CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FINANCE

Jointly with the

COMMITTEE ON HEALTH

And

COMMITTEE ON MENTAL HEALTH,
DISABILITIES AND ADDICTION

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May 23, 2025
Start: 10:05 a.m.
Recess: 4:47 p.m.

HELD AT: Council Chambers - City Hall

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Linda Lee
Chairperson

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SHAREing and CAREing

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The People's Plan

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Leonard Leveille
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Daniele Gerard
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Jacob Zychick
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Anthony Feliciano
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Justin
Edge New York

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SERGEANT AT ARMS: Good morning and welcome to the New York City Council on Finance jointly with Health, jointly with Mental Health, Disabilities and Addiction. Please place your phone on silent or vibrate mode. Anytime during this hearing, do not approach the dais. Thank you for your cooperation. Chair, we are ready to begin.

CHAIRPERSON BRANNAN: Thank you, Sergeant. [gavel] Okay, good morning. What some might call the Friday before Memorial Day we call day 10 of FY26 Executive Budget hearings. I'm Council Member Justin Brannan. I chair the Committee on Finance and I live here now. Today's hearings will begin with the Department of Health and Mental Health, Mental Hygiene followed by the Department of Health, Mental Health, Public Health. We split them up. I'm pleased to be joined by my good friend Council Member Linda Lee who chairs the Committee on Mental Health, Disabilities and Addiction for today's hearing. we have been joined so far by Council Members Brewer, Stevens, Moya, Marmorato, and Narcisse. Welcome to Acting Commissioner-- and Cabán. Welcome to Acting Commissioner Doctor Michelle Morse. It's good to see you and your team.

Thank you for joining us today to answer our questions. I always like to set the table for folks playing at home. On May 1st, 2025, the administration released the Executive Financial Plan for FY26 to 29 with a proposed FY26 budget of $115.1 billion. DOHMH represents $2.3 billion, or two percent of the total City budget. DOHMH, Mental Hygiene's proposed FY26 budget of $774.9 million represents 33.5 percent of DOHMH's budget in the FY26 Executive Plan. Their total budget increased by $61.2 million or 8.6 percent from the $713.7 million which was originally budgeted in the Preliminary Plan back in January. As of March 2025, DOHMH Mental Hygiene has 192 vacancies which is relative to their budgeted headcount in FY 25. We've also been joined by Council Members Menin and Palladino. In the Council's Preliminary Budget response, the Council identified several areas of concern relating to mental hygiene, calling on the administration to add an additional $183 million in expense funding for programs such as Supervised Release Intensive Care Management, Mobile Treatment Centers, and Mental Health Clubhouses. We also called on the Mayor to add $3.8 million to support School-Based Mental Health Centers to provide support

to school crisis teams. We heard from New York city students just days ago during our Education hearing that there remains a need for such resources to be made available to them. Prioritizing these investments in resources doesn't just provide economic relief for everyday New Yorkers generating a stronger and healthier city, but in this particular case, it actually can save lives. My questions today will largely focus on the syringe redemption program, the justice-involved supportive housing and the utilization of city funds. I now want to turn to my Co-chair for this hearing, Council Member Lee, so she can give her opening statement. Thank you.

CHAIRPERSON LEE: Hi, good morning, everyone. I'll keep it brief. It's good to see you all here. Thank you so much, Commissioner-- Acting Commissioner, Commissioner Morse, as well as of course Deputy Commissioner Wright and all of the other fantastic folks that are here from DOHMH. I'll keep it brief because there's a lot of things in here, but my colleague and Chair Justin Brannan just mentioned a lot of it. But today, we're going to be going through DOHMH's Fiscal 26 Executive Budget that includes $774.9 million for the City's mental hygiene

services which comprises of $63.1 million for personnel services and $711.8 million for other than personnel services. The Fiscal FY26 funding for Mental Hygiene reflects a reduction of $51.2 million in federal dollars and an increase of $21.1 million in city funds compared to the Fiscal 25 Adopted Budget. So, hopefully we'll be able to go into that, as well as a lot of different programmatic areas, questions that we have more specifically around the budget of these different programs, and so I look forward to hearing your testimony and also for the conversation that we're about to have right after this. So, thank you all for being here, and I will now pass it back over to Chair Brannan.

CHAIRPERSON BRANNAN: Thank you, Chair Lee. Before we get started I wanted to thank the entire Finance Division here in the Council for their efforts preparing the last two weeks of hearings, especially, Flo [sp?] and Lazaro [sp?], and Allie [sp?], and my Committee Counsel Brian Sarfo [sp?]. Just as a reminder, for folks who want to testify today, we're doing all the testimony later today after we've heard testimony from the administration. If you wish to speak on the DOHMH FY26 budget, just

make sure you fill out one of those witness slips in the back so we can call you up later on. Now going to turn it over to Committee Counsel Brian Sarfo to swear you guys in, and we can get started.

COMMITTEE COUNSEL: Good morning. Do you affirm to tell the truth, the whole truth and nothing but the truth before this committee and to respond honestly to Council Member questions? Commissioner Morse? Assistant Commissioner Neckles, Officer Anderson, Assistant Commissioner Linn-Walton, and Deputy Commissioner Wright? You may begin.

COMMISSIONER MORSE: Good morning, Chair Brannan, Chair Lee, and members of the committees. I am Dr. Michelle Morse, Acting Commissioner of the New York City Department of Health and Mental Hygiene. As mentioned, I'm joined by our Chief Financial Officer, Aaron Anderson; our Executive Deputy Commissioner for Mental Hygiene, Dr. Jean Wright; and Assistant Commissioners Dr. Rebecca Linn-Walton and Jamie Neckles. Thank you for the opportunity to testify today on the Department's Executive Budget for fiscal year 2026. The public health landscape has shifted dramatically since our Preliminary Budget hearing just two months ago. Starting the day after

that hearing, the New York City Health Department has been implicated in a series of federal policy decisions that seek to defund and dismantle public health infrastructure across this country. At the New York City Health Department, approximately 20 percent of our budget is federally funded, which amounts to about $600 million. At the end of March, the federal government tried to rescind over $100 million of that funding as part of an 11.4 billion-dollar cut to state and local health departments nationwide. That funding does not impact our mental health budget, but it jeopardizes our infrastructure for disease control and outbreak response, and it is currently protected by a preliminary injunction in a lawsuit led by Attorney General Letitia James. I'll discuss the status and implications of that funding in more detail at our hearing before the Health Committee later today. In New York, the impact of these cuts on mental health services was limited to the state government. The Office of Addiction Services and Supports had $40 million in federal funding revoked. OASAS funds a wide range of critical programs across our state, including transitional housing, community-based addiction recovery programs,

and early intervention programs for high-risk populations. While that money does not flow through New York City government, it does go to providers operating here in New York City. The federal government also withdrew $27 million in funds to the New York State Office of Mental Health. That funding supports crisis care and treatment for substance use and serious mental illness in communities, including 988. These programs provide a lifeline to people outside of hospital settings and help avert emergency treatment. Again, the revoked funding for both OASAS and OMH impacts New York City providers but not the DOHMH budget, and the money is currently preserved by a preliminary injunction. We're in regular communication with Commissioner Sullivan and Commissioner Cunningham to understand the impacts of federal policy and funding changes in real time. In New York City, one of our mental health programs was directly impacted by the federal government's decision to revoke nearly $400 million in grants to AmeriCorps and fire 90 percent of the staff at that agency. A coalition of state attorneys general—including New York Attorney General Letitia James—sued the administration. No ruling has been issued

yet. At the New York City Health Department, some of that funding went toward our Peer Corps program, an AmeriCorps partnership created in response to the rising number of overdose deaths in New York City. Peer Corps recruits people with lived experience in substance use and recovery to become peer certified and support community members through their addiction recovery. Many of the peers in his program worked in homeless shelters throughout the city and went on to become full-time staff at those facilities. That program is highly successful and we're hopeful we will be able to continue it in the future. Amid federal uncertainty, we're grateful for several investments in critical mental health programming at the state level, including $1.5 million to expand teen mental health first aid for high school students, $160 million to create 100 new forensic inpatient psychiatric beds within the city, and $2 million in investments to create a hospital-based peer bridge program to help individuals transition out of inpatient care and back into their community. At the City level, we're pleased to see the Mayor's Executive Budget continue to fund critical mental health programming. In particular, there are two main

programs that were previously funded under the American Rescue Plan, which expired in December 2024. The Executive Budget preserved these programs and allocated City Tax Levy funding for their continuation. Those programs include: Number one, our Intensive Mobile Treatment teams, who successfully deescalated a majority of the mental health crises they responded to in FY24 and provided long-term treatment to individuals with complex mental health needs. These teams are crucial to provide immediate care, help avoid unnecessary hospitalizations, and connect New Yorkers to services. And number two, our Clubhouses, which offer life-saving peer support to people with severe mental illness. We anticipate an enrollment of 6,600 clubhouse members by July of 2027, and we will continue to grow clubhouse memberships as time goes on. We're grateful, too, for the dedication of resources to support Trauma Recovery Centers. The Centers provide case management, therapy, and crisis intervention services to people who have been victims of violent crime. We appreciate the Council's leadership in funding these through the discretionary process, and we are excited to bring these centers

into our continuum of care. This budget also includes also funds for the Community Syringe Redemption Program. That initiative makes communities and people who use drugs safer by removing used needles from circulation in public spaces. In just the first four weeks of operation, more than 20,000 needles have been safely retrieved in priority neighborhoods. At the New York City Health Department, mental healthcare is integral to our vision to achieve longer, healthier lives for all New Yorkers. Our Division of Mental Hygiene employs about 600 people and has an operating budget of $775 million for FY26, as of the Executive Budget. Our existing and forthcoming work on mental health is detailed in Care, Community, Action: A Mental Health Plan for New York City. That work begins with the acknowledgement that there is an acute need for sustained, evidence-based, and community-driven mental health interventions in New York City, and a strong and adequate workforce to implement them. Nearly one in four adult New Yorkers experience a mental health disorder in any given year. It's our responsibility to help care for New Yorkers when they need it most. We all bear witness to intersecting

crises of mental health, homelessness and housing insecurity, food insecurity, and more. But we cannot forget that at the heart of these crises, and our efforts to address them, are people. In every part of our mental health work, we're meeting people where they're at, giving them the tools to manage their mental health and be in community. These are not solutions that happen overnight, but it is life-saving work. Our mental hygiene team works with more than 200 community providers and support more than 800 programs to provide housing, clinical support, and mental health program to New Yorkers. Many of those programs rely on employing peers, people who have experienced the same mental illness or substance use issue as the person they're supporting. These models are built on an innate sense of understanding and trust that comes from shared lived experience. We're proud to have over 600 peers working across our mental health programs as either Health Department employees or in contracted programs. In addition, we're working to support New Yorkers by addressing underlying causes of adverse mental health, including substance use, postpartum depression, and housing insecurity. Among those initiatives is our recent

RFP for expanded access to substance use disorder treatment services; the perinatal mental health initiative, which added practitioners to five mental health clinics to care for an additional 150 pregnant and postpartum people per year; and the Health Department's work in expanding supportive housing as part of the 15/15 initiative. We oversee more than 12,000 units and added more than 600 units of supportive housing last fiscal year. We're grateful to see more funding dedicated to this work in the Executive Budget, and we appreciate the shift in 15/15 criteria that allows for more congregate units. Mental health is a vital part of public health. It's a top priority for our agency, and we're proud of the work we've done to get New Yorkers help when they need it most, while we're also committed to the continued expansion of this work. That said, we are in a difficult moment in public health and mental health alike. The most recent attempted federal cuts to mental healthcare are a step backwards. They could have a devastating impact on our city, and we're monitoring the federal landscape closely. We remain committed to mental healthcare that recognizes each person's humanity and prioritizes their health. That

takes sustained, community-driven work. It takes addressing the root causes of mental illness head on, and it takes bringing stability to the daily lives of New Yorkers. Thank you, Chair Brannan, Chair Lee, and members of the committees, for your attention to this issue and for the opportunity to testify today. I am happy to take any questions you might have.

CHAIRPERSON BRANNAN: Thank you very much, Commissioner. I want to jump right in. some questions about JISH, the Justice-Involved Supportive Housing, and Transitional Supportive Housing. The Lippman Report recommended the City add 380 more JISH units to bring the total to 500. The estimated cost for this increase is $26.6 million. Earlier this year, DOHMH was allocated just under $6.5 million thorough the Council's Citywide Discharge Planning Initiative to increase JISH units and expand the operating budgets for the three JISH contracted providers. Could you provide an update as to when the providers will see this funding in their contracts?

COMMISSIONER MORSE: Thank you so much for raising the issue of JISH. We do believe it's a very important program, because we believe that

housing, of course, is one of the most fundamental drivers of health. For the specifics about the JISH funding and when providers are going to see it, I'm going to pass to Assistant Commissioner Jamie Neckles to share more details.

ASSISTANT COMMISSIONER NECKLES: Thank you, Doctor Morse, and we are grateful for the additional funding for the current JISH providers. They have all received that additional funding and are able to invoice for it now.

CHAIRPERSON BRANNAN: Okay. What is being done sort of, you know, large print, big picture, what is being done to create more transitional supportive housing, and what reentry services are being provided?

COMMISSIONER MORSE: I'll also ask Assistant Commissioner Neckles to respond.

ASSISTANT COMMISSIONER NECKLES: Thanks for that question. The Health Department has 12,600 units of what we refer to as permanent supportive housing. We think that is different than transitional. So, I just want to clarify that people come into these units, they sign leases and stay as long as they meet the terms of their lease.

Typically, lengths of stay rare between seven and eight years. So that's a tremendous success I think after coming out of period of homelessness. All of those units are open to people who meet the clinical criteria, substance use or mental health, and homelessness criteria. So, we have people with justice-involved-- histories of justice involvement across our full portfolio of supportive housing. The 120 open JISH units that we have now operating-- they're occupied. So, I want to be careful when I say open. So, the 120 JISH units have a different application pathway or a different pathway that does not involve an application. So, there's pre-qualifying for people with high use of jails and shelters-- are some prequalified to move into those units. So, that's a focused reentry housing program, but the full portfolio of housing is available for people coming out jail as well as hospitals and shelters.

CHAIRPERSON BRANNAN: Can you talk a bit about the eligibility criteria for someone to obtain one of those units?

ASSISTANT COMMISSIONER NECKLES: Sure. So, for justice-involved supportive housing you're talking about?

CHAIRPERSON BRANNAN: Sure.

ASSISTANT COMMISSIONER NECKLES: We work collaboratively with the Mayor's Office of Criminal Justice and the Department of Social Services to identify high utilizers of jails and shelters. So, we take the top tier of utilizers there, and they are essentially a list of people that the JISH provider's outreach. Find them if they're in jail now or recently, engage them and say that they are prequalified for supportive housing unit which is like a lottery ticket, and they do a--

CHAIRPERSON BRANNAN: [interposing] so, you actually do the--

ASSISTANT COMMISSIONER NECKLES: screening.

CHAIRPERSON BRANNAN: You'll identify these folks and then proactively reach out to them?

ASSISTANT COMMISSIONER NECKLES: Yep, yeah.

CHAIRPERSON BRANNAN: That's great. That's great. We don't hear a lot of that from this

administration. There was-- one of the transitional programs closed after COVID. Are there plans to reopen it?

ASSISTANT COMMISSIONER NECKLES: So, I think you're referring to the Support and Connection Center--

CHAIRPERSON BRANNAN: [interposing] Yeah.

ASSISTANT COMMISSIONER NECKLES: which was brief stay program, not transitional housing program, a place for people to drop in and receive mental health and substance use services. We did have to identify savings last year, and that program was closed during COVID, the Bronx Support and Connection Center. It reopened after COVID, but struggled to meet utilization targets. It was really underutilized despite a few years of concerted effort. And so, we ended that program, but continued to operate the Harlem Support and Connection Center which had over 700 people served last year.

CHAIRPERSON BRANNAN: What's the headcount for all the JISH sites and what's the vacancy rate?

ASSISTANT COMMISSIONER NECKLES: Headcount in terms of staffing or people? It's 120 units, so 120 tenants. All of our--

CHAIRPERSON BRANNAN: [interposing] And that's-- and that's max-- like, there's no other vacancies? There's 120 units and they're all filled?

ASSISTANT COMMISSIONER NECKLES: Usually we have about a 95 percent occupancy, right, because there's always some people coming in and going out.

CHAIRPERSON BRANNAN: Okay. MOCJ's Points of Agreement from 2019 called for an increase in the rates for the scatter site supportive housing which according to the April 2025 update states that the scattered site housing programs are increased and ongoing advocacy continues. How many scatter site housing programs are there currently?

COMMISSIONER MORSE: I'm going to pass to Jamie Neckles again.

ASSISTANT COMMISSIONER NECKLES: So, of our 12,688 supportive housing units, about 25 percent of those are scattered. The other 75 percent are congregate.

CHAIRPERSON BRANNAN: Okay. And I guess just to zoom out a bit, I mean we had a very candid

conversation with Doctor Katz yesterday from H+H about obviously this existential funding threat from Washington. Could you talk a bit about how you're preparing for this if this bill goes through and it would be catastrophic for the City of New York, where-- how do we make this work? What are we looking at? Where do we find savings to survive this?

COMMISSIONER MORSE: Yeah, thank you for the question. It is certainly the thing that keeps us all up at night right now. We're extremely concerned about both the federal funding threats to the CEC budget as well as to Medicaid and the essential plan. These are all looming threats and cuts that would fundamentally compromise our core infrastructure to deliver on public health programs across New York City. Just a couple of things to, you know, describe the context and then some of the planning that we're doing. So, we have $600 million in federal funding within the New York City Health Department budget that is-- that supports upwards of about 66 different grants across-- about a dozen federal agencies. The majority of that funding is CDC funding, and I want to highlight that within our

division of mental-- excuse me, our Division of Infectious Disease. About 80 percent of the funding for that division is federal funding. From the Medicaid side, half of New York City is on Medicaid. Sixty percent of our children are on Medicaid, and about 55 percent of the births that occur in New York City are to mothers who are on Medicaid. Medicaid is one of the most essential insurance programs that ensures that many of our safety net hospitals across the city are allowed to continue to function, and Health + Hospitals, of course, is the largest safety net hospital across the City, but there are several other safety net hospitals where the majority of the patients that they see are patients that are on Medicaid for health insurance. So, the combination of threats to Medicaid in the essential plan as well as to all of the other federal funding, the $600 million that we receive in federal funding is truly concerning for us. We have done a series of different planning activities over the past several months to prepare for what might be coming. However, it is very difficult to prepare when it's very hard to predict exactly what is going to happen. So, we have done planning-- a series of planning activities

to look at all $600 million, all 66 federal grants, and figure out exactly what activities they cover, how many staff they support, and also what kinds of programming they specifically cover, and if those programs are mandated programs or essential programs, or kind of what level of priority we would give to those programs. We've also done, of course, a series of planning around some of the other federal grants that we think are highest risk. For example, we think that there are significant risks to our HIV funding and to other preventative care funding that have already kind of been signaled by the Federal Government that they're not a priority. And then finally, there was a leaked HHS skinny budget that we analyze that came out a few weeks ago. It specifically reorganized a number of key agencies. So, we're also concerned that there may be administrative delays, because of this reorganization and the 20,000 staff that are no longer within HHS, 10,000 that were fired, 10,000 that decided to retire. So, we're worried that again, that there's risk of us not receiving funding for our federal grants in a timely way. We're also concerned again that even if that funding does occur, if we do

receive funding that there may be contingencies around health equity or other language and there are a number of other concerns. So, those planning activities are important that we've done. However, I would be-- I do not want to overstate that they will make sure that we can predict. We can't predict exactly what might happen next in terms of the federal budget cuts.

CHAIRPERSON BRANNAN: The City of Yes, we had $50 million from the state budget and capital funding to-- for supportive housing. Of the $50 million, $30 million is designated for the construction or preservation of supportive housing for youth or adults, or young adults reentering the community from incarceration or juvenile justice placement. To your knowledge, is the administration planning to use any of these funds to open the 380 additional units of JISH that was promised in the 2019 Point of Agreement on closing Rikers?

COMMISSIONER MORSE: Thank you for that question, Chair. I'm going to pass to Jamie Neckles.

ASSISTANT COMMISSIONER NECKLES: So, we currently have an open RFP on the street, and I receive proposals on a rolling basis to expand the

Justice-Involved Supportive Housing program, those 300 additional units that you referenced.

CHAIRPERSON BRANNAN: So, there's multiple RFPs?

ASSISTANT COMMISSIONER NECKLES: No, the JISH RFP is separate from the larger New York City 15/15 RFP that's part in parcel of the City of Yes now.

CHAIRPERSON BRANNAN: So, how long has the RFP been on the street?

ASSISTANT COMMISSIONER NECKLES: I think since 2019.

CHAIRPERSON BRANNAN: Okay. But the money-- but the City of Yes money is new. So, has any of that money been deployed to open more supportive housing units?

ASSISTANT COMMISSIONER NECKLES: So, the City of Yes funding is going to the 15/15 RFP which is the larger development project with HPD and HRA to construct new supportive housing units. It's a separate stream from the JISH RFP.

CHAIRPERSON BRANNAN: And what's the deadline for that?

ASSISTANT COMMISSIONER NECKLES: It's open. All of our housing RFPs are open--

CHAIRPERSON BRANNAN: [interposing] Okay, okay. Got it. Got it. Got it.

ASSISTANT COMMISSIONER NECKLES: in perpetuity.

CHAIRPERSON BRANNAN: Understood.

ASSISTANT COMMISSIONER NECKLES: Or until we award all the units.

CHAIRPERSON BRANNAN: Yeah, yeah. But you don't have any idea of how many completed so far? Not completed, but that have been bid out so far?

ASSISTANT COMMISSIONER NECKLES: Could you rephrase that question?

