte. I'm representing Justice for Eudes Pierre Coalition, and I also am a member of CCIT, Correct Crisis Intervention Today, advocating for peers, not police.

What we believe to be a solution to a public health issue, to a public health crisis, a true non-police response to people experiencing crisis. My why for being here is Eudes Pierre. Eudes Pierre is my cousin and was only 26 years old when he, himself, placed a call to 9-1-1, what we believe to be his cry for help. Police showed up with their uniforms and their hostility and their commands and callousness and their flashing lights and their tasers and their guns and now Eudes is dead. In that moment, Eudes was not provided care. He was not provided understanding or the gift of life. There is no aftercare past that moment of crisis for Eudes and, in an apparent moment of crisis, police did not provide the emotional intelligence needed to Eudes. He was not treated with dignity, which is why we say peers, not police. Peer-led crisis response teams offer an alternative instead of the system that's been running for so long and one that proves to be so deadly and so fatal. Peers are culturally responsive, trauma-informed, and well-trained individuals with personal experience, person-centered so when, in crisis, we are validated, heard, supported, a human connection, compassion, the ability to keep breathing and living beyond crisis.

Peer-led crisis means meeting those in crisis where they are at and helping them pass that moment so peers in essence means the ability to keep breathing and living beyond crisis. Our objective today, a transformative goal for reform and recovery, removing police from mental health crisis response. The next steps have to be a journey of transformation, reform and recovery. Please support efforts in your District and in the City for real reform and change. Support transparency and effectiveness to B-HEARD. More than 85 percent of calls default to police. Enhance 9-8-8 for those in distress or experiencing crisis. Put the money where it matters. Invest and fund human lives. As we speak in New York, there's Daniel's Law on the State level that is ready to start a pilot program, which aims to do just this in honor of Daniel Prude, who was killed by Rochester police, which in two days will mark four years since he was murdered while in while too was in crisis. What will be done today on the City level? Thank you.

DR. VICTORIA PHILLIPS: Peace and blessings, everyone. Thank you, Chairs, for having this meeting today. I'm Chaplain Dr. Victoria Phillips, and I work at the Mental Health Project at

Urban Justice Center for about a decade now, and I'm also the CEO and founder of Visionary V Ministries and, for over 20 years, I've worked in nursing, cognitive behavioral therapy, I've monitored those with serious mental illness in New York City Department of Corrections, and I've done some forms of chaplaincy in jails and prisons nationwide, actually. I'd just like to say in New York City, black and Latinx people make up 52 percent of the general population, yet make up almost 90 percent of those admissions in 2021 New York City Department of Corrections, 1,526 dollars per day is spent to incarcerate one person on Rikers, over half a million per year, and yet we know 80 percent of the women on Rikers right now have a mental health concern. Over 50 percent of the entire population in DOC has a mental health concern. We also know that one out of four women in Rosie's are non-gender-conforming people right now go into incarceration being a survivor of sexual assault. We also know that 77 percent of them in Rosie's right now are primary caregivers, and I'm giving these things for a reason. What happens to families that they leave behind in the community, right? We know that one out of five

kids in foster care actually end up with a conviction as adults so what are we doing? Where are those programs going? There's a saying I like to say, when a student makes a poor choice, it is a conversation, not the consequence, that makes all the difference. Yesterday, the DA actually sat in the Public Safety meeting and said she wished her office had access to things like school records. As a mother myself who stayed on the PTA in a leadership position until my son actually graduated out of high school, I know all too well that bias reporting goes on in DOE so I know all too well how dire it is for social workers to be expanded in that budget. The school-to-prison pipeline is very real. From my years in nursing, I'm aware that invisible disabilities and concerns are often similar amongst our society, yet the human responses are not. Can I just get through it one second? If Clubhouses close, what does that mean for those of us with disabilities? Would they be forced to travel? How far? Would it be safe in certain neighborhoods? And individuals, like myself, I live in an area with no trains, if I took a bus to the train, there's no elevator. I had brain surgery. I have my own disabilities. What does that look like

for people that need access to the Clubhouses? And I want to also remind people that substance abuse and misuse is indeed still part of the DSM-V. It's a mental health concern. Mental health is health. So we have to address it, and B-HEARD program doesn't even have a 24/7 response. The City needs to address that because in nursing, tell me what ER in New York City closes at 9 p.m. or 11 p.m. They all stay open. So mental health is a crisis that needs to be addressed 24/7, and I'll finish by saying, from advocating to save my own life and previous work, I know that racial disparities exist in medical access and treatment. I'm also a member of the Brooklyn Borough's President's Maternal Health Task Force Mental Health Committee. I thank this Committee for including those questions around doulas and access to them today, and I'll end by saying, as a crisis response chaplain, I encourage this Council to support deaf doulas and midwives as well. I assist law enforcement, the community, and so many others, and I know all New Yorkers are hurting. Treatment looks different and feels different to individuals and, Chair Lees, this is why I love your response to DOHMH today, when you said, why not do both? See, we

don't have to put ourselves into a box. We can deliver the services that the people actually need and respites need to be increased because they allow the people in the community to actually remain independent and not be hospitalized while seeking care and Clubhouses allow those coming home, re-entering, to receive the care they need and to feel supported and have friends and to be successful. Lastly, I'll say as an Army brat, with a mother buried in a military cemetery, my mother is not there for the illusion of that equity. We all deserve equal rights and access to care on domestic soil and people deserve to be treated, you know that song, that old show where everybody knows your name, so small Clubhouse deserve to be funded.

CO-CHAIRPERSON LEE: Thank you so much to this panel. Thank you all so much, and thanks for sharing your story, Sheena, and always, Dr. Victoria Phillips bringing the spice and the energy, and I love it, and I just want to thank all the folks at DC37 in labor, and thank you so much for advocating because the COLAs, we need to pay people for the work that they're doing and pay them a living wage, more than a living wage, like you said, and I think both

of you also highlighted the tremendous challenges because of all the silos, and there's no reason why Rikers Island should be the third largest mental health institution in the entire nation, and that is something that we need to fix and there's a lot there we need to get at the root at, and we're not utilizing treatment courts enough so if anyone here is interested in changing professions, I encourage you to do that because we need more of these folks serving the community, but I just want to thank you all.

COMMITTEE COUNSEL: Thank you so much. We'll now move to our next panel. It'll be Sakeena Trice, Karina Adler, Laura Jean Hawkins, Anna Krill (phonetic), Carmen Garcia, and Steven Risi.

SERGEANT-AT-ARMS: If your name was called, please come up to the table. If you have any statements, we'll take them now.

CARMEN GARCIA: Good afternoon. My name is Carmen Garcia, and I'm a Community Health Worker Supervisor at Make the Road New York. Make the Road New York has served New York immigrant and working-class families for over 25 years and has a membership of 27,000 and only we can connect 9,000 people to

health services and provide wraparound resources to low-income immigrants and uninsured people. We ask Council to use every available tool to reverse budget cuts to DOHMH and NYC Health and Hospitals that would harm the vital health services for the thousands of working class and immigrant New Yorkers. Any cuts to Health and Hospitals could impact healthcare access for our community members. Most of them are ineligible for health insurance, and it will reduce the number of available care facilities for them. Our Make the Room New York services impacted by cuts could include SNAP and health insurance benefit outreach, enrollment and navigation through community health worker services (INAUDIBLE) access services. Make the Road relies on the funding initiatives neighbor law to provide the services to immigrant communities in New York City. We request the Council supports in maintaining or expanding the following programs to help us on meet urgent needs in Fiscal Year ’25. Increase overall funding for the MCCAP Initiative to 2.3 million with (INAUDIBLE) for Make the Road New York to provide cultural competent assistance to low-income immigrant New Yorkers to enroll and use healthcare coverage; increase overall

funding for the Access Health Initiative to 4 million and renew 110,000 to Make the Road for peer-to-peer outreach and public education on healthcare access and coverage, particularly for the uninsured and underinsured; renew funding for 75,000 to Make the Road under Ending of Epidemic initiative to support prevention, education, and outreach on HIV prevention; renew funding for 80,000 for Make the Road under Immigrant Health Initiative; maintain funding for 9.75 million for NYC benefit programs; and create funds and sustain a community health worker project to fund CBOs to hire community health workers who partner with clinical facilities and provide one-on-one assistance, helping individuals navigate the health system and access to care. Thank you for standing against short-sighted budget cuts and your support of immigrant and working-class New Yorkers.

KARINA ALBISTEGUI ADLER: Thank you for the opportunity to speak today, Chair Lee and Chair Schulman. My name is Karina Albistegui Adler. I'm the Co-Director of Health Justice at the New York Lawyers for the Public Interest. The City Council's generous support of our Immigrant Health Initiative has

allowed my team to continue to meet the most pressing needs of long-time immigrant communities and members of the recently arrived migrant groups. Your continued support as we seek a reinstatement and enhancement in our funding will be crucial to meeting the ongoing needs of our client communities. We serve clients across the spectrum of identities and healthcare needs that include gender-affirming care for transgender and gender-nonconforming asylum seekers as well as transplant access for noncitizens. Our work has increased access to healthcare for hundreds of new Yorkers thanks in large part to our collaboration with providers in the City public hospitals and SUNY Downstate Kidney Transplant Program. We've had the honor of helping to save the lives of a growing number of formerly uninsured individuals who would otherwise be shut out of the organ transplant process due to their immigration status. As you work to address the healthcare needs of our city, I ask that you continue to center the understanding the needs of the most vulnerable people in our communities. Concrete actions along these lines would be to support the robust funding of the proposed Office of Transplant Equity that Council

Members Narcisse, Hanif, Schulman and Louis have championed; careful oversight of the proposed restructuring of SUNY Downstate, which would involve merging services at H and H sites in particular, ensuring that New Yorkers from across the city who largely rely on SUNY as the only safety net transplant program in the city continue to have access to kidney transplants; investment in quality data collection systems to track access to specialty service, services that would only be available at the city's voluntary hospitals for H and H patients and Medicaid recipients; use of any tools available to our city to ensure that voluntary hospitals use hospital financial assistance programs to provide medically necessary specialty care to qualifying patients. I thank you again for your continued support and look forward to continue to collaborate. Thank you.

LAURA JEAN HAWKINS: Good afternoon, Chair and Committee Staff and Committee Members. My name is Laura Jean Hawkins. I am the Advisory Board Chair of Astoria Queens SHAREing and CAREing, dba SHAREing and CAREing. Our President and Founder, Anna Kril, was tied up today with one of the cancer survivors we

assist and could not join us, but I did submit her testimony. I appear today as a woman who has been an ally for and an advocate on behalf of the cancer community for over two decades. I am also a woman who was recently diagnosed with a reoccurrence of endometrial hyperplasia, and I'm awaiting my biopsy results. I am a woman whose future will be changed one way or another once those results come in, and I am a woman who is afraid of that future right now. Thankfully, I have the support of Shareing and Careing's wonderful staff and volunteers, and I can lean on them and they can guide me on this journey. I share my story because that's only one of the stories that Anna and her team deal with every day and help with every day at Shareing and Careing. From the person awaiting test results like myself, from the cancer survivor undergoing treatment who needs emergency needs assistance to the cancer survivor who needs counseling and support or to the community member who needs accessible healthcare information about cancer screening, health and wellness. Those are the folks that Shareing and Careing helps every day. My fellow board members and I are so grateful for the Council’s continued support under the Cancer

Services Initiative. We've been fortunate to receive that funding since the initiative was created. However, that initiative has not received any increase in funding since it was created. As board chair, I know how hard it is to raise funding for a boots-on-the-ground, community-based organization. Many of the private foundations and grants out there are for cancer research, not for supportive services, which is what is so desperately needed, especially since the pandemic. Thank you for your support. I urge you to support increased funding for the Cancer Services Initiative and to support our request of 200,000 dollars. Thank you again.

SAKEENA TRICE: Good afternoon. My name is Sakeena Trice, and I am a Senior Staff Attorney with the Disability Justice Program at New York Lawyers for the Public Interest. Thank you for the opportunity to present testimony today on behalf of NLPI. NLPI is deeply concerned about the City's practices relating to the involuntary removal of individuals perceived to have mental illness diagnosis for psychiatric evaluation. Additionally, NLPI urges the City Council to mandate significant changes in the B-HEARD program as it is a deeply

flawed pilot, which merely purports to be a non-police response to people experiencing mental health crisis but, in fact, is part of the long tradition of policing, criminalizing, and underserving and mis-serving people with mental disabilities. Funding B-HEARD in its current guise diverts money from what we need, a true non-police crisis response system that dispatches a team of peers, those with live mental health experience. There must be peer involvement in all aspects of planning, implementation, and oversight. Police officers are trained to uphold the law and order. They are not suited to deal with mental health crisis. New York's history of police killing 19 people in the last eight years is a sad testament to that. There must be changes to B-HEARD. Those changes include using emergency medical technicians who are not City employees. There must be 24/7 operating hours. All calls must be routed through 9-8-8 and, above all, B-HEARD must prioritize the self-determination of people with mental disabilities. Thank you.

STEPHEN RISI: Hi, how everybody's doing in Council today? Good? Okay. My name is Stephen Risi, and I have a history of serious mental illness.

After I came out the Army in 2006, but today I want to get straight to a story I want to speak about. My girlfriend, Dr. Shoshannah Pearlman, who is a psychiatric mental health practitioner and (INAUDIBLE) doctor nurse in practice. She has degrees from Yale and Columbia and Swarthmore and Hunter Bellevue and, right now, she has a private practice and she's not turning anybody away. She's taking all Medicaid patients, and she's almost at close to poverty for doing so, so she has mental illness also. My diagnosis is bipolar disorder. Hers is ADHD and we believe she has PTSD from the effects of what psychiatric medication did to me. So Shoshannah, Dr. Pearlman, had an incident that I had to call 9-1-1 because she was having suicidal ideation and, when law enforcement came, NYPD, they didn't understand her illness. It was just NYPD and EMS, I believe, the ambulance. They didn't understand her illness and they're trying to talk to her. She was easily distractible. She's getting agitated. She couldn't focus. She wasn't listening. She got ADHD. What happened was, they told her, asked her for her ID, and she wanted to argue with them. She thought she was a lawyer so she wanted to argue with the police

and eventually, when she realized that they asked for the ID, she reached for her bag and they grabbed her and roughed her up and they handcuffed her and took her to Elmhurst CPEP, Elmhurst Hospital, and she got scars on her wrist because of that, and I believe that a non-law enforcement first responder would be vital for people like Shoshannah.

CO-CHAIRPERSON LEE: Thank you so much and, Laura Jean, we are praying for some good results for you so please keep us posted, and thank you all for being here today.

COMMITTEE COUNSEL: Thank you so much to this panel. We'll now move to our next panel. The Jeemin Cha, Christine Sargenian (phonetic), Edmond Loi, Alice Bufkin, Brianna McKinney, and Dr. Maurice Franken, and I apologize for my pronunciation.

You may begin when ready.

JEEMIN CHA: Good morning. My name is Jeemin Cha, and I'm the Data Policy Coordinator at CACF, the Coalition for Asian American Children and Families. Thank you very much to Chair Schulman and Chair Lee for holding this hearing and providing this opportunity to testify and for your extraordinary commitment to making sure New Yorkers can access

health services they need, including supporting Access Health NYC for the past nine years. Founded in 1986, CACF is the nation's only pan Asian children and family's advocacy organization and leads the fight for improving equitable policies, systems, funding, and services to support those in need. We urge the Council to enhance Access Health NYC to 4 million dollars in the Fiscal Year 2025 budget. Access Health fills a critical information gap and provides outreach and education to hard-to-reach populations across NYC who are experiencing barriers to healthcare access and coverage, such as those who are uninsured, who are undocumented, who have limited English proficiency, have disabilities, are LGBTQI+, and who are unhoused. Enhancing Access Health can bring additional support for emerging health concerns and connect vulnerable communities such as asylum seekers to critical information and referrals. As one of the lead organizations of the Access Health NYC initiative, CACF urges the Council to enhance Access Health to 4 million dollars and ensure that New York City communities of color and immigrant communities have much needed linguistically, accessible, and culturally responsive information and services, which

Access Health NYC organizations provide. We also like to uplift the mental health needs of our AAPI community in New York City. The lack of linguistically accessible and culturally responsive mental healthcare plays a large role as to why AAPI New Yorkers do not seek nor receive treatment for their mental health issues. This is why we ask that the following City Council initiatives are funded. LGBTQ Youth (INAUDIBLE) Mental Health Initiative, Mental Health Services for Vulnerable Populations, which include the Samaritan Suicide Prevention Hotline, Mental Health Continuum, 6 million dollars more to fully implement Local Law 118 supporting the establishment of four new crisis respite centers, 6 million more to fully implement Local Law 119 supporting the establishment of five new Clubhouses. Overall, we see a need for more intentional collaboration between the City and community-based organizations to better identify language access and mental health services gaps in our communities and to find to implement solutions that will have a direct positive impact on the well-being of all our communities. Thank you very much for your time.

EDMOND LOI: Good afternoon, Chair Schulman, Chair Lee, and Members of the joint Committee. My name is Edmond Loi, and I'm testifying on behalf of the Charles B. Wang Community Health Center. We are a federally qualified health center with locations in Manhattan and Queens. In 2022, we served approximately 55,000 patients, 80 percent of whom are limited English proficient, and 90 percent of whom have household incomes at or below 200 percent of the federal poverty guideline. For the past four years, the COVID-19 pandemic and the surge of anti-Asian violence have impacted Asian American communities' access to health services. Despite these barriers, even during the height of the pandemic in early 2020, we remained open for our patients and community members and maintained many of our health and outreach programs. This was only possible in part because of support from the City Council discretionary funding. I'm testifying today to ask for continued support for several initiatives so that we can continue to serve vulnerable New Yorkers. The Check Hep B program under the Viral Hepatitis Initiative provides culturally and linguistically competent health education, patient navigation, and

care management services for New York City residents with chronic hepatitis B. In New York City, an estimated 243,000 New Yorkers are living with this disease. At our health center, one in eight adult patients have chronic hepatitis B. If left unmonitored or untreated, hepatitis B can severely damage the liver, potentially causing liver failure or liver cancer. The Check Hep B program has a strong record of success with 98 percent of participants completing a Hepatitis B medical evaluation through this program. Through the Access Health Initiative, we provide education to Asian American community about health insurance coverage, aiming to increase vulnerable New Yorkers' access to healthcare services. Lastly, through the Cancer Services Initiative, we increase awareness of risk factors, symptoms, and treatment options for breast and colorectal cancers. City Council's support would increase cancer screening through patient navigation for several hundred members of the Chinese American community, many of whom are uninsured and face numerous barriers to healthcare. With continued funding and resources, our initiative can continue to address the health disparities and inequities

experienced by the communities we serve. Thank you for your time and for the opportunity to testify today.