CHAIRPERSON BRANNAN: So, the RFPs-- it's rolling RFP, right?

ASSISTANT COMMISSIONER NECKLES: Yep.

CHAIRPERSON BRANNAN: So, are you in contract with anybody yet, or?

ASSISTANT COMMISSIONER NECKLES: Oh, yes. So we have-- for JISH we're already in contract with three providers to maintain those 120 units that I spoke about previously. The 15/15 RFP is receiving

awards-- proposals all the time and making awards all the time, and we are initiating--

CHAIRPERSON BRANNAN: [interposing] Well, that's--

ASSISTANT COMMISSIONER NECKLES: new contracts all the time.

CHAIRPERSON BRANNAN: Do you have an accounting of that?

ASSISTANT COMMISSIONER NECKLES: Yeah, absolutely.

CHAIRPERSON BRANNAN: Okay, could you give that to us?

ASSISTANT COMMISSIONER NECKLES: Sure. The awards are made by the Department of Social Services, DSS.

CHAIRPERSON BRANNAN: Okay.

ASSISTANT COMMISSIONER NECKLES: And we register them and then do the ongoing supportive services. Soo we could get that data from our colleagues.

CHAIRPERSON BRANNAN: Okay. You know, we fought really hard to get that capital funding for City of Yes. It was a big part of our negotiation.

So now we just need to make sure it's actually going to what they told us it was going to.

ASSISTANT COMMISSIONER NECKLES: Absolutely.

CHAIRPERSON BRANNAN: Okay, last line of questioning from me, it somewhat dovetails with what we were just talking about with regard to the overall contract budget. FY26 the overall DOHMH contract budget is nearly $1.3 billion. The Department manages contracts for health and mental health providers. As you know, this is a huge issue that we continue to hear from many providers about the insane delays that they face waiting to get paid, or waiting to have their contracts approved at the agency level. Who from DOHMH or PHS will continue to be responsible for managing health and mental health contracts in FY26?

COMMISSIONER MORSE: Thank you for that question, Chair. We have been really focusing on this issue because we know that particularly in this context with all kinds of threats to funding for nonprofits that we have to be even more diligent about making sure all of our contractors are paid as time-- in a timely way. We have recently in partnership with MOCS named a Chief Nonprofit Officer

and that person is one of the many contact people who can help to problem solve when it come to timelines of payment, particularly for human service providers, and then I'd like to pass to our Chief Financial Officer to share a little bit more about our activities for timely payment of contractors.

CHIEF FINANCIAL OFFICER ANDERSON: Thanks, Doctor Morse. Just to share a little bit, I mean, we at the Health Department we implemented a targeted effort to reduce the backlog of invoices which we know is a problem and improve invoice processing times. As a result, our average cycle time for human service invoices in Passport decreased to 18 days for the month of April 2025 which is almost a 50 percent improvement compared to last May. In addition, we're happy to report that there's about 500 pending human service invoices in Passport. Nearly all of them are less than 15 days, which is half of the required 30-day prompt payment timeline.

CHAIRPERSON BRANNAN: So, on average, it takes about 18 days to clear and register a contract?

CHIEF FINANCIAL OFFICER ANDERSON: Well, I'm talking about payments in this case.

CHAIRPERSON BRANNAN: Okay. Let's talk about registration.

CHIEF FINANCIAL OFFICER ANDERSON: So, we have-- let's see. I don't know if I have the timelines for contract registration, but the vast majority of ours are absolutely registered on time. And there are some that are not able to be, but it's for technical reasons that are often outside of our control, but we work very closely with MOCS and the Mayor's Office of Nonprofit Services.

CHAIRPERSON BRANNAN: But how do delays in contract registration impact how quickly a provider can be reimbursed?

CHIEF FINANCIAL OFFICER ANDERSON: I mean, right. They cannot invoice and cannot get paid until a contract's registered, so that's a-- that is a very real issue.

CHAIRPERSON BRANNAN: How many people do you have working in that division?

CHIEF FINANCIAL OFFICER ANDERSON: So, the responsibility for both contracting and for payments is actually spread across multiple areas, so in many cases on the payment side, it's not like there's a single-- like, that's not the only thing a

person does. And so, we have a lot of programmatic folks across the agency who oversee contracts on the programmatic side also responsible for payments. We staff in finance who do payments. So, there's not a set number of people who only do that. It's a shared responsibility really across the agency.

CHAIRPERSON BRANNAN: So, do you have a sense of on average, soup to nuts, how long it takes providers to be fully reimbursed for their contracts?

CHIEF FINANCIAL OFFICER ANDERSON: I think it really varies. I mean, there are so many factors that relate to payments. I mean, invoicing, there are technical issues. There are provider support issues. I think it's hard to give an average. I think it varies considerably across.

CHAIRPERSON BRANNAN: Okay, I'm going to turn it over to Chair Lee. Thank you.

CHAIRPERSON LEE: sorry, just really quickly piggy-backing off that question. Is there a standard percentage of advance that you guys have for your contracts? Is it usually 25 percent or does it vary base-- vary-- does the percentage vary based on the contract itself, the RFP?

CHIEF FINANCIAL OFFICER ANDERSON: Thanks, Chair Lee. So, historically it was 25 percent. Last year it was 30 percent. This year across the City we're actually doing a new initiative where it's going to be 50 percent upfront at the beginning of the year for FY26.

CHAIRPERSON LEE: So, we think that's actually going to be a huge support to providers from a cash--

CHAIRPERSON LEE: [interposing] No, that'll actually be helpful for a lot of the providers, so that's good to know. And just back-tracking a little bit, I know this is going to sound really cheesy of me to say, but it really warms my heart that there's an entire testimony just dedicated to the mental health programs, because I know it usually gets lumped in with the larger health initiative which I don't have anything against. I love the public health initiatives as well, and they're super important, but especially in a time where we're dealing with so much around mental health, intersectionality between criminal justice and mental health, homelessness, opioid issues. I just want to say that this is really encouraging to

see, especially with all the data and percentages and numbers broken down. So, thank you for providing that. And thank you to our Council finance team for coming up with this idea to separate it out. So thank you, Chima [sp?] and Florentine [sp?], for that. So, I just wanted to start off by saying that. And then just going right back into your testimony, so I know that in here-- first of all, I think we're all concerned about the potential, sort of, bleak picture that could be coming down the pipeline with federal cuts, and of course we're going to try to do everything we can to make sure that the funding is as minimal as possible in terms of the impact of the cuts, and we'll-- you know, obviously, on the Council side we'll try to help advocate that as much as possible. I know that in terms of the federal funding cuts, most of it as you mentioned is going to be impacting the state budget more so than the City when it comes to the OASAS [sic] and OMH impacts, but you know, granted that we're all sort of living in New York City as a whole, and a lot of the providers that get city funding also get state funding. How do you see this impacting overall services in the city

in terms of who's not getting services or support that they need?

COMMISSIONER MORSE: Yeah, thank you for the question. It's certainly something that we're digging into very deeply so that we can both prepare and try to plan as much as possible to mitigate any potential cuts. Out of the $775 million or so in the mental hygiene part of our overall budget, about $30 million of it is federal. So, it is a small-- a relatively small amount. It's not to say that it's not critical or important, but as described, yes, we are very concerned with the mental health funding for the state programs at OASAS and the Office of Mental Health. That being said, it is again pretty difficult to predict exactly what cuts may come when, but the threats remain both to funding as well as to the Staff at the HHS agencies that have already been cut, and also to concerns, again, about the timeliness of either certifications of our federal grants or the state's federal grants and timeliness of payments for existing grants. We still consider those grants to be an agreement between the Federal Government and either the State of New York or the City of New York to fund critical public health

activities. And so there, of course, would be a number of different actions that could happen if there were further cuts to federal funding for mental health programming.

CHAIRPERSON LEE: And I think it's-- I know I'm preaching to the choir, especially a lot of the advocates in the room and the community leaders know this already, but you know, it's just so opposite, because I think what's going to happen and what we will see maybe a few years down the line is that if we keep disinvesting in a lot of these programs we're going to have to pay for it more later. So even though it's technically to the government maybe a savings on paper, were going to have to end up having to probably pay more money get those folks back into care and actually provide for their more severe-- potentially severe illnesses. So, but again, I know I'm preaching to the choir. So, I--

COMMISSIONER MORSE: [interposing] Can I just make one more comment on that? I do think you're raising the point about the power of access to care and preventive care as well, and particularly because Medicaid is such a huge part of what funds

all of our behavior health services, and knowing that if more people are to lose Medicaid, then more people, again, are going to lose access to the ongoing care, that we keep them healthier, out of the hospital, out of crisis and also certainly for that same population of folks with behavior health concerns, also making sure that they have their preventive care.

CHAIRPERSON LEE: Yep.

COMMISSIONER MORSE: Screening for cancer, you know, management of chronic diseases, all of those things are what we would say, of course, maintain the health of an individual, and to lose that, of course, would lead to very concerning downstream health effects.

CHAIRPERSON LEE: Definitely. So, really quicky, going into 988 a little bit, because the fiscal budget for the program right now is slated for $21.8 million, and how will the FY26 budget support improvements in response rates, cultural competency training for operators, additional resources for community behavioral health programs partnered with 988 especially given that the current 88 percent response rate is below the national average. And I

say that with the caveat that I know that when I spoke to the state folks, they were going to invest a lot of money and dollars into marketing 988. Although, I think a lot of folks still are not aware that 988 exists. And so just wanting to get your thoughts on that budget? Because that is like the first line of defense, I think, for a lot of these calls that we see.

COMMISSIONER MORSE: Absolutely. 988 is a central part of our mental health programming in New York City. You're right, the budget for FY26 is $21.8 million. The current relationship that we have with Vibrant which is the contractor who runs the 988 program has allowed for us to continue with this year, a volume of about 335,000 calls, chats, and texts which is similar to what it was last year. So, we know that this is a service that New Yorkers are using with that volume of calls, but we completely agree with you that we could certainly make it even more visible and make sure even more New Yorkers are aware of it and aware of the fact that, again, it's 24/7, seven days a week, 365 days a year. Over recent months, the call response rate is about 90 percent of calls are responded to within 30 seconds

which is a great improvement from what it was previously. And we do expect to see somewhat similar volume of calls next year. However, we have been able to work very closely with Vibrant to make sure that they have the support they need and that we have the data that we need to make sure that the program is rising to the needs of New Yorkers.

CHAIRPERSON LEE: Yeah. And then was the geotagging issue resolved? I forget because I know what was a big problem in eh begging.

COMMISSIONER MORSE: Can you say that one more time?

CHAIRPERSON LEE: The geo area code locator because I know that, for example, a lot of folks in New York come from all different places. So if I have an area code for Texas, let's just say, it's going to tag me as being in Texas, not New York City. So that was a huge issue in the beginning.

COMMISSIONER MORSE: That has been resolved.

CHAIRPERSON LEE: Okay, good.

COMMISSIONER MORSE: The calls are routed to the closest cellphone tower.

CHAIRPERSON LEE: Okay, perfect, perfect. And also, in terms of the reasons for why it's below the national average, do you know what it is? Is it just simply people not knowing about it? Is it that they're still just, you know, conditioned, or sort of thinking of 911 versus 988, or do you have any data around that?

COMMISSIONER MORSE: Thank you for that question. I'm going to pass this one actually over to Dr. Wright to share more.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: Thank you, Commissioner. And so, it's been my experience that it is a combination of what you said, and so it's a combination of people not knowing that it exists, but think about how long it took for folks to really get used to 911, for some decades. And so, they're still used to calling that number. And so, what we'd like to have is a-- sort of a no wrong door, so to speak, so that when people call, we can route them to the service that they need. So, I think it's a combination of what you said.

CHAIRPERSON LEE: Okay. So, hopefully those barriers we'll continue to work on so that people actually get to the place they need to get to

more quickly. So, I'm going to just jump around. Actually, a good portion-- there's a bunch of topics, obviously, to cover, but a good portion of what I wanted to dive into are all the different various Mobile treatment teams that you all have as part of the portfolio and the budget. So, I know that for the mobile treatment centers, and I know my colleagues will probably dive a little bit deeper into these questions as well-- the Executive Plan right now includes $47.3 million for mobile treatment centers to replace the loss of the expiring American Rescue Plan funding within the city funding. So, how many mobile treatment teams does DOHMH currently fund?

COMMISSIONER MORSE: Thank you for that question, Chair. And just one kind of clarification. So, our overall budget for mobile treatment for FY26 in the exec plan is $62.9 million.

CHAIRPERSON LEE: Got it. Okay. $62.9?

COMMISSIONER MORSE: Correct.

CHAIRPERSON LEE: Okay.

COMMISSIONER MORSE: and what we currently fund in terms of teams, we have a number of teams, the combination of ACT teams that are funded

by us and by the state, 116 of those teams is what we currently have for ACT, specifically.

CHAIRPERSON LEE: For ACT, okay.

COMMISSIONER MORSE: For IMT we have a total of 80 teams. Excuse me, 36 teams for IMT, and together-- obviously, this is a large number of different teams to make sure that New Yorkers have the support services that they need.

CHAIRPERSON LEE: Sorry, how many did you say were in part of the mobile crisis teams? Is that MCT or were you talking about--

COMMISSIONER MORSE: [interposing] Oh, okay, sorry. I gave the number for ACT and IMT. For Mobile Crisis Teams specifically we have 26 teams.

CHAIRPERSON LEE: 26 for IMT? No. Which one, I'm sorry?

COMMISSIONER MORSE: Sure--

CHAIRPERSON LEE: [interposing] This is a good example, because all these mobile treatment--

COMMISSIONER MORSE: [interposing] Let me just start over.

CHAIRPERSON LEE: team, there's like IMT, ACT, there's FACT, there's MCT. So, yes, sorry.

COMMISSIONER MORSE: There-- so there are a total of 80 ACT teams.

CHAIRPERSON LEE: Got it.

COMMISSIONER MORSE: And a total of 36 IMT teams.

CHAIRPERSON LEE: Okay.

COMMISSIONER MORSE: And then we have 26 Mobile Crisis Teams.

CHAIRPERSON LEE: Got it. And then for the ACT teams, you have 80 of those. How many people are part of each of those teams?

COMMISSIONER MORSE: It varies a little bit by the team, but in FY24 there were 5,500 individuals enrolled in all of the contracted DOHMH teams across 47 teams. So, it does vary a little bit by team.

CHAIRPERSON LEE: Okay. But generally speaking, would you say that it does follow the sort of basic number? Because I know that for example some teams are more specific, like you have two folks from, you know, EMS. You have one person that's behavioral and one here. So, is it-- does it usually-- would you say that each of those teams usually

follows the certain guidelines based on whatever program they're in?

COMMISSIONER MORSE: I'm not-- can you say a little more about what you mean by guidelines?

CHAIRPERSON LEE: So, for example, I know that-- well, even though B-HEARD is not on here, they have a specific number that usually goes out with that team, and so I know some of these other ones also-- I was just wondering if they have specific sort of groupings of professionals that they put on each team, and usually how many are those?

COMMISSIONER MORSE: Got it. And you're talking about the Mobile Crisis Teams.

CHAIRPERSON LEE: Yes.

COMMISSIONER MORSE: The 26 Mobile Crisis Teams. I'll pass to Jamie Neckles to share the composition of those teams.

ASSISTANT COMMISSIONER NECKLES: Sure. And apologies that there are so many different acronyms. It begs confusion. So, the ACT level of care, Assertive Community Treatment, is licensed by the New York State Office of Mental Health.

CHAIRPERSON LEE: Right.

ASSISTANT COMMISSIONER NECKLES: There's a standard staffing pattern that's required by the licensure. So that does not vary. There's two size teams. Most of them are 68-person caseloads. Some of them are 48 caseloads. So that's why Doctor Morse gave you the sort of total people served across all the teams--

CHAIRPERSON LEE: [interposing] Got it.

ASSISTANT COMMISSIONER NECKLES: because it varies a little bit. So, there's a-- I think it's about eight FTEs on an ACT team, a few more on Forensic ACT team. There's some additional resources for that and the shelter partnered ACT team. They have some extra resources in addition to the licensed. And then Intensive Mobile Treatment teams have-- I think the number is 13, but I can get you that one. The IMT teams are not licensed. They are established by DOHMH contracts. So, we control those.

CHAIRPERSON LEE: Right. So those are RFP'd out to different nonprofits that are providing those services.

ASSISTANT COMMISSIONER NECKLES: Yeah.

CHAIRPERSON LEE: Yep.

ASSISTANT COMMISSIONER NECKLES: And I would just like to clarify, because you mentioned EMS, and those are-- I think you were referring to B-HEARD.

CHAIRPERSON LEE: B-HEARD, yep.

ASSISTANT COMMISSIONER NECKLES: And Mobile Crisis Teams which--

CHAIRPERSON LEE: [interposing] Which I know is OCMH, yeah.

ASSISTANT COMMISSIONER NECKLES: are different make-ups, yeah.

CHAIRPERSON LEE: For the FACT teams, do you guys have one in each borough?

ASSISTANT COMMISSIONER NECKLES: Yes. Well, we have five teams so there's coverage in every borough.

CHAIRPERSON LEE: Okay. And how many staff for that team? I'm sorry. On each team.

ASSISTANT COMMISSIONER NECKLES: I'm going to look up in my notes, because that one was prepped just at the last minute yesterday.

CHAIRPERSON LEE: Okay. And for each of these services, because I feel like it's easier to just ask and go through them one-by-one. What's the

average wait time for someone who needs to be connected to services? So, if someone is, you know, outreach through FACT versus IMT, versus the MCTs, how long usually typically are the wait times for them to get connect?

COMMISSIONER MORSE: I can answer that while--

CHAIRPERSON LEE: [interposing] Okay.

COMMISSIONER MORSE: Jamie is looking up the staffing for FACT. So, for each team it is a little bit different.

CHAIRPERSON LEE: Yep.

COMMISSIONER MORSE: For the ACT teams it about 93 days, but just to clarify, from our perspective, that is the time that a person may be waiting from their assessment to be recommended to be on an ACT team to when they're actually formerly enrolled in that team, but during that period of time they are still receiving services and care. So, even though they haven't officially been enrolled into a specific ACT team during those 93 days, they are still receiving support. For IMT it's--

CHAIRPERSON LEE: [interposing] Sorry one question. So, because ACT is part of the state

program, is that also where they have to go through the state's protocols where, you know, they have to do the three assessments and all of those steps before they actually get plugged into services, that same process do you know?

COMMISSIONER MORSE: I'll pass that to Jamie Neckles.

CHAIRPERSON LEE: Okay.

ASSISTANT COMMISSIONER NECKLES: So, all ACT, FACT, and IMT referrals come through our single point of access where we have a team of clinicians at the Health Department. My staff, we're reviewing the applications and determining eligibility and assigning those referrals to a team. So, once the team gets an assignment from SPOA [sic], they are serving that person. They're not outreaching. The person is on the team enrolled and they are-- you're finding them and engaging them and doing assessments, of course, to inform the treatment planning, but once the assignment comes from SPOA they are on that team and will be served.

CHAIRPERSON LEE: Okay. And then for the single point of access, if I'm understanding this correctly, so let's just say there's a call that

comes through either 911 or 988. They get referred to DOHMH, perhaps, and then through the folks that are part of the single point of access, they do the assessment and figure out which program would be the best to deploy. Is that-- am I understanding that correctly?

COMMISSIONER MORSE: Correct.

CHAIRPERSON LEE: Okay. And then how many folks do you have that are receiving those types of inquiries from the single point of access, and what is their background to be able to tell the difference?

COMMISSIONER MORSE: Yeah, we have a very experienced team that does all of our SPOA assessments. The budget for FY26 for SPOA is about $4 million. The staff that are doing those assessments are a combination of nurses and case management and social workers, and within three business days they are able to do the assessment, triage, and make the recommendation for where someone-- what team would be best of service to the individual that was referred through the SPOA.

CHAIRPERSON LEE: Okay.

COMMISSIONER MORSE: But just to be clear, the people who fill out the SPOA, it can be a number of different kinds of people. So, sometimes it comes from hospitals. The large majority of our SPOAs come from hospitals. It also comes from community providers and other individuals as well. So, it's not through-- there's a number of different doorways into the SPOA.

CHAIRPERSON LEE: Got it, okay.

ASSISTANT COMMISSIONER NECKLES: I can correct the numbers that I provided previously--

CHAIRPERSON LEE: [interposing] Oh, yes.

ASSISTANT COMMISSIONER NECKLES: when you asked about the staffing. Apologies for my stumble earlier.

CHAIRPERSON LEE: Oh, no.

ASSISTANT COMMISSIONER NECKLES: So, for the ACT team, the 68-person model, there's nine full-time equivalents, FTE staff per 68 caseload. For FACT, same size caseload, 68 people, 13 FTEs. So, a few more staff there to handle more complex situations. And then on IMT teams where the caseload is lower, 27, we have 8.5 FTEs.

CHAIRPERSON LEE: 27 caseload, and I'm sorry what was that number?

ASSISTANT COMMISSIONER NECKLES: Eight and a half FTEs.

CHAIRPERSON LEE: Okay, perfect. And so for each of these mobile treatment teams do you see the need to expand? Is there room to expand? I know that we're talking about budget cuts as well, but given the current situation, do we have room to expand or is there a need?

ASSISTANT COMMISSIONER NECKLES: We have been in conversation with the State Health Department and Commissioner Sullivan at the Office of Mental Health about that exact question. The state is leading an initiative actually in partnership with us to expand the number of ACT teams. So, there will be an additional three, at least three ACT teams in FY26 that are a part of OMH's expansion of those teams.

CHAIRPERSON LEE: Okay. And in general, how much coordination is there between the state as well as the city on this? Because I know that the state and the city oversee different aspects of these programs. And so just wondering what that looks like.

COMMISSIONER MORSE: We, I would say, are very, very lucky because of this great team to have phenomenal relationships with our colleagues at the State Office of Mental Health. I would say that we are in if not daily weekly communication with Commissioner Sullivan and her team about a number of different mental health programs. We work extremely closely and collaboratively with them, and it is true that some programs are specifically licensed by them. Some programs are funded by a combination of their funds and our funds, but again, we work very closely together to make sure that coordination is as seamless as possible.

CHAIRPERSON LEE: Okay, perfect. And I know Commissioner Sullivan is very dedicated to all this work, and she's been a good partner at the state, so that's good. So, I'm going to shift gears a little bit which is kind of somewhat related to a lot of what we're seeing on the ground and move onto involuntary hospitalizations. And I know that this is a topic that people have very strong feelings about on both sides, but just-- so on part of the Care Community Action Program is the involuntary hospitalization and removal of individuals that are

mentally-ill and possess harm to themselves or others. The individual would be taken into custody by police officers for a psychiatric evaluation. So, what is your role, DOHMH's role, in the involuntary hospitalizations?

COMMISSIONER MORSE: Thank you for the question. Certainly, this is something that, as you've said, has been a topic of a lot of conversation. We have a couple of different roles and those roles are really, you know, essentially part of the triage and assessment for involuntary hospitalizations. I will pass to Doctor Wright to share a little bit more for the specifics about how we engage in involuntary hospitalization in the Health Department.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: Thank you, Commissioner. So, we are involved in terms of the involuntary commits for 937-- Mental Hygiene Law 937 is one where community psychiatrists or level of personnel are able to help an individual get connected to emergency services or comprehensive psychiatric emergency programs. The 958 is also one that the Mental Hygiene Law where we have individuals, professional psychiatrists that work

what our mobile crisis teams, and that's generally the mode of the involuntary commit. We also have the 9.60 which is specifically to OAT in terms of removal. So, what all those have are those professionals that are able to make that decision. It's a very thoughtful decision that is not quickly, but is thoughtful. It's using professionals to understand their clinical expertise to make sure that we're taking into consideration all aspects of the clinical care, but also the needs of the individual.

CHAIRPERSON LEE: Yep. And I know--

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: [interposing] And Jamie is going to elaborate a little more.

CHAIRPERSON LEE: Oh.

ASSISTANT COMMISSIONER NECKLES: I just want to add to that in addition to Dr. Morse and Dr. Wright just said, those descriptions were assessments in the community for involuntary transport to the hospital. At the hospital then, the psychiatric emergency room or the comprehensive psychiatric emergency programs, so psych ER or CPEP in the local lingual. Then you have two physicians who are assessing the person for admission. So, there's two

levels here of assessment, in the community where we have a really active role as we just described, and then in the hospital for the admission or commitment.

CHAIRPERSON LEE: Okay. So, I ask this question from the perspective of what you see on the ground as well as in the hospitals. Where do you think-- I'm trying to see. Like, where-- I mean, it's interesting because I know that there's these laws that are in place, but where do you think the points of improvement could be when it comes to this, and how has this impacted the workers at the hospital as well as in the outreach teams? Like what are they seeing? Because I'm sure that they have their own thoughts about how to improve the system, and they would probably know best because they're on the ground, right? And so I'm just curious to hear what feedback you've been getting in terms of this and where there could be improvements, because I know obviously the consent piece is a huge one, but I'm just curious to see what your thoughts are on this involuntary removal of people experiencing mental illness without their consent? Because I think that can be tricky.

COMMISSIONER MORSE: I can go ahead and start--

CHAIRPERSON LEE: [interposing] Yeah.

COMMISSIONER MORSE: just to share a little bit of our, like, perspective and philosophy behind--

CHAIRPERSON LEE: [interposing] Yes.

COMMISSIONER MORSE: this, because ultimately our perspective is that people with severe mental illness should be in treatment and should have supportive housing or stable housing, and that those two things are critical to make sure that instead of focusing on involuntary removals, we are doing the public health approach to mental health and behavioral health, which again, is about making sure that people's needs are met and their access to care is met, and that you know, we're not dealing with involuntary removals as a first approach--

CHAIRPERSON LEE: [interposing] Yep.

COMMISSIONER MORSE: to the care of people with severe mental illness. These other programs are the ones that are going to prevent us from having to, you know, in rare and unfortunate circumstances use this tool of involuntary removal

that we think should be used extremely judiciously and only again when all of these other programs have failed. So, you know, philosophically, a public health approach to mental health is really about making sure that people are housed, that they have stable housing, whether that's supportive housing or another type of housing that their basic needs are being met, that they have access to healthcare, including behavioral healthcare, and if we are able to continue to invest in those programs, the conversations about involuntary removals, again, are rare and not our first line of care for people with serous mental illness.

CHAIRPERSON LEE: Good.

COMMISSIONER MORSE: But I'll pass it to Dr. Wright to share a little bit more about any ideas on the program in process.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: Thank you, Commissioner, and I think that what I would add to what Commissioner Morse said is that it's important to keep in mind that these individuals, the professionals making these decisions, they do it in a very thoughtful process. There's-- this is not something that happens often,

and so they're using their clinical expertise to make sure that they're also balancing a person's rights and responsibilities in that way, but also generally leaning on the care of the person. And so, as an example, individuals that, as Jamie mentioned, that do end up being hospitalized of that group, a very small percentage, three percent, that are removed-- of that group, 75 percent that are admitted is because they are-- the clinical work was done appropriately. And so those individuals, it indicates that the experts know what they're doing when they make those assessments to determine that a person, one, needs to be removed for their safety or health of themselves or others, but also that they can get the treatment that they need. So, that high level of admission tells us that the experts know what they're doing.

CHAIRPERSON LEE: I cannot agree more, because I think the housing piece is so important and us making sure that we're not criminalizing and automatically jumping to conclusions, because I think that's what happens in a lot of these cases, and so I cannot emphasize more just how important the preventative piece is and the prevention pieces of

these programs are. So, it's good to know that you all share that philosophy, and I totally trust that the professionals are-- they don't have an easy task, and so it's good to know that they are working on those things step by step and looking at that assessment carefully. And just going back to what you mentioned, because housing is such an important piece to this, and I know that Chair Brannan asked a lot about JISH, but for folks that are experiencing severe mental illness or homelessness or drug addiction and actually lack housing, what is the sort of-- do you have a sense of what the wait time is for folks that are looking to go into housing and what that sort of time period looks like, and also what the percentage is of people who get into it versus are still waiting? That we know of.

COMMISSIONER MORSE: Sure. I can start, and then I'll pass it to Jamie Neckles for some additional details. I think part of what I think is so important is that we are already running over 12,000 units of supportive housing, and that unfortunately is still not enough. There is a wit list. And this is again part in parcel to the housing challenges that New York City faces, that

those housing challenges impact people with severe mental illness and other health concerns in a way that is disproportionate and certainly impacts their health outcomes in very, very challenging ways. So, knowing that we already have over 12,000 units in that that's still not enough tells you something again about how acute of a crisis we have when it comes to housing. I will pass it to Jamie Neckles to share a little bit more about the timeline for being listed to receiving supportive housing.

ASSISTANT COMMISSIONER NECKLES: Thanks, Dr. Morse. So, the City's supportive housing is accessed through the Department of Social Services application and system. So, unfortunately, I don't have the data. I can't speak with authority on that. Our housing is about a third of the universe of supportive housing in New York City. So, there's about 35-36,000 units across New York City. So, ours is focused on people with serious mental illness and substance use, and about 12,600 of those. And so the application and wait times are managed by DSS. I can't report on that.

CHAIRPERSON LEE: If you could wave your magic want, how many more would you say ideally we would need?

ASSISTANT COMMISSIONER NECKLES: How many people are homeless? A lot.

CHAIRPERSON LEE: A lot, right? Yeah. And I'm just going to do one more line of questioning with the Co-Response Teams and then sort of pass it off to my colleagues and then come back for a second round. But for the CRTs it's budgeted right now for $5 million in the Executive Plan and this is the collaboration between DOHMH and NYPD with the goal of serving individuals with mental health or substance use challenges who are at an elevated risk of harm. The team consists of two police officers and one behavioral health professional. I know in 2022, the CRTs pilot program operated out of seven precincts. So, where are we at now in terms of the number of teams currently that are-- that we have for the CRTs, and where are they located? If you could give us an update on that.

COMMISSIONER MORSE: Absolutely. Thank you for the question about the Co-Response Teams.

I'm going to pass to Dr. Wright to share a bit more about the program.

CHAIRPERSON LEE: Okay.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: Thank you, Dr. Morse. So, first, Chair, it's important to recognize that they are not teams with the CRT. This, as you said, is the partnership between DOHMH and NYPD and so there are two officers for every clinician that go out. So, there is coverage for all five boroughs. So--

CHAIRPERSON LEE: [interposing] Okay.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: Yeah, that's important to note. And so, the goal for CRT is to engage those individuals as you've indicated that are impacted by the criminal justice system, but also at risk for serious mental illness. The goal is to connect to treatment and services, not to take them to jail or for incarceration. So, that is the goal, and so having that specialized combination of law enforcement and clinician to help make those decisions to support individual's behavioral health is really the key and the goal. And as you indicated in terms of the ability to do that, there has been a drop off because of lack of

resources as you indicated. So, not having as many cars, not having as many clinicians and officers that are available to really do the work that we need to be done is really a challenge.

CHAIRPERSON LEE: Okay. And that was actually my next question is-- what is the general cost to sending out one of those CRT groups with the two officers and the mental health professional? What is the cost for that?

COMMISSIONER MORSE: I can just reinforce that the budget for FY26 for CRT is $5 million, and then in addition to that there's a cost just of the salaries of the teams, but I'll pass to our Chief Financial Officer to share any more details.

CHAIRPERSON LEE: Okay.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thanks, Dr. Morse. The $5 million, just to clarify, that's our cost. So, we-- I can't speak for the NYPD cost, but--

CHAIRPERSON LEE: [interposing] I see, so it's not all inclusive of the-- okay, got it.

CHIEF FINANCIAL OFFICER ANDERSON: Right.

CHAIRPERSON LEE: And then, sorry, I don't know if-- I know that you're serving all five

boroughs, but how many teams did you say are available?

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: These are not teams. These are just an office-- two officers and a clinicians. So, they're not broken up into separate teams.

CHAIRPERSON LEE: I see, okay. And then, how's the data collected for this program?

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: So, the individuals that are partnering together, they keep records of what they're doing, what they're seeing, and they make sure that that information is uploaded to a database that we're able to access. So, I could get those numbers for you after the hearing.

CHAIRPERSON LEE: Okay. And is that housed with NYPD or DOHMH?

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: NYPD, I believe, but I can make sure. I can clarify that.

CHAIRPERSON LEE: Okay, if you could clarify that--

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: [interposing] Yeah, I'm sorry.

CHAIRPERSON LEE: and then also find out- - because I would hope you guys have easy access to that information, too.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: Yeah, Jamie just corrected me. We have our own and they have theirs as well. We synchronize that information.

CHAIRPERSON LEE: Okay, so synchronize. So in other words, if there's an incident that happens, it should be consistent in terms of the data that's between NYPD and DOHMH.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: correct. That's the goal. One of the challenges that you have in those kinds of programs is how one counts an incident or a connection. So, that is what we are working on together.

CHAIRPERSON LEE: Okay. And what does the training consist of, and how many EMS and mental health professionals have been trained for this particular program?

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: So, I can answer the first part, and then I'll have to get back to you on the second part.

CHAIRPERSON LEE: Okay.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: So, all officers and clinicians go through CIT training, Crisis Intervention Training--

CHAIRPERSON LEE: [interposing] Intervention--

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: Yes.

CHAIRPERSON LEE: Okay, and how--

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: [interposing] And what was your second question, Chair?

CHAIRPERSON LEE: It was just how many EMS and mental health professionals have been through that training?

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: Okay, I can get that for you later.

CHAIRPERSON LEE: Okay.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: Thank you, Chair.

CHAIRPERSON LEE: And how do the programs where police are embedded in the responding unit compare to the ones that have no police involvement, and what are the differences in terms of outcomes for engagement referral and supportive services? Just

wanting to see what the difference is versus, you know, the ones that include NYPD versus don't.

COMMISSIONER MORSE: Can you just specify which programs you want us to compare? We have a number of programs.

CHAIRPERSON LEE: Well, this is one, and then I guess-- I know that some of these other teams perhaps do not include NYPD, so I just wanted to know what the difference is there in terms of outcomes.

COMMISSIONER MORSE: So, I guess you're asking us to compare the Co-Response Teams to our like mobile crisis teams, for example, the 26 teams that we deploy in response to 988. I think it will help us to give you an adequate response if you tell us which programs exactly you want us to compare.

CHAIRPERSON LEE: Yeah. So, I know that you guys can't speak to B-HEARD, but basically, I'm think of B-HEARD which is with OCMH versus the Co-Response Teams, versus some of the mobile outreach teams that you all are seeing that don't involve the NYPD.

COMMISSIONER MORSE: Okay. I think what we can do is just specifically describe the difference in the programs between CRT and our mobile

crisis teams. I'll pass to Jamie Neckles to share that.

ASSISTANT COMMISSIONER NECKLES: Yeah, thanks.

CHAIRPERSON LEE: Sorry, and also go into background, a little bit of what, like-- why would CRT be called versus one of the mobile outreach teams? If you could go into that and clarify just for the record also.

ASSISTANT COMMISSIONER NECKLES: Yeah, I think that's important. It's a starting point, because they're really receiving different referrals. So, it's-- it's not apples to apples for the comparisons. So, B-HEARD is accessed through the 911 system with a social worker and EMS response, right? There's no police involved with B-HEARD. So that's--

CHAIRPERSON LEE: [interposing] Right.

ASSISTANT COMMISSIONER NECKLES: responding on emergency timelines through the emergency response system. 988 is appropriate for urgent and supportive mental health situations. So, we can-- anybody can access a mobile crisis team through 988. Those teams are staffed by social workers and peers typically, and they're responding

within two to three hours. So, if you think about sort of an emergency response for B-HEARD, an urgent response from 988 to mobile crisis teams. And then Co-Response dispatch a little bit differently. They're typically responding within 24 hours in situations where there may be a need for a social worker and some sort of public safety concern where a police officer would be beneficial.

CHAIRPERSON LEE: So, not necessarily for emergency response.

ASSISTANT COMMISSIONER NECKLES: That's correct.

CHAIRPERSON LEE: Okay.

ASSISTANT COMMISSIONER NECKLES: They are not providing emergency response. They're doing pre- and post-crisis intervention is how we refer to that, but I think it's helpful to think about the timeframes, right? B-HEARD, emergency. Mobile crisis, urgent within a few hours. And then Co-Response, next day really to prevent, you know, something from escalating or to follow up after something is sort of-- the acute crisis has passed.

CHAIRPERSON LEE: Okay. We should put these on a palm [sic] card. And I'm being kind of

serious, because I think also for the staff of our offices as well as folks that work that actually are on the frontlines, answering calls from constituents, because we do get a lot of calls of our folks asking. And as a mental health-- I don't know why I'm doing this. Mental health professional-- as a social worker that did work in the community, it's not always easy to keep track of this, and so for me I would say I know maybe slightly more than some folks, but then even with that there's still a lot of confusion, and so maybe that's something that we could collaboratively work on, because I think we need to make sure that the staff also are equipped with this information for our offices. So, just wanted to put that out there.

ASSISTANT COMMISSIONER NECKLES: Yeah, I think it's important. The simplest way to state it is if you want police, fire or ambulance, call 911. If you want anything else mental health related call 988. And the counselors there will figure it out. E don't expect anybody to become experts in these acronyms. That's not reasonable. So, 988 can spend time on the phone with somebody and make the connection on the back end.

CHAIRPERSON LEE: Okay. I'm going to pause there and then--

CHAIRPERSON BRANNAN: Thank you, Chair. Okay. Catching up here, we have also joining us Council Member Sanchez, Zhuang, Salaam, Carr, Louis, Restler, Feliz, and Hudson, and now we'll start with questions from Council Member Cabán followed by Brewer. You're up. Come on Tiff.

COUNCIL MEMBER CABÁN: Chairs, don't let that be part of my time, alright? Good morning. Thank you for being here. Thank you for your answers. You know, I just want to start I think in a simple and easy place. You in your testimony mentioned the use of mental health peers in several of your programs. I don't have a lot of time, so really briefly, why are they used and why is it important?

COMMISSIONER MORSE: Thank you for the question. We really-- there is-- number one, there is tremendous evidence that peers are an essential part of the mental health workforce that have phenomenal outcomes in the work that they do. So, peers are used in a number of different programs and spaces across the Health Department. Some of the

peers are specifically focused on substance use. Others are focused on severe mental illness, and peers are also involved in many of our models like the Clubhouse model. So, we rely very heavily on peers. As I mentioned, over 600 peers work across our programs in the Health Department either directly employed by us or employed by our contractors.

COUNCIL MEMBER CABÁN: Thank you. I just-- I know that you can't and won't speculate on why B-HEARD doesn't use peers, but I think you laid out an incredible argument for the use of peers in all of these interventions in my view, and certainly a lot of my colleagues. Peers should absolutely be used in the B-HEARD response as well. I just want to also follow up on what Chair Lee was talking-- the subject of involuntary hospitalizations and points of improvement. Would you-- and these are just very quick questions. Would you agree that involuntary hospitalization should be a last resort?

COMMISSIONER MORSE: As I mentioned in my comments, we believe in investing in housing, access to care, making sure that people severe mental illness have all the programs and supports they need,

and that as a last resort there is sometimes the need to--

COUNCIL MEMBER CABÁN: [interposing] Totally.

COMMISSIONER MORSE: use the--

COUNCIL MEMBER CABÁN: [interposing] Yeah, total agreement there. And do you-- would you agree that then based on the things that you just mentioned, that you can reduce the need for involuntary hospitalizations by strengthening the continuum of mental healthcare and housing support? I mean, that's essentially what you just said, yes?

COMMISSIONER MORSE: We really do believe that stable housing, access to healthcare, access to very high-quality behavioral healthcare, that those are really the pillars and evidence-based care for people with severe mental illness.

COUNCIL MEMBER CABÁN: Thank you.

COMMISSIONER MORSE: But there are occasions--

COUNCIL MEMBER CABÁN: [interposing] Totally.

COMMISSIONER MORSE: where involuntary hospitalization is appropriate.

COUNCIL MEMBER CABÁN: Thank you. And just to end by putting that all into context, it sounds like yes, involuntary hospitalizations are not the right intervention always. It should be a last resort, and that there's a lot of data, research, evidence to show that strengthening housing and the continuum of mental health care can reduce the number of acute incidences that lead to involuntary hospitalization, and I think what we have heard in the previous testimony and answers that you have given is that we have these really great programs and they're not scaled to the size that we need in terms of seeing the wait list or not having enough beds, whether it's JISH or other models of supportive housing. And so, I just want to lay out the argument that-- and this is not a condemnation of you all, but to say that the Governor and the Mayor's approach and strategy to expanding involuntary hospitalization is lazy. It's inhumane, and it's an easy way to disappear a problem while increasing trauma when the solutions are right in front of us. Being able to build out the money and the support needed for the programs, the housing, and maybe, I don't know, not the 400+ million to make the retail on Fifth Avenue

look nicer is what I read this morning. So, just thank you, and thank you Chairs.

CHAIRPERSON BRANNAN: Okay. We've also been joined by Council Members Abreu and Mealy, and now we have questions from Council Member Brewer followed by Salaam.

COUNCIL MEMBER BREWER: Thank you very much. You're all great, but Ricky Wong walks on water. Just want to let you know. You all are okay.

CHAIRPERSON BRANNAN: Questions?

COUNCIL MEMBER BREWER: Just want to let you know. In terms of the CRT, so the other night I went out with the Mayor. Jumaane Williams went out in a different group. I guess they didn't put us together. Whatever. So, he-- we didn't find anybody who was appropriate for the wonderful nurses and police officers, because we were dealing with the Mexican ship that hit the bridge. So that was the end of that. But Public Advocate met somebody who-- I think there were three people who needed serious support. But the last one said something very interesting, which was I'm not going anywhere, because I can't go to the hospital I want to go to. So, the Fire Department has a new position now that

you can only go to the nearest hospital. I'm not going to the nearest damn hospital, and I don't blame this person who knew where they wanted to go. So therefore, they wouldn't leave. Is that something that you're aware of, this new Fire Department regulation?

COMMISSIONER MORSE: We do communicate regularly with our Fire Department. It's part of our emergency preparedness work that we do, but I can't comment on their decision on their policy.

COUNCIL MEMBER BREWER: Okay. But nobody's going to leave often just because they-- that's a new barrier that you might have to confront. So, I just want to say that I talked to the Commissioner about it. He says his reasons, but I just want you to know, I think you're going to have another problem with people wanting to leave because they want to go to the hospital they're familiar with. I just throw that out. So, you might want to argue with them about that. Second, I call it support and connection center, which I know you know in East Harlem. That is the best place in the City. Are you managing to find funding for the Bronx or other places? That's what it says here in my

materials. I wanted to know what services are provided there. How many people are being served. I think it's 11 men and three women in that one, as I understand it. I go out quite often with B-HEARD. They love that center. So, my question is why are we not addressing people's needs with other centers like that? What's the status?

COMMISSIONER MORSE: Thank you for that question. The center in East Harlem is still funded as you described in FY26. We do have some of the outcomes for that center, so thank you for raising it. I'm just going to pass to our Chief Financial Officer to share a little bit more about the question about expanding that kind of model.

CHIEF FINANCIAL OFFICER ANDERSON: Ah, the question about what happened to the Bronx one, yeah.