ALICE BUFKIN: Good afternoon. Thank you for this opportunity to provide testimony today and all your support on these important issues. My name is Alice Bufkin. I'm the Associate Executive Director of Policy at Citizens Committee for Children. I'm going to focus my testimony today on the urgent needs for children's youth mental health services. I also want to flag that we at the state level are advocating for some really transformative rate reforms for outpatient services for children. We really hope we can see some support from the City Council to push that at the state level because it will fundamentally impact New York City as well.

At the city level, we're calling for restoration of funding for the City Council's mental health initiatives. These initiatives have always been an essential backbone of community-based behavioral health services in the city. They offer a level of targeted and flexible funding that's often hard to get from the State. Unfortunately, as you know, those initiatives experienced a cut of nearly

one million dollars last year. Those have impacted initiatives like Children Under Five, Autism Awareness, Mental Health for Vulnerable Populations so we really urge you to restore those funds. They really provide a vital service.

I second want to echo what I know you've heard repeatedly, which is continuing and baselining the Mental Health Continuum. It's a model that's led to an unprecedented collaboration, I think, as you know, between DOE, H and H, and DOH. We know it's at risk because of the loss of federal funding and really want to echo what I know others have said about the importance of that program. Finally, I want to draw attention to the unique and important role of school-based mental health clinics. They provide on-site services to children during school day, including diagnosis, psychiatry, individual and family counseling. We're appreciative of rate increases and startup funds proposed by the Governor, but the reality is the funding structure of these clinics make some difficult to maintain often, and it's something like 25,000 startup fund may not be sustainable enough to keep a clinic open. A lot of this is because these clinics are funded through

Medicaid, which is somewhat limited. For example, Medicaid doesn't cover services for children without a diagnosis, those without health insurance, clinicians aren't paid if they spend three hours de-escalating and keeping police from being involved. that's not compensated, and that's where we feel the City can step in. Wraparound funding for existing clinics, specifically 75,000 dollars per clinic, would really allow a more inclusive array of services, ensure fiscal stability so we'd like to see 50 schools receive that, and that would lead to 3.75 million dollars. Thank you so much for your time.

CO-CHAIRPERSON LEE: Thank you.

BRIANNA MCKINNEY: Thank you, Chair Schulman, Lee, and Committee Members for the opportunity to testify today. My name is Brianna McKinney. I'm the Chief Advancement Officer at Project Guardianship. Project Guardianship provides court-appointed guardianship services to New Yorkers in need of a surrogate decision maker. We are also operating a guardianship prevention helpline to help New Yorkers access critical resources, including health and mental health services, prior to guardianship. Doing so ensures that guardianship

remains a tool of last resort, as it is intended to be. The people for whom we serve as guardian have experienced an event in their lives that caused them to lose decision-making capacity. This event could be the onset of disability, dementia, serious mental illness, traumatic brain injury, and other conditions that impact their ability to manage daily activities. According to the Office of Court Administration, 14 percent of guardianship petitions are brought by hospitals, and 25 percent are brought by nursing homes. The overwhelming majority of our clients are older adults who are aging alone. This reflects a national trend. According to the U.S. Census Bureau today, more than a quarter of older adults are aging alone. Further, our clients have no funds to pay for a private guardian with 96 percent of them living below 80 percent of the area median income. These three factors, loss of decision-making capacity, social isolation, and a lack of funds make our clients among the most vulnerable residents of our city. As such, it is essential that they have advocates looking out for their health, safety, and dignity. Unfortunately, judges across our state and especially here in the five boroughs cannot find

guardians to appoint for low-income people in need. Many non-profit guardians are, like us, at capacity, and private practicing guardians have stopped taking "no pay cases." We recently heard that city judges cannot find guardians for roughly half of the cases that they see each day. This shortage of guardians is a crisis that threatens the health, safety, and human dignity of New Yorkers who need a decision maker, a segment of the population that is growing alongside that of older adults. As stewards of the health and mental health of the city's residents, we look to you for leadership on the following issues. One, New York City needs more guardians. Non-profits are ready and willing to do this work, but they need adequate funding. Two, less restrictive alternatives such as services that help New Yorkers with healthcare proxies, advanced directives, and powers-of-attorney are critical to preventing unnecessary guardianships and helping New Yorkers maintain autonomy as they age. Guardians need proper training, technical assistance, and quality assurance to do the job well. Finally, the guardianship workforce must be fairly compensated to do this challenging work. As you prepare for budget negotiations, we ask that you

remember older New Yorkers and those with disabilities in need of guardians. Thank you for your time.

DR. MAURICE FRANKEN: Good afternoon, Chairs, and thank you for the opportunity to speak to you this afternoon. I'm Dr. Maurice Franken, Professor of Public Policy Chair for 100 Black Men's Health and Wellness Committee and also Vice-Chair of Community Board 10's Health and Human Services Committee. At a recent committee meeting, we learned that while there are three Health Department Offices up in Harlem, two of them are located on Lexington Avenue, the Center of Health Equity and Wellness is on Lexington, one in 110th Street, and the other at 115th Street. The 137th Street and 5th Avenue office is located, it's in Central Harlem, but it's had very few services. It's limited. The recent rescissions of Health Department services in Central Harlem has raised concerns among residents and community leaders. The reduction in funding and resources have resulted in a decline in the quality of accessibility and central healthcare services in the area. Residents, particularly those from marginalized communities, are facing challenges in accessing

primary care, preventative services, and health education programs. The consequences of these rescissions are evident in the increasing rates of preventable disease, lack of timely medical interventions, disparities in health outcomes. Vulnerable populations such as low-income families and individuals without health insurance are disproportionately affected by the lack of adequate healthcare services. The closure of health clinics and reduction in staff levels of the 5th Avenue office is in crisis for us. Community organizations and advocacy groups are mobilizing efforts to address the gaps in healthcare services and advocate for increased funding and support for the Health Department’s overall. budget, particularly on the 5th Avenue office. It's imperative for government officials and policymakers to prioritize the restoration of Health Department services in Central Harlem to improve the health and well-being of community, increase investment in healthcare infrastructure, workforce development. Health promotion programs are essential to address the current healthcare disparities and ensure equitable access to quality healthcare for all residents in

central Orleans. With my 22 seconds, Chairs, I'd just like to mention that on March 11th as the Mayor unveiled a Healthy NYC plan and the plan to increase life by five years that there's a direct connection between access and those indicators that indicate quality of life and sustainability, and so we see that as a direct connection to increasing the services at Central Harlem. Thank you.

COMMITTEE COUNSEL: Thank you so much to this panel.

Moving on to our next in-person panel. We will hear from Jordyn Rosenthal, Jim Bohovich, Malika (phonetic) Lee, Rauly Chero, Erin Verrier, and Scott Daly.

SERGEANT-AT-ARMS: You can proceed when ready.

JORDYN ROSENTHAL: Thank you. I'm actually not going to read my testimony and be really quick. Hi, Chair Schulman and Honorary Chair Lee, even though she has stepped out. My name is Jordyn Rosenthal. I'm the Advocacy Director at Community Access, a supportive housing provider, and a proud member of CCIT-NYC. Basically, what I'm here to say is what many of my colleagues have said, peers, not

police. We really need to have peers on B-HEARD teams, and a lot of what we've been talking about, and I think one of the things that no one has brought up that is so crucial, is that a lot of the individuals who've interacted with B-HEARD systems previously have had negative interactions with our government so we're operating from a negative standpoint space to begin with. When they see things like uniforms, people are going to start to get escalated to begin with so, when we're talking about the changes of the program, it's not necessarily oh, this program is bad, burn it down, but there are a lot of changes that could really enhance and change outcomes to really lessen our impact on unnecessarily hospitalization, and that brings me to my next point. Crisis respite centers. So important. Continue to invest. Come to Community Access, come see our crisis respite center. It is such an amazing place for people to go and have a soft, warm welcome where you still have autonomy instead of a place like a psych ward where you are stripped of your identity. Last but not least, I would just say IMT teams, keep on funding them, more access to urgent care, mental health. But again, really for CCIT, what we're asking

for is just we need peers on these B-HEARD teams. I really think it'll make a difference in not only the outcomes, but also being able to staff these teams properly and then secondly, reverse the PEG cuts. Reversing PEG cuts just makes sense, and I'll be really quick, in the sense of we cannot continue to ignore our mental health system. Thank you.

ERIN VERRIER: Hi, and thank you all for having me to present today. My name is Erin Verrier, and I'm the Manager of Policy and External Affairs at Community Healthcare Network, also known as CHN. CHN is a federally qualified health center with 14 sites citywide that provide critical primary care and social services for over 50,000 patients across New York City. While our services are many, I'm here today to speak about the work we do for maternal health and mental health, acknowledging the ways in which the Council has made this a priority. Our Women's Health Department provides gynecological services, family planning, prenatal and postpartum care, and, thanks in part to the City's Maternal and Infant Health Initiative, we are able to provide prenatal coordinators to our patients who are pregnant. These prenatal program coordinators offered

tailored, individualized assistance with pregnancy and childbirth education, community referrals, and care coordination to ensure a healthy pregnancy. Our prenatal coordinators work to understand each patient's journey, their community, and be collaborative in ways that ultimately enhance maternal and child health outcomes. They make the care integrative, linking maternal health to behavioral health, from social work to psychiatry, as well as pediatrics, dentistry, and so much more that individuals and families need. By providing coordination services not only through pregnancy, but through initial postpartum period, CHN's Prenatal Coordination Program provides support into the critical fourth trimester when new parents are often facing the challenges of postpartum depression and anxiety. Ultimately, we look to expand our Prenatal Coordinator Program and hope to see, in the coming years, continued and additional support from the City to do. Time permitting, I'd also like to mention CHN's work to expand our Reach at Large. I'll close it there, I'll leave it to the maternal health piece, yeah.

CO-CHAIRPERSON SCHULMAN: Thank you. You know that's very important to the Council, very important to me, and I think the fact that we had these the doula programs, which we're looking to expand further has been a great help with that.

ERIN VERRIER: Absolutely, thank you.

JIM BOHOVICH: Good afternoon. My name is Jim Bohovich. It is an honor to provide testimony to you today. I'm here to encourage you to put trained peer support specialist onto the B-HEARD crisis response system. I am a peer support specialist. This means that I used my lived experience with bipolar disorder, PTSD, and alcohol use disorder to attempt to help people on their recovery journey. Peer support is magical. I've seen what peer support can do. Peer support specialist goals are simple. Connect with the client, develop a rapport, and figure out what might help the client. We use a person-centered approach, basically identifying ways in which the client can help themselves. Peer support specialists don't diagnose people or prescribe medication. Thus, the power differential between the client and the peer support specialist is intentionally greatly diminished. This, combined with our willingness to

share our lived experience, can help us to form a connection on a different level. Mobile crisis teams are magical. I've worked on one. Mobile crisis teams are multidisciplinary teams. Current B-HEARD crises consist of EMTs and social workers. They do amazing work. Peer support specialists would be a great addition to these teams. Having a peer support specialist on the team is vital. Two mental health work experts, working in cohesion is an incredibly powerful force. We can bounce ideas off each other, double our observation and listening capacity, and greatly increase our chances of building rapport quickly with the client. Crisis work is hard. You walk into an unknown situation, you're in the community, and you're encountering someone who you typically have never met before. Crisis work is hard. Your timetable is dramatically reduced. Crisis interactions only last a few hours. Everything happens really quickly. It requires skill, teamwork, and a variety of professionals. The addition of peer support specialists to the B-HEARD teams will exponentially increase their effectiveness. Basically, peer support specialists and mobile crisis teams go together like peanut butter and jelly.

CO-CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: Thank you so much. Go ahead.

SCOTT DALY: Good afternoon, everyone, Chair Schulman. My name is Scott Daly and I'm Senior Director of the New York Junior Tennis and Learning, commonly known as NYJTL, throughout the city. We are present in all five boroughs. We operate all 12 months of the year in every Council District throughout the city. The opportunity to testify at this Health Committee at these hearings is an honor because what we do for these kids, we allow the kids to be kids. We get them outside. Nobody can deny the benefits of outdoor activity and physical activity for these children. We were there during the pandemic. We came right back out with the city's help in August of 2020. We provide an opportunity of free programming for all kids, regardless of race, creed, or color. We are there right now, we hit, over 70 percent of the kids that we actively engage are 10 years old or younger. The ethnic background, 40 percent Asian, 20 percent African American, 20 percent Hispanic. We hit the targets. We are funded under the Council's Physical Education, Fitness

Initiative. As a result of this funding, we are asking this year for 1 million dollars. We've been funded at the rate of 800,000 dollars for the last 16 years. I don't have to tell anyone on this panel what's happened to prices in the last 16 years, and yet we continue to provide the services throughout the city. The increase in funding that we're seeking and, please, we're asking to be brought up to a million dollars, will allow us with the rising staff costs, court costs, the hours that we can be at a location, the number of sites, the more hours, the more sites, the more kids we can hit. We reach over 90,000 kids, not only through the community tenants, but also through the schools' programs that we run. I just want to thank everyone here for the continued support over the years of NYJTL, and I look forward to many more years of working with you. Thank you.

COMMITTEE COUNSEL: Thank you. I'm going to have our last panelist. You may begin when ready.

RAULY CHERO: Good afternoon, members. My name is Rauly Chero. I am a licensed mental health counselor and Coordinator of wellness services at Northern Manhattan Improvement Corporation, better known as NMIC. On behalf of our agency and the

communities we serve, we thank you for providing us the opportunity to present our testimony on the need for increased stable funding for mental health services. NMIC is a community-based settlement house founded in 1979, which has grown into a leading multiagency serving all of New York City with the focus on upper Manhattan and the Bronx. NMIC's wellness program provides free bilingual English and Spanish mental health counseling services to the Latinx and BIPOC community. To remove barriers to mental healthcare and increase the number of community members seeking services, we screen for depression, anxiety, substance use, and trauma. Last year, we provided counseling services to 118 out of 667 community members we screened. This year alone, we have provided 1,269 counseling services to our community members. When we promote mental health, we not only help people improve their overall health, but we help them cope better with the life challenges, whether it be due to homelessness, food insecurity, lack of employment, fear because of their immigration status or domestic violence. We remind them of their value as individuals and let them know we care. We also acknowledge the commitment of our

helping professionals and the work that they do. In addition to mental health services, NMIC's wellness program is focused on improving a broad range of health access issues and outcomes for community members, increasing connections to health insurance through the MCAP program and collaborating with community partners, including New York Presbyterian and many more. While we are proud of our accomplishments so far, the need in our community remains incredibly high. Our ability to sustain and support the development of future mental health programs can only be guaranteed through sources of increased and stable City funding. To meaningfully support the current and future mental health challenges of New Yorkers, NMIC and other agencies require reliable baseline to funding to develop a secure infrastructure and support. We request a deeper investment into community-based health programs, like Connections to Care and Thrive, which are no longer even funded. Thank you again for your time and support.

CO-CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: Thank you so much to this panel.

We'll now move to our next panel. It will be Shakima Hill, Ashley Santiago-Conrad, Jay Edidin, Helen Skipper. Oh, I always pronounce, Siobhan Hanselar (phonetic), I'm so sorry, I know I mispronounced that, and Grace Ortez.

Okay, and we can start with you and then we'll just go down the table if that's okay. All right. Thank you.

GRACE ORTEZ: Skip was here waiting. Shes' the Director. She's my boss. I have a testimony as well. Would it be possible to do her testimony for her and then do mine?

COMMITTEE COUNSEL: Sure. Did you fill out an appearance card as well?

GRACE ORTEZ: Yes.

COMMITTEE COUNSEL: You did? Okay, then yes.

GRACE ORTEZ: I'm Grace Ortez, this is Skip.

COMMITTEE COUNSEL: Great.

GRACE ORTEZ: Thank you so much. So I'll start with Skip's testimony. Thank you again for the chance to speak.

Again, I'm speaking on behalf of Helen “Skip” Skipper, the Executive Director of the NYC Justice Peer Initiative. My name is Helen Skip Skipper. I am an Executive Director of the NYC Justice Peer Initiative. I'm also a proud member of the Justice for Women Task Force, WCJA, CCIT-NYC, and the Treatment Not Jail Coalition. I thank you for giving me the opportunity to speak today about the need for NYC to decarcerate women and gender-expansive folks and build appropriate supportive mechanisms and to build decriminalization pathways for behavioral health and additional offerings from the criminal legal system so that we prioritize peer support and community-based treatment over incarceration. Let me be clear and intentional about where I'm coming from. I spent 25 years, starting at 17 years old, cycling through the criminal justice, mental health, homelessness, and substance abuse systems. I'm heavily impacted by these many systems of oppression. All along, it should have been obvious to anyone who took one look at me that I was in

desperate need of help. I was suffering from untreated mental illness that I was self-medicating through illicit substances. I was arrested on dozens of occasions for drug and theft offenses, and yet at no time in this extensive period was I ever offered a meaningful chance to get connected to the treatment and services I need to safely exit from the criminal legal system, to treat these root causes, and to recover from the decades of trauma that these systems had inflicted. Instead, for over 25 years, I was shuffled off to the next, only to rinse and repeat the same cycle over and over again. It was as if I wasn't a person, just a defendant and an addict, a criminal. Finally, in 2007, at 43 years old, after being arrested on misdemeanor, the court allowed me to go into a program. To be specific, it was a residential drug treatment program in Suffolk County. For the first time in my adult life, I got the treatment I needed. It changed my life. I haven't been arrested or used any illicit substances since then, for over 16 years. Today I'm a Master's student in Criminology at John Jay College of Criminal Justice and pursuing a PhD. I became a Certified Peer Specialist with the Office of Mental Health and

Certified Peer Recovery Specialist with the Office of Addiction Services and Support and been using my experience to help pull others out of these cruel, oppressive, and traumatizing systems that I myself experienced. Seeing the profound impact of my peer work, I helped found the NYC Justice Peer Initiative to bring more individuals into this field, which she provided copies of more information about our work and a little bit more about what we do and what she's fighting for so thank you again for letting me speak on her behalf today.