COUNCIL MEMBER BREWER: Yeah, and also just the cost of what it is and how-- because it's so successful. I don't understand why we don't have other ones just like it. Go ahead.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thanks, Councilperson. It's about $5 million for the current one. You know, the one in the Bronx, there were tough decisions that had to be made over the

last couple of years of programs to eliminate the gap, and these are tough decisions. So,--

COUNCIL MEMBER BREWER: [interposing] So, the Bronx is not happening?

CHIEF FINANCIAL OFFICER ANDERSON: The Bronx was reduced as part of that plan.

COUNCIL MEMBER BREWER: Was reduced.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah.

COUNCIL MEMBER BREWER: It's gone, basically, okay. So, I guess what I'm saying is-- I mean, Doctor Katz agrees also. This is the most productive center for mentally-ill, period. So, I just wish we could all say that so that we could have others. So, you could partner, perhaps, with Safe Haven. That's what his suggestion is. Is there any way of doing that? We got-- this is it. I mean, you got 24-hour nursing, part time OT, part time psychiatric, and everybody gets support.

COMMISSIONER MORSE: We do think it's a model that has positive impact. We've heard that from both the people who benefit from it as well as community members, as well as Council, but I would hesitate to say that it's the only model that works. I think we do have a number of different programs

that really work to address the needs of people with mental health concerns. So, even though I agree with you that it is a very effective program, I think we have a number of programs that are a part of a whole ecosystem of care for people with behavioral health concerns.

COUNCIL MEMBER BREWER: Quickly, Clubhouses. I know you mentioned the big ones, what about our small ones?

COMMISSIONER MORSE: Thank you for that question, Chair.

COUNCIL MEMBER BREWER: You're not loving that question. Go ahead. I love that question. The Chair loves that question. The people at Goddard Riverside love that question. $4 million, where's my $4 million?

COMMISSIONER MORSE: What I can tell you, Council Member Brewer, is that 12 of the 13 clubhouses that we have funded through our RFP are open. We expect by 2027 to have about 6,600 people benefiting from the clubhouses--

COUNCIL MEMBER BREWER: [interposing] I want the big ones.

COMMISSIONER MORSE: from those 12 of 13. We did develop this map to just describe for you all in a little bit more detail-- I think it helps to see it visually, exactly where our 13 clubhouses--

COUNCIL MEMBER BREWER: [interposing] I know where they are.

COMMISSIONER MORSE: are located and how they overlap with neighborhoods of the highest of highest needs.

COUNCIL MEMBER BREWER: Okay, we're still going to fight for the small ones.

COMMISSIONER MORSE: And completely understand that strategy, but thank you for highlighting again how powerful this model is for addressing the needs of people with severe mental illness, and I'd encourage Council Members who are not as aware as you are about the locations and how they match to the communities of need, to take a look at the map over here that really describes that matching.

COUNCIL MEMBER BREWER: We want the small ones, too. Quickly, mental health in school-based, it's so effective. How much-- how-- I mean, sometimes the hospitals pay. Sometimes you pay.

Sometimes there's no reimbursement, but it's still high-quality. What's the status funding-wise and how are you approaching that issue. It is so important. Sometimes it's RAP [sic] maybe that will handle it, which is not your funding. But what are we doing about this and what's-- how much money we putting into it?

COMMISSIONER MORSE: We really believe in the school-based mental health program model. We have about 230 school-based mental health clinics across 375 schools in the City. We do think it's a very impactful model. We hear that from principals, from students, from families, from mental health professionals. There were 26 new Article 31 school-based mental health clinics open this fiscal-- excuse me, school year, and there are seven that our pending. So, there is some expansion happening. We actually just-- we work in partnership and offer technical assistance and other kinds of activities to make sure that these clinics are both effective, efficient and high-quality, but all of the operational costs for running the school-based mental health clinics is in the DOE budget

COUNCIL MEMBER BREWER: Got it.

COMMISSIONER MORSE: NYC Public Schools budget.

COUNCIL MEMBER BREWER: Okay. And how-- do you work with them on metrics in terms of outcome? Is that something that you look at with DOE or on your own?

COMMISSIONER MORSE: Our Office of School Health that offers the technical assistance to all the school-based mental health clinics does work very closely with DOE to both understand the outcomes and the data, and also improve the quality-- work with the actual organizations that are contracted to run the clinics to improve the quality--

COUNCIL MEMBER BREWER: [interposing] Can you get back to us with any data from this person as to the outcomes?

COMMISSIONER MORSE: We would be happy to do that and follow up, yeah.

COUNCIL MEMBER BREWER: Okay. Thank you very much.

COMMISSIONER MORSE: Thank you.

CHAIRPERSON BRANNAN: Thank you, Council Member. Now we have questions from Council Member Salaam followed by Louis.

COUNCIL MEMBER SALAAM: Good morning and thank you. The Executive Plan includes over $54 million for Fiscal Year 26 for construction of the new public health laboratory in Harlem. Can you confirm whether the facility is still on track to open in 2026?

COMMISSIONER MORSE: We are very excited to say that yes, our expectation is that it will be on track to open in 2026. I will give one caveat. There are a number of caveats, but the one that I'll underline is that the transition from the current lab into the new lab does require us to get new certifications from various state agencies to show that we can with high-quality and precision run all of the tools, instruments and machines, etcetera, in the new public health lab. So, there is that certification process when we move all of the equipment over and move in new equipment in the new public health lab that can be time consuming and a little bit more unpredictable, but that is still our expectation.

COUNCIL MEMBER SALAAM: Can you also let us know what employment and community engagement

opportunities will this lab bring to Harlem residents?

COMMISSIONER MORSE: Absolutely. I'm going to ask my Chief Financial Officer to look up just how many lines, how many FTEs there are for the new public health lab, and as he's taking a look at that, one of the things that we find very exciting about the new public health lab, not only of course is it a space that has-- that are climate controlled, better equipment, it is a 21st century version of the public health lab, but it also has several different spaces, auditoriums, conference rooms, and classrooms that we're very excited to be able to use in partnership with community and our community partners will be able to access those spaces. So, we're looking forward to being able to offer that overtime, again, once the lab is fully functional and operational.

CHIEF FINANCIAL OFFICER ANDERSON: Thanks for the question, Councilman. There's over 100 staff in the lab today, and we expect that'll be similar when the new lab opens.

COUNCIL MEMBER SALAAM: And just lastly, the Council requested $48.2 million for public health

programs like school-based health, maternal health, and glucometer distribution, none of which were funded in the Executive Plan. How does DOHMH justify the exclusion of programs school-based clinics and mental health expansions when these services are urgently needed in Harlem?

COMMISSIONER MORSE: Thank you for that question. We have taken a look at the Council priorities. I would start by saying for mental health care specifically within schools, we continue to invest and partner with NYC Public Schools to make sure that those 230 clinics across 375 schools are supported. We're certainly open to further conversations about that in partnership with NYCPS. For our maternal health programs across the New York City Health Department, in FY26 in the Exec Budget, there's about $51 million across various programs that's focused specifically on birth equity. So that investment is ongoing and we set a goal through our Healthy NYC campaign to reduce Black maternal mortality by 10 percent by 2030. We are not yet on track to achieve that goal, and we want to get on track to achieve that goal. So, we expect to use

those investments in FY26 to move the needle on Black maternal mortality.

COUNCIL MEMBER SALAAM: Thank you.

CHAIRPERSON BRANNAN: Okay, we have Council Member Louis followed by Restler.

COUNCIL MEMBER LOUIS: Thank you, Chair. Good to see you, Commissioner, and your team. I fought really hard for a TRC in FY22. We got it and then re-districting I lost it. Sucks, right? But my first question is regarding TRCs. I wanted to know with the Executive Plan restoring $4.8 million in Fiscal Year 26, what plans does DOHMH have to expand TRC services to administration sites or neighborhoods beyond the current locations, and what specific funding if any has DOHMH committed to exploring the siting for new TRCs in neighborhoods identified as high-need neighborhoods or with high rates of violent crimes in under-served populations? And last one on TRCs. Will any portion of the funding that's allocated for FY26 go towards building a stronger outpatient care model outside of TRC facilities, including partnerships with community-based organizations and referral networks? And I just have a quick question, because you mentioned in your

testimony-- $5 million was allocated for crisis response. So, I wanted to know how is the agency dividing those funds to support crisis response and mental health interventions in public spaces, especially in districts like mine where challenges are a bit more acute?

COMMISSIONER MORSE: Thank you for the questions, Council Member. I'll start and then I'm also going to pass to Dr. Wright as well to share a little bit more. As you described, the trauma recovery centers are funded in FY26 for $4.8 million. That's about $500,000 more than this year. It's a model that we have spent some time trying to understand a little bit more and really also have explored what the outcomes are and kind of what the target population is. Certainly, what we see in our violence intervention programs, in our violence prevention programs is that there is certainly a high impact of trauma for the community members, the family members, and the individual who were involved in any violent events. So, this is something that we're certainly concerned about. We were happy to see that it was funded in FY26 and are certainly open to more conversations, but I'll pass to Dr. Wright

who was able to visit a trauma recovery center, and with his expertise in mental health would love for him to share his reflections.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: Thank you, Commissioner. Certainly, it's important that we provide support services for individuals that have experienced trauma. I think the important thing that I learned by visiting the Center for Community Alternatives in Brooklyn was that in addition to what you had mentioned and what the Commissioner alluded to in terms of the type of violence that people are dealing with, the Center also provided other services which I was not aware of until the visit. So, they support people with serious mental illness. They support people with substance use disorder, and they have a lot of quality of life activities that are very important. So, what we're looking at is how to the TRCs fit into the continuum of mental health across the region and certainly in terms of funding and wanting to support more. We're always interested in having those conversations in terms of what we can do. But I was very impressed with this center that I visited, and I look forward to visiting more of the centers in the very near future.

COUNCIL MEMBER LOUIS: And if you guys could talk a little bit about crisis response with the $5 million allocated for FY26. How you're-- how are you all distributing that equitably?

COMMISSIONER MORSE: Council Member, can you remind me which program you're speaking of? We have a number of crises response programs.

COUNCIL MEMBER LOUIS: Well, you mentioned in your testimony $5 million was allocated for FY26 for crisis response. I guess that's public spaces and the sort. So, I just wanted to know how is that being distributed equally. I don't know if that's going towards subway and transportation-related issues, public spaces, open streets. How is that being distributed equally?

COMMISSIONER MORSE: Thank you. I'll pass to Jamie Neckles to share a little bit more about crisis response.

ASSISTANT COMMISSIONER NECKLES: Sure. I'm not actually sure which specific investment that was referring to, so I have to--

COUNCIL MEMBER LOUIS: [interposing] Yeah, that's why I want some clarity on it.

ASSISTANT COMMISSIONER NECKLES: I think we need to take a moment here to figure out what that $5 million is for. I can talk more broadly about our crisis response system. Give us a moment here.

COUNCIL MEMBER LOUIS: Sure. It sounds like you need to get back to us--

ASSISTANT COMMISSIONER NECKLES: [interposing] Yeah, I think we do.

COUNCIL MEMBER LOUIS: with that information. Alright. Thank you, Chairs.

COMMISSIONER MORSE: I'll just-- sorry, just one last thing, though. Our Co-Response Teams do cover all five borough just to be clear about-- if that was the question.

COUNCIL MEMBER LOUIS: Right. But what we've been hearing particularly from my district besides long wait hours is that the response is not as equitable as it in other areas. So, I'm trying to figure out like what does that look like. We know $5 million will be allocated towards this. But what would this look like in aggregate in particular areas? For my district, I have to call NYPD because the Crisis Response Teams don't come out fast enough. So, and thank God we have ATRC in another district

where we're able to ask them to come to deploy to a particular area. That's not their job. So, it would be good to know how is this $5 million being distributed equally, particularly in public spaces.

COMMISSIONER MORSE: Got it. Okay, we can definitely share the data on the neighborhoods where the Co-Response Teams are deploying.

COUNCIL MEMBER LOUIS: Thank you.

CHAIRPERSON BRANNAN: Okay. Council Member Restler followed by Hudson.

COUNCIL MEMBER RESTLER: Thank you, Chair Brannan, and thank you, Chair Lee, for your tremendous leadership. I apologize that I was a little late, so if I missed stuff, somebody should just kick me. Gale, you know we're all running around. So, I wanted to ask about 988. My understanding is that you all have restored some of the planned FY25 cuts, is that right?

COMMISSIONER MORSE: I can just start by saying that 988 has been-- we did talk about it quite a bit. It is a program that we see as essential for getting New Yorkers access to care 24/7, seven days a week. So, we have been working in close partnership with our colleagues at the Office of Mental Health as

well as our colleagues at Vibrant to make sure that they have the resources they need to continue the services. So, far--

COUNCIL MEMBER RESTLER: [interposing] So, the cuts for FY25 were restored?

COMMISSIONER MORSE: So far we're on track for our projected volume of calls in FY25. That was a part of the contract with Vibrant. So, we're on track for about 334,000 calls, texts, and chats for this fiscal year. That's was what was contracted with Vibrant, and we have come to an agreement with Vibrant to make sure that we received the data that we need to make sure that the calls and the program are meeting the requirements of the contract while also making sure that they have the resources they need to continue to services. We are at a place where now 90 percent of the calls to Vibrant are answered-- excuse me, the calls to 988 are answered within 30 seconds which is an improvement. So, we are--

COUNCIL MEMBER RESTLER: [interposing] It's great to hear. I really do appreciate all of that, but I've now asked three times. Could you just again, the cuts for FY25 were restored?

COMMISSIONER MORSE: I did answer your question. I said that we came to an agreement with Vibrant to make sure that they have resources they need to continue to serve New Yorkers through 988.

COUNCIL MEMBER RESTLER: How much funding was restored for FY25?

COMMISSIONER MORSE: We're working with all of our oversight agencies to make sure that Vibrant has what it needs to continue its care.

COUNCIL MEMBER RESTLER: Okay. I don't love the indirect answers. It's very helpful to just get direct answers at these hearings. That's why we hold them. If you commit-- can we get a firm commitment from the Health Department that 988 will be funded so that calls can be answered in real-time, even overnight, on weekends, etcetera, for next fiscal year?

COMMISSIONER MORSE: 988 is a 24/7, seven day a week, 365-day a year service that New Yorkers can call at any time. So that is how the program functions.

COUNCIL MEMBER RESTLER: And yet there's a planned cut for $10 million for next year. If that comes to fruition, then we don't believe that they'd

be able to achieve what you've just stated. So, do we have any-- what's the position of the Health Department on the proposed FY26 cut?

COMMISSIONER MORSE: There's not a planned cut for FY26?

COUNCIL MEMBER RESTLER: So, you're intending to restore that funding for the Adopted Budget?

COMMISSIONER MORSE: We'd be happy to talk with you offline, but as I said, there's not a planned cut for FY26 for Vibrant.

COUNCIL MEMBER RESTLER: Okay. We look forward to continuing that conversation. I appreciate it.

CHAIRPERSON BRANNAN: Now we have questions from Council Member Hudson, followed by Feliz.

COUNCIL MEMBER HUDSON: Thank you so much, Chairs, and hello, Commissioner. I wanted to ask about the Gun Violence Prevention Taskforce which is a collaborative effort between multiple city agencies, all dedicated to stopping the rise of gun violence and increasing safety in New York City's

neighborhoods. What is DOHMH's role in this taskforce?

COMMISSIONER MORSE: Thank you so much for the question. Gun violence is certainly an issue that we at the Health Department care tremendously about, and we take a public health approach to addressing gun violence. Our role in the taskforce is that we've had several teams of our team-- we have a team that manages our hospital violence intervention programs, our strong messenger program and our credible messenger programs. Members of that team have been in attendance in the gun violence taskforce since it's inaug-- since its inception in 2022. So, we continue to have our staff participating in that taskforce, and our team often presents on programmatic data or any of the policy initiatives that are happening around a public health approach to gun violence prevention.

COUNCIL MEMBER HUDSON: Is there a dedicated budget and headcount for DOHMH for the taskforce?

COMMISSIONER MORSE: We don't have a budget for the taskforce, but we do have a programmatic budget for our hospital-based violence

intervention programs and our strong messenger program which is $1.5 million and $7 FTE.

COUNCIL MEMBER HUDSON: $1.5 million and $7?

COMMISSIONER MORSE: Correct.

COUNCIL MEMBER HUDSON: Okay, thank you. And then what hospitals and community-based organizations do you partner with and what results have you seen from these partnerships and trainings?

COMMISSIONER MORSE: We partner with-- I can get you the exact number. I believe it's 10 hospitals through our Hospital Violence Intervention Program, and then we also partner with a number of community-based organizations that lead our strong messenger program-- or credible messenger program, and we can get you the exact numbers of how many community-based organizations.

COUNCIL MEMBER HUDSON: Thank you. And just my last question. You mentioned before regarding the Black maternal mortality rate that you have a goal of reducing it by 10 percent over the next five years. Why just by 10 percent? Or how did you derive that number?

COMMISSIONER MORSE: Thank you for the question. The first thing I'll say is that for Black maternal mortality in New York City, 75 percent of Black maternal deaths are considered preventable. So, it's true that we could certainly-- we hope to exceed our goal of 10 percent by 2030. However, when we look at the trends in Black maternal mortality and maternal mortality overall, and we also look at the trends, unfortunately that worsened slightly during the COVID pandemic. Our feeling was that we wanted to come up with a goal that was achievable and a goal that we could really stand behind. We are certainly always hoping to prevent any preventable death and certainly our partners in our hospital systems, our doula programs, and our home-visiting programs also see that as the goal. But we did consider some of the trends in worsening Black maternal mortality as we were trying to determine what is both a visionary and achievable goal for 2030.

COUNCIL MEMBER HUDSON: Can I just ask one follow-up question? So, what does that look like exactly? Like, how are you combatting the Black maternal mortality crisis? What does reduction in those numbers look like from a practical standpoint?

COMMISSIONER MORSE: There are a number of different ways that we're attempting to get to our goal. The first thing that I'll mention is that one of the top causes of maternal mortality that's preventable is suicide and overdose. So we have a number of different programs in areas of focus that really intend to both increase access to mental health treatment for people who are pregnant and we also have a number of programs to increase training of our staff, doulas, home-visiting nurses, and other programs to make sure that they're able to identify and screen for mental health concerns amongst pregnant women and post-partum women. The other thing that we are doing is we are happy to be represented on the Speaker's Maternal Health Committee or Maternal Health Working Group. That working group, I believe, is working on a number of additional ideas that would go beyond the current programs and policies that are in place. And then the final thing I'll mention is that we do partner very closely with all of the birthing hospitals all across the City to make sure that they're staff. Both are trained in anti-racism and also are trained in how to identify perinatal mood and anxiety

disorders and improve treatment for substance us as well.

COUNCIL MEMBER HUDSON: And when you say staff, does that include physicians?

COMMISSIONER MORSE: Yes.

COUNCIL MEMBER HUDSON: Okay, thank you. Thank you, Chairs.

CHAIRPERSON BRANNAN: Good. Joined by Council Member Schulman. Now, we have questions from Council Member Feliz followed by Cabán.

COUNCIL MEMBER FELIZ: Thank you, Chairs Brannan and Lee, for this hearing and also, thank you DOH for all the work that you do on the issue of health. Have a few questions about syringe exchange programs. These programs, as we know, are life-saving. They help ensure that individuals with drug addiction challenges have what they need including clean and safe syringes. These programs are life-saving, but we have to make sure that we implement them properly as with every other issue. As Council Member who's been in this position for four years, the number one issue that I've heard as Council Member in my district is about syringe litter, including inside our parks, in some cases making our

parks basically unusable, depriving an entire community of their local park given that there's used syringes in literally every single part of our parks-- in some of our parks. I'm thankful that the buy-back program has finally been implemented. My understanding is that it was supposed to be implemented about two years ago, but we got there finally. Very important step to help resolve the issue related to syringe litter. So, a few questions on that and general SSPs. How many SSPs do we have under the DOH and approximately how many syringes are provided under the DOH syringe service provider programs?

COMMISSIONER MORSE: Thank you for that question. We also agree with you that it is incredibly important that all of our public spaces are safe and that New Yorkers who are using those public spaces are protected from any type of litter, particularly syringe litter. So, we certainly see the concern. I'll also just mention that our Community Syringe Redemption Program was officially launched just a few weeks ago. In the first four weeks of the program, over 20,000 needles have been collected and safely discarded as a part of the

program. So, we are very optimistic that that program will continue to have significant impact on protecting the health of New Yorkers using public spaces while also engaging people in opportunities to get treated for any substance use services they might be interested in. I'm going to pass to our Assistant Commissioner, Doctor Rebecca Linn-Walton to share a little bit more about funding of our syringe service providers.

ASSISTANT COMMISSIONER LINN-WALTON: Thank you. Nice to see you again. Thank you for the question. So we have 14 syringe services programs across the City, but we also know that that's just a fraction of the ways in which people get syringes throughout the City, that people are getting them through pharmacies, through all of the ways in which we want people to have access to syringes for a wide number of reasons including diabetes care and fertility medication, all of the things that people need syringes for. So, there are thousands of places across the City that people can access safe, clean syringes, and we want that to continue. We also make sure that the Syringe Services Programs have a lot of wraparound for all of those services, for access to

supportive care like buprenorphine and all sorts of other harm reduction efforts. We also know that our Syringe Services Programs do a tremendous amount of education around safe syringe disposal. And so, we're making sure that people are getting syringes both back to the program and also disposing of them in their own homes, that we know that so many people are getting these services who are living in private spaces, and we don't want them carting it back to the place where they may be getting care. We want them safely disposing in their home, and so that's a lot of the ways in which people are disposing.

COUNCIL MEMBER FELIZ: Thank you. Time flies when you're having fun. Can I just get an additional minute for some additional questions? Few more questions. So, we have about 14 SSPs, is that correct? And we have about eight new locations for the buy-back program. Why eight locations that we have 14 areas where we're providing syringes without being exchanged?

ASSISTANT COMMISSIONER LINN-WALTON: Yeah.

COUNCIL MEMBER FELIZ: And also, how much funding would be needed to expand the number to 14

locations so that we could have a buy-back program in every location? Also, just going to shoot them all out, because time flies when you're here, and I get-- also, how much funding would be needed to expand the number of locations? Also, how much funding would be needed to expand the number of hours? I'm seeing one of the locations are available only between hours of 4:00 and 5:00 a.m. I don't know who's going to-- not everybody's going to wake up that early to exchange needles. So, any way we could make it during hours that people are more likely to be able to take advantage?

ASSISTANT COMMISSIONER LINN-WALTON: Yeah, so I think you're speaking about three different things. So, we have the 14 syringe services programs. We have six outreach and syringe litter teams, because what we're trying to do is blanket a number of different ways in which you can interact and safely dispose of syringes. And then we also have the syringe redemption program which is a whole entirely separate vendor who's working really closely with those 14 SSPs. And so, we have the outreach folks going out and they blanket, and they were selected for areas of high syringe litter issues

and high overdose. And we've been having those teams both funded and out in the community for a number of years now, providing everything from how to safely dispose of your syringes, but also food, access to-- come on over with us and get access to buprenorphine back at our brick and mortar site. We have mobile locations, and then we also have the syringe redemption program which you're absolutely right is in a pilot phase, and we just started I think two months ago, and we're really rolling it out and trying to build up community relationships as their first step, and then also be available. So, you're absolutely right. It won't be 4:00 to 5:00 a.m. when it's fully running starting in July. It'll be several hours of the day and moving around. The reason that we have those eight locations is because it's a pilot program so we can test it out and see what works, and so that's a really important year to be able to look at that, work closely with the SSPs and the communities who are actually really excited about it we're finding, so far, and come up regularly to the van, and then make sure it's effective.

COUNCIL MEMBER FELIZ: Approximately how much funding we would need so we could expand the

number of locations to 14-- out of the 14 SSPs that we have and also to expand the number of hours? Ideally, how much additional funding would we need for that? And that's the final question. Thank you, Chairs, for the additional time.

ASSISTANT COMMISSIONER LINN-WALTON: We would have to get back to you on that.

CHAIRPERSON BRANNAN: Okay. We've been joined by PS94, the fifth-grade class. Welcome, guys. Thanks for joining us. If you have any questions, fill out a witness slip. Now we have questions from--

CHAIRPERSON LEE: [interposing] Aw, they don't know what that means.

CHAIRPERSON BRANNAN: Council Member Cabán.

COUNCIL MEMBER CABÁN: Thank you. And I have to stand, so don't read anything into it. I want to ask a little bit about the single point of access system. Obviously, the administration-- you guys have celebrated this $47.3 million baseline investment. Investment's good. And you know, we know that there's some reliance on the American Rescue Plan, but from the preliminary hearing we

learned that IMT and ACT have obviously this referral list or these wait lists with hundreds of people waiting for care, and so I want to ask about the overall single point of access systems operating budget. I just want to-- I want to be able to wrap our heads around the numbers a bit better. So, the Council's report says that the $47.3 million is going toward IMT, Assisted Outpatient Treatment, SPOA, and Connect. Can you tell us how much these teams currently get and how much this infusion will bring the total to? And then the second part of that question is like, how is the $47.3 million increase being broken down between the teams? Like, does it end up marking an increase for any particular individual team?

COMMISSIONER MORSE: Yeah. I can start the response and then I'll also ask our Chief Financial Officer to supplement. Part of the $47 million is replacing some of the funds from the ARP funding that ended, but our overall FY26 for the combination of our mobile treatment teams including IMT, ACT, etcetera is $64 million. Within that, about $42 million is for IMT, and about $18 million is for ACT. In addition to that, separately, the

Connect program that you mentioned is funded for $11 million in FY26 and that program is specifically for people who are transitioning out of ACT and IMT but still need support services.

COUNCIL MEMBER CABÁN: That's the step down.

COMMISSIONER MORSE: correct. And that program was really developed and implemented as a demonstration project, and so we are continuing to evaluate the program, but it is funded for $11 million in FY26. I think you had another question.

COUNCIL MEMBER CABÁN: Yeah, the other question is that the numbers we were talking about, does that overall mark an increase for any of the-- any of these particular teams?

COMMISSIONER MORSE: I'll pass to our Chief Financial Officer for that.

CHIEF FINANCIAL OFFICER ANDERSON: Thanks for the question, Council Member. So, the $47 million, I think you mentioned also, but it's really a replacement of the expiring American Rescue Plan funding. So that's federal money that went away this year, and so it's a replacement using City Tax Levy for those services.

COUNCIL MEMBER CABÁN: Okay. So, not-- so to be clear, not an increase. And then I just-- my last few seconds I want to ask about involuntary transports. Again, and I'm going to be referencing data that's included in the transports annual report. So, it looks like the majority of involuntary transports are initiated by police, right? The report shows that in 2024, 7,060 of those involuntary transports were initiated by the police, and 661 of the involuntary transports were initiated by clinicians. So, my questions around this are like, are outcomes tracked for both types of involuntary transport? Is there a difference in the aspects of the interaction? What kind of data is being kept beyond just that basic number? So, for example, I want to know in hospitalizations initiated by police versus clinician, what's the use of force rate? Right? Because it seems like one, more often than not police are having these interactions that result in involuntary transports, and the connection also point that I'm making here is that we know the police are not the right responder who are in acute mental health crisis, and so when they show up we often see not a de-escalation but an escalation, and then that

becomes the information that's used to involuntary trans-- like, it is-- it creates conditions that didn't exist prior that ends up with an assessment that the person needs to be involuntarily transported. So, I want to know what kind of data is being kept, and I specifically want to know about the differences between use of force.

COMMISSIONER MORSE: Thank you for that question, Council Member. I think you're referencing the report that was published by the Office of Community Mental Health that was released a few weeks ago. That report doesn't fully reflect our DOHMH data, mostly because we have a data lag that made it not possible for us to-- for some of our data to be included in that report. So, I don't have a full answer to some of the questions that you posed, but the Office of Community Mental Health I think would be a good place to start for some of those questions. I do want to pass to Dr. Wright in case there's anything he'd like to add.

COUNCIL MEMBER CABÁN: And to be clear, before you answer, I just have another commitment to get-- to find out what data is being kept. I know you're saying that the Community-- that cohort is the

place to start, but like you said that there is data that didn't make into the report, and I want to know what that data is.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: Thank you for your question. So, I can say that both involuntary and voluntary commit data is tracked and is kept, but to the Commissioner's point, the full brunt of that report really does come with OCMH, and so we can get that information for you.

COUNCIL MEMBER CABÁN: Okay. And do you know-- I mean, in this moment and time, do you know of any of the differences or are you tracking any of the differences in outcomes or experiences at the point of intervention between police-initiated involuntary transports and clinician-initiated involuntary transports? Because again, we're seeing a crazy disparity in the numbers. Like, the vast majority of these involuntary transports are being initiated by police not clinicians.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: Understood. And so I will just say before I pass it to Assistant Commissioner Jamie Neckles, that we are not involved in any of the police removals that you're talking about. So, I'll pass it to Jamie.

ASSISTANT COMMISSIONER NECKLES: Yeah, thanks. So, we would have no data, because there's no clinician involved. These are entirely policy-initiated actions. For the removals of which we are a part, we have data. So, those are largely conducted by mobile crisis teams. I got over 17,000 referrals in FY24, and about three percent of those resulted in an involuntary removal. So, they are very infrequently assessing a person as needing emergency evaluation in a hospital and requiring involuntary transport. And then of that, the small number, that three percent of the 17,000+ mobile crisis referrals, those that are brought to the hospital, about 75 percent of them are subsequently admitted onto an inpatient service. It's a number Dr. Wright cited earlier, just demonstrating the accuracy of the clinician's assessment of people who would benefit from inpatient care.

COUNCIL MEMBER CABÁN: Thank you very much. I think that data-- and I'm done, Chairs, but I just want to close by saying that I think that data is incredibly important, especially when you put it together with some of the information and data we have gotten from the NYPD in these hearings, and it

tells a really, really-- I think-- clear story about who gets the better outcomes when dealing with folks and who is more often than not escalating an intervention to that last case scenario that you guys are saying in terms of what is best medical practice. So, thank you.

CHAIRPERSON LEE: Okay. I'm just going to ask a few follow-up questions and then I'll move on. Actually, okay, so a quick question. Actually, going back to the Bronx support location that you were talking about, the $5 million. Is that-- how is that different from what is the Crisis Respite Centers? And I know that we had come up with a Local Law to increase the number of Crisis Respite Centers, and I just was thinking when you guys were talking about it, is that a possible, you know, place where we could maybe increase in a different program that we really need those beds for? So, I just wanted to ask that out of curiosity.

COMMISSIONER MORSE: I'll pass to Dr. Wright to share a little bit about the difference between the Community Connection Centers--

CHAIRPERSON LEE: [interposing] Yeah.

COMMISSIONER MORSE: and the Respite Centers.

CHAIRPERSON LEE: Okay.

EXECUTIVE DEPUTY COMMISSIONER WRIGHT: Thank you, Commissioner. So, as you indicated, the Crisis Residence which were formerly the Respite provide an alternative to hospitalization. So, individuals that tend to go to those places tend to stay about three weeks on average, but it could be less, and these are not individuals that are homeless from the traditional sense of the word, but they have places to live, but they don't meet the necessity to go to a hospital. So, it's as it's indicated a place where people can get support. It's an open-door setting. They can continue their daily activities. It's trained peers and non-peers that help and work with individuals to help them successfully overcome this emotional stress that is temporary. So, this is a temporary set-up that they have. And in terms of the Connection Center, I think that is something that Assistant Commissioner Jamie Neckles talked about earlier in terms of a step-down from standpoint of if you don't necessarily meet the criteria for INT or FACT to continue or ACT to continue, then that

connection center is another alternative for individuals who are in between care that they need. And so I don't know, Jamie, if you want to elaborate on anything more, but that would be how we see the difference.

CHAIRPERSON LEE: Okay. I think the thing that made me think of both of them was when you said the brief stay, because in my mind I'm thinking CRCs as well as the Connection Centers would be brief stays, and so I just wanted to-- I don't know. I'm always trying to think of how we expand the beds.

ASSISTANT COMMISSIONER NECKLES: Yeah. And I think they are increasing. So, Support and Connection Center, people are staying about three days, much more brief.

CHAIRPERSON LEE: Right, okay.

ASSISTANT COMMISSIONER NECKLES: Crisis Residence is about three weeks.

CHAIRPERSON LEE: Got it.

ASSISTANT COMMISSIONER NECKLES: And there's an expansion of Crisis Residences. We really appreciate the Council's support and advocacy on behalf of the service. We started out with four 10 years ago in this city. It crept up to eight. We're

at 11 Crisis Residences citywide. So, we're headed in the right direction.

CHAIRPERSON LEE: Okay. But still, whenever I hear 11, I'm like in a city of our size, it's like-- it kills me a little bit, but yes, it is an improvement. I agree.

ASSISTANT COMMISSIONER NECKLES: Those are sites, not beds, yeah.

CHAIRPERSON LEE: Oh, okay, sites. Okay, good. Because I know-- previously when we talked about beds there were such a low number in the city so hopefully that has-- what are the total beds now?

ASSISTANT COMMISSIONER NECKLES: I walked into that question, didn't I? I think it's about 60. We can get back and confirm with you on that.

CHAIRPERSON LEE: Oh, 60?

ASSISTANT COMMISSIONER NECKLES: Yeah.

CHAIRPERSON LEE: Okay. Thank you. Okay, I'm just going to skip around really quickly to the school-based mental health clinics. So, I know that you said there's 26 new Article 31's and seven pending. So, having run an Article 31 or started one myself, I know it's a very painful process. And so essentially, if you look at it from the standpoint of

an Article 31 clinic, if I'm running the clinic, it's essentially another satellite location and there's definitely start up costs to that. And I know one of the things that the providers were having issues with was the low amount of start-up costs to their sites, and I think that was actually one of the big barriers that they were facing along with, you the reimbursement rates and the staffing and everything. So, I just wanted to know have there been any changes to that? Have there been any discussions to potentially increasing that portion or other supportive services for the school-based mental health clinics?

COMMISSIONER MORSE: Yeah, thank you for the question. The school-based mental health clinic both licensing process as well as the startup funds is run by the Office of Mental Health at the state, and we are always in conversation with them. We have also heard the concern about the 25,000 that school-based mental health clinics are automatically eligible for when they start a new clinic is not being adequate. However, again, you know, this is really an Office of Mental Health decision at the state level about potentially changing some of those

funds. We also are aware that some of the high-need schools where more than half of the students are coming from economically marginalized households. They're eligible for an additional $20,000 in start-up costs. So, that's kind of focused again specifically on schools where the needs are at a higher level.

CHAIRPERSON LEE: Mental health continuum, I ask this question every year-- it's such a great program. And there's 16 school-based mental health clinics covered under the current funding for $5 million. So, this is definitely one of-- I think-- of the impactful programs that I hear very positive things about. And just wanted to know what the likelihood is in terms of baselining this, and if there are any plans to increase the funding levels currently, as well as maybe expand on the-- expand on how many centers there are?

COMMISSIONER MORSE: Yes, the mental health continuum program funds both NYC Public Schools, H+H and ourselves. So, kind of the triad of agencies to work together. So, it expands school-based mental health clinics. As you mentioned there are 16 that opened this year, but we in the Health

Department out of that $5 million we receive about $470,000 of those funds. Our role really is mostly focused on the technical assistance, ensuring the quality of the care at the school-based mental health clinics and partnering with the providers that are running the clinics at the schools. So, our role or lane within the school-based-- within the mental health continuum is very narrow in that way.

CHAIRPERSON LEE: Is there an appetite to get more involved in that?

COMMISSIONER MORSE: I would encourage you to talk with Health + Hospitals. They're-- they've been leading the development of additional clinics as a part of the mental health continuum.

CHAIRPERSON LEE: okay. Because I would imagine there's definitely a need for it. So, I'm just trying to figure out what the level of engagement should be, but yes. Okay. And then-- oh, this is a question-- I don't know how much oversight you have, because this is more of a state issue, but I'm just curious to know if you've heard anything about the ABAs? I know that the state allows and maps out Medicaid billing right now. DOE currently-- I know this is more of a DOE thing, but I'm just

curious if there's any overlap. DOE's not permitted to bill for ABA services, and do you think that ABA services are an effective tool in school-based mental health services, and if so, would you advocate for the state to permit DOE to bill for that?

COMMISSIONER MORSE: I think we'd have to get back to you on that question.

CHAIRPERSON LEE: Okay. Yeah, I'm just curious, because I think the more support we can get to actually get this money to New York City schools would be great, because currently they can't bill for it. So, maybe that's a conversation we could have more offline. Of course, Gale has asked a lot of my questions and you know, concerns around the clubhouses which, you know, we feel very strongly about in terms of the smaller clubhouses to make sure that they're funded. So that is something that we will continue to advocate for. And just currently, I know that the new clubhouses, the new RFP that was given out for the current contractors, are pretty much all of them on track to opening and following the timeline, or are there still hiccups with finding new locations if they need new locations? If you could give us a status update on the current one.

COMMISSIONER MORSE: Absolutely. Yes, 12 of the 13 clubhouses are open and running. So, we are seeing great progress in our new clubhouses.

CHAIRPERSON LEE: Okay, 12 out of 13. And what's the reason for the last one not being able to open?

COMMISSIONER MORSE: We can get back to you.

CHAIRPERSON LEE: Okay. Alright, thank you.

CHAIRPERSON BRANNAN: Okay. Thank you all very much. Appreciate your testimony. We will get started with the second portion very, very shortly.

CHAIRPERSON LEE: Yeah, I was like, wait, don't leave.

COMMISSIONER MORSE: Thank you.

CHAIRPERSON BRANNAN: Don't leave.

CHAIRPERSON LEE: Don't leave. And just as a-- for all the advocates here for the mental health piece and the community leaders, I just wanted to personally say I'm sorry I can't stay for the public portion. That's actually usually my favorite part, but I'm trying not to get disowned by my

family, because there's an obligation I need to go to. So, I just wanted to put that out there for the record. Thank you.

CHAIRPERSON BRANNAN: Alright, we'll take like a legitimate 10-minute break, and then we're going to start, okay? A real 10 minutes, Crystal.

[break]

CHAIRPERSON BRANNAN: Okay. [gavel] Good afternoon. Welcome to the second half of today's hearing with the Department of Health and Mental Health. I'm pleased to be joined by my colleague Council Member Lynn Schulman who chairs the Committee on Health. We've been joined for the second portion by Council Members Brewer, Narcisse, Marmorato, Hudson, Farías, and Louis. Welcome, again, Acting Commissioner Dr. Morse and your team. Thank you for joining us and staying here to answer some more questions. On May 1st, 2025 the administration released the Executive Financial Plan for FY26 to 29 with a proposed FY26 budget of $115.1 billion. DOHMH represents $2.3 billion or two percent of the budget. DOHMH Public Health proposed FY26 budget of $1.42 billion accounts for just about 61.5 percent of DOHMH's total budget. Total budget increased by

$117.5 million or $9.2 percent from the $1.3 billion original budgeted in the FY26 Preliminary Plan. As of March 2025, DOHMH has 227 vacancies relative to their budgeted headcount in FY25. In the Council's Preliminary budget response, we called on the administration to add $48.2 million in expense funding for school health services, improving maternal outcomes, welfare for animals, and glucometer distribution. The Executive Plan does not include any additional funding for any of the identified items that we highlighted. We cannot overlook the need for funding for new mothers, our students, and overall improving the health outcomes for many New Yorkers, especially at a time like this with the cuts coming from Washington. Further compounded by these cuts and pauses, it's imperative to ensure our health programming is adequately funded to serve the interests of all New Yorkers. My questions today will largely focus on the utilization of city funds, the medical debt relief program and funds from the opioid settlement. I'll now turn it over to my Co-Chair, Council Member Schulman for her opening remarks.

CHAIRPERSON SCHULMAN: Thank you, Chair Brannan. Good afternoon. I am Council Member Lynn Schulman, Chair of the New York City Council's Committee on Health. Thank you all for joining us at the Fiscal 2026 Executive Budget hearing for the Department of Health and Mental Hygiene. I would like to thank Finance Chair Justin Brannan for joining me for this joint hearing. I would also like to thank Acting Commissioner Doctor Michelle Morse and the other members of the administration who are here with us today. DOHMH's Fiscal 2026 Executive Budget totals $2.3 billion which represents approximately two percent of the city's budget. This budget includes $1.4 billion for the city's public health services and comprises $490 million for personnel services and $928 million for other than personnel services. The Fiscal 2026 budget for Public Health is about $87 million greater than the Fiscal 2025 Adopted Budget, largely attributed to the additional $68.5 million to cover cost for school-based contract nurses and an additional $10 million for the Groceries to Go Program. The budget includes an additional $142 million in city funds, but it also includes reductions in state and federal funds, $31

million and $25 million, respectively. In this budget, federal funding represents 20 percent of DOHMH for Fiscal 2026. As we heard, the Federal Government is considering multiple cuts to health programs including $100 million grant for infectious disease programs to New York City. The committee in concerned about the damage their action could cause to the city's public health landscape, and I am eager to find out about DOHMH's plans to protect these vital programs. We have also heard concerning rhetoric from the Federal Government regarding vaccines. I would like to hear about DOHMH's plan to maintain its cutting-edge vaccination research and vaccine distribution capabilities in the face of federal threats. In addition, we will seek clarity about the future of DOHMH's funding levels to support people living with HIV and AIDs, as well as the Department's sexual health services portfolio more broadly. Among other topics, I am also eager to discuss the progress of some of DOHMH's high-profile public health programs including the citywide Diabetes Reduction Plan, Healthy NYC, and Maternal Health. Before we begin, I would like to thank the Finance and Legislative Division staff for their

support. Finally, I would also like to thank my staff, Jonathan Buche [sp?], Kevin Maclear [sp?], and Avigyle Zucker [sp?]. I will now turn it back to Chair Branna.

CHAIRPERSON BRANNAN: Okay, thank you, Chair. Again, I want to thank the Council Finance Division for helping us with these last two weeks of hearings, especially Florentine Gabore [sp?], Aman Mativan [sp?], and Malaria Rosaro Rodriguez [sp?] for today's hearing. I'm going to now turn it over to Committee Counsel, Brian Sarfo to swear in our witnesses and we can start. We've also been joined by Council Member Ariola.

COMMITTEE COUNSEL: Good afternoon. do you affirm to tell the truth, the whole truth and nothing but the truth before this committee and to respond honestly to Council Member questions? Dr. Morse? Deputy Commissioner Quinn? Deputy Commissioner Schiff? And Deputy Commissioner Otsubo? Oh, Commissioner Anderson? Thank you. You may begin.

CHAIRPERSON BRANNAN: Thank you.