CO-CHAIRPERSON SCHULMAN: Thank you. Did you do both or you're going to do hers now?

GRACE ORTEZ: I'm going to do mine now.

CO-CHAIRPERSON SCHULMAN: You're going to do my yours now.

GRACE ORTEZ: No, thank you. I really appreciate it.

Good afternoon, my name is Grace Ortez, and I'm a proud member of Freedom Agenda, the Campaign to Close Rikers, and I work to uplift directly impacted advocates at the NYC Justice Peer Initiative. Survivors of violent crime are more than two times more likely than the general population to

support rehabilitative responses to acts of violent crime and diversion from incarceration. The reason for this is simple. We know that treatment works. We believe in peer-led supportive social services, mental health treatment, and rehabilitation because in the aftermath of victimization, we bet our own very lives on treatment, recovery, and redemption every single day. I'm here today as an advocate for the incarcerated and for restorative justice because I'm a survivor of repeated sexual violence throughout my childhood. The aftermath of my trauma has put me on a lifelong path of healing from long-term serious mental illness and substance use disorder. These experiences have led me to a long journey of therapeutic and psychiatric care as well as rehabilitation from alcohol and drug addiction. In these therapeutic spaces, I've found myself sharing space and healing alongside people with criminal records, people who have committed acts of violence just like those I have been on the other side of, and I've seen their road to redemption and rehabilitation up close and personal. As you know, it costs over half a million dollars to detain just one person at Rikers for just one year. As someone who has had to

navigate the personal cost of psychiatric care, rehab and medication for myself my entire life, I assure you that we could spend a fraction of that money to ensure outcomes that address the root causes of violence. People can't be the product of a better environment until we give them the chance to exist in that environment. Survivors of Rikers have told us that even the guards called Rikers a gladiator arena. It is clear that this is an environment that leaves everyone worse off when they arrive. For everyone that believes restorative approaches are soft on crime, let me make something completely clear. Rikers and the Department of Correction are not tough on crime. They are completely and shamefully ineffective on crime. Our current dependence on incarceration is directly the reason for the crime rates we are experiencing today. Recidivism rates reflect the cycle of harm that Rikers perpetuates. I just want to end with rest in peace to the 30 New Yorkers who have died on Rikers Island in the short and devastating two years that Mayor Adams has been in office.

CO-CHAIRPERSON SCHULMAN: Appreciate your testimony. Thank you.

GRACE ORTEZ: Thank you.

ASHLEY SANTIAGO: Good afternoon, Chair Lee, Chair Schulman and Committee Members. Thank you so much for allowing me to testify today. My name is Ashley Santiago, and I'm testifying on behalf of Freedom Agenda and as a member of the Campaign to Close Rikers Island and a native New Yorker. For the past 31 years, I have watched neglected communities in this city push and pull for system transformation. Yet, we continue to overly invest in systems of punishment like the Department of Corrections instead of systems of healing and true rehabilitation. My 21-year-old nephew, Michael, who has been diagnosed with developmental disabilities, autism, and disruptive mood dysregulation disorder, sat on Rikers Island for two and a half years in dire need of mental healthcare and healing. Instead of getting that care and treatment that could address the root causes of his behavior, the real mental health crisis that my nephew often experienced there were labeled as tantrums by correction officers who were not trained to respond to his clinical needs. At the cost of over half a million dollars to keep someone on Rikers for a year, New York spent over 1 million to keep Michael at Rikers. That is more money that this city has ever

invested in his well-being but, despite all that money spent, he has gotten no substantial rehabilitation or treatment. We heard a lot today about premature deaths and how they disproportionately impact black and Latina communities, but premature death doesn't just happen at the stop of a heartbeat. Premature health concerns and stressors that lead to death come from stressors like poverty, unstable housing, disproportionate access to healthy food, generational mass incarceration, and underlying mental health that often leads to self-medicating. Trauma isn't created. It's always political. Coming from a low-income Latina neighborhood in Queens, it created a lot of barriers to adequate treatment for my nephew and, even though he struggled with the mental health challenges from a young age, I'll be fast, so I just want to say with this written testimony that I submit, I included a full budget analysis, but we need to close Rikers and we need to fulfill the commitments that will actually help Rikers get closed, which is 380 more units of justice-involved supportive housing areas, funding to establish five more FACT teams to provide mental health support to

people returning from jail and prison, and funding to create four more crisis respite centers and five more Clubhouses. Everyone here knows today that jail is not the environment to inspire restoration and healing. It's insane to keep doing the same thing over and perpetuating the same cycles of trauma on our loved ones and then blaming them for the trauma. The City's legal and moral obligation to close Rikers is also an obligation to invest in community-based treatment, and the City Council must ensure that this budget does that. Thank you for allowing me to testify.

JAY EDIDIN: Thank you, Chair Schulman, Chair Lee, and Members of the Committee. My name is Jay Edidin. I'm the Director of Advocacy at the Women's Community Justice Association, an organization that works with and on behalf of women and gender-expansive people impacted by mass incarceration. I'm also here as a constituent of Chair Schulman's, and I'm here to speak about and on behalf of the people incarcerated at Rikers Island, and specifically, this Women's History Month, I want to bring your attention to the budget's impact on a population that frequently gets left out when we're

talking about people involved in the criminal legal system, those being the women and gender-expansive people incarcerated at the Rose M. Singer Center. As you likely already know, the Adams Administration's plans for the upcoming Queensborough jail more than triple the agreed upon number of beds for women and gender-expansive people, from 126 to 450. This is happening at a time when mass incarceration of women is rising at double the rate of incarceration of men and wholly disproportionately to the rate of criminal offense. Nationwide, nearly 70 percent of incarcerated women have mental health concerns, again nearly twice the rate of incarcerated men and, at Rikers Island, that number is even higher. Over 80 percent of the women and gender-expansive people incarcerated at RMSC have mental health issues, and nearly 30 percent have a serious mental health diagnosis. Between 45 and 93 percent have experienced domestic or sexual violence, and over one in five were unhoused at the time of their arrest. That last statistic is current as of this week. The Mayor would like us to believe that the increase in the number of beds in the Queen's Jail, the planned increase of the number of women and gender-expansive people the City

chooses to cage, is a neutral and inevitable product of simple math and beyond his Administration's control. It is not. It is the predictable result of the deliberate and ongoing criminalization of mental illness and poverty, the prioritization of mass incarceration over desperately needed community care and resources, and the entrapment of our city's most vulnerable populations in cycles of trauma and punishment. Mass incarceration is a public health crisis. The mass incarceration of women and gender-expansive people even more so. I call on this Committee to resist the Administration's fearmongering and to prioritize community resources and alternatives to incarceration, resist the growing sprawl of the borough jails as imperative for the health and mental health of New Yorkers. Thank you for your time.

CO-CHAIRPERSON SCHULMAN: I just want to say that, one, I've done a lot of work, I still do, with the Fortune Society. The other is that if you saw in the increase in the beds for the facilities, they're also taking away the mental health pieces to it all as well so that's not something that we can tolerate so I just want you to be aware of that.

JAY EDIDIN: Thank you so much.

SHAKIMA HILL: Good afternoon, Chair Schulman, Chair Lee, and Members of the Committee on Mental Health, Disabilities, and Addiction. Thank you for the opportunity to testify today. My name is Shakima Hill, and I'm the Program Director for Emerson Davis Family Residence at the Institute for Community Living, or ICL. ICL is one of the city's largest providers of housing and behavioral services for children, adults, and families. We serve 13,000 people annually through our 140 programs across all five boroughs, including clinics, shelters, residences, and community-based programs. People get better with ICL because our whole-health approach addresses all aspects of well-being and reduces health disparities. First, thank you to the New York City Council for your commitment to human service workers. The COLA is greatly appreciated. I'm here today to talk to you about the city's mental health crisis, particularly among mothers and families and viable solutions for supporting them to stay together. Mothers with significant mental health challenges who do not have the necessary support they need are often separated from their children. This

has a particular impact on communities of color who are disproportionately represented in New York City's welfare system. Parents with serious mental health challenges often face obstacles in rebuilding their lives because of navigating the temporary housing and foster care system. By supporting mothers struggling with serious mental health challenges, we can help families together. That's the goal of the Institute for Community Living's Emerson Davis Family Residence, a one-of-a-kind residence for single parents seeking to regain custody of their children or at risk of losing custody. I've been with this program for nearly a decade and can tell you that it works. ICL provides families with a safe and supportive environment that gives them an opportunity to build the essential skills to stay together and move to more permanent housing. When I started at Emerson, over nine years ago, a mother had not been with her child for several months. Through the support at ICL, the child was permanently returned to her mother's care and eventually moved to supportive housing. The son is now entering junior high, and they are thriving. Because of Emerson, the family was able to reunite and stay together, but we had to

close Emerson because the building was in disrepair. We are close to having all the financing to renovate, but we need the Council support to get it over the finish line. We are asking for 1.5 million dollars in capital funding from the City Council for this vital program along with funding from the Borough President. Mothers with serious mental health challenges deserve to raise their children and, more than that, keeping mothers and children together has proven crucial for improving a child's development and improved outcomes later in life. Thank you.

CO-CHAIRPERSON LEE: Thank you so much and thank you for each of you for sharing your stories and for also reading on behalf of the other person who could not make it so thank you all and we love ICL and the work you guys do.

COMMITTEE COUNSEL PEPE: Thank you so much to this panel. We'll be moving to our next in-person panel, and I apologize in advance for mispronunciations of any names. Maryam Mohammed-Miller, Patricia Loftman, Gabriela Sandoval Requena, Faith Behum, Dash Yeatts-Lonske, and Alex Brass. Please come up to the table.

Just a gentle reminder to folks testifying that we do have a lot of people wishing to testify so please be mindful of the two-minute time limit when you are delivering your testimony. Thank you so much.

When you are ready, we can just start from this side of the table and we'll just go down, please.

DASH YEATTS-LONSKE: Good afternoon, Chair Lee, and Members of the Committees. My name is Dash Yeatts-Lonske, and I'm a Policy Analyst at Urban Pathways. Thank you for the opportunity to testify at today's hearing. Urban Pathways is a non-profit homeless services and supportive housing provider serving over 2,000 single adults annually. First, I'm not the first person to say this today, nor will I be the last, but thank you for the COLA. We'd like to echo the call from previous panels for further investment in the sector. I'm here to testify about the need for increased rates for justice-involved supportive housing, JISH, and the NYC 15/15 scattered site supportive housing initiative as well as for the restoration of the PEGs to the B-HEARD program in the Fiscal Year 2025 budget. The JISH program contracted

by DOHMH serves adults who are frequently in and out of City shelters and jails and are living with a serious mental illness or substance use disorder. JISH is the only designated supportive housing program for people leaving Rikers Island. We are one of the three providers of it currently. Individuals served by JISH have complex needs, but the current service funding is just 10,000 per unit annually for scattered site. Comparatively another high-need population, NYC 15/15 for young adults receives 25,596 per unit annually. While the need for more JISH units is high, there has been only one award for a mere 24 units on the 2019 RFP that seeks to expand it by 380 units. We request that JISH rates are raised to 25,596 dollars per unit annually to match other high-need populations so those units can be created. Next, NYC 15/15 Supportive Housing Initiative has only awarded 17 percent of scattered site as opposed to 80 percent of congregate. We request that the City reallocate funding to increase service rates for existing scattered site units to match the rate in congregate settings. Finally, the B-HEARD program is the main alternative to police for mental health crisis. We call on the City to restore

the PEGs that were made to the B-HEARD program, including the PEGs that will delay its expansion, and to create a training program for peers to allow them to fill the mental health roles on the B-HEARD teams to meet staffing needs and expand capacity. Thank you.

MARYAM MOHAMMED-MILLER: Good afternoon, everyone. My name is Maryam Mohammed-Miller, and I'm the Director of Government Relations at Planned Parenthood of Greater New York, or PPGNY for short. I would like to thank the Chairs, Council Member Schulman and Council Member Lee, for holding this important hearing for the FY25 City budget. Also want to thank the Council and the Council Members in particular here today for supporting sexual reproductive healthcare access throughout our city. Planned Parenthood of Greater New York has been a trusted provider of sexual reproductive healthcare for over a hundred years and, in 2023, we provided care to almost 70,000 patients throughout New York City, providing the full range of reproductive healthcare services to individuals, no matter their immigration status, identity, or their ability to pay for healthcare services. Again, I want to reiterate

my thanks to the Council and the Chairs of the Committee. Given the ever-changing national landscape of sexual reproductive healthcare, attempts to restrict access to care nationally, we appreciate the Council's support legislatively and to providing funding to reproductive healthcare providers to continue to serve all New Yorkers. Today, I just want to urge the Council to support initiatives that fund reproductive healthcare throughout our city, several of which Planned Parenthood of Greater New York receives funding to continue to provide services, first of which is the Sexual Reproductive Healthcare Initiative. This is funding that we use to continue to provide care through our health centers, making sure folks are able to secure care, again without fear of being able to pay, their immigration status, their identity. Also, urging the Council to support and continue to support the Abortion Access Fund which supports individuals living in New York City to secure abortion care, no matter their ability to pay, helping with travel and care coordination. We're also urging the Council to support the Trans Equity Initiative supporting individuals who are transgender and gender nonbinary. We provide care at our health

centers, providing gender-affirming services again to all New Yorkers in need, and urging the Council to support the Dedicated Contraceptive Fund, which Planned Parenthood is able to provide free, long-acting, reversible contraceptive services to all individuals, again no matter their ability to pay or their insurance status. Thank you for the opportunity to testify.

CO-CHAIRPERSON SCHULMAN: I have a question for you. What's Planned Parenthood's role with the new initiative by the Governor that people can just go in a drugstore and get birth control? Not birth control. I'm sorry. Abortion medication.

MARYAM MOHAMMED-MILLER: We have been supporting advocacy efforts to expand medication abortion care on various levels and can speak more to that.

CO-CHAIRPERSON SCHULMAN: Do you refer people, and are you going to be referring people? I know the program just started, right?

MARYAM MOHAMMED-MILLER: We offer medication abortion care so we're talking through…

CO-CHAIRPERSON SCHULMAN: Okay, got it.

MARYAM MOHAMMED-MILLER: And what that looks like on the state level.

CO-CHAIRPERSON SCHULMAN: Okay, thank you very much.

GABRIELA SANDOVAL REQUENA: Good afternoon, Committee Chairs Lee and Schulman and Council Staff. Thank you for holding this Preliminary Budget hearing and the opportunity to testify on behalf of New Destiny Housing. My name is Gabriela Sandoval Requena, and I am New Destiny's Director of Policy and Communications. New Destiny's mission is to end the double trauma of abuse and homelessness among domestic violence survivors. We develop supportive housing for survivors in shelter, we assist those who are fleeing to obtain subsidies and find safe new homes, and we advocate for more housing resources. New Destiny is also a co-convener of the Family Homelessness Coalition and a member of the Supportive Housing Network of New York. So why do we do this work? Because despite the fact that only 50 percent of domestic violence cases are reported, in 2022, the NYPD filed one domestic violence incident report every two minutes. In other words, since this hearing started, more than 150 survivors have called

the police because of abuse and countless others have suffered in silence. Domestic violence continues to be a main cause of homelessness in New York City, and access to safe and affordable permanent housing will determine whether survivors leave their abuser, survive, and rebuild their lives. We submitted extended written testimony so I'm going to use this time to focus on our number one priority. That's opening NYC 15/15 supportive housing to domestic violence survivors. We were asking that you help survivors get access to City-funded supportive housing. Unlike the State programs, NYC 15/15 does not include domestic violence survivors as an eligible population. Family supportive housing units are harder to fill. We are confident that this is one of the reasons why. Supportive housing is a lifeline for survivors who struggle with long-lasting physical and psychological conditions stemming from the abuse. We know this because we have State-funded supportive housing and we see year after year the long-term stabilizing effect our supportive services have on both survivors and their children that experience or witness the violence. I just have a couple more points if I just may finish. Thank you. Survivors are

31 percent more likely to develop cardiovascular disease and 51 percent more likely to develop type 2 diabetes. At least half of survivors experience post-traumatic stress disorder and depression. Moreover, survivors can sustain head trauma more often than football players, but they're rarely diagnosed. In fact, the Centers for Disease Prevention and Control now recognizes intimate partner violence as a leading cause of traumatic brain injury. New Destiny also supports the network's recommendations to improve NYC 15/15. With the housing vacancy rate at 1.4 percent, the City must develop additional congregate units above the original commitment of 7,500 homes. Thank you for your time, and I can answer any questions you may have.

FAITH BEHUM: Thank you, Chairperson Schulman, Lee, and Members of the Committees of Health, Mental Health, Disabilities and Addiction for holding this hearing and for the opportunity to testify. My name is Faith Behum, and I'm a Senior Advocacy and Policy Advisor at UJA Federation of New York. Established more than a hundred years ago, UJA is one of the nation's largest local philanthropies. Central to our mission is to care for those in need,

identifying and meeting the needs of New Yorkers of all backgrounds and Jews everywhere. UJA supports an expansive network of nearly 100 non-profit organizations serving those that are most vulnerable and in need of programs and services and allocates over 180 million dollars each year. The Fiscal Year ’24 budget cut the City Council Mental Health Services initiatives by over 900,000. The Fiscal Year ’25 budget must restore and maintain funding for these initiatives. Council funds go directly to community-based organizations. UJA's non-profit partners receive funding through seven mental health initiatives, and the UJA network alone, the impact of these programs is great. Using this funding, community-based organizations provide a social and educational outlet for individuals with autism and support parents and caregivers of these individuals. They provide an opioid prevention and treatment program to Jewish, Orthodox, and Bukharian youth in Queens who are at risk for or engaging in opioid abuse and use this funding for a part-time mental health practitioner who works with children and staff in a preschool program. This is just a small sampling of the services CBOs provide to their communities

using this funding. Without this support it would be incredibly difficult for these non-profits to meet the unique needs of the communities they serve. UJA urges the Council to restore and maintain funding for the mental health initiatives. Please let me know if you have any questions.

ALEX BRASS: Thank you, Chairperson Lee and Schulman and the Committee Council as well as everyone else who gave amazing testimony today. My name is Alex, and a little over two years ago I had an encounter with the police after my parents called 9-1-1 and interpreted I was suicidal. I made it less than 30 blocks before the police caught me. I was eventually force-injected with medicines and thrown inside the loony bin. Thankfully, inside of there, while I left worse than I came out, all starting with this negative police interaction, I did meet a good friend inside and, unfortunately, she's not here to tell her story and she called me about two months ago after her 13th stay inside of the hospital and this time she was getting triggered by her parents and she called 9-1-1 and she wanted to discuss this sexual abuse she experienced earlier in her life. Unfortunately, as soon as the police arrived, she was

automatically labeled an emotionally disturbed person and, instead of speaking to her like the vulnerable, loving individual that she is, she was immediately taken away and thrown into the hospital once again. I'm here advocating on behalf of CCIT and the peers, not police model, which there's a lot of people who discussed it here today and, how important it is and how necessary this is, and we're just furthering, hurting people's lives when people deserve to be treated like the beautiful souls that they are. Also, as someone with a substance abuse disorder and mental health recovery who almost traded my life for two dollars of fentanyl, I just think we need to have more creative solutions to address both of these issues as well as to eliminate stigmas so people are not in shame and have the courage to speak out. Thank you.

CO-CHAIRPERSON LEE: Thank you, Alex, for sharing your story and for being here again. I had a couple of questions actually for some of the panelists.

For Dash, can you repeat those stats again? 17 percent was for, that's only the

congregate. They've only reached 17 percent and then what was the other one? I'm sorry.

DASH YEATTS-LONSKE: It was two things. So for NYC 15/15, 17 percent of the scattered site units have actually been allocated.

CO-CHAIRPERSON LEE: Got it.

DASH YEATTS-LONSKE: We're, as a sector, having trouble actually filling this as opposed to 80 percent congregate.

CO-CHAIRPERSON LEE: Got it. One quick question, followup for Gabriela. Can you just say again, because I missed it really quickly, but why is it again that DV is not eligible for the 15/15? Why is that?

GABRIELA SANDOVAL REQUENA: It's just not one of the eligible populations. Families, technically a domestic violence survivor could qualify, but they would have to meet the chronicity requirement, which is twofold. They have to have stayed at least a year in shelter, and that's usually DHS shelter, doesn't usually count HRA, domestic violence shelter stays, and also the head of household has to have a diagnosis ability, and we know survivors usually for variety of reasons are

afraid of getting that diagnosis because of fear of losing their kids to the abuser. There is no point. They survived the abuse. Why should they go back and get a diagnosis that's saying that? Supportive housing should be something they're eligible for, just like the State recognizes it.

CO-CHAIRPERSON LEE: That's so interesting. Okay. I want to look into that more.

My final question for Faith, actually. I have a growing Bukharian community in my District in Queens, and I sat with a bunch of them in someone's home because, again like many communities, there's a lot of shame and stigma around drug addiction issues, opioid issues, mental health issues, and they were having a very honest conversation, mostly mothers, to be honest with me about how to better educate their community on what some of these issues are and so just curious to know what some of the resources are that you have to reach into these communities because I think a lot of them don't want to talk about it publicly and so, if you have any recommendations, that'd be great.

FAITH BEHUM: I can definitely get back to you on specific recommendations. I actually have a

colleague who works directly with the Bukharian population, someone who was born and raised in Queens and still interacts with them. I'm definitely going to ask him to ask for any resources that we can provide. I know JCCA had testified earlier today, and they're the ones who oversee that program so they're also a really good resource to reach out to as well.

CO-CHAIRPERSON LEE: Okay, awesome. Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much to this panel. We'll be moving to our next in-person panel. Please come up to the table if you hear your name called. Robert Desrouleaux, Ronni Marks, Ruth O'Sullivan, Kayt Tiskus, Emily Miles, and Mohamed Attia.

When you're ready, we'll start from this side of the table and we'll just go down the line, please. Thank you.

KAYT TISKUS: Thank you, Chairs and Council Members, for making the time to hear from all of us today. My name is Kayt Tiskus. I work with Collective Public Affairs, and I wanted to highlight the work that some of the initiatives supported by Council's discretionary funding do to work in tandem

with agencies supported by the Executive Budget and remind you of the importance of making sure that those services are supported as we move forward in the budget season this year. The first initiative I want to highlight is the initiative to combat sexual assault. Those folks are dealing with a larger number of victims and providers who need to be educated in how to correctly take rape kits and to treat those victims but have been held steady on funding for quite some time, I think since pre-pandemic even though the demand is ever-growing and the sort of false fiscal emergency in which we find ourselves is one reason that they've been held at the same service level. It's something that we really need to make a change to. Another health initiative or, what I think of as a health initiative that I'd like to highlight, is the Trans Equity Initiative. We all know that it's a really dangerous time to be a trans person, a trans New Yorker, and a trans everywhere elser, as many new New Yorkers join that community so the connectivity to health services that that Initiative manages can't be overstated. Similarly, with the initiative that is support for persons involved in the sex trades, connectivity to health services, wraparound services,

housing, things that are very important parts of healthcare, and I know I don't need to tell the Chairs today that we'd love your continued support with the ambitious Marsha and Sylvia Plan and its various health initiatives as well. Thank you so much.

RUTH O'SULLIVAN: Good afternoon, Chair Schulman and Chair Lee. Thank you for having me today and esteemed Members of the Committee. My name is Ruth O'Sullivan. I currently serve as a Project Director for the Brooklyn Mental Health Court, and I'm here today on behalf of the Center for Justice Innovation. Each year, thousands of people with substance use disorders, mental illness, and other treatable issues cycle through our city's jails. According to recent data, the number of people in New York City jails diagnosed with a serious mental illness has increased by 45 percent since 2022. We recognize that even a short period of incarceration can have detrimental effects that reverberate for years, resulting in a costly and largely ineffective revolving door justice system. The Center is committed to identifying effective and humane paths to producing public safety. We also work with the

justice system partners to build programs that address both the psychosocial needs of justice involved individuals as well as the need for accountability. Today, I'd like to focus on some of the Center's programs that address the mental health needs of New Yorkers. Many individuals who come into contact with the criminal legal system have been exposed to significant trauma and have untreated mental health conditions. Mental health courts play a vital role in connecting individuals to supportive services, such as housing, job opportunities, and treatment, offering a powerful foundation on which to build a stronger, more resilient, game-changing response to the cross-cutting crisis of mental health and public policy. The Brooklyn Mental Health Court was launched in 2002. It was the first mental health court in New York City and one of the first mental health courts in the United States to accept individuals with serious mental illness facing felony charges. Currently, over 55 percent of our population has been charged with a serious violent felony. Housed in Brooklyn Supreme Court, Brooklyn Mental Health Court offers a very different experience of our court system. At BMHC, every candidate is

afforded a comprehensive evaluation by an experienced licensed clinician. Once our client's needs have been identified, a treatment plan is developed and the client is connected to the appropriate treatment providers in the community. The treatment team monitors each client for the duration of their mandate and offers support, advocacy, and resources. Participation in the program can last on average from 12 to 24 months. Brooklyn Mental Health Court has a dedicated court staff who've been trained in trauma-informed care and practice. We've worked hard to create a courtroom that's warm and supportive. Clients get phases as they move through their mandates and, with each phase awarded, the courtroom claps. This communal experience has had the unintended consequence of fostering a sense of community in the courtroom, which we now know is an essential component of lasting change. Public safety needs are addressed by having regular court dates in which the parties are provided updates about how a client is doing. BMHC clients are held responsible for engaging in their identified treatment. To date, over 1,300 participants have received treatment, satisfied program requirements, and graduated, all

outside of the carceral setting. The Center for Justice Innovation also now operates the Manhattan and Brooklyn Misdemeanor Mental Health Courts, which are new courts operating under the same model as the Brooklyn Mental Health Court. These courts have served over 280 individuals in programming since their inception, which was only two years ago. In seeking to address the conditions that underlie and result from justice system involvement, we can forge new innovative approaches to difficult cases where social, humane, and legal problems intersect. The Center looks forward to continued partnership with the Council to continue to transform the justice system to cultivate vibrant, prosperous communities that center public safety and security for all its members. Thank you for the opportunity to testify today.

EMILY MILES: Hello. Thank you for the opportunity to testify. My name is Emily Miles. I'm the Executive Director of the New York City Alliance Against Sexual Assault, and I'm here today to talk to you about the Sexual Assault Initiative, which is comprised of five New York City based sexual violence intervention programs. Together, we serve thousands

of victims and survivors annually across the five boroughs fully through funding provided by the City Council. Despite our good work, the demand for our services is great and has only increased over the course of the last year, resulting in the need for additional resources from the Council. The Alliance's portion of that funding goes to support our Sexual Assault Forensic Examiner training program. This training program trains doctors, nurses, physicians, assistants to provide competent, culturally responsive care to sexual assault survivors. Many don't know that there's actually no part of standard medical training that prepares doctors or nurses to work with survivors of sexual assault. If not for our training program, none of those medical professionals would be able to provide those services to survivors. In a recent survey of New York City hospital emergency rooms, we found that of the 52 emergency rooms across the five boroughs, only 21 are SAFE designated, meaning that they provide a higher level of care to sexual assault survivors, and yet even among these hospitals, not one, not one had an adequate number of SAFE-trained staff members to meet the needs of the survivors coming into those

emergency rooms. The further you travel from Manhattan, the less likely a survivor is to be treated by a trained medical professional. This is especially true for communities of color and immigrant communities who, despite facing the highest rates of sexual violence, are the least likely to have access to trained examiners. For pediatric survivors, there are even fewer trained SAFE examiners with some pediatric patients having to wait hours, sometimes days, for a trained examiner to see them. Our training program hopes to change that. We are only able to provide our trainings because of the City Council, and all of our trainings for this year are already full because we cannot meet the demand. The one thing I'll say about Just Pay is that we're so thankful for the COLA for human services workers but, because almost all of the funding for sexual assault services comes from the Council side and not the Executive side, sexual assault advocates will not gain anything from that COLA so please keep them in mind. Thank you.

RONNI MARKS: Good afternoon. I'm Ronni Marks. I'm the founder of the Hepatitis C Mentor and Support Group. I am also a patient. First of all, I'm

sorry, I should have said good afternoon to Chair Schulman and Chair Lee and Members. I am also a patient who is cured of Hepatitis C. At HCMSG, we provide education and supportive services for anyone affected by Hepatitis C and living with both HIV and Hep C. We're dedicated to eliminating Hepatitis C and addressing healthcare inequities through partnerships with syringe exchange programs, OPCs, clinics, hospitals, and community-based organizations in need of our services. We value the wisdom of communities and strive to serve populations who have been most neglected and stigmatized. As of 2022, it is estimated there are 91,000 residents living with chronic hepatitis C. The rate of liver cancer remains high. It is critical for the City Council to continue to support the Viral Hepatitis Initiative. We need increased funding to expand services for hepatitis B and C, peer navigators, harm reduction, syringe exchange services, and more overdose prevention centers. People need to understand this endemic connection between substance use and infectious disease. Being cured has been the key to having people start to turn their lives around. Please help us ensure that all New York residents have access to

hepatitis C testing, treatment, and care regardless of race, gender, or economic status. Let's make New York City the first city to eliminate hepatitis C, and I don't know if this is the time to bring this up, but I was encouraged by the Speaker's Office to relay that our funding has been delayed for the whole initiative and that it's a real problem for people to move on.

CO-CHAIRPERSON LEE: Yeah, I used to run Hep B and C programs through KCS and so it's been quite a challenge, and it almost got cut a few times actually so yeah. Thank you for the work you're doing there.

RONNI MARKS: Yeah, thank you very much.

ROBERT DESROULEAUX: I guess it's my turn. Good afternoon, Chair Schulman, Chair Lee, thank you so much, and Staff. Appreciate it and thank you for allowing us to speak today. My name is Robert Desrouleaux. I am the Programs Manager at the Hepatitis C Mentor and Support Group, and I've been working over 10 years on the ground with underserved communities, and I work very closely with the Founder and Director Ronni Marks sitting here to my right and, as you heard, together, we provide essential

educational and supportive patient mentoring services through partnerships with community-based organizations in need. The critical population we serve includes people with substance use disorder, those co-infected with HIV, the LGBTQ community, youth and young adults, baby boomers, and really anyone else affected by Hep C. For some context, hepatitis C is an elusive disease. It's hiding in the shadows with little or no symptoms, growing from within, destroying arguably the most function-heavy organ in the body, the liver. And oftentimes when people find out about it, it could be too late as hepatitis C is also one of the leading causes of liver cancer. There are close to 1,000 people diagnosed with hepatitis C in New York City, and thousands more undiagnosed, unaware, and undereducated about it. The irony is there is a cure for this disease. I had a patient once tell me that they were living with hepatitis C for years before they learned that there was even a cure. He said, and I quote, "the scientists did their job and now curing people is up to us," and I wanted to make sure to include that quote in my testimony because that actually lives with me every single day, every time I

do an event, every time I do a training, every time I do an advocacy, a workshop. Even today, before I walked into this room, I found a mirror and I said to myself, it's up to us, it's up to me, and that kind of drives the passion behind what I do because that's what it's about. As an educator in the field and someone who has witnessed the lack of knowledge in the communities, I can tell you firsthand with an impact that this virus has on the lives of those affected. We need to increase education and supportive services for hepatitis B and C and increased funding for peer navigation, harm reduction, and syringe exchange services as you heard Ronni say a few minutes ago. I just want to take a few minutes just to echo the comment that she made calling out the severe delays in the approved funding. Again, just for context, we're currently in the process of applying for funding for Fiscal Year ’24, and we're currently nine months into honoring our commitment for Fiscal Year ’25, completely front-ended by alternative methods to be able to continue the work on the ground. On top of the fact that we'd like to thank you for continuing to support the Viral Hepatitis Initiative and the work that we do, to

definitely please evaluate the process with which the application is done so that we can expedite the funding for future years and such. Thank you.

CO-CHAIRPERSON SCHULMAN: Yeah, getting the funding has been a chronic issue, and I know in the past couple of years that, because there's two sides to it, there's the Admin side and the Council side, and so we've done a lot to clean up our side of it so we're trying to work that out.

ROBERT DESROULEAUX: And I thank you.

MOHAMED ATTIA: Thanks. I figured I'm the last one so should I get 10 minutes?

Good afternoon, Chair Schulman and Chair Lee. My name is Mohamed Attia. I'm the Managing Director of the Street Vendor Project. Thanks for the opportunity to testify. SVP is a membership-based organization with over 3,000 street vendor members. As the only organization in New York City dedicated to serving the street vendor population in the five boroughs, SVP is a centralized hub for street vendors to access resources and receive essential services as the smallest businesses in our city. We respectfully request support from the City Council to expand our community outreach and education program for street

vendors as the demand of street vending education continues to grow, especially for food vendors who are now navigating a new system that was created after the implementation of Local Law 18 to year 2021. As we have learned from DOHMH recently, they have sent out more than 800 applications for vendors who are eligible to receive these new supervisory licenses and, as of last month, only 71 of them were processed completely and received the permits, less than 9 percent of the applications sent out. The new system is very complex and thousands of food vendors need education on it. Our team is well-trained and equipped with the tools to run the outreach and education program for food vendors across the city. We meet vendors where they're at. They don't come to our office and knock on our doors. We meet them in the streets, we meet them in the food carts and trucks, in the garages where they park, anywhere they can be found. We create educational materials in seven different languages that are accessible and easy to adjust for the street vendors. We hold monthly meetings and workshops where we educate the vendors on the vending laws. We offer support with business compliance on various levels such as the

group workshops, individual consultations, helping them with the permitting process and more. SVP fulfills a critical role since there is no City agency that meaningfully serves street vendors. SVP is eager to increase services to street vendors, but we need the City Council support to increase our capacity to meet the demand of the community. Thank you so much.

COMMITTEE COUNSEL PEPE: Thank you so much to this in-person panel. We're now going to be moving on to our next in-person panel.

CO-CHAIRPERSON LEE: Thank you so much for all the work you guys do.

CO-CHAIRPERSON SCHULMAN: Thank you very much for…

CO-CHAIRPERSON LEE: Same time. Thank you.

CO-CHAIRPERSON SCHULMAN: And also having the patience to stay. We have over 100 people who've signed up, and we really appreciate all the work that you do out in the community because it's your work that makes our constituents better so thank you.

COMMITTEE COUNSEL PEPE: Thank you, Chairs.

We're going to be moving to our final in-person panel, Rosa Chang and Jennifer Parrish. And at this time, if you are in Council Chambers and you are wishing to testify in person and you have not heard your name please fill out an appearance card with the Sergeant-at-Arms. Again, Rosa Chang and Jennifer Parish.

At this time, if you are in Council Chambers and you are wishing to testify in-person and you have not heard your name, please fill out an appearance card with the Sergeant-at-Arms.

Again, Rosa Chang and Jennifer Parish. Thank you.