COMMISSIONER MORSE: Good afternoon, Chair Brannan, Chair Schulman, and members of the

committees. I am Dr. Michelle Morse, Acting Commissioner of the New York City Department of Health and Mental Hygiene. I am joined today by our Chief Financial Officer, Aaron Anderson, and members of our senior leadership team. Thank you for the opportunity to testify today on the Department's Executive Budget for Fiscal Year 2026. In the months since I last testified before this council, not this morning, but a few months ago, the Health Department has continued to serve New Yorkers each and every day. And we've done so despite major changes in federal public health funding, infrastructure, and messaging. On March 25th, the day after our preliminary budget hearing, the federal government announced the recission of $11.4 billion in public health funding. That money was allocated by Congress to help state and local health departments recover from the COVID-19 pandemic and reinforce critical public health infrastructure. Of that funding, about $100 million came to our agency. The majority of that funding is earmarked for critical disease control and outbreak prevention infrastructure. That includes improving our data systems to manage much larger amounts of data and staffing our public health lab,

which diagnoses diseases like measles in just hours. We have not yet lost that funding. A coalition of 23 states and the District of Columbia sued the administration for their illegal revocation of congressionally allocated funds. New York State Attorney General Letitia James is leading that lawsuit. Last week, a federal judge issued a preliminary injunction that requires the administration to preserve funding for the states involved in the lawsuit. Here in New York City, about 20 percent of our agency's budget is federally funded, which amounts to $600 million, $100 million of which is now tied up in the courts. Those attempted funding cuts have not been the only challenge. About 20,000 of our colleagues at Health and Human Services have either been fired or have left the agency this year. The administration also proposed a dramatic restructuring of HHS, and the confusion created by that reorganization, paired with the impact of staffing reductions, is already creating downstream administrative hurdles for us. We're also paying close attention to the proposed public health and healthcare funding cuts in the White House skinny budget and the budget

reconciliation process. Meanwhile, there has been a groundswell of misinformation that's fueling mistrust in longstanding public health interventions like water fluoridation, milk pasteurization, the value of health equity interventions, and childhood vaccinations. Amid all of this, we've kept up a considerable drumbeat of critical public health work locally and we've remained steadfast in our commitment to health equity. At the New York City Health Department, data is our superpower. Our citywide data reveals consistent patterns of worse health outcomes and a greater right to resources in historically redlined neighborhoods. We're working to interrupt longstanding cycles of disinvestment by prioritizing those neighborhoods. Science and data guide every component of our vast network of programming across the City, and we are committed to maintaining and expanding that work. After all, our data shows significant remaining health inequities from overdose deaths to Black maternal mortality to heart disease, diabetes, and cancer. We are particularly focused on preventing chronic disease, which accounts for roughly 40 percent of all deaths before the age of 65. It's the leading cause of

death across all racial and ethnic groups in New York City. Earlier this year, we released a cross-agency report that puts forward bold new strategies for chronic disease management and prevention, as well as a citywide diabetes reduction plan. We're deploying programs that increase access to affordable, healthy food, healthcare, outdoor space, and more. Across every issue, our programs form an invisible shield for our city. Ultimately, that's what's at stake as we discuss the Executive Budget today. Our work is wide-ranging. For example: To protect the wellbeing of the more than 400,000 children in New York City childcare, we make sure childcare centers are safe and that workers have background clearance and opportunities for training. To inform our public health interventions, more than 200,000 New Yorkers participate in our survey-based research. To support parents who are pregnant or who have young children, we've provided more than 20,000 families with nurses and doulas. To meet New Yorkers where they're at and build trust on the ground, we train more than 5,000 community health workers, who have shifted from COVID-focused engagement to chronic disease. To promote the sexual health of every New Yorker, our

Sexual Health Clinics see more than 40,000 patients a year, about 60 percent of whom are uninsured. To aid the early development of New York City's children, we provide more than 30,000 children and their caregivers with early intervention services, including occupational therapy, speech therapy, and physical therapy. And to care for some of our most vulnerable residents, we work with more than 200 community providers to support more than 800 programs providing housing, clinical support, and mental health programming. Every piece of our work requires a sustained investment. And the past few months have made it clear that we can't rely on the federal government to support our work. We anticipate an increased reliance on state and city dollars in the months and years ahead. About 29 percent of our budget is funded through New York State. We were pleased to see a number of initiatives included in the 2026 budget, including an expanded Empire State Child Tax Credit, $450 million in funding for SUNY Downstate, and a one-year extension of the Medicaid Managed Care carve out for School-Based Health Centers. The budget also includes $25 million in new statewide funding to allow providers to cover the

full cost of medication abortion and other abortion services. While there are a number of good things in this year's state budget, it fails, yet again, to redress the inequity of NYC's Article 6 match. Every county in the state receives a 36 percent reimbursement from the state for core public health services, except New York City, which only receives 20 percent. I want to acknowledge the members of this Council, particularly Chair Schulman, who used their voice and platform to advocate strongly for this funding restoration. The state legislature now has the opportunity to pass legislation to fix this injustice by voting on Senate Bill 4801 and Assembly Bill 2705, which was put forward by Senate Health Committee Chair Rivera and Assemblymember Gonzalez-Rojas. As State Health Commissioner McDonald said, this is the very definition of an inequity. New York City has the largest population of Black, Indigenous, and people of color in the state. We're also home to the most low-income individuals and the majority of Medicaid recipients in all of New York State. And we are the most global city in the country. When it comes to infectious disease, that means New York City is often hit first and hardest. Despite all that,

we've lost upwards of $90 million a year in state public health funding since our matching funds were cut in 2019. We're in the midst of an extremely distressing time for public health. The state can alleviate some of this uncertainty by passing legislation and providing New York City residents with the funding they are owed from the state government. At the city level, we're grateful to see a continued commitment to public health funding in the 2026 Executive Budget. In particular, we were pleased to see new dollars allocated for critical programs, including $3.8 million for rapid STI testing at our Sexual Health Clinics; $7.2 million for tuberculosis case management; and over $100 million in baselined funding to support school nursing costs, which have grown significantly since the pandemic. The Executive Budget also sustains a range of existing operations and programs like letter grading for mobile food vendors and creating opportunities for food insecure New Yorkers to purchase groceries with monthly credits from Groceries to Go. We're grateful to see the Executive Budget dedicate the necessary resources for many of our core operations. That said, we are living

through a particularly volatile time in public health. We have a responsibility not just to care for New Yorkers, but to serve as a national leader and a universal trusted source in public health. We're committed to do just that. Thank you for your attention, and I'm happy to take your questions.

CHAIRPERSON BRANNAN: Thank you, Commissioner. So, DOHMH's expense budget is primarily funded with City Tax Levy funds. In FY26, the Executive Budget, City funds make up 63 percent of the Public Health expense budget. It's about $886 million. Which Public Health services are funded exclusively with City Tax Levy funds?

COMMISSIONER MORSE: Thank you for that question. There are a number of different programs and divisions whose program activities and policy work is really primarily funded by CTL. One example I'll give just from this morning is our IMT teams, for example, that are fully funded by CTL. There are a number of other programs. We could certainly get a more expansive list so you know which ones are only funded by CTL.

CHAIRPERSON BRANNAN: Yeah, that would be helpful.

COMMISSIONER MORSE: We can do that.

CHAIRPERSON BRANNAN: Okay. I guess, because we're interested if any of those services are eligible for funding on other-- any other funding sources, or if it's exclusively City Tax Levy. Which Public Health projects or services saw reduced federal funding in the Executive Plan? Are they-- are those reductions expected to be replaced with other sources of funding from city or state dollars?

COMMISSIONER MORSE: At this time, we actually don't have any services that are expected to be reduced in the FY26 budget. All of our current programming is intended to continue, and there were some increases in funding in some areas like tuberculosis, school-based-- excuse me, school nursing, etcetera. So, we're not expecting any cuts to services in FY26.

CHAIRPERSON BRANNAN: Okay. In our budget response, we requested $18 million in funding for school-based health centers which would bring the city funding total for these centers to $25.5 million. Do we know why this request was not granted?

COMMISSIONER MORSE: Thank you for that question. I would have to refer you to our colleagues at OMB and City Hall.

CHAIRPERSON BRANNAN: What are the major nonprofit organizations that are operating school-based health centers?

COMMISSIONER MORSE: For our school-based health centers, I'll just start by saying that there are about 200 school-based health centers across about 300 different schools. There are-- there is also a nurse in every school except about 113 schools for very specific reasons. So, we rely very heavily, of course, on our colleagues that we partner with in school-based health clinics. Many of them are partnered through academic institutions to provide a number of different preventive services and things like that. So, to your specific question, I will pass to Aaron Anderson, my Chief Financial Officer.

CHIEF FINANCIAL OFFICER ANDERSON: Thanks for the question. Thanks, Dr. Morse. Yeah, school-based health centers are operated by medical centers, so for example, Mount Sinai, NYP, Monte, Northwell, as well as FQHCs, Morris Heights, Urban Health Plan, NYU Langone, Sunset Park to give a few.

CHAIRPERSON BRANNAN: And how many school-based health centers are in each borough?

COMMISSIONER MORSE: I don't have the breakdown right now per borough, but we can get that to you. Overall, the number is-- we have 135 centers across 314 schools. It serves about 140,000 students, and of those 135 school-based health centers, 35 of them are fully city-funded.

CHAIRPERSON BRANNAN: Right. And there's-- so there's 134, right? And the other 99-- 35 out of 134 receive city funds. The other 99 do not receive any city funding, right?

COMMISSIONER MORSE: That is correct.

CHAIRPERSON BRANNAN: Okay. So, they rely on reimbursement through Medicaid or other insurance?

COMMISSIONER MORSE: That's my understanding, yes.

CHAIRPERSON BRANNAN: So, do we know if any of these threatened Medicaid cuts would affect those centers?

COMMISSIONER MORSE: Unfortunately, we are extremely concerned that any reductions to Medicaid coverage would result in some changes to

revenue that fund some of the school-based health centers. Yes, that's a possibility. However, most of the Medicaid cuts that have been proposed are imposing things like work requirements, are reducing funding for Medicaid coverage or other types of coverage for people who are immigrants. We have yet to see anything specifically focused on children's Medicaid.

CHIEF FINANCIAL OFFICER ANDERSON: I would just add that some also get state grants. So they're not exclusively relying on Medicaid, but that's certainly a concern.

CHAIRPERSON BRANNAN: the executive plan includes a one-time additional state funding of $25 million in FY25 to support tuberculosis prevention program for asylum-seekers. The program is run by H+H and DOHMH, but since the funding is only added in FY25, what is the City's plan on continuing this program beyond FY25?

COMMISSIONER MORSE: Thank you for that question. We did-- well, first and foremost, I'll just say that we are looking very closely at tuberculosis. We do have higher rates of tuberculosis and more cases than we've had in quite

some time. In FY26 we did receive additional funding, $7.2 million in FY26 for tuberculosis work and case management specifically, which is an additional $50-- includes and additional $50 FTE. We expect that those additional funds in FY26 will allow us to really address many of the needs that we're seeing in tuberculosis across the City. For your specific question about tuberculosis screening for immigrants and asylum-seekers, we're in conversation with our colleagues at DHS and H+H and OMB about what the ongoing needs will be for tuberculosis screening and management.

CHAIRPERSON BRANNAN: Okay. So, in the Executive Plan, the FY25 for the entire Disease Prevention and Tratment program area totals a little over $570 million, but it decreases too $286 million in FY26. Can you explain the difference there? It's a difference of about $285 million.

COMMISSIONER MORSE: for that one I will pass to my Chief Financial Officer.

CHAIRPERSON BRANNAN: We just want to make sure you're fully funded to prevent and combat diseases here in this moment.

COMMISSIONER MORSE: We appreciate that.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thanks, Chair Brannan. A lot of the-- a lot of what you're seeing as in what appear to be reductions are often related to the timing of grant funding, different grant cycles, things that are loaded throughout the fiscal year. So, in many cases that's really the explanation.

CHAIRPERSON BRANNAN: So, most of that is federal funding?

CHIEF FINANCIAL OFFICER ANDERSON: A lot of disease control work is federal funding. Majority of the work is federal funding. And those grants are loaded typically year to year throughout the year.

CHAIRPERSON BRANNAN: So, are we assuming that federal funding for measle prevention and treatment is at risk?

COMMISSIONER MORSE: I can start and I'll have Aaron add to my response. So, within the $600 million in federal funding that we have, a large amount of that funding is covering our immunization programs. So, about $40 million of that $600 million is specifically for our immunization programs, and that includes our childhood immunization programs which includes MMR, which prevents measles. So, it

is fully federally funded, that program for immunization and there-- and because we've seen such clear signals from the Federal Government, that Public Health and funding through the CDC is not priority. We are quite concerned that funding for our immunization programs as well as so many other core public health programs could be at risk, particularly when the federal budget comes out in September.

CHAIRPERSON BRANNAN: Any measle cases connected to the Texas, the outbreak in Texas?

COMMISSIONER MORSE: we have had cases of meals here in New York City this year, this calendar year, but they are not related to the Texas outbreak. They are most-related to international travel and they are large majority in people who are unvaccinated.

CHAIRPERSON BRANNAN: The mobile ICARE pilot which is something that I pushed for and care a lot about as someone who has a cornea transplant. It was originally funded for about $1.5 million in FY23, because a vendor hadn't been identified that year. The funding was rolled over to FY24. Can you tell us-- give us an update on the funding for FY25 and 26,

and has a vendor been determined for the pilot program?

COMMISSIONER MORSE: Thank you for that question. I'll start and then I'm going to pass to Aaron Andeson. We have identified a vendor for the program, and I'll pass to Aaron to shar the details on the FY26 budget.

CHIEF FINANCIAL OFFICER ANDERSON: Sure. Thanks, Doctor Morse. So, yes, we're pleased to report that the contract with Community Healthcare Network for $1.75 million, was registered earlier this year, January, for three years which will be for last December through November of 2027.

CHAIRPERSON BRANNAN: Okay, great. I have a couple of questions more and then I'll hand it over to Chair Schulman. The Council-- given the Council's proposal for $1.5 million TNR initiative, what steps is DOHMH prepared to take to ensure the funds are equitably distributed and to support front line community-based cat rescue?

COMMISSIONER MORSE: I'm going to pass that one to my Chief Finance Officer.

CHIEF FINANCIAL OFFICER ANDERSON: And I think we should call up Corinne Schiff. You're talking about Trap, Neuter, Return?

CHAIRPERSON BRANNAN: Yep.

CHIEF FINANCIAL OFFICER ANDERSON: Got it.

CHAIRPERSON BRANNAN: Sorry, I switched topics.

DEPUTY COMMISSIONER SCHIFF: So, we appreciate the Council's interest in supporting TNR practitioners. We're in discussion with OMB about the funding proposal.

CHAIRPERSON BRANNAN: Okay. Is there a citywide strategy in place to humanely manage the feral cat populations?

DEPUTY COMMISSIONER SCHIFF: So, the Department has information on our website on best practices for TNR, and we have the opportunity for TNR groups to be listed on the website. We list some of the practitioner groups on the website, and we open that up for anyone to be able to respond.

CHAIRPERSON BRANNAN: But you're not actually giving them any money to do it.

DEPUTY COMMISSIONER SCHIFF: We do not fund TNR programs.

CHAIRPERSON BRANNAN: We believe you should. I think the City is taking advantage of the compassion for animal welfare advocates who do this work out of the goodness of their heart. I think it's the responsibility of municipality to deal with this. I mean, how does DOHMH assess the current capacity to meet the citywide demand for spay and neuter services?

DEPUTY COMMISSIONER SCHIFF: So, we do have a different program under Local Law, the Animal Population Control Fund, where we provide subsidized spay and neuter services for people who own cats and dogs. We do that via contract and for people who meet income eligibility.

CHAIRPERSON BRANNAN: Are there any other investments or partnership that DOHMH has pursued to expand access to TNR in high-need and under-resourced areas?

DEPUTY COMMISSIONER SCHIFF: So, our work in TNR is really to provide information about best practices.

CHAIRPERSON BRANNAN: And how is DOHMH working with other city agencies like HRA or ACC or the Mayor's Office of Animal Welfare to develop a coordinated response to pet retention and rescue support?

DEPUTY COMMISSIONER SCHIFF: We work very closely. Of course, we fund ACC. ACC is the City's open admissions animal shelter, as you know, and they have a very robust program to work with foster groups, to do adoption, and pet surrender counseling for people in addition to the sheltering services that they provide. We work very closely with the Mayor's Office on Animal Welfare, but I would defer questions on exactly what their programs are to their lead.

CHAIRPERSON BRANNAN: So, last question for me. I mean, does DOHMH have any larger vision for how to do better by our city's animal population, specifically our feral cat population? Is there any real big thinking around this?

DEPUTY COMMISSIONER SCHIFF: So, I would say that our work with animal care centers over the last decade or so, including with Council support and really leadership has made our open admission shelter

a national leader in this area. As you know, we are on the cusp of being able to finally open a full-service shelter in every borough. We're developing the shelter in the Bronx now. Chair Schulman was at our opening for the Queens site which is a beautiful state-of-the-art facility. The Brooklyn site is under full renovation. We expect that to open in 2026. We have a really beautiful new pet adoption center in Manhattan, and I think, you know, it's an extremely challenging area. We've got great leadership at ACC, a really mission-driven staff. They think a lot about all of these different kinds of issues, and I would just encourage everyone here. We have pets available for adoption. I hope that people will choose ACC when they're ready to add a pet to their family.

CHAIRPERSON BRANNAN: I mean, we appreciate the work ACC does. It's a thankless job. I just think there needs to be some thinking around-- the reason why the animal shelters are overflowing is because people don't have access to TNR services a lot, especially under-resourced communities. So, you know, we hear a lot about the shelters are at capacity, and there needs to be that conversation

about that ecosystem. The reason why the shelters are overcrowded is because we don't have enough TNR resources for folks. So, it's upstream sort of way of thinking right? That I would love for you guys to think about.

DEPUTY COMMISSIONER SCHIFF: So, we do have programs to help people who can't afford to spay/neuter their pets to be able to get that service.

CHAIRPERSON BRANNAN: And that's through ACC?

DEPUTY COMMISSIONER SCHIFF: That contract right now is within ASPCA to provide through the Animal Population Control Fund.

CHAIRPERSON BRANNAN: And how much is that fund?

DEPUTY COMMISSIONER SCHIFF: That is a $3 million contract for six years.

CHAIRPERSON BRANNAN: So, if I have a cat and I want to get it spayed, there's a way for me to do it?

DEPUTY COMMISSIONER SCHIFF: If you meet income eligibility requirements, then that service is available to you.

CHAIRPERSON BRANNAN: When did that service start?

DEPUTY COMMISSIONER SCHIFF: The-- I don't remember the start date for the Animal Population Control Fund which is under the Ad [sic] code, but that-- the current contract began November 1st, 2022 and expires end of October 28.

CHAIRPERSON BRANNAN: Okay. I'll turn it over to Chair Schulman. Thank you.

CHAIRPERSON SCHULMAN: Thank you, Chair Brannan. I want to continue a little bit on this questioning and I want to echo Chair Brannan's concerns and his trying to talk to you guys about taking on a bigger role in this for DOHMH. And I know this is like not totally in your domain, but I'm going to actually make a request to the administration which I know is here and also watching that we do this, that we rethink some of this. So, my question, I'll just ask some questions on this, and I'm going to go to something else. So, given the Council's proposal for $1.5 million TNR initiative, what steps is DOHMH prepared to take to ensure that funds are equitably distributed and support front

line community-based rescuers? Oh, sorry, Corinne, I should have told you to stay.

DEPUTY COMMISSIONER SCHIFF: Sure. As I said, we are in conversation with OMB about that request. And we appreciate the Council's interest in this area. Should that funding come through, we will be happy to speak with you about how we can make sure that the funds are equitably distributed.

CHAIRPERSON SCHULMAN: I hope our comments are being funneled higher so that OMB hears what we're saying. How does DOHMH currently administer the Annual Population Control Fund?

DEPUTY COMMISSIONER SCHIFF: So, as I just noted, this is a contract that was put out through the procurement process. The awardee right now is ASPCA and they're responsible for administering that.

CHAIRPERSON SCHULMAN: Alright. I'm going to-- Chair Brannan asked the other questions that I had about that, but I just-- I want that to be seriously considered. We're going to follow back up with this, because you know, it's a really important issue for folks, for our constituents and for folks in the City in general. So, now I'm going to ask--

I'm going to switch gears. I'm going to ask about-- Corinne, you can go. You can stay there, I don't care. I'm going to ask about diabetes management program. So, many New Yorkers have issues accessing and affording vital diabetes management products including glucometers. Similar to last year, our Preliminary Budget response includes a request of $1 million in Fiscal Year 2026 for a pilot glucometer distribution program. Has DOHMH considered this proposal to provide free or low-cost glucometers to New Yorkers, and are there any other ideas that you have as part of that, because we really do-- diabetes is a huge issue, and we really need to start. I know that through Healthy NYC it's being addressed and the numbers are starting to go down, but we still need to do more.

COMMISSIONER MORSE: Thank you for the question, Chair Schulman. As you see to the left, we thought it would be helpful to just bring a visual about how much of an issue we see with diabetes across the city. It really does-- like many other illnesses and chronic illnesses specifically-- track with poverty and track with neighborhood, unfortunately. So, what we see is almost double the

rate of diabetes in the Bronx as we see in other parts of the city, for example. We also see high rates of diabetes in communities that don't have access to healthy food at a reasonable price. So, all of those things are described in detail in our chronic disease report that was released at the end of January, and we certainly have seen, again, an uptick in diabetes prevalence across New York city over the past 10 years. All of that being said, glucometers are a central part of managing diabetes once someone's diagnosed with it, particularly if they're on insulin, and insurance companies and health insurance does cover glucometers, but for people who are uninsured for example it can be more difficult to find access to a glucometer and to get care. We do think that improving access to diabetes care needs to continue to be a priority, and we also see the Diabetes Self-management Program and the National Diabetes Prevention Program as two incredibly important evidence-based programs that help to address diabetes prevention and management. We currently run those programs in many places, but always see a need for more diabetes education, and again, the Bronx unfortunately is a place where we

see a very high prevalence of diabetes. It has unfortunately the lowest county health ranking of every-- out of 62 counties across New York City in the Bronx, and diabetes is contributing to that. So, long story short, certainly see opportunities for increasing access to glucometers, particularly amongst people who are uninsured. We also, however, because of the deep connection between poverty and diabetes outcomes, see an opportunity for innovating programs like guaranteed income programs to address diabetes with, again, a focus in the Bronx where diabetes is unfortunately the worst across the City. So, we'd be happy to speak more with Council about those kinds of opportunities.

CHAIRPERSON SCHULMAN: Yeah, can you tell us where that's used? Is that used any place now, the guaranteed income?