ROSA CHANG: Hello. Thank you very much for the opportunity to speak to you today. My name is Rosa Chang, and I am the Co-Founder and President of Gotham Park, a grassroots community led non-profit that successfully advocated for the opening of new public space beneath the Brooklyn Bridge, just a block away from here so anytime you are free for a tour, I welcome you. Three years ago, I reoriented my entire life to build a park underneath the Brooklyn Bridge, and you might ask why. I've been a Community Board member for four years, I've been a downtown

resident for 25, I've been the president of my 408-unit condo building for eight years, and I've served on two PTAs. All this is to say that I'm deeply, deeply committed to my community and, when COVID hit in this beloved city that we all call home, it hit really hard. We did not feel safe and our density, which was once our strength, suddenly became our weakness, and the only place that we could go to feel safe was outdoors, and that was so critical for so many different reasons. Number one was obviously getting fresh air. Number two was that, I always call the Hudson River Park my sanity space because when I felt like the world was falling apart and I could not deal with it anymore, I would go for a walk out there and I would feel safe, and in our communities that are disadvantaged, that have been underinvested in for generations, where we do not have open space, sufficient open space to gather. I want to point out that we do not build community in our sidewalks as we pass each other.

CO-CHAIRPERSON SCHULMAN: Excuse me. This is… Oh, you did. All right. I'm sorry. I'm sorry. Go ahead.

ROSA CHANG: We build our community in our public spaces, and that is where we build the friendship that we rely on when things are falling apart, and so I would ask you to consider focusing on parks as an essential component of mental and physical health and well-being for our community. Thank you.

CO-CHAIRPERSON SCHULMAN: Yeah. No, I'm sorry. My Counsel thought you were at the wrong hearing, but let me just say this to you. I know you read about the Queensway project.

ROSA CHANG: Yes.

CO-CHAIRPERSON SCHULMAN: And I'm one of the people that started that with Friends of the Queensway so that's my project. I'm really excited about it, and it's going to be amazing. It's going to be amazing in terms of health, and it goes through six communities and all the schools that are involved and everything else. Just wanted to let you know that…

ROSA CHANG: And can I say an enormous congratulations because I know that was an incredibly heavy lift, the fact that you were able to get 5 million and now 117 million dollars in over 15 years

that has been an effort, that is going to be so impactful for everybody that lives in the community, and we need that kind of support and…

CO-CHAIRPERSON SCHULMAN: Well, thank you.

ROSA CHANG: Everywhere. Thank you for getting that done.

CO-CHAIRPERSON SCHULMAN: It's really important. It still has people fighting against it, but it’s just going to be tremendous and, Queens and the boroughs outside of Manhattan haven't gotten the type of funding that Manhattan gets for park space, and this is just so incredibly important for small business. There are lots of the schools, there's tons of schools that are involved in this so anyway, and once they break ground and everything else, I'm going to invite my Colleagues and then we'll invite you out.

ROSA CHANG: I've actually been on a tour with Ruben and Carter.

CO-CHAIRPERSON SCHULMAN: Okay, that's good.

ROSA CHANG: I'm familiar with it.

CO-CHAIRPERSON SCHULMAN: There you go.

ROSA CHANG: I totally support the project, but I would love to go on another tour.

CO-CHAIRPERSON SCHULMAN: When we break ground, we'll invite you out.

ROSA CHANG: I would be honored. Thank you.

CO-CHAIRPERSON SCHULMAN: Okay.

CO-CHAIRPERSON LEE: And sorry for the confusion. I actually asked Rosa to come testify because I saw her at the Parks hearing.

ROSA CHANG: No, no, he was just like…

CO-CHAIRPERSON LEE: But it's because of the fact that Rosa and I have been having a lot of conversations about how important the park spaces are for mental health, well-being, all of that, especially during COVID, and we had the fortunate opportunity to hear about the presentation yesterday so I was like, oh, come over and talk, and we had Carnegie Hall here earlier and talking about just in general culture, arts, how important all of that is so thank you.

ROSA CHANG: Can I just add on also, especially our seniors, because what we noticed during COVID was that our seniors were hiding in

their apartments and, because they had no social interaction, they were falling into depression, and depression and mental health absolutely affects physical health and that absolutely affects mortality. We saw that so clearly and so we need these investments in our spaces.

CO-CHAIRPERSON SCHULMAN: And this park is going to be very accessible to people and it's just going to be amazing, it's just going to be amazing, but thank you.

ROSA CHANG: Thank you for all the important work you do.

JENNIFER PARISH: Good afternoon. My name is Jennifer Parish. I work at the Urban Justice Center Mental Health Project, and I'm a member of the Jails Action Coalition and the HALT Solitary Campaign. Thank you for having me here. My message for your Committees is that the services that you decide to fund, services that support health and mental health for New Yorkers, are what will lead us in the recovery from the pandemic, will help New Yorkers health and vitality and community safety on the whole. These are the investments we need along with funds for other community services that

contribute to the social determinants of health. We must not turn back the clock and return to mass incarceration and broken windows policing. These are failed policies, will not make New York City a place where people live and thrive by investing in police and corrections. We've tried that and it doesn't work. The Council must lead by relying on evidence and investing in services that bring about public health and public safety. New York has demonstrated that we can reduce incarceration and reduce crime at the same time. The Council should build on that record and go much further by investing in the communities that need the most support. We overfund the Department of Corrections and the NYPD and, by reallocating just a sliver of their billion-dollar budgets, we can fund the resources that New Yorkers need. This is not just the view of people who serve and advocate for people with mental health concerns. Consider the testimony of the Bronx District Attorney at yesterday's Public Safety hearing. DA Clark told the Council that she did not need more resources to prosecute crimes in the Bronx. What she asked for was for more mental health treatment and other community services that the Bronx needs. This was a law

enforcement executive who was clear that she could not prosecute her way out of the current situation and that what's needed is more funding for mental health and other community resources, not money to lock more people up. My written testimony, which is based on the Mental Health Project's report about decreasing incarceration of people with mental health concerns, describes services that should be prioritized, but I want to highlight one of those, and that's justice-involved supportive housing. It is essential for people who are involved in the criminal legal system to have this pathway out. They are not considered to be homeless while they're incarcerated so they're excluded from New York 15/15 and other supportive housing programs. JISH was created specifically for them. It was 120 beds that were shown effective and they said they would increase it to 500, but it just hasn't been funded at the level that it needs to so we're asking for 6.4 million dollars to align the supportive housing rates for that with what other services that help people with high needs need, and that's just 5 percent of the 556,000 dollars that Department of Corrections spends

to incarcerate just one person per year so thank you for that.

CO-CHAIRPERSON LEE: Thank you, Jennifer. It's always good hearing your testimony.

JENNIFER PARISH: Thank you.

CO-CHAIRPERSON LEE: Thanks for all the work that you do.

COMMITTEE COUNSEL PEPE: Thank you very much.

That was our last in-person panel. We will now be moving to virtual testimony.

For folks who are wishing to testify virtually, you'll each have two minutes, and you should wait for the Sergeant-at-Arms to cue you before you begin your testimony.

I'm going to call our first virtual panel. Lily Shapiro, Casey Starr, Kumarie Cruz, Fiodhna O'Grady, Chris Norwood, and Meihua Yang, and we will start with Lily Shapiro. Please wait for the Sergeant-at-Arms to cue you before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

LILY SHAPIRO: Thank you, Chair Schulman and Lee and Members of the Committee on Health and

Mental Health, Disabilities and Addiction for the opportunity to provide testimony here today. My name is Lily Shapiro, and I am Policy Counsel of the Fortune Society's David Rothenberg Center for Public Policy. The Fortune Society is a 57-year-old organization that supports successful re-entry from incarceration and promotes alternatives to incarceration, thus strengthening the fabric of our communities. In Fiscal Year 2023, we served over 11,000 people, including housing around 500 people across our continuum of housing models, including, as folks have testified about today, the Justice Involved Supportive Housing Program, which is funded by the Department of Health and Mental Health. This program, as you have heard others testify, is woefully underfunded. At the Fortune Society, 22 percent of our new participants report being homeless, and people released from jail and prison are all too often forced into homelessness. This is a racial justice issue as approximately 80 percent of the 750,000 New Yorkers with convictions are black or Latinx. This is also a public safety issue, as numerous studies have shown that having a safe and stable place to live decreases someone's chance of

returning to jail or prison and, in fact, the JISH program was based on an earlier program, the Frequent Users Engagement Program, called FUSE, and a robust 10-year followup report about FUSE participants conducted by Columbia and by the Corporation for Supportive Housing showed that "despite intense histories of incarceration and shelter use, the most common pattern seen over the 10 years for FUSE participants was no jail or shelter experience after an early period of shelter stays" so this is a tremendous public safety win. This is also a huge cost savings for the City and also clearly transformative for the individuals and the families of those individuals who are served by FUSE so we know that JISH work. As was just said, the only program for people leaving our city jails who would otherwise be homeless and…

SERGEANT-AT-ARMS: We thank you for your testimony. Your time has expired.

LILY SHAPIRO: Have substance use disorders or mental health issues and yet it's service rates for this very vulnerable population have not been raised since program launch in 2015. They are simply too low. We have been forced to

supplement the 10,000 per person service rate with money that should be allocated for rent, which means that people have to double up in our scattered site housing (INAUDIBLE) is funded by JISH, which is not ideal, so we are asking that the Council negotiate a budget that includes expanded funding for JISH by 6.4 million, including for existing contracts and to bring the totality of the remaining 380 units online. I will note that none of the three original JISH providers, including Fortune, applied for the last RFP because the service rates remained woefully low, and we have to take a long-term perspective on how to enhance public safety and well-being and guarding against exacerbating existing racial and economic disparities so I just want to quote one of our long-term residents as I close out who recently told some of your Council Colleagues, "supportive housing saved my life," so with thanks to her, with thanks to all of you, I will close. Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much. We will now be moving on to Casey Starr. Please wait for the Sergeant-at-Arms to cue you before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

CASEY STARR: Thank you, Chairs Lee and Schulman. My name is Casey Starr. I'm the Co-Executive Director of the Samaritans of New York, the city's only anonymous and completely confidential crisis service. Our hotline alone was contacted 50,000 times last year from New Yorkers in crisis. First, I need to respectfully challenge what the Commissioner stated about our city's non-profits. It's clear from the testimony every organization has given today that it's not that we don't have the skills or tools, it's that we do not have the funding. Regarding Teenspace, it was a 26-million-dollar contract. There could have been a number of ways to spend that money that would not entail sending public funds to a for-profit company, especially a company that has class action lawsuits open against it. Bigger is not always better but, from what we've heard from the Department today, for them it is because it is easier, because it means they do not have to meaningfully engage with organizations like Samaritans who are on the front lines doing the work. As a City, we really aren't very good at dealing with mental health crises. Even when we use health-based interventions, there are

major flaws. We heard in testimony earlier today, the impact of hospitalization on mental health, and the data and research reflect those personal experiences. In addition to a 12-fold increase in suicide risk post hospitalization, a risk that remains elevated for up to five years after discharge, 86 percent of mental health inpatients report that institutional practices or events inflict trauma and harm upon them, but what's worse in our city is unlike any other health condition, when it comes to mental health crises, law enforcement is still the primary frontline provider. Even 9-8-8 is sending the police and, as they stated, they will continue to do so for the foreseeable future because, as of today, their goal is to finish their plan in 2024. That is unacceptable. Samaritans is the only crisis service in the city that does not engage in non-consensual intervention making it a critical service. I also represent Samaritans USA on the National Council for Suicide Prevention, and today the Department stated that only clinicians…

SERGEANT-AT-ARMS: We thank you for your testimony. Your time has expired.

CASEY STARR: This is not true. The vast majority of the crisis centers in the 9-8-8 network use volunteers because studies show that trained volunteers like those answering calls at Samaritans are just as effective, if not more, as their clinical counterparts. I want to thank you for your time, for your dedication to the well-being of our city, and for the opportunity to speak today.

COMMITTEE COUNSEL PEPE: Thank you for your testimony.

We will now move on to Kumarie Cruz. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

KUMARIE CRUZ: Thank you, Chairs Lee and Schulman, for the opportunity to speak today. My name is Kumarie Cruz. I am Director of Education and Bereavement Services at the Samaritans of New York. Our mission is crucial in combating the rising tide of suicide and mental health crisis, which disproportionately impacts youth, especially within our city's educational systems and marginalized communities. The growing shortage of mental health professions and resources underscores the critical

role of community-based services like ours. We advocate for sustained fundings for the Samaritans and other trusted frontline community organizations who have been doing this work for decades. At Samaritans, we differentiate ourselves by customizing our content to address the unique concerns of those we serve. Through strategic collaborations, we create programs that are both culturally and contextually appropriate, deeply respecting the unique challenges and strengths of each community. Suicide prevention is not one-size-fits-all, and yet there is a trend towards consolidating crisis services under one singular government umbrella. It is important to recognize that no single service, including 9-8-8 or NYC Well, can meet the vast and varied needs of those seeking help. As the City grapples with workforce shortages, economic strains, and the lingering effects of the COVID-19 pandemic, our program offers critical support to those in need. Our services break down stigma, offer compassionate space for healing, and a safe point of entry for most of the vulnerable New Yorkers, those often most wary of seeking help through government channels and those often most in need for support. Thank you again for your time.

CO-CHAIRPERSON LEE: Thank you so much. Just want to also give a shout out. I don't know if Lily's still on from Fortune Society, but hello, as well as, of course, Casey Starr, and thank you all for the amazing work you do, and thank you, of course, to Samaritans, we love the work you do as well.

I just wanted to give a special shout out. I don't know if you guys can see the Chambers, but we have been joined by Senator John Liu, Professor John Liu, however many hats you wear, and we're joined by the government finance class at Columbia University so just wanted to welcome you all here. Awesome. I'm a Barnard/Columbia graduate of grad school/undergrad so glad that you guys are here. Yay.

COMMITTEE COUNSEL PEPE: Thank you very much, Chair.

We're now going to Fiodhna O'Grady. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

FIODHNA O'GRADY: Thank you, Chair Lee and also Chair Schulman, for the opportunity to testify

today. I'm Fiodhna O'Grady, Director of Government Relations for the Samaritans of New York Suicide Prevention Center, New York City's only anonymous, completely confidential suicide prevention hotline and our education programs over the last 40 years in all five boroughs. We're asking for the restoration of 312,000 to maintain Samaritan's essential hotline with funding from the Speaker's Citywide Mental Health for Vulnerable Populations. In September 2023, three months into this FY24 Fiscal Year, Samaritans was informed by DOHMH that their 63,000 annual hotline funding was cancelled due to an administrative error despite us being in contract with them in year three of a three-year contract. We ask that the City Council enhance our funding, replacing this missing 63,000 funding in FY25 should the budget allow. We cater to a wide array of individuals who may not otherwise seek help. We offer a fully confidential service that works in contrast to and complements the 9-8-8 service. Studies show that people access help when they have choices. Giving New Yorkers choices in connecting to and bridging to care is paramount. Our hotline is staffed by volunteers from across all communities, as Casey

spoke about, as compared to professionals who are proven to do just as good a job. They donate 20,000 hours annually valued at 800,000 in kind labor. This close to triples the actual value of your 312,000-dollar investment, making Samaritans NYC's most cost-effective crisis service. The intersection of opioid misuse and suicide is particularly alarming this year. Studies show that one in four suicides involves alcohol consumption, one in five involves opioid consumption.

SERGEANT-AT-ARMS: We thank you for your testimony. Your time is expired.

FIODHNA O'GRADY: Replicated research on individuals with a history of non-fatal opioid overdose revealed nearly half reported a desire to die. We do not fully grasp the full scale of this crisis because, if we could accurately account for how many overdoses are intentional, the numbers would be almost unimaginable. Continue Samaritan's funding affirming our City's commitment to compassion, equity, and the fundamental right to access mental health support and to have choices among these services to better bridge vulnerable populations to care. Thank you.

CO-CHAIRPERSON LEE: Thanks, Fiodhna. It's always great seeing you even if it's through a screen.

I'm so sorry to hear about that contract. Can you just remind me again what the number was of the contract, I mean, the amount?

FIODHNA O'GRADY: Yeah, 63,197 dollars, and that is FY24, year three of three. Therefore, in the FY25 year, we do not see us being asked if that three years will continue. That three years is probably the third or the fourth version of a three-year contract. It used to be a placeholder so that then the Council could add money because back in the dawn of time over a decade ago, our funding was slashed and the Council and during the time when LifeNet was invented, and that's when the Council began to fund us to pick up.

CO-CHAIRPERSON LEE: Okay, great. Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much.

We'll now be moving on to Chris Norwood. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

CHRIS NORWOOD: Thank you. I'm Chris Norwood, Executive Director of Health People, a peer-delivered health education organization in the South Bronx. Since we were here last year, some 60,000 new people have been added to the almost 1 million in New York already diagnosed with diabetes. At this time last year, the City Council vowed it would finally face the diabetes epidemic and end the horrific neglect that has enabled it to destroy so many lives, leaving people to the pain of unnecessary amputations, dialysis…

FIODHNA O'GRADY: I just want to say (INAUDIBLE) Kumarie.

COMMITTEE COUNSEL PEPE: Fiodhna O'Grady, can you please mute yourself?

Chris, you can proceed with your testimony. We apologize.

CHRIS NORWOOD: Oh no, that's all right. We don't know what happens in cyberspace as I always say. Tragically, we're here a year later and basically nothing has been done. No funding was allocated by either the City or the Council. Based on the City's continuing failure to decrease blood sugar

levels, we will see, as we have seen in the past, some half of these newly diagnosed New Yorkers over time will have vision loss and 4 percent will have outright blindness. We will see at least 2,500 every year have disfiguring amputations, which are largely preventable with proper care, and at least one-third over time will develop chronic kidney disease, chaining them to dialysis. All this is significantly preventable, but the New York City Council has yet to show that it will prevent it for all these years, 25 years of this epidemic, overwhelming black and low-income neighborhoods, it has not insisted that the New York City Department of Health support the most powerful prevention, which is well-evaluated peer delivered self-care and preventive education, and the Council, itself, in more than two decades of this epidemic has never allocated any of its own funds whatsoever to help well-known strategies that clearly help people with diabetes avoid these terrible conditions. We heard the Commissioner say this morning that saturating diabetes overwhelmed neighborhoods with this kind of effective education and it should be peer-delivered, I think everyone in this room knows what peers do, is the most promising

strategy. That is what Health People and the Black Leadership Commission on Health, both of which worked unstintingly to produce the foundational document for the City's Diabetes Plan, have begged and begged and advocated for years and hopefully that is what the Council will now finally support or we can just keep doubling these numbers…

SERGEANT-AT-ARMS: We thank you for your testimony. Your time has expired.

CHRIS NORWOOD: Oh, thank you.

CO-CHAIRPERSON SCHULMAN: Finish your thoughts, Chris. Go ahead.

CHRIS NORWOOD: Yeah, or we can just see in the next year another third of people headed toward dialysis, masses more headed toward avoidable blindness. I would like to emphasize that blindness is highly avoidable in diabetes if people are educated early enough to bring down their blood sugar. With kidney disease, people in the Diabetes Self-Management Program, a six-session course, in the next year, they have a 90 percent decrease in new diagnoses of kidney disease, which means if they don't have kidney disease, they will not end up on

dialysis. All this we have allowed to go on for 25 years.

CO-CHAIRPERSON SCHULMAN: Thank you, Chris. I do want to say a couple of things. One is that we've been in office for two years, those of us who are here, and the other is that my legislation that was passed last year gives the Department of Health up until April 1st, and they testified today that we're going to have it on April 1st. We want to see what mechanisms they come up with, and then we will look at it in terms of what appropriate funding should go with it so I do want to say that.

COMMITTEE COUNSEL PEPE: Thank you very much.

We will now be moving on to Meihua Yang. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

MEIHUA YANG: Thank you, Chairs Schulman and Members of the City Council for an opportunity to testify today. My name is Meihua Yang. I'm the Entitlement Benefit Specialist at Chinese American Planning Council. CPC is the largest Asian American social service organization in the U.S., providing

vital resources to more than 80,000 people per year through more than 50 programs and over 30 sites across Manhattan, Brooklyn, and Queens. I'd like to share a story of one community member who I work with was struggling to pay for prescription bill. He is 76, living in Flushing, suffering from side effects after receiving a booster, and he had to take three types of brand name medication related to mental health. Those tier 4 medicines are expensive. Even he applied for EPIC and got approval. One medicine is not covered by (INAUDIBLE) and EPIC. He cannot afford these medical bills. We discussed Medicaid and Medicaid Spenddown, which automatically enroll him to extra health program. When he came to CPC office, I helped him with Medicaid application, which was conditionally approved one month later. He felt he would be drowning in medical debt, and he shared that no one will have time to help him, sought everything out, and work with him step by step like CPC did. In New York City, AAPIs are the fastest growing racial growth, and one in five AAPIs do not have access to health insurance. Those numbers get much higher when you look at different racial and ethnic subgroups as well as seniors. It is now more critical than ever

the Council restore and expand fundings Access Health NYC at 4 million dollars and continue to support community-based non-profit organizations that fill the gap and provide critical culturally competent and language accessible health outreach and education services.

SERGEANT-AT-ARMS: Your time has expired. Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much to this virtual panel.

We'll be moving on to our next virtual panel. We'll have Jason Cianciotto, Yuna Youn, Zarin Yaqubie, Lisa Farmer, and Danny Lam, and I apologize if I mispronounced any of your names.

We'll start with Jason. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

JASON CIANCIOTTO: Thank you. Hello, Chair Schulman and Chair Lee. It's good to see you all again. At a time when democracy is under attack, I really appreciate the time you've given to all of us constituents to testify today. I'm Jason Cianciotto, the VP of Policy and External Affairs at GMHC,

founded in 1982 as Gay Men's Health Crisis, the world's first HIV and AIDS services organization. I'm just going to want to touch on a couple of things that haven't been discussed already, and they really center around our primary concern that death by a thousand cuts to a budget can also mean not just an increase in HIV infections in our city but also unnecessary deaths for those hardest hit by HIV and AIDS. There's data to support what I'm referring to. The data released by NYC DOHMH at the end of 2023 found only a 2 percent decrease in HIV infections from 2021 and 2022 compared to an average of 7 to 8 percent for the years prior. Now we know that the impact of the COVID-19 pandemic on testing, we may be catching up with that as a city, but now is not the time to play games with the city's HIV and AIDS budget. I know we have your support in that, and so what we're really looking for is at minimum flat funding on City Council initiatives that impact organizations, the ETE initiative, the Trans Equity Initiative, HIV and AIDS Faith-Based Initiative, but we're also really concerned about the PEG to DOHMH and how that will affect contracts, including the PlaySure Network 2. 0, which provides PrEP services,

and one that would absolutely cut an entire program of ours, our RISE Workforce Development Program. We simply can't achieve our goals of ending the epidemic in the city if we're playing these budget games with this funding.

SERGEANT-AT-ARMS: Your time is expired. Thank you.

JASON CIANCIOTTO: Thank you all very much.

COMMITTEE COUNSEL PEPE: Thank you for your testimony.

We will now be moving on to Yuna Youn. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

YUNA YOUN: Hi, everyone. Thank you, Chair's, Committee, and Staff for this opportunity. My name is Yuna Youn, Director of the Mental Health Clinic at Korean Community Services, the state-licensed clinic. As such, we have the same barriers other clinics discussed. I'm here to highlight two needs for funding. We need to decrease appointment wait times and augment service capacity as we are a part of the continuum of care and provide a critical

linkage to hospitals and receive referrals from schools, particularly with parents with limited language proficiency. There is a push and pull of needing to secure funding and navigating insurance reimbursements while providing quality services and retaining staff with competitive salaries, particularly for substance use and trauma in the AAPI community. People with decision-making power have tremendous influence on our ability to do our work and do it well. Our bilingual clinicians play a critical role in intergenerational healing as well as the many reasons our community suffers in silence. When this happens, it can develop trust in the community for institutions that will make it more likely for them to receive treatment to begin with. Secondly, support is crucial for awareness and support of our immigrant communities, communities of color, LGBTQ, and other marginalized communities that face greater risk for mental health concerns. While we need to address severe mental health illness, it is also innovative programming that brings and heals communities together and gives hope for the future and the next generation. Youth groups such as students from Jamaica High School came once to KCS

for a grant-funded project called Kimbap Chronicles where they learned how to make kimbap, and clinicians facilitated a group discussion about identity, culture, and ultimately belonging and their mental health. We've been trying to be strategic with grant applications as much as involved. If we have more teamwork, I'm hopeful there will be more culturally and linguistically accessible care as well as accessible and appropriate care overall. Thank you so much for listening. Please reach out if you have any questions.

COMMITTEE COUNSEL PEPE: Thank you for your testimony.

We will now move on to Zarin Yaqubie. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

ZARIN YAQUBIE: Thank you. I would like to begin by thanking Members of the Committee on Mental Health, Disabilities and Addiction and Committee Chair Lee for holding this hearing and inviting community-based organizations to testify. My name is Zarin Yaqubie, and I'm the Mental Health Program Manager at the Arab American Family Support Center.

At the Arab American Family Support Center, otherwise known as AAFFC, we have dedicated ourselves to creating an inclusive haven for immigrants and refugees since 1994. We promote well-being, prevent violence, and prepare families to learn, work, and succeed. Our organization serves all those who are in need but, with over 30 years of experience, we have gained cultural and linguistic competency, serving New York's growing Arab, Middle Eastern, North African, Muslim, and South Asian communities. As a culturally and linguistically competent trauma-informed organization, AAFFC has expanded to offer services at 13 service locations across each of the five boroughs. Our staff speak 30 languages, enabling us to serve populations that mainstream providers struggle to reach. As one of the only agencies offering free mental health support in languages like Arabic, Dari, Bangla, Urdu, AAFFC is filling a critical gap in services. Our clinicians provide unique culturally and linguistically competent support and build trust with clients to foster mental resiliency and long-term well-being. Over 2023, AAFFC provided long-term individual mental health counseling to 206 clients over 4,716 sessions. Though

AAFC has doubled down on our mental health service and outreach delivery, as community need continues to escalate, our program waitlist grows in tandem. Currently, more than 100 community members await services. Due to the limited linguistic and cultural capacity of mainstream providers, our agency is often unable to refer clients elsewhere. AAFFC is grateful to receive support from New York City Council and the Department of Health and Mental Hygiene for an array of our public health programming, yet our mental health initiative has been disproportionately underfunded by the City. The Arab American Family Support Center respectfully requests.

SERGEANT-AT-ARMS: Your time has expired. Thank you.

CO-CHAIRPERSON LEE: You can sum up. Go ahead.

ZARIN YAQUBIE: Respectfully request 50,000 dollars to support our mental health initiative, which would help to address an urgent gap as community project funding secured by the U.S. House Appropriations Committee draws a close this year. We hope we can count on City Council's continued support to ensure that we can remain an

accessible resource for the immigrant and refugee communities who have come to rely on us after 30 years of service. Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much for your testimony.

We will now be moving on to Lisa Farmer. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

LISA FARMER: Hi, my name is Lisa Farmer. I'm a member of the Lifelinks Clubhouse that's located at Elmhurst Hospital. I've been in recovery after a partial hospitalization since 2019, and that was after approximately seven to eight years of being a shut-in, basically didn't leave the house at all so when the I had the opportunity to attend the Clubhouse, it made a significant difference for me because I was able to act as a peer to other people who were suffering similar problems to myself, especially anxiety issues and dual diagnoses and PTSD, things like that. I don't think I need to stress how important Clubhouses are because that point seems to have been made with the wonderful funding that the City Council and the Mayor has

allocated. I think the problem is the definition of a Clubhouse because it seems that there seems to be a desire to consolidate all of the smaller Clubhouses into some imaginary large unit that might theoretically be helpful, but the problem is that the people that are attending the Clubhouses are people that are suffering from severe mental health illnesses, and we rely on one another in a family-type environment in order to support each other, to educate each other, to help each other register to vote or get their GED or learn about nutrition classes or take a budget planning class, like how to do your own budgeting and things like that, and it just wouldn't work. Even if the minimum requirement is 300 people and a 30 percent attendance on a daily, that's 90 people. For people like me, five people is a crowd so like when there's 20 people here at the…

SERGEANT-AT-ARMS: Your time has expired. Thank you.

CO-CHAIRPERSON LEE: That’s all right. Go ahead.

LISA FARMER: So I just wanted to say that I think that's really important that if the Clubhouse model is what you've relied on the data for the last

40 years to allocate this money, then I think it's important to stress exactly what a Clubhouse is because there's only one Clubhouse in all of New York City that would even meet that kind of attendance requirement. Thank you.

CO-CHAIRPERSON LEE: Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much for your testimony.

We will now move on to Danny Lam. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

DANNY LAM: Chairs Lee and Schulman, I'm here today to ask that you prioritize New York Edge’s FY25 citywide funding request. We are seeking 1.2 million under the City Council's Afterschool Enrichment Initiative, an increase of 200,000 dollars over last year. This will be our first increase in 16 years. We are also seeking, for the first time, 250,000 under the Council's Social Emotional Support for Students Initiative. SEL is integrated into every element of our programming. New York Edge is the largest provider of school-based afterschool and summer programming in New York City, serving almost

30,000 students in over 100 schools and 37 of the 51 Council Districts throughout the five boroughs. Our mission is to help bridge the opportunity gap among students in under-invested communities. Core components of our programming include STEM education, social emotional learning and leadership, visual and performing arts, sports, health and wellness, academics, and college and career readiness and summer programs. We are, as identified by Mosaic by ACT, the largest afterschool provider in the nation offering SEL supports. We are also one of the city's largest providers of college access programs. Council citywide funding has enabled us to enrich and expand our school year and summer programs and has allowed us to develop and implement new, unique, and engaging programs such as our student-led podcast, Formative, winner of the prestigious Anthem Community Voice Award in the education, art, and community category, our book publishing program, our heart for art program, our partnership with the Van Gogh Museum in Amsterdam, and our recently launched Read Across New York Edge program. New York Edge, its students, and families are extremely grateful for the Council's 32 years of support. Together, we are guiding students

so that they grow up healthy, happy, and empowered. Together, we are creating the next generation of active and productive community members and problem solvers. Together, we are creating New York City's next generation of doctors, mechanics, chefs, writers, engineers, entrepreneurs, and so much more. The time has come, however, where increased funding is vitally needed. Unlike contracts with DYCD and other agencies, Council discretionary contracts…

SERGEANT-AT-ARMS: Your time has expired. Thank you.

CO-CHAIRPERSON SCHULMAN: Finish your thought. Finish your thought. Go ahead.

DANNY LAM: City Council discretionary contracts are not eligible for COLA increases. This is making it increasingly difficult for New York Edge to attract and maintain quality staff and to continue to offer the wide array of programs that we are known for. We are now looking to you to meet the needs of the next generation of young people by supporting our funding request. Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much to this virtual panel.

We will now move on to our next virtual panel. We will be hearing from Myra Batchelder, Julie Lam, Anna Pakman, Paul Hennessey, and Evan Sachs.

We'll start with Myra. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

MYRA BATCHELDER: Hi, thank you. My name is Myra Batchelder, and I lead COVID Advocacy Initiative and COVID Advocacy New York. We are still in the midst of the COVID pandemic. We are still losing around a thousand people in the U.S. every week to COVID. Millions and millions of people in the U.S. are struggling with long COVID and other serious health issues brought on by COVID, and the numbers continue to increase daily. As New York City Council discusses the budget, there are a number of things New York City should do regarding COVID prevention and long COVID. I'm here today to highlight several. First, New York City Council should provide funding and pass Bill Int 0332 2024 that will provide free masks, other PPE, and rapid tests to New Yorkers through the mail. Thank you, Council Member Narcisse, for introducing this bill. At COVID Advocacy New

York, New Yorkers have already sent in over 3,557 letters to the New York City Council in support of this bill. I urge the City Council to pass the bill and specify free high-quality masks will be provided, including N95 and KN95 masks, which are more effective than surgical masks against COVID. Everyone should have access to the tools needed to protect themselves and others from COVID. Many New Yorkers can't afford to purchase high-quality masks and tests. In 2022, approximately 23 percent of New York City residents were unable to afford basic necessities like housing and food. Your ability to protect yourself and your family from getting COVID and to know whether you have COVID should not depend on your bank account. CDC's decision recently to end the five-day COVID isolation guidance puts even more people at risk. Masks and rapid tests should be distributed through the mail so that everyone can access them, including those immune-compromised, at higher risk for severe COVID, and avoiding indoor public spaces. Federal government ended their free mask and free rapid test program, NYC H and H ended free rapid test distribution, and New York City does not have a free mask program for the public. People

need to have access to these tools. New York City already provides free condoms and other health tools and should provide free high-quality masks and rapid tests as well. Free masks also help protect people from bad air quality, from wildfire smoke, and other impacts. In addition, free high-quality N95 and KN95 masks and rapid tests should be provided…

SERGEANT-AT-ARMS: Your time has expired. Thank you.

MYRA BATCHELDER: Public locations across the city. Free COVID PCR tests should also continue to be made available and, in addition, New York City Council must do everything it can to require masks and other COVID prevention efforts in all healthcare settings. No one should have to risk their life and health to access healthcare. Thank you.

CO-CHAIRPERSON SCHULMAN: I just want to point out that I'm a co-Sponsor of the Mercedes Narcisse bill.

MYRA BATCHELDER: Thank you. Thank you very much.

COMMITTEE COUNSEL PEPE: Thank you very much, Myra, for your testimony.

We will now move on to Julie Lam. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

JULIE LAM: Thank you, Chair Lee and New York City Council for giving me a chance to testify. We do not forget the lives COVID 19 has destroyed in the past four years. I'm Julie Lam, founder of Last Together America, an advocacy group raising awareness since 2020 to support people with weakened immune systems, especially those suffering from long COVID. The pandemic is not over. Cutting isolation guidelines, discouraging testing is taking the country backwards. SARS-CoV-2 is a chronic disease-causing virus that's rapidly mutating and spreading globally. New York should pass the Bill 332 to provide COVID-19 tests and N95 respirators. New Yorkers need protection from infection, but they cannot afford the tools. Vaccination and treatment don’t stop transmission. Pharmaceutical interventions are not applicable to everyone due to their immune systems and medical conditions. We need to promote the usage of non-pharmaceutical intervention to ensure health equity. COVID is a serious threat to

the high-risk community which I am a part of. I'm immunocompromised because of an autoimmune chronic kidney disease. An infection had exacerbated my underlying condition. My condition prohibited me from taking mRNA and protein-based vaccines. Many people like me can't survive without mask protection. More than 1.1 million Americans have died due to COVID 19, including nearly 84,000 New Yorkers. Nearly 70 million people have long COVID around the world. COVID is a leading cause of death and severe sickness in children. Children also get long COVID. People suffering from debilitating conditions post COVID are not getting the care they need. I'm suffering from two long COVID conditions, and there are no approved treatments or cure. Let's be proactive. Clean air prevents transmission. It's time to make buildings ventilation systems meet the FDA standards…

SERGEANT-AT-ARMS: Your time is expired. Thank you.

JULIE LAM: To reduce transmission of airborne pathogens, especially in hospital, transportation, and schools. New York funding the distribution of free respirators and COVID tests will send a strong message to a population of over 8

million that we need to stay vigilant. Most importantly, it will set an example for the rest of the country to follow. Thank you very much.

CO-CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much.

We will now be moving on to Anna Pakman. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

COMMITTEE COUNSEL PEPE: Anna, are you on?

Okay, we'll be moving on to Paul Hennessy. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

PAUL HENNESSY: Can you hear me?

COMMITTEE COUNSEL PEPE: Yes, you may proceed.