COMMISSIONER MORSE: We have seen some really innovative uses of guaranteed income, particularly amongst pregnant people, and there have been phenomenal outcomes for giving guaranteed income to pregnant people during pregnancy and after pregnancy. It's improved health outcomes in that population. It's also been looked at in a number of

other areas, but it has yet to be tried in chronic disease specifically. So, we believe, again, because there's such a deep connection between living in poverty and complications from diabetes, that that would be a really exciting opportunity to evaluate.

CHAIRPERSON SCHULMAN: And, you know, the Speaker is a big fan of guaranteed income for various health issues and stuff like that. So, we should have one-- are you having any conversations around what you just mentioned with OMB?

COMMISSIONER MORSE: We have spoken with OMB over several months about the chronic disease plan and the new ideas that were proposed in it. So those conversations are ongoing, and then I do want to also acknowledge that Robin Hood recently released its assessment of poverty in New York City and found that one in four New Yorkers are living in poverty. So, again, we see a lot of opportunity to address social determinants of health and poverty in New York City by trying programs like guaranteed income programs to address that relationship between poverty and health outcomes.

CHAIRPERSON SCHULMAN: And I-- just so that you're aware, I have mentioned this to the

Deputy Mayor for Health and Human Services, and she was very intrigued by it. So, please continue having those conversations not only with OMB but with others in the administration.

COMMISSIONER MORSE: Thank you. We will.

CHAIRPERSON SCHULMAN: So, now I want to-- so we discussed-- during our Preliminary Budget hearing-- switching gears to HIV and AIDS. We discussed funding HIV/AIDS during Preliminary Budget hearing a few months ago. I'd like to get a status update on the funding level for this program. The Executive Plan includes a reduction of $17.9 million in Fiscal 2025 and an additional $2.6 million in Fiscal 2026 for various HIV-related services including the Comprehensive HIV Prevention and Ryan White HIV/AIDS programs. Are there any funding reductions for HIV/AIDS-related programs reflected in the Executive Plan?

COMMISSIONER MORSE: Thanks for that question. I'm going to pass my Chief Financial Officer.

CHIEF FINANCIAL OFFICER ANDERSON: Thanks, Doctor Morse. Chair Schulman, yeah, what you're seeing is actually a technical adjustment. I

could see why it would appear that way. It's really the second part of-- there was a consolidation of three CDC grants around prevention and surveillance in ending the HIV epidemic. So that was consolidated and put up a while back, and this is just the taking down of one of the pieces that was related to that. So it's not a--

CHAIRPERSON SCHULMAN: [interposing] Okay. Can you get us a list and show us where-- how that's-- what the overlap is and everything else. Is there a way to do that?

CHIEF FINANCIAL OFFICER ANDERSON: Sure.

CHAIRPERSON SCHULMAN: If you could also do that. Chair Brannan brough up the issue before about the gap. Can you do that, too, and just have a-- you know, a document that shows us so that we know exactly what we're talking about?

CHIEF FINANCIAL OFFICER ANDERSON: Sure.

CHAIRPERSON SCHULMAN: So that we could be educated? Thank you. Are there any contract reductions for HIV/AIDS programs run by CBOs?

COMMISSIONER MORSE: We're not expecting that in FY26. However, as was mentioned a little bit earlier, we are concerned about potential federal

cuts to HIV programs. What we saw in the leaked HHS reorganization was that the HIV prevention team was eliminated at the federal level within the CDC. So we're certainly concerned that our HIV prevention dollars that we currently have could be at risk. About 80 percent of our HIV funding is federal, and that's for both prevention activities as well as for-- the Ryan White program, obviously, is fully federally funded. So, we certainly have concerns about the risks of federal funding, but our current planned budget in FY26 does not reflect any decreases in CBO funding or in HIV funding.

CHAIRPERSON SCHULMAN: I've heard from some CBOs that they've been cut directly. Is that possible, or?

COMMISSIONER MORSE: I'm sure that there are lots of CBOs that receive direct funds from the CDC or other parts of the federal government that--

CHAIRPERSON SCHULMAN: [interposing] And do you keep track of that or no?

COMMISSIONER MORSE: We really keep track of our federal funding that we give in contract to CBOs and not so much the other funding that CBOs might have that's not related to us.

CHAIRPERSON SCHULMAN: is there a way maybe to do that, especially in these times or--

COMMISSIONER MORSE: [interposing] I'll pass that one to my Chief--

CHAIRPERSON SCHULMAN: [interposing] Because I know like for example I was contacted by The Door and they had substantial cuts. So, I think particularly now with what's happening with the federal government that we need to coordinate more closely now, even if we haven't done that before.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, I think you're absolutely right, Chair Schulman. I mean, I think this is already a very mobilized community, and I think we work very closely with that community and I think there's certainly room for continuing to--

CHAIRPERSON SCHULMAN: [interposing] If we can, yeah. If we can, like, pull of that together, I think that would help, and that would help inform whatever you guys are doing on your end as well. How many grants provide funding for city-run HIV programs?

COMMISSIONER MORSE: That is a good question. I'm going to pass to my Chief Financial Officer.

CHIEF FINANCIAL OFFICER ANDERSON: We have a number of grants. I mean, as we mentioned in the previous hearing, there's over 60 grants that we get from the federal government. I can get back to you with a specific number shortly--

CHAIRPERSON SCHULMAN: [interposing] Okay.

CHIEF FINANCIAL OFFICER ANDERSON: related to HIV.

CHAIRPERSON SCHULMAN: Please do. What's-- do you know what specific services the grant funding covers, or you'll get back to us with that, too.

CHIEF FINANCIAL OFFICER ANDERSON: I can get back with you, too. I mean, it's prevention--

CHAIRPERSON SCHULMAN: [interposing] We can have a breakdown, and yeah.

CHIEF FINANCIAL OFFICER ANDERSON: surveillance.

CHAIRPERSON SCHULMAN: Have you received a-- I presume you haven't, but have you received a

notice-- notification of any pauses in funding by the federal government for HIV/AIDS?

CHIEF FINANCIAL OFFICER ANDERSON: Not yet.

COMMISSIONER MORSE: Not yet.

CHAIRPERSON SCHULMAN: Okay. I'll ask you-- I would ask you about the contingency plans, and you'll tell me that you haven't gotten the cuts yet and you have to ask OMB. So, I answered the question for you, there you go. What work can be done to expand the definition of HIV/AIDS to ensure broader HASA eligibility? We did that already as a-- we passed a law for that. But anything else?

COMMISSIONER MORSE: For HASA, I actually am not sure I have an answer to that one. I'll pass to Aaron.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, HASA, my understanding is really a DSS/HRA grant.

CHAIRPERSON SCHULMAN: Okay.

CHIEF FINANCIAL OFFICER ANDERSON: But we-- to your earlier question, Chair Schulman, I mean, the big grants that we get in the world of HIV are really Ryan White which is through HIRSA [sic], HOPWA which is through HUD and that's shared between

our agency and DSS. Those are the big ones in CDC prevention grants.

CHAIRPERSON SCHULMAN: Okay. And I'm going to expand on what Chair Brannan asked about tuberculosis. So, the Executive Plan includes additional city funding of $7.2 million in Fiscal 2026 only, with an increased headcount of 79 for Stop Tuberculosis NYC. Funding will primarily support the hiring of tuberculosis case managers and the purchase of additional test kits and operational supplies. Besides hiring and acquiring supplies, what additional expenses will the $7.2 million be used for?

COMMISSIONER MORSE: Yeah. Thank you for the question. For the $7.2 million for tuberculosis in FY26, there are a number of things that it will support. We are prioritizing increasing the number of case managers that we have as one of the areas of focus for those additional dollars to make sure that each case manager who is supporting and accompanying someone who is being treated for tuberculosis, has a reasonable caseload will also be using those resources to expand our contact tracing team. That's the team that essentially speaks with someone when

they're diagnosed with tuberculosis and gets a better sense of people that they may have been in long contact with and who might be exposed, and make sure that those people are also tested, and hopefully not, but if needed, treated if they did develop tuberculosis. Those dollars will also of course support some of our community engagement activities, and then we do run three tuberculosis clinics across the city. So the, you know, ongoing staffing of those clinics is a part of the prioritization as well in the $7.2 million. and the final thing I'll just mention is that we care for about 50 percent of all the tuberculosis cases in New York City and about 75 percent of all the drug-resistant cases in the city across our three clinics.

CHAIRPERSON SCHULMAN: The current tuberculosis testing sites are in Fort Greene, Brooklyn, Corona, Queens, and Morrisania in the Bronx. Is there a plan to open any additional locations?

COMMISSIONER MORSE: Our current plan is to continue expanding those three existing sites.

CHAIRPERSON SCHULMAN: What are the current statistics on tuberculosis cases in the city?

COMMISSIONER MORSE: In 2024, calendar year 2024, there were 839 cases of tuberculosis in New York City. We released our updated data on tuberculosis in March related to World TB Day. That is the highest number of tuberculosis cases that we've seen in 16 years, unfortunately, and so we are working very hard to make sure that everyone who's diagnosed gets treatment in a timely way, and again, that we're able to reduce any potential spread of tuberculosis because of the high number of cases. And then the other thing that I'll just mention is, again, New York City is the biggest city in the country, the most global city in the country. The majority, unfortunately, of the cases of tuberculosis that we see are in people who are foreign-born and that's been the case for decades, but there has been a national and a global increase in tuberculosis cases in recent years. So, our increase in cases is somewhat consistent with that overall trend of increased cases of tuberculosis in recent years post-pandemic.

CHAIRPERSON SCHULMAN: Do you need more funding to push back on the rise in the tuberculosis cases?

COMMISSIONER MORSE: We are really looking forward to being able to use the $7.2 million in additional dollars in FY26 and to make as much progress as we can, but we'd be happy to speak again in six months or so and see how much progress we're able to make with the current funding and go from there.

CHAIRPERSON SCHULMAN: Alright. I'm going to switch now to a va-- I want to talk about vaccine, disease prevention and vaccines. So, is DOHMH concerned about the vaccination rates in New York City for any particular disease?

COMMISSIONER MORSE: Thank you for the question. Vaccination rates are something that we're paying a lot of attention to right now, as you can imagine. We have seen a number of changes in childhood vaccination rates particularly since the pandemic. The overall national trend has been that childhood vaccination rates have drifted down since the pandemic, and here in New York City we have also seen indications that childhood vaccination rates have trended down a bit. However, what we have also seen is that for kids at the time of their entering kindergarten in New York City, their vaccination

rates are quite good and are starting to improve. So that's exciting. We have also unfortunately seen some trends towards less flu and COVID vaccinations in the wintertime amongst adults across New York City, and we intend to continue all of our community engagement and education efforts for the next respiratory viral season to make sure that New Yorkers know that the vaccines are safe and effective. So we're watching very closely, and as I mentioned about $40 million in our budget is dedicated fully to our immunization programs and that includes our vaccine for children program that distributes more than 2.5 million doses of childhood vaccines through 1,400 healthcare providers across the country-- across the city.

CHAIRPERSON SCHULMAN: So, here's the conundrum, so the-- the federal government-- the CDC has-- is it CDC or FDA-- has determined that the next COVID booster is only going to be for people who are over 65 or who have health issues. Am I correct?

COMMISSIONER MORSE: This is an actively emerging area that we are digging into right now. I'd actually like to ask our Deputy Commissioner, Dr. Quinn, to join me at the table to speak a little bit

about it, because it is very much in evolution and hot off the presses.

CHAIRPERSON SCHULMAN: Hi, Doctor.

DEPUTY COMMISSIONER QUINN: Thank you, and definitely appreciate everyone's interest and concern about this topic. So, yes, earlier this week, the FDA made an announcement that they believe that the appropriate framework for COVID vaccination should be risk-based and specifically focused on older people. It's true that older people have much higher risks for severe manifestations of COVID. That said, there's a lot of, you know, reasons why other-- we believe other people may need to get COVID vaccines as well. Normally, the determination of how those vaccines would be used, like who should get them and when, is made by a recommendation by a different advisory committee of CDC called the ACIP.

CHAIRPERSON SCHULMAN: Right.

DEPUTY COMMISSIONER QUINN: They're supposed to meet at the end of June to take up this discussion. So, it's in this moment a little bit unclear what is going to happen.

CHAIRPERSON SCHULMAN: Because I'm asking because one is if you're going to restrict it, that

means that the pharmaceutical companies are going to increase the price of getting those vaccines. That's one. The other is that as a result of that, I think it's Moderna, but I could be wrong, but one of the companies pulled out. They were putting together a vaccine that was a combination flu and COVID vaccine, so they've pulled out of that. So, I want to-- and I don't know where we are with the flu vaccine because usually it's WHO and all the stuff and nobody-- you know, we're getting closer to September now, and August is actually when-- or at least in the past-- when flu vaccines have been available-- where we are with that, because if people can't afford to get the vaccines that's going to put us in a really bad spot. So, that's why I want to ask in terms of funding, like, where we are.

DEPUTY COMMISSIONER QUINN: Sure. So, there are a lot of downstream implications of this announcement that FDA made, and there's a lot that we still don't know about how this is all going to paly out. That's kind of a separate issue from how we're funded to advocate and educate--

CHAIRPERSON SCHULMAN: [interposing] [inaudible]

DEPUTY COMMISSIONER QUINN: But definitely I think all of the concerns you raised are certainly on our minds.

CHAIRPERSON SCHULMAN: I mean, because is it something where we're going to have to fund these vaccines? That's what I'm trying to figure out here, or how that works with this. I'm just-- we don't know.

DEPUTY COMMISSIONER QUINN: I think we'll know a lot more in like four weeks.

CHAIRPERSON SCHULMAN: Okay, because we need to know that, and in terms of the budget and whether that's something we need to figure out, and do you-- I mean, this is sort of an odd question, but do you have-- do you meaning this-- New York City Department of Health and Mental Hygiene have relationships with the pharmaceutical companies? Is that something we're allowed to do directly? We're not allowed to do that?

DEPUTY COMMISSIONER QUINN: Yeah, I mean it's-- it's among the many things that we're considering and we have been in conversation with the vaccine companies throughout the pandemic and during the M-Pox emergency as well. So that's definitely a

potential. Again, it's just-- it's a little-- the federal policy on this is evolving right now. So it's a little hard to know exactly what it will look like when we get to the fall.

CHAIRPERSON SCHULMAN: Let us know, and if I can be helpful at all with any of that, I'm more than happy to do that. Because we've had-- I've had insurers come to me to see how they could be helpful.

DEPUTY COMMISSIONER QUINN: That's good to know.

CHAIRPERSON SCHULMAN: So, we should have that conversation.

DEPUTY COMMISSIONER QUINN: Great. Sounds good.

CHAIRPERSON SCHULMAN: There has been rhetoric from the federal government criticizing certain vaccines and threatening cuts to vaccine research and distribution. Do you have- is there a contingency plan around that, or is that the conversation we basically just had? Okay.

COMMISSIONER MORSE: All evolving, and certainly we are doing some contingency planning.

CHAIRPERSON SCHULMAN: What is DOHMH's total headcount related to vaccines?

COMMISSIONER MORSE: Thanks for that question. So, the bureau that manages all of our vaccination/immunization work, the total budget is $40 million for that bureau, and the headcount is-- we will get back to you on the headcount, the exact headcount.

CHAIRPERSON SCHULMAN: I asked about the pharmaceutical companies. I also have a question here, are there any universities that you're also in touch with around this?

COMMISSIONER MORSE: We're always in touch with lots of universities and academic institutions looking at kind of evaluating the impact of our programs and evaluating ways to improve vaccination and things like that. We are not specifically focused on-- I'm not sure if you're talking about grants or funding with universities, but we certainly--

CHAIRPERSON SCHULMAN: [interposing] Research.

COMMISSIONER MORSE: Yes. We certainly work very closely with many universities on a lot of different research questions, yes. Immunization and beyond.

CHAIRPERSON SCHULMAN: Because you have-- because Healthy NYC, I know you have the committee and, you know, and your partners and all that stuff, and that's maybe something to pull them together and talk to them about as well. Because I know that that's something-- I'm sure that's something that's important to them, particularly at the hospitals and all that.

COMMISSIONER MORSE: We do regularly convene all the different providers who give vaccines across the City and we track very closely what they're doing through our CIR system. So, we are in regular contact with them. We are also in very regular contact with the New York State Health Department who we also see as a critical partner in figuring out what the path forward looks like for vaccines.

CHAIRPERSON SCHULMAN: okay.

CHIEF FINANCIAL OFFICER ANDERSON: And just add on the vaccines, so the Bureau of Immunization has about 100 staff.

CHAIRPERSON SCHULMAN: 100 staff? Okay, thank you. In the calendar year 2020 due to the pandemic, the city's life expectancy dropped from

82.6 years to 78 years. Healthy NYC is a city program that seeks to increase the life expectancy in the city to 83 years by 2030. The program seeks to reduce death rates from different drivers of mortality in the city, including diabetes, drug overdose, and pregnancy-associated death. Please provide and update on the operations of the Healthy NYC program and how effective it's been so far.

COMMISSIONER MORSE: Thank you for that question. We're about a year and a half now into the launch of Healthy NYC. We recently released our 2022 data that showed that life expectancy in New York City had increased to 81.5 years which puts us on track to meet or exceed our goal of 83 years by 2030. So that's progress and that's exciting news. We do have more work to do specifically in the area of Black maternal mortality and also specifically in the area of overdose where there are significant racial inequities and rising rates of overdose amongst Black and Latino New Yorkers. So, we know where we need to focus, and we know that we-- you know, we are hopeful that we will achieve our goal of 83 years by 2030. We also recently launched a couple of the improvement collaboratives that are focused specifically on some

of the drivers of Healthy NYC. The first one is focused specifically on racial inequities in overdose deaths, and our mental hygiene team that was here earlier today is leading that work. So, we're continuing to march forward, and we are also increasing-- we have increased recently the number of partners in the Healthy NYC campaign as well.

CHAIRPERSON SCHULMAN: What areas are improving the most? You said--

COMMISSIONER MORSE: [interposing] Oh, yeah.

CHAIRPERSON SCHULMAN: You said the ones that are--

COMMISSIONER MORSE: [interposing] Of course, the ones that are improving the most are COVID-related mortality. We saw a huge drop in COVID-related mortality. We are well on track to meet our goal and are very likely to meet our goal much sooner than 2030 of reducing COVID-related mortality by 60 percent. So, we expect to be able to continue to announce good news related to COVID.

CHAIRPERSON SCHULMAN: How does the Executive Plan meaningfully address the following drivers of mortality in COVID-19, diabetes, heart

disease, screenable cancer, drug overdose, homicide, suicide, and pregnancy-associated death? Want those again?

COMMISSIONER MORSE: I got them.

CHAIRPERSON SCHULMAN: Those are the seven drivers. Go ahead.

COMMISSIONER MORSE: Thank you for that. I'll start with specifically focusing on cardiovascular disease and diabetes since that is the number one killer of New York residents, unfortunately. The exact budget does allow us to continue a lot of our activities related to chronic disease. Across the Health Department budget, about $30 million of our FY26 budget is dedicated to our chronic disease activities, and of course, we do have $10 million in the FY26 budget for Groceries to Go. That program is specifically focused on people with diabetes and high blood pressure, and so that is one of the areas of focus in the FY26 budget. For COVID, we again, are continuing to figure out what the approach will be around COVID vaccination, but we hope to be able to continue our community engagement activities around the value, safety, and efficacy of respiratory viral vaccinations. For Black maternal

mortality, we did have a convening back in September where we released the most recent five-year report on Black maternal mortality and overall citywide maternal mortality. We have a number of programs that are intended to continue to improve those rates, and in FY26 there's about $51 million across our maternal health programs that are focused on the issue of maternal-- reducing maternal mortality. We're also proud that there was recently an audit of our doula programs. The audit demonstrated that the doula program that we've expanded across New York City over the past two years had really positive impact. It reduced the rates of Cesarean section. It reduced the rates of pre-term delivery and it reduced the rates of low birth weight for infants born to mothers with doulas. So, we're hopeful that we'll be able to continue that work as well in FY26. For suicide we're continuing to use programs like 988, our Teen Space program and so many others to really address the issues of suicide across New York City. And then our overdose goal is related-- you know, we have a lot of work related to the opioid settlement funds and overdose reduction overall. There are at least 10 or 15 programs that we have

that are working specifically on that driver. And then I think I'm missing one. Oh, cancer, of course. How could I forget?

CHAIRPERSON SCHULMAN: Cancer.

COMMISSIONER MORSE: Cancer is unfortunately often the second leading cause of premature mortality and mortality across New York City. We have a number of different things that we're doing in the area of improving screening for cancer, and our goal is to reduce death related to screenable cancer by at least 10 percent by 2030. I think we have a lot more work to do in that space, and we're continuing conversations with OMB about what additional work you could do in that area.

CHAIRPERSON SCHULMAN: Okay, great. Groceries to Go, you mentioned that, so I want to ask about that now. The Groceries to Go program provides eligible New Yorkers in the H+H system with monthly credits to buy groceries online for pick-up or delivery. The program is very popular and $10 million was added to the Executive Plan in Fiscal 2026 only to support it. Given that the program is successful and that food insecurity is on the rise in

New York City, why isn't this funding baselined in the plan?

COMMISSIONER MORSE: Thank you for the question. We've had an incredibly powerful impact, I would say, in New York City with the Groceries to Go program.

CHAIRPERSON SCHULMAN: Yep.

COMMISSIONER MORSE: There's over 4,000 people that have been enrolled in the program since it was moved over to us in the Health Department. And part of the criteria for enrolling in the program is being at risk of food insecurity, but then again, also having chronic diseases of diabetes or high blood pressure. So, we see this again as a program that's going to be very impactful. We're excited that we'll be able to continue the program in FY26, and as for outyears, I would have to defer to my colleagues at OMB and City Hall about ongoing funding.