PAUL HENNESSY: Hi, I'm calling to support Int 0332. New York needs a free rapid tests and N95 to prevent against COVID, flu, RSV, measles, TB, and pollution. I find it ironic that the Council is considering funding so many health initiatives without including more protections for COVID, which

leads to long-term issues in the cardiovascular, cognitive, nervous systems as well as lymphocytopenia. We must address the root cause of the rise in health issues. Furthermore, we need cleaner air laws and buildings, especially medical settings, schools, public spaces, homeless shelters, restaurants, and on buses and trains. BART trains in San Francisco upgraded their air filters to MIRV 14 with air changes every 70 seconds. They're also attempting UVC lighting. I thought New York was supposed to be better than San Francisco. The MTA's abysmal air filters are only MIRV 7, which are barely enough to filter rocks and do very little to clean the air of viruses and pollution. I also find it despicable that the city is making more restrictions to outdoor dining, which provided a safer option for dining and made city blocks more vibrant. Passing Int 0332 is important, but you also need to find ways to reduce the spread and prepare for future airborne pandemics. Measles and tuberculosis are on the rise because of all the immune systems damaged by COVID, so we need to invest in clean air technology yesterday. I also ask that the City Council condemn the CDC's decision to reduce the COVID isolation

policy to one day, which is not based in any science, as COVID is contagious for over 10 days. This deplorable policy will result in more infections, disability, and deaths. Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much.

At this time, we will go to Evan Sachs. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

EVAN SACHS: My name is Evan Sachs, he, him, (INAUDIBLE) and I am here supporting the passage and funding of Int 0332 2024 on behalf of vulnerable people like myself and many of my loved ones to provide free high-quality masks and rapid tests to two New Yorkers. Despite an abundance of wishful thinking and post-pandemic language, the pandemic is not behind us. It is still raging (INAUDIBLE) thousands of people, even with the current underreported data since the federal government has stopped funding a lot of tracking. We have seen a Groundhog Day-esque cycle of governments dropping their guard as soon as things get even slightly better, which in turn contributes to things getting

worse again. If we want to meet the Mayor's goal of increasing lifespan, we need to stop this vicious loop as soon as possible, and that starts with stopping denying the pandemic that is demonstrably ongoing. A nonsentient virus doesn't care what we wish for, and it's still out there causing a pandemic. Thank you so much.

COMMITTEE COUNSEL PEPE: Thank you very much.

At this time, we are going to go to Anna Pakman again. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

ANNA PAKMAN: All right. Thank you. Can everyone hear me?

COMMITTEE COUNSEL PEPE: Yes.

ANNA PAKMAN: Thank you so much for the opportunity to testify. I work in digital. Sorry. I don't know why my Zoom is not working properly, and I have to say I'm a Columbia grad in case that matters, it seems to today, and I happen to be a lifelong disabled New Yorker, and my disability puts me at high risk for COVID. I've had both the great privilege and sacrifice, actually, to be able to

purchase an N95 mask, HEPA filters, nasal sprays, all of these things that we can use to keep ourselves safer because we're not on an island, but we'll never be totally safe until everyone is, and I have spent 1,000 dollars on all this stuff in the past year, which I'm very lucky to be able to afford. A lot of people in the city, a lot of people who use these services that have been promoted and talked about today can't afford these things. The average New Yorker cannot afford these things (INAUDIBLE) the high cost of living. I really appreciate Council Member Narcisse and Schulman and all of the others who are co-sponsoring the bill to make high-quality masks, N95 and KN95 masks, and tests available to all New Yorkers because for me to not be isolated, for my mental health, I need other people to test to be able to socialize with them and, if that's going to cost them money to do, if that's going to cost me more money to do, that is a cost to my ability to be able to be out and to participate in more things. In addition, at least the City hospitals should have mask requirements all the time. COVID is not a seasonal virus unless you consider it seasonal being every single season. In that case, yes, it is true.

It is seasonal. It's incredibly important for people like myself and people who don't even know that they're disabled yet because COVID has disabled so many people through long COVID to be able to access critical health care at any time of the year.

SERGEANT-AT-ARMS: Your time is expired. Thank you.

CO-CHAIRPERSON SCHULMAN: Just wrap up. Just wrap up. Go ahead.

ANNA PAKMAN: Thank you so much. Yeah. And I will say also, I don't know if you've actually read the actual CDC long COVID Pulse survey numbers. I have, I crunched them. Again, I have a degree from Columbia (INAUDIBLE) I'm able to do that, and 50 percent of disabled people who have long COVID have severe life activity limitations. That's a 472 percent higher rate than non-disabled people so you guys really need to center the most vulnerable New Yorkers who need your help when you're making these decisions. Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much to this virtual panel.

We will now be moving on to the next virtual panel. We'll be hearing from Jennifer Pozner,

Amanda Granger, Joy Cambe, Gita Arbor (phonetic), and Sylvia Pizarro.

We will start with Jennifer. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

JENNIFER POZNER: Hi, my name is Jennifer Pozner. I'm a journalist, I'm a media critic, and I'm also somebody who is still taking very active covid precautions. My husband has an immune condition and may be immunocompromised. We've basically constricted our entire lives the last four years to keep him safe and to keep me safe. I have asthma and some other chronic issues, but we are lucky that we have the financial resources to be able to afford quality N95 masks and air filters, HEPA, and rapid tests and PCRs when we need them. Many New Yorkers don't have that option, and so I'm encouraging you to support and fully robustly fund the bill 0332 2024 as well as I'd like to just say A-plus to Anna and Paul Hennessey and Myra Batchelder and the comments that we saw on the last panel. It is not a miracle that I have not gotten COVID. It is the fact that I've worn masks 100 percent of the time in every indoor setting since the

pandemic started. I'm an extrovert. My life has become so challenging. My mental health has suffered because COVID is still a thing and I'm cut out from a lot of social situations because nobody is masking anymore, and a lot of that has to do with people can't afford it. The other thing is, I have personally reduced my access to healthcare because healthcare practitioners are not wearing masks so I'm not seeing the dentist, I'm not getting mammograms, I'm not getting my annuals unless I time it for very specific times when the numbers are low, but now we're not tracking so I don't even know when the numbers are low other than wastewater. It's not a miracle. I don't have a gene that prevents me from getting COVID.

SERGEANT-AT-ARMS: Your time has expired. Thank you.

CO-CHAIRPERSON LEE: No, that's okay. Just wrap up. Go ahead.

JENNIFER POZNER: Wrap up to say there's this narrative, and I'm a media critic so I'm professionally trained to debunk these kinds of narratives, there is this narrative that people who don't have COVID must have some sort of gene or

predisposition or miracle cure. No, we just take really strong precautions, and I would like the City Council to make it possible for the rest of New York to take those same precautions. Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much for your testimony.

We will now move on to Amanda Granger. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

AMANDA GRANGER: Thank you. Good afternoon, Chairs Schulman and Lee and members of the Committees on Health and Mental Health, Disabilities and Addiction. My name is Amanda Granger. I'm the Senior Director of Communications at CASES, one of the leading providers of alternatives to incarceration in New York City, serving almost 10,000 New Yorkers every year. CASES Nathaniel Clinic is the only outpatient behavioral health clinic in Manhattan and the Bronx specifically designed to support people with criminal legal system involvement. In 2023, the clinic served over 1,200 people, 18 percent were homeless at clinic admission, 70 percent had a serious mental illness, including nearly one in four

with the schizophrenia diagnosis. I'd like to share a story of one of our patients. Her name, not her real name, is Marsha. She's a black woman in her sixties who was referred to Nathaniel Clinic by Manhattan Justice Opportunities. In 2021, she was arrested on a misdemeanor assault after an altercation with her only daughter. Marsha had symptoms of major depression. She said she felt scared in her own home because of a conflict with her upstairs neighbors. She would cry constantly and have difficulty focusing, and she struggled to connect with family colleagues and friends. Over the past two years, Marsha’s psychotherapy treatment has focused on developing coping skills to manage her stressors. She's learned new habits, behaviors, and strategies to improve her mental well-being. She restored her relationship with her daughter, and her fear and anxiety have slowly eased. She's now planning for her retirement and hopes to find new housing in the same Harlem neighborhood that she loves so dearly. The Nathaniel Clinic specialized services are making a dramatic difference for New Yorkers like Marsha with behavioral health needs and criminal legal system involvement. In 2022, among clients with

schizophrenia who access primary care services at the clinic, 85 percent had reductions in ER visits and hospital readmission. In a recent study, 90 percent of people with a serious mental illness who were co-enrolled in our Manhattan Supervised Release Program and the Nathaniel Clinic successfully completed their court requirements. That's compared to about 50 percent…

SERGEANT-AT-ARMS: Your time has expired. Thank you.

AMANDA GRANGER: Sorry?

SERGEANT-AT-ARMS: Your time has expired.

AMANDA GRANGER: Thank you.

CO-CHAIRPERSON SCHULMAN: You can wrap up. Go ahead.

AMANDA GRANGER: All right. I just wanted to say, sorry, so we just hope that you will fund I'm sorry, the Court Involved Youth Mental Health Initiative, Mental Health Services for Vulnerable Populations Initiative, and the ATI Initiative. Thank you.

CO-CHAIRPERSON LEE: Thank you. Especially Court Involved Youth, we definitely need more of those services so thank you.

AMANDA GRANGER: Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much for your testimony.

We will now move to Joy Cambe. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

JOY CAMBE: Hi, my name is Joy Cambe, and I'm the Program Coordinator for Empire Liver Foundation. My organization is part of the New York City Viral Hepatitis Initiative, which provides the most innovative and effective hepatitis B, C treatment, prevention, linkage to care, and health education and trainings in this country. This year marks 10 years since the New York City Council answered the public health need to address viral hepatitis in New York City. We've submitted written testimony, so I just want to highlight the potential impact of the first-ever New York City Viral Hepatitis Elimination Plan and how we could put New York City on the map as one of the first countries to eliminate viral hepatitis using the existing framework that you as the City Council have put in place. During our educational briefing on a viral

hepatitis initiative two weeks ago, sponsored by Eric Bottcher, we showcased just how New York City has the capacity to save New Yorkers from liver complications, premature death, and we also showcased our share frustration that New York City hasn't really jumped on the opportunity to make us the first city to eliminate viral hepatitis. It is our own Chair, Lynn Schulman, who acknowledged just how important the services that close these gaps in our existing healthcare system in New York City are so important, and it meant so much to all of our hard-working partners and the community to just show that level of commitment. With that, I want to say that if you don't know already, can you believe that it's easier to cure someone from viral hepatitis, like hepatitis C, than it is to control your blood pressure? So it is my opinion that there is no reason why we cannot put forth an initiative that has strong evidence-based policies that are able to bring more people to the point of cure, more people to the point of being protected from viral hepatitis, and so we're ready to do this work. We need the funding to get there. So for this year, funding year 2025, we are in need for a minimal investment of 4.24 million dollars

to support the necessary work we need to achieve viral hepatitis elimination. Thank you very much.

CO-CHAIRPERSON LEE: Thank you very much.

COMMITTEE COUNSEL PEPE: Thank you very much for your testimony.

We will now move to Sylvia Pizarro. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

SYLVIA PIZARRO: Hello, my name is Sylvia Pizarro, and I've been a member of the Lifelinks Clubhouse for eight years. I've been in recovery for 33 years, and I just want to explain how the clubhouse has helped me. I've developed relationships with the staff who are very courteous, and it's become like a home for me, and I've developed friendships as well, but I think without the clubhouse, I'd be lost. I wouldn't know where to go, what to do, who to turn to so I just want to say that I'm grateful when I have a mental health condition, that I'm in a safe place to go. Thank you very much for your time.

CO-CHAIRPERSON LEE: Thanks, Sylvia. Good to see you again.

SYLVIA PIZARRO: Good to see you.

COMMITTEE COUNSEL PEPE: Thank you very much to this virtual panel.

We will now be moving on to our next virtual panel. We will be hearing from Lucky Tran, Alina Neganova, Liliana Rasmussen, and Robyn Saldino.

We will start with Lucky. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

DR. LUCKY TRAN: Good afternoon. My name is Dr. Lucky Tran, and I am a scientist and public health communicator who works at Columbia, and I'm also a member of COVID Advocacy New York. I'm testifying today to urge the City to continue funding and implementing COVID prevention efforts. I'd like to remind you all that we are still in a pandemic. The WHO has been saying this, the winter COVID peak was the second largest ever according to wastewater data, and we're seeing high levels of death and chronic illness caused by COVID. I'm very concerned about COVID budgets being cut and that the City is acting like COVID is a problem that has already been solved. COVID hasn't magically gone away. In reality,

what has happened is that COVID is now a long-term public health problem. We need long-term sustainable policies to continue mitigating the harm COVID is continuing to cause. Ignoring COVID will cost the city dearly. COVID can cause long-term serious health issues such as heart disease, neurological disease, chronic fatigue, diabetes, and more and continues to affect many people. In fact, CDC data shows an alarming recent increase in long COVID cases due to the winter surge. Researchers estimate that millions of Americans have been unable to work due to long COVID, and economists estimate that long COVID will cost the U.S. economy 4 trillion dollars. Ignoring COVID has serious impacts on New York City's health, productivity, and economy and, as they say, an ounce of prevention is worth a pound of cure. The City should be providing funding to help all New Yorkers access high-quality masks, tests, and other COVID prevention tools for free in the long term. Many people still want to protect themselves and their communities, but they can't afford the tools needed to do so. Access to COVID prevention tools is one of the most important health equity issues we face today. Most government programs for masks and tests

have ended, and they weren't sufficient in the first place. The City already spends money to provide important health tools like free condoms, hygiene products, and harm-reduction items. This is a good use of public money to address critical long-term public health challenges. COVID is also a long-term public health threat. The City should absolutely be continuing to spend money on COVID prevention tools too. I'd also like to point out that masks are also (INAUDIBLE) tools for another long-term public health threat, which is climate change. On this, thank you to Council Members Narcisse and Schulman and others for co-sponsoring bill Int 0332, which would provide free masks, other PPE, and rapid testing to New Yorkers through the mail. I urged the New York City Council to pass the bill and specify that free high-quality masks such as N95s and KN95s be provided as these are more effective than surgical masks against COVID. New York City cannot afford to live in denial about the long-term damage COVID is continuing to cause. History has shown us the immorality, the harm, the cost of ignoring transmissible diseases and ignoring the voices of the people who are most impacted by them. I urge you today to choose to

listen and choose to make New York City a global leader in public health during this critical and historic time by funding COVID prevention tools for the long term. Thank you for your time, everyone.

CO-CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much for your testimony.

We will now move on to Alina Neganova. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

ALINA NEGANOVA: Hi, my name is Alina Neganova, and I'm a New York City nurse. I was trained at Columbia, so shoutout. I wanted to first thank the City Council Members Narcisse, Restler, Won, Schulman, and Hanif for helping to sponsor the bill Int 0332-2024. I wanted to encourage the Council to fund and pass this bill. I also wanted to tell you guys a little bit about my story and to tell you just how this can affect one. I was a working New York city nurse. I know that we're concerned about our nursing shortages here, and I was happily working at NYU and I got a COVID infection in December of 2022, and I'm now disabled and unable to work. Allowing me

as well as other New Yorkers like me to have access to high-quality masks as well as rapid tests allow me to access the increased healthcare that I need, as well as the very limited socialization that I am still able to do. Since the rapid tests have stopped being funded, I've been unable to see friends in the ways that I had been due to the lack of funding for the test. A thousand people are still dying of COVID every week, and I think it's really important that we continue to make sure that we fund this ongoing public health crisis.

COMMITTEE COUNSEL PEPE: Thank you very much for your testimony.

We are now going to go to Liliana Rasmussen. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

LILIANA RASMUSSEN: Hi, my name is Liliana, and I'm a resident of Brooklyn. I am testifying today in support of Council Bill Int 0332-2024 that will provide masks, other PPE, and COVID rapid tests to New Yorkers through the mail. Data shows us that each year that COVID-19 has not disappeared. In fact, this year we had the second

highest peak of positive cases since this pandemic began in 2020. COVID has been shown to cause a wide range of damage to our bodies, including immune system damage, heart and lung damage, and cognitive impairment. This makes providing free, easily accessible, high-quality masks, meaning N95, KF94, and KN95s to New Yorkers incredibly important to individual and community health. Not only would this bill protect our bodies, communities, and economies from the lasting impacts of COVID-19, free high-quality N95s and K95 masks also protect people from bad air quality, from climate-related things as well as just pollution, and we should be able to access these free masks ahead of time. I urge the New York City Council to not only provide funding for free high-quality masks and COVID rapid tests, but to also distribute them to community groups and at public locations across the city directly to the public. We should all have access to the tools needed to protect us and prevent further spread. Many of us also can't afford to continue purchasing these masks for daily wear, and studies also show that providing these masks increases the number of people who do wear them, which decreases COVID-19 transmission. This

bill is especially crucial now as the federal government ended their free mask and rapid test distribution programs to the public. New York City provides, as mentioned previously, a lot of free items such as condoms and health-related items so masks, other PPE, and COVID-19 rapid tests should be included as well. Finally, the New York City Council needs to do what it can to require masks and other COVID prevention efforts in healthcare settings, including the settings that New York City Council has oversight of including New York City Health and Hospitals. This point is of personal importance to me as well as I've lost a family member due to them contracting an illness at a healthcare facility when receiving care for an injury, and these masks and PPE would also protect people from getting other airborne illnesses, such as measles, which is currently on the rise. Yeah, thank you so much and I appreciate everyone who's been sponsoring this bill. It's very important. Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much for your testimony.

We will now move to Robyn Saldino. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

ROBYN SALDINO: Hi, my name is Robyn Saldino. I'm a long COVID patient and an advocate in the long COVID and COVID-cautious communities, and I work to connect people to free and low-cost COVID safe resources. I'm here to ask you to please fund and pass this bill to provide resources via mail to New York residents. The implications go far beyond wearing a mask and taking a test, but I'll try to be brief. There have been more measles cases in the U.S. in 2024 than all of 2023, 17 states and counting, and it is only March 21st. New York is one of these states. National surveillance programs noted an increase in mycoplasma pneumonia in the U.S. beginning fall 2023, 93 percent of samples were antibiotic resistant. Globally, whooping cough has increased more than 250 percent last year. On January 2nd, Suffolk County warned of increased cases, 108 cases in 2023, which is more than double the number reported in 2022. TB cases were up more than 20 percent from 2022, nearly 500 active cases in October

2023. The City has temporarily closed one clinic and other others are understaffed. Right now, 476 people are being infected with SARS-CoV-2 every minute, and an average of 60 people are developing long COVID every minute. There's clear evidence that higher rates of community-acquired SARS-CoV-2 infections lead to increased rates of hospital-acquired SARS-CoV-2 infections. There's also clear evidence that hospital-acquired SARS-CoV-2 infections carry a much higher rate of morbidity. However, community masking lowers community acquired SARS-CoV-2 infections, which lowers hospital-acquired SARS-CoV-2 infections. If you want to extend life expectancy, fund this mail program. Around the world, governments have repeatedly slashed funding for rapid tests, masks, and other PPE. At the behest of corporate giants, public health guidance has been reduced over and over and over again until we're left with nothing more than wash your hands. As these budget cuts take effect, we see highly contagious viruses, infections, and diseases tear like wildfire through densely populated public-transit-dependent metropolitan cities. We also see disproportionate rises and hospitalizations and deaths among low-income black

and Latinx residents that have little to no access to resources that higher-income white residents have access to. These are the same communities that experience ongoing social inequality that more often leads to long-term disability due to preventable illness, medical debt, evictions, unsheltered homelessness, and abuse at the hands of the criminal justice system. We already know that people with long COVID are more likely to be female, non-binary, transgender, divorced, widowed, separated, black, Latinx, to have a reported income under 35,000. They're less likely to have a college degree and less likely to have been hospitalized for SARS-2 due to a lack of resources and available testing. Many of them will die before ever receiving appropriate or affordable access to timely, safe, equitable healthcare or other needed services. This bill uniquely positions the New York City Council and the Members of the Health Committee to make history by continuing to provide simple, effective protection for New York City residents from a continuing onslaught of contagions. It positions each of you to save lives, to keep hospitals from being overwhelmed, to keep employees at work, and to keep children in

school. It positions you to help prevent some of the disability that will inevitably result if residents do not have access to high-quality KN95 or N95 respirator masks. If residents do not have the ability to test for COVID so they know when to access treatment or when to take other measures, and it positions the Council and this Committee to help protect the long-term economic future of the city by keeping residents healthy enough to work, to shop, to dine, play, and enjoy the city the way it was meant to be enjoyed. Funding this bill will be a minuscule portion of the City's overall budget, but residents who choose to utilize the service will gain access to protection that would otherwise cost them hundreds or thousands of dollars each year out of pocket. Those dollars could be spent on utility bills, groceries, or other services in the city. History will remember the Health Committee for the decisions made today, both for the lives that are saved and for the impact on the economy. I don't need to remind anyone what NYC looked like in the spring of 2020. It's unacceptable to sit there and deny funding to a bill that could save even a single human life. It's unacceptable to sit there and deny funding to a bill

that could have such a significant impact on the economy of the city.

SERGEANT-AT-ARMS: Your time has expired. Thank you.

ROBYN SALDINO: And should the Council choose to vote no to further deny the residents of New York City these basic life-saving tools, we will see that reflected in an increasing burden on the economy as more workers become disabled, become unable to contribute financially to the city, or lose their lives from preventable disease. You can choose to prevent that or history will remember the Committee for that too. Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much for your testimony. Thank you to this panel.

We are going to move to our last virtual panel. We will hear from Elana Levin, Neil Corrado, May Schotz, Kyron Banks, and Christina Boynes.

We will begin with Elana Levin. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

ELANA LEVIN: Hi. My name is Elana Levin. Because I work from home, because I wear an N95 mask

everywhere, I didn't get COVID until December 2023 and, of course, I got long COVID because that's the freaking way it is, isn't it? The thing is, in all of my medical appointments I've gone to get help and treatment, I have had multiple doctors say to me, wow, that N95 mask you have actually looks like it would fit and work a lot better than what I was issued by work, and it's true. Your doctors in your public hospitals are using substandard equipment and low-income New Yorkers who I see wearing masks in my neighborhood all the time, all wearing substandard PPE, and people want PPE. We have had all-volunteer organizations, like Mask Blocks and COVID Advocacy New York hand out masks to community members, and people take them and they use them. A friend of mine is a librarian, the library is out of free rapid tests because the program isn't being funded anymore, and so she's had to turn people away who went to the library to get rapid tests. Council Member Narcisse's bill is essential part of public health. The fact that the city was getting rid of masks like literally, and community organizers were buying them for pennies off the dime because we've been picking up the work that should be done by public health

officials is really disturbing in a city like New York so, as we are continually exposed to a disabling illness that is taking a massive toll on the ability to work and function for all kinds of people throughout the city, we need to make it safer for people to be in public space, and you can do that by supporting access to masks and by requiring that masks be used in healthcare settings. Like so many people with long COVID, I now have all these medical needs and, if I try to pursue them, there's an easy chance that I can get COVID again and, at that point, I might become too sick to work, and I don't know what I'm going to do then, because I know lots of people who have been disabled by COVID and they can't get disability so you have us trapped in this vicious public health crisis when there could be a necessary intervention to both provide masks to healthcare workers that are quality material, to give free masks and tests to anybody in the city who requests them, and you need to be distributing these things in advance. When we had the smoke crisis last summer, you guys told people to go to the local fire station or subway, to get on the subway to get N95 masks, which meant that people were expected to leave their

house in dangerous smoke to pick up masks. If you sent masks to people at home, then we would all have masks in hand in time to use them because the last time you want people running around trying to get a mask is during a crisis so please act proactively to get people masks at home and to make sure that you have a wide variety of equipment because what fits my face, I'm a member of Jewish Racial Economic Justice, what fits my face is not necessarily what's going to fit the face of everybody else so people need to have choices…

SERGEANT-AT-ARMS: Your time has expired. Thank you.

ELANA LEVIN: And protective masks that will fit them no matter what they look like and no matter how much money they earn. Thank you very much.

CO-CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL PEPE: Thank you very much for your testimony.

At this time, we are going to be taking a three-minute break. We thank you for your patience and we will be back in three minutes.

Hello everyone. Thank you so much for your patience. We are back.

We're going to resume with our virtual panel. Neil Corrado, May Schotz, Kyron Banks, Christina Boynes. We thank you again for your patience.

We will first hear from Neil Corrado. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

NEIL CORRADO: Good afternoon. My name is Neil Corrado. I'm here on behalf of my son, Eric Corrado, who unexpectedly passed away on January 22, 2024, to advocate for the small community-based clubhouse at Elmhurst that was so important to him. I'm here in lieu of Eric because I know that if he were alive, he would be at your meeting in person to give you the reasons why a smaller clubhouse was the perfect fit for him. Eric, as a result of a fall, was physically disabled. His spine had to be basically reconstructed, and his shattered heel was reconstructed twice. In addition, he had ongoing nerve problems causing him constant pain. He lived alone in Queens and, also, he was diagnosed with schizoaffective disorder when he was 28, and he told me his life ended at 28 for all intents and purposes.

It was hard. He lived alone in Queens and, after his fall and his numerous stints in rehabilitation facilities, he decided that the stays in the hospitals and rehab facilities combined with his isolation during COVID was hard on his mental state and that it would be beneficial to find a support group to help him regain his socialization skills and to deal with the paranoia, which prevented Eric from making meaningful friendships. While he was at Elmhurst Hospital, his therapist mentioned the clubhouse program, which we had never heard of, so my wife, Eric, and I researched the program, and Eric agreed to give it a try. It was a good choice for my son. His main concern was that his paranoia caused him to be uncomfortable in new situations, as we've heard other people testify for themselves, and in large groups of people. The small clubhouse seemed manageable. He applied, interviewed, was accepted, and began his journey with Lifelinks. Prior to the manifestation of his schizoaffective disorder, Eric was the youngest editor ever at the University of West Virginia newspaper and, later, he was a reporter for a newspaper that served all of Gloucester County, New Jersey, where we resided. He eventually could not

perform his duties due to his mental difficulties. He decided to leave home and go to New York City, where he got himself into the Abraham Residence and eventually to an apartment in Jackson Heights, but the voices that were with him led him to a stay in Elmhurst Psychiatric. The fact that he could no longer function as a journalist devastated Eric. The staff at the Clubhouse knew of his past as a journalist and encouraged him to use his talent to help with the Clubhouse newsletter. He agreed, a huge step for Eric and, with their guidance, he began to flourish and smile again. I live 100 miles away and would visit him two to three times a month. Eric would tell me how much he loved the small community where he felt safe and basically valued. He loved his staff and was waiting for his foot to heal so he could return to the clubhouse on a more regular basis. He said he felt safe there and there was a place where the voices that plagued him rarely manifested. For the first time in years, Eric felt that he finally had a feeling of community. The location of the Elmhurst Clubhouse, once he recovered, would allow him to take the short subway ride to the hospital, which he could tolerate both

physically and mentally. He now had a purpose. In conclusion, Lifelinks was a lifeline for my son. It gave him a sense of belonging, inclusion and, most importantly, community. As a social worker, Anna Torres said to me, the program allowed him to come out of his shell and live again. It allowed him to realize that his life did not end at 28 and that he still could make a contribution to society. I believe that if it was a larger venue or located farther away due to his difficulties, he would have passed on this wonderful program. As people have said before here, one size does not fit all, and I believe many people will miss out on this opportunity if their Clubhouse is removed from their communities. Communities are vital. I grew up in Cannon, New Jersey. I'm 74 years old. My community helped shape who I am today. I realize that many hard decisions have to be made by your Committee. Budget constraints are a reality that force you to make these hard decisions but, if Eric was here today, I know what he would say, please keep Elmhurst open. Thank you very much for your time.

CO-CHAIRPERSON LEE: Hi, Neil. This is Linda. It's so great to see your face as opposed to just hearing your voice from yesterday, and…

NEIL CORRADO: I'm making an effort to keep it together today.

CO-CHAIRPERSON LEE: Yes. No, I'm just very, thank you so much for just sharing your story again. I know that Eric is living on through folks at the Clubhouse, the people he touched, through you, your family, and I just really wanted to thank you for being such an advocate on his behalf, and we will try to do everything we can. Thank you.

NEIL CORRADO: Thank you, Chair Lee. Have a great day.

CO-CHAIRPERSON LEE: You too.

COMMITTEE COUNSEL PEPE: Thank you, Chair. Thank you, Neil.

We are now going to move on to May Schotz. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

MAY SCHOTZ: Hi. My name is May. I'm a resident of Brooklyn. I'm testifying to urge you all to pass Int 0332 and, as others have said, robustly fund this bill. Everyone should have access to the tools they need to protect themselves and their loved ones from COVID, including high-quality masks, not

just surgical masks, but high-quality masks, COVID tests, and cleaner air. As others have noted, the risks associated with contracting COVID are higher for people who are immunocompromised, disabled, or elderly, but the science is very clear that COVID infections can be disastrous and disabling for even people who consider themselves to be healthy, not to mention that the risk of long COVID and other serious complications, including cardiovascular disease, heart attack, and stroke compound with each subsequent infection. The ongoing COVID pandemic and unchecked transmission is an issue that exacerbates other deep inequalities in New York. Think about who has access to remote work when they feel sick or if you know there's too much virus going around, who's able to avoid public transit if they are worried about contracting covid, who can afford to buy rapid tests, masks, air purifiers, and other COVID prevention measures, or to go to the doctor if they feel sick or know that if they go to the doctor and get sick at the doctor, they can continue to get the care they need. Providing free, high-quality masks and tests is the bare minimum. Like others have said, it's vital to require masks in healthcare settings so

that people can seek care without further endangering their health and those of their loved ones, to keep the Governor from repealing paid COVID-19 sick leave for health workers, to pass laws that allow outdoor dining to remain and to expand, and to continue to educate the people of New York on the risks of COVID and the benefits of reducing transmission, including wearing high-quality masks and the benefits of protecting one another from this serious disease. Thanks so much.

COMMITTEE COUNSEL PEPE: Thank you very much for your testimony.

We will now move on to Kyron Banks. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

KYRON BANKS: Good afternoon and thank you to Chairperson Schulman and Chairperson Lee and the Members of the Committees. My name is Kyron Banks, and I'm the Manager of Policy and Advocacy at Callen-Lorde Community Health Center. Callen-Lorde is a global leader in LGBTQ+ health, providing sensitive and quality care, servicing over 18,000 LGBTQ+ New Yorkers in the surrounding region, regardless of

their ability to pay. But the planned FY25 cuts DOHMH plans to reduce contracts and reduction in positions in the disease prevention and treatment program area. One area that these productions will have a significant impact on is sexual health. According to the City's latest surveillance data, sexually transmitted infections increased in New York City from 2021 to 2022. DOHMH attributes this rise to an increase in access to testing and sexual health services. However, it's important to note that when we dive deeper into this demographic data, we see the disparities and how disproportionately the increase occurs in black and brown communities. We want to highlight three budget priority areas that we believe are critical in advancing health equity and improving access to care for vulnerable communities. Callen-Lorde provides primary care and related services to people who are engaged in sex work through our COIN clinic, named after Cecilia Gentili, a fierce advocate for transgender people and sex workers. The support for persons involved in the sex trade plays a critical role in promoting public health by offering access to healthcare, including HIV testing and

prevention services. We urge the Council to support the continued funding level of the initiative.

Two, fully fund the ETE initiative. New York City continues to make progress towards the goal of ending the epidemic by 2030 thanks to the partnership and investment made by the City, but we still have more work to do in ensuring that we provide services and resources to communities most at risk. It provides critical resources such as HIV testing, prevention services, treatment, and support to those affected by HIV/AIDS. We urge the City Council to support the continued funding of 9.3 million for the ETE initiative.

Third, we urge the Council to continue to support the Trans Equity Programs. Those programs enable Callen-Lorde and other organizations to allocate resources towards critical infrastructure, staffing, supporting the sustainability and expansion of TGNB surgery navigation services. As one of the largest TGNB healthcare providers in New York State, Callen-Lorde has witnessed a surge in demand of healthcare in recent years due to expanded access to medical care for TGNB New Yorkers. We urge the

Council to support the continued funding level of 3.2 million of the Trans Equity Program's initiative.

In conclusion, we urge the Council to continue supporting critical investments in health and social services to improve access and advance equity for all New Yorkers. Thank you. We'll be submitting written testimony for the record.

COMMITTEE COUNSEL PEPE: Thank you very much for your testimony.

Finally, we will hear from Christina Boynes. Please wait for the Sergeant-at-Arms to call time before you begin your testimony.

SERGEANT-AT-ARMS: You may begin.

CHRISTINA BOYNES: Okay. Just unmuted. Hello. My name is Christina Boynes. I am a constituent in Althea Stevens' District, and I work as a community health worker and patient navigator under the Viral Hepatitis Initiative at BronxCare Health System in the Department of Family Medicine for both hepatitis C and B. In this hospital system, we primarily work with patients in Districts 10 through 18 as well as throughout the five boroughs. As a patient navigator under this initiative, my journey started at about the end of 2016, and I've

had the opportunity to touch well over 1,500 people that have had or was tested for hepatitis B and hepatitis C. In those cases, we try to make sure that everyone is taken care of. I would also like to say thank you to City Council for the funding as well as to Althea Stevens for sending additional funds. hepatitis C and B services are even more important now than they were. There is a cure for hepatitis C and vaccinations and treatment for hepatitis B. The vaccination process now for hepatitis B is two doses, which helps to make it so people who can't come back to their clinics can actually finish their vaccines quicker. With the Viral Hepatitis funding, we are able to get to the people who need education, testing, and treatment for hepatitis B and C. We do this while identifying barriers to care that may prevent them from getting the help they need. With additional funding, we could have more staff, which means we'll be able to get much closer to eliminating hepatitis C and preventing people from getting hepatitis B as well as getting it controlled. As it stands, New York is falling behind in the ending the epidemic for hepatitis, and that's not what we do. This is a city of leaders and innovators for most

things, and we are not meant to follow. I ask that we do the right thing and ensure that health is treated as well and we put an end to hepatitis C and get rid of hepatitis B through vaccination and treatment. Please increase the funding so we can continue the great work we do. I just wanted to add a personal note of for me, with hepatitis C and with hepatitis B, I've noticed that the more people that we have staffed, the better care we're able to give and, unfortunately, I've seen two patients pass away that could have been prevented if we had additional staffing and, unfortunately, those people were closer than most other patients in our clinics, and I just would like to see that we're able to get the people the help that they need when we have the ability to. Thank you. That's all.

COMMITTEE COUNSEL: Thank you so much, Christina. We will now call individuals who had registered but were not present when initially called, and we'll do this for the record, so bear with me while I go through the list of names. Katherine Laino, Ann Kasper, Anna Kril, Christine Serdjenian, Mallika Lea, Siobhan Hunzilar, Michael Petti, Patricia Loftman, Rachana Gurung, Robin Heier,

Marcy Freedman, Carol Lawrence, Tiffany Diane, Rebecca Urena, Jana Ababneh, Maeve Sherry, Eileen Maher, Maria Giffen-Castro, Reed Floarea, Deborah Kaplan, Jediael Shaphir, Lina Akkerman, Arash Diba, Sara Putnam, Mickey G, Nicolette Fitzgibbon, Michelle Chavez, Blair Blue, Gyda Arber, and Rikki Baker Keusch.

If either of you are in person or on Zoom, please raise your hand or come to the witness table.

If there's anyone present in the room or on Zoom that has not had the opportunity to testify or did not call for the record, please raise your hand.

Okay, seeing no one else, I'd like to note that written testimony, which will be reviewed in full by Committee Staff, may be submitted to the record up to 72 hours after the close of this hearing by emailing it to testimony@council.nyc.gov.

Chair Schulman and Chair Lee, we have concluded public testimony for this hearing.

CO-CHAIRPERSON SCHULMAN: I want to thank everyone who came to testify today. There was a lot of testimony, and I know that testimony will be

submitted, and we really appreciate it, and we're going to pull it all together and, like I said, healthcare is a human right and we need to make sure that we have both physical and mental healthcare resources for all New Yorkers. Thank you. Go ahead.

CO-CHAIRPERSON LEE: Sorry. I just want to echo Chair Schulman's sentiments. No, no, it's fine. Just say thank you, especially to all the Council Staff. Thank you, guys, so much.

CO-CHAIRPERSON SCHULMAN: The Budget hearing for March 21st for the Health and the Mental Health, Disabilities and Addiction Committees is now over. Thank you. [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 certiFYthat there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date April 23, 2024