CHAIRPERSON SCHULMAN: I mean, it's-- for the amount of money, it's like a great program and it should be baselined. How many individuals are going to be served this year? I know you said 4,000 in the past with this $10 million.

COMMISSIONER MORSE: Our maximum enrollment at any one time is 3,000 people.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER MORSE: And we are always maxed out. In fact, we often have people waiting to be enrolled in the program.

CHAIRPERSON SCHULMAN: Is this funding contracted out, or you do it--

COMMISSIONER MORSE: [interposing] That's correct. It's contracted through a provider who provides the grocery credits for online purchasing of groceries.

CHAIRPERSON SCHULMAN: Can you provide a breakdown of PS and OTPS for the $10 million?

COMMISSIONER MORSE: I'll pass to my Chief Financial Officer for that.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thanks for the question. It's almost entirely OTPS, the contract. There's a handful of staff who work on this on our side.

CHAIRPERSON SCHULMAN: Okay. So, now I'm going-- let me go to maternal health. In our Preliminary Budget response, the Council requested $15.7 million in additional baseline funding in

Fiscal 2026 to support maternal health programs and services. These include the maternity, infant reproduction program, Newborn Home Visiting program, Nurse Family Partnership, and Universal Home Visiting program. What is the Fiscal 2026 budget for maternal health programs, and how does it compare to Fiscal 2025?

COMMISSIONER MORSE: Thank you for the question. This is again certainly a priority for us. The FY26 budget is about $51 million. The FY25 budget was about $61 million, and so far-- again, we've been able to achieve pretty significant outcomes and reach with both our doula programs and our New Family Home Visiting programs, including our Nurse Family Partnership Program. I'll just tell you briefly for the doula initiative, as of March we had 2,900 clients and attended 2,100 births, and trained 148 community-based doulas. So that program, again, is continuing to have a really far reach. And for our Nurse Family Partnership and New Family Home Visiting program, we have served upwards of 10,000 visits over the course of the last year as well. So, all of that put together, again, these are investments that we see as incredibly important and

valuable and are certainly open to more conversations about what it would take to expand those programs, because they are reaching a large number of people, but they're certainly not reaching all of the people who would qualify for those services.

CHAIRPERSON SCHULMAN: So, all the more reason for our request to be taken in terms of the $15.7 million in additional baseline funding for Fiscal 2026.

COMMISSIONER MORSE: We certainly see birth equity as a priority. And one other thing I'll mention is that we also know that more community-based services for maternal health and birth equity are really important. We've developed neighborhood stress-free zone model that was also described in our chronic disease report. That is focused, again, on maternal health and infant health, and is really intended to be a program that makes care, preventive care, during pregnancy and afterwards even more accessible and focused in the communities where we know the maternal health outcomes are far from where they need to be.

CHAIRPERSON SCHULMAN: Do you expect any of the state Fiscal 2026 enacted budget for maternal health to flow to the city in June?

COMMISSIONER MORSE: That is a phenomenal question. We do speak regularly with the state about maternal health priorities. At this time, I'm not expecting any additional dollars specifically for maternal health, but let me pass to Aaron Anderson in case he has anything to add.

CHIEF FINANCIAL OFFICER ANDERSON: Yeah, thanks for the question. I would just add that that difference between the current year, about $60 million, and next year for $50 is really a function of not reduced funding, but funding that hasn't been allocated yet, some through City Council and some through grants.

CHAIRPERSON SCHULMAN: Alright. So, we want that list, too. Every time you answer you add more work. The maternal health programs are part of the Council priorities. We want to ensure that CBO contracts are fully restored and that the additional ask for $15.7 million be added at adoption. School health nurses: the Executive Plan includes additional city funding of $68.5 million in Fiscal

Year 2026, $72.9 million in Fiscal 2027, and $77.4 million in the outyears to cover school nurse contracts. I understand that contracted nurses are split between DOE and DOHMH. What is the total contracted nurse budget for DOHMH in Fiscal 2025 and the projected Fiscal 2026 budget?

COMMISSIONER MORSE: thank you for that. I'm going to just mention that for school nurses, again, this is a huge priority for us. We do have about 1,100 public-- NYC Public School and DOHMH staff nurses, and between our two agencies about 1,400 contracted nurses as well, in addition to a number of public health advisors, nursing directors and nursing supervisors as well. So, this is a huge program, and I'll pass to our Chief Financial Officer to describe the budget detail.

CHIEF FINANCIAL OFFICER ANDERSON: Thanks, Doctor Morse. Yeah, so contracted nurses, there's about 1,400 or so between both agencies. We, you know, the number it's a moving target, but tends to fluctuate between about 5-600 at any given time on the Health Department side.

CHAIRPERSON SCHULMAN: Okay. How many nurses will be contracted out starting in Fiscal

2026, and how does this number compare to prior fiscal years?

CHIEF FINANCIAL OFFICER ANDERSON: I think we expect the range to be similar for next year.

CHAIRPERSON SCHULMAN: Okay.

CHIEF FINANCIAL OFFICER ANDERSON: And you had asked about the cost as well, and the cost has been growing in recent years, especially since COVID, about $80 million a year.

CHAIRPERSON SCHULMAN: Do you know how many schools are going to receive the funding and the criteria to allocate the funding?

CHIEF FINANCIAL OFFICER ANDERSON: So, the funding comes to us. The program is run by the Office of School Health which is jointly run by the two agencies,--

CHAIRPERSON SCHULMAN: [interposing] Okay.

CHIEF FINANCIAL OFFICER ANDERSON: and they decide where placements are and where the need is.

CHAIRPERSON SCHULMAN: Do you have a breakdown of the Council districts where the schools are located, where the nurses are allocated?

CHIEF FINANCIAL OFFICER ANDERSON: We could certainly get back to you with that.

CHAIRPERSON SCHULMAN: Can you put that together? Thank you. And do you know how many estimated number of students are going to benefit?

CHIEF FINANCIAL OFFICER ANDERSON: I think we'll have to get back to you on that, too.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER MORSE: One thing I will just add to that, we would have to get back to you on that specific number, but out of all of the hundreds of schools that are run by NYC Public Schools, only 113 of them do not have a public school nurse-- do not have a nurse, and that's mostly because either the school is small enough where it's not needed or there aren't specific medical needs, or there isn't a space. So, it's a very small number of schools that don't have either a school nurse or a school-based health center.

CHAIRPERSON SCHULMAN: When you give us the breakdown by council district, if you could tell us where those schools are and all of that, that would be helpful to us.

COMMISSIONER MORSE: Sure.

CHAIRPERSON SCHULMAN: So that we can all work together. I know Dr. Morse, that you're working very closely with the Chancellor because she told me that.

COMMISSIONER MORSE: Yeah.

CHAIRPERSON SCHULMAN: So, thank you for that.

COMMISSIONER MORSE: Of course.

CHAIRPERSON SCHULMAN: Alright. I'm going to talk about the M-Pox response. As of May 8th, 37 people in New York City have tested positive for M-Pox. So far in 2025, there were 17 cases from April 6th to May 3rd. What is the total number of M-Pox cases since last year?

COMMISSIONER MORSE: I'm glad that you're still asking about M-Pox. It has not gone away. You're right about that.

CHAIRPERSON SCHULMAN: It has not gone away, no.

COMMISSIONER MORSE: And we do have on our website, we have information about where New Yorkers can go to get free or reduced-cost M-Pox vaccinations, depending on their risk factors. I do not have the number off the top of my head about the

number of M-Pox cases, but we can get back to you with that information.

CHAIRPERSON SCHULMAN: You have it?

UNIDENTIFIED: We post it on our website [inaudible].

CHAIRPERSON SCHULMAN: Alright.

COMMISSIONER MORSE: We'll get back to you shortly with it.

CHAIRPERSON SCHULMAN: What efforts are you doing to contain and treat M-Pox, because we're getting into that time of year?

COMMISSIONER MORSE: We still work very-- so, in the sexual health clinics that we run, we certainly do a lot of counseling and education of people who come into our sexual health clinics about if they have risk factors for M-Pox. You know, our advice and guidance to them about whether or not they should get vaccinated, and we also continuously through our sexual health clinics and our partnerships with many, many other primary care clinics across the city are constantly sharing information with providers and patient and community members about what the risks are for M-Pox and how to prevent those risks. So, that work is ongoing and

it's fully embedded in our existing sexual health clinics.

CHAIRPERSON SCHULMAN: Are you concerned at all about the current rate of M-Pox positive cases or?

COMMISSIONER MORSE: We're always looking at the numbers. We're certainly always making sure that there isn't a significant change in the numbers. Our current assessments, of course, is that we should still counsel individuals that have risk factors to go ahead and get vaccinated. But I'll pass to Doctor Quinn to share the exact numbers.

DEPUTY COMMISSIONER QUINN: Yeah, so through the early part of May we had 37 cases reported during 2025, and we still investigate every case of M-Pox that's reported to the Health Department to also offer post-exposure prophylaxis to people who were exposed, and then I think Dr. Morse really well described the preventive work that we're doing.

CHAIRPERSON SCHULMAN: Okay. Now, I'm going-- I just have a few more questions, and then you know, I'm going to ask-- yeah, no. I'm going to ask Council Member Brewer for hers. So, one is about

mobile food vending. A one-time city funding of $2.8 million was added in Fiscal Year 2026 for food vending inspections. Can you provide details on the use of this funding?

COMMISSIONER MORSE: Thank you so much for the question about mobile food vending. This was also one of the areas of funding that replaced ARP funding, and so we're continuing the activities that we were already doing around mobile food vending. We don't expect any major changes in FY26.

CHAIRPERSON SCHULMAN: Will this funding improve mobile food inspections in the city or it's just replacing another?

COMMISSIONER MORSE: It's replacing the ARP funding.

CHAIRPERSON SCHULMAN: Okay. And what's the actual headcount for DOHMH mobile food vending inspectors?

COMMISSIONER MORSE: We can get you that number in just a second. I think I'll pass to Aaron Anderson or Corinne. We'll get you the number--

CHAIRPERSON SCHULMAN: [interposing] Okay.

COMMISSIONER MORSE: in just a moment.

CHAIRPERSON SCHULMAN: You have a lot of homework.

COMMISSIONER MORSE: We have it right here, so we'll have the number of headcount for you in just a second.

CHAIRPERSON SCHULMAN: The Executive Plan includes-- I just have like three more questions. The Executive Plan includes additional city funding of $3.8 million in Fiscal 2026 only with an increased headcount of 21 to support sexual health clinics. This funding will support the Morrisania and Corona locations and cover testing re-agents [sic], testing kits, and medical supplies. How many clinics are currently open, and what is the total headcount?

COMMISSIONER MORSE: Yes, we are really looking forward to being able to use the funds, the $3.8 million in FY26, to continue to expand our quickie rapid-- excuse me-- rapid STI testing. That $3.8 million also includes about 21 headcount for our sexual health clinics. Those staff, of course, will be involved in both the testing as well as management of patients for our sexual health clinics, and so we're really looking forward to being able to begin the implementation there. This will allow us to

launch the express clinics in the Bronx and Queens specifically, as was required by the law that was passed, and this funding is, however, for FY26 only.

CHAIRPERSON SCHULMAN: Okay. Are you currently hiring sexual health personnel with the new funding?

COMMISSIONER MORSE: We hope to be able to start doing that as of July 1st.

CHAIRPERSON SCHULMAN: And are there any plans for any potential federal funding cuts related to sexual health, or you're still-- that's all part of everything else?

COMMISSIONER MORSE: It is all-- there is funding for our sexual health services within that $600 million of federal funding that we have. So, yes, there are risks to our federal funding for sexual health. And then I did want to go back for mobile food vending. It looks like it's the $2.8 million but there's not additional headcount that's allocated.

CHAIRPERSON SCHULMAN: There isn't, okay. Alright, I'm going to ask Council Member Brewer who's been very patient--

COUNCIL MEMBER BREWER: [interposing] Very.

CHAIRPERSON SCHULMAN: Very, very patient-- to ask her questions.

COUNCIL MEMBER BREWER: Thank you very much. Just to go back to the animals. Because I go to a lot of NYCHA meetings, and actually there was one the other night, and the entire discussion was about dogs. And to be honest with you, people said-- you said that you can get support for spay/neuter if you are low-income. These are all low-income individuals. They knew nothing about this program. So, my question is-- and they were trying-- these particular people were trying to do the right thing. There are others in the development who are not doing the right thing. So, they wanted to do the right thing, but they could not afford to do the right thing in terms of spay/neuter. So, my question is, with the money that you mentioned, the $3 million working with the ASPC for six years, when did it start? How long does it go? And I just wanted to know how many spay/neuters you've done with the funds you have? Obviously, for low-income residents is there a wait list? And then how do you promote these

services? Because obviously, the people I was with the other night had no idea that it even existed.

COMMISSIONER MORSE: Thank you for that, Council Member. I'll pass to Corinne Schiff.

DEPUTY COMMISSIONER SCHIFF: So, that's very helpful information, and I'm going to take that back and we'll do some outreach and we can work specifically with NYCHA to make sure that NYCHA residents do know about the opportunity for these services. The-- it is a $3 million contract with ASPCA. It began on November 1st, 2022 and it ends end of October 2028. I don't have the details with me about the number of surgeries that they have provided, but we can certainly get that to you. But we will take these comments about outreach and we'll work on that.

COUNCIL MEMBER BREWER: I mean, NYCHA, I happen to love NYCHA residents, as I think we all do, but you know, communication is not easy. You can't just sort of send out an email and everybody's going to know. It doesn't work like that. So, I think to be honest with you, a lot of the issues regarding dogs are in NYCHA right now. And so I got them all

day long. So, I would just suggest you have to put a lot of effort into that.

DEPUTY COMMISSIONER SCHIFF: We appreciate that. We will work with our colleagues at NYCHA to help spread the word.

COUNCIL MEMBER BREWER: Okay. I hope your colleagues work with the tenant associations would be my suggestion.

DEPUTY COMMISSIONER SCHIFF: Thank you.

COUNCIL MEMBER BREWER: I love the colleagues at NYCHA, but I would go with the tenant associations. How-- on daycare inspections, how specifically-- I think there's an additional federal funding-- I hope it lasts-- of $5.7 million in 25 and $2.2 in 26. So, how specifically will this funding improve daycare inspection process, and will the money run out? Of course, we're all worried about that on childcare.

COMMISSIONER MORSE: Please, Corinne Schiff, jump right in.

DEPUTY COMMISSIONER SCHIFF: So, this is-- my understanding is this is continuing funding. So there's no increase, and we are funded to do the work.

COUNCIL MEMBER BREWER: So, you'll have the $2.6 in 26 and you continue to have the money in 25? Okay, so there's no cut is what you're saying.

DEPUTY COMMISSIONER SCHIFF: No cut, no change.

COUNCIL MEMBER BREWER: In terms of asylum-seekers, I happen to know a lot of them, support them. You can't imagine how well I know them, extremely well. And so I've taken on a lot of the young people, a ton of them. And so DOE is great. Alli have is New York City Cares, that's it. Right? In terms of health. So, they're-- what are they supposed to do? They're not going to get Medicaid. There's no way in the world. I suppose they're supposed to go in H+H and are supposed to go if they have-- and they go to the-- I send them to the Ryan Health Center. But is that kid-- are somebody paying attention to all of their health needs? I mean, maybe Doctor Katz is. Maybe you are. I don't know how many of them are still here in the City, but they have a lot of health needs. Forget the dental. I'm out $8-$10,000 already on the dental. So, who's paying attention to them?

COMMISSIONER MORSE: I'm so glad that you asked the question. We are paying a lot of attention to asylum-seekers and to immigrants, recent immigrants in New York City. It is a area of top concern for us in the Health Department. I'll just share a couple of different parts of an answer to your question. First and foremost, we actually work very, very closely with DHS. So, for folks who are, you know, staying in DHS shelters, we work very closely with them to make sure that our health insurance enrollers, if there is an opportunity to get insurance, that our enrollers actually can assess and see what help--

COUNCIL MEMBER BREWER: [interposing] So, some are eligible for Medicaid? Because I don't know with this stupid new, freaking--

COMMISSIONER MORSE: [interposing] It really all-- it depends. It really depends.

COUNCIL MEMBER BREWER: Because they were before Mr. Trump came in. They were eligible.

COMMISSIONER MORSE: Well, and for those who have an active asylum--

COUNCIL MEMBER BREWER: [interposing] Some.

COMMISSIONER MORSE: case, they may be eligible for insurance. So, it's not always the case that there isn't--

COUNCIL MEMBER BREWER: [interposing] I think it's less so now than there was previously.

COMMISSIONER MORSE: That is likely true, yes. In addition to health insurance enrollment support, we do often refer community members to NYC Cares. You're right, that is one of the other most direct ways--

COUNCIL MEMBER BREWER: [interposing] But that's only for emergencies, you know.

COMMISSIONER MORSE: No, in fact, it does also create opportunities and allow for primary care and ongoing ambulance--

COUNCIL MEMBER BREWER: [interposing] At H+H.

COMMISSIONER MORSE: Correct, at H+H sites.

COUNCIL MEMBER BREWER: But not at Ryan Health Centers federally funded?

COMMISSIONER MORSE: It depends on the-- if it's an FQHC. there may be actually an opportunity, so it--

COUNCIL MEMBER BREWER: [interposing] My suggestion would be to kind of make this clearer to people. Like I said, the folks I know, these are the young guys. They're pretty lost. So, they don't-- they think they're getting Medicaid. I said forget it, you're not getting Medicaid. But they don't know that they can use NYC Care for anything except emergency. That's what-- all those guys you see out driving those mobile e-bikes, they all have New York City Cares, but they don't know what to do with it to be honest with you.

COMMISSIONER MORSE: Understood.

COUNCIL MEMBER BREWER: And I assume you can't do dental, because you can't dental for Americans, let alone for anybody else. They all have dental issues.

COMMISSIONER MORSE: I'm really glad that you're raising it, Council Member. We'll talk with our colleagues at H+H as well, and we work with them to educate and spread information bout NYC Cares, so we can definitely do more. The other thing I did want to share is that we did write an open letter. So, Doctor Katz, Commissioner Castro and myself did a widely disseminated public letter to New Yorkers who

are recent immigrants, describing the fact that their health and their safety as well as their data and privacy will be protected if they seek care in NYC hospitals, and that's not just H+H. that's any NYC hospital. So, we do want to make sure that that message is also getting out so that everyone feels comfortable seeking care when they need it, and doesn't wait until it's too late.

COUNCIL MEMBER BREWER: To their credit, they're concerned about their health, to their credit. So, one suggestion would be the deliveristas and the other would be District 79 of the Department of Education. Everybody's trying to get their GED. So, between those two, you're probably going to hit the hardest to reach. The families are more attuned, I think, to the children and themselves. But this group is an interesting group. So that might be a way to reach them.

COMMISSIONER MORSE: thank you.

COUNCIL MEMBER BREWER: Thank you. I'm really concerned about their health, I got to tell you.

COMMISSIONER MORSE: Thank you. We are as well. Thank you so much for that.

CHAIRPERSON SCHULMAN: I have one I want to acknowledge that we've been joined by Council Member Brooks-Powers on Zoom, and I also, I want to ask you one last question. During your testimony you said you're paying close attention to the proposed public health and healthcare funding cuts in Whitehouse budget, the budget that was passed by the Congress, by the House of Representatives. You had a chance to do a breakdown of that yet, or not, not yet?

COMMISSIONER MORSE: We are analyzing that budget that was just passed out of the house about 36 hours ago. We're looking very closely at it.

CHAIRPERSON SCHULMAN: Right.

COMMISSIONER MORSE: We're quite concerned about it. Not only because of the Medicaid cuts, but because of a number of major potential impacts, including SNAP impacts and other impacts.

CHAIRPERSON SCHULMAN: Right.

COMMISSIONER MORSE: One of things that we are looking into specifically is what would be the impacts on not only Medicaid enrollment, but also on the essential plan. The Governor's statement

suggested that her estimate is about $13.5 billion will be lost for New York State for Medicaid and the essential plan, and that something like 1.5 million New Yorkers across the state will lose access to health insurance. We're currently at the lowest rate of uninsurance that we've ever had in the history of New York State. So, any cuts to health insurance programs like Medicaid or the essential plan will definitely make New Yorkers less healthy and have less access to care, and be forced in many cases, unfortunately, to use emergency rooms or other services instead of getting preventive care that we know New Yorkers need. So, we're very concerned. We're looking at it very closely. We're also concerned about potential cuts to coverage for immigrant New Yorkers that were described in the bill that was passed.

CHAIRPERSON SCHULMAN: Right.

COMMISSIONER MORSE: And we are working very closely with City Hall and many of our other stakeholders to make it very clear that the impacts would be definitely negative for the health of New York City if this budget passes.

CHAIRPERSON SCHULMAN: Would you be willing to share some of that information with us? So, I mean, we have-- we're doing our own analysis, obviously, but just to see, just to compare and make sure-- because I think it's so important that we're on the same page on this.

COMMISSIONER MORSE: Absolutely.

CHAIRPERSON SCHULMAN: I want to thank you for your testimony. We're going to take a 10-minute break and then have public testimony. But Commissioner, thank you. You've been great. We really appreciate your preparation and having to go through the two committees today I know is a lot, so it's much appreciated. So, thank you.

COMMISSIONER MORSE: Thank you, Chair.

CHAIRPERSON SCHULMAN: You're going to leave one of your staff here?

COMMISSIONER MORSE: Yes.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER MORSE: Thank you.

CHAIRPERSON SCHULMAN: Thank you.

[break]

SERGEANT AT ARMS: Please have your seats. Please have your seats. Once again, no food

or drinks allowed in the chamber. Keep it down. Keep it down. Thank you. Thank you for your kind cooperation. Once again, there'll be no food or drinks allowed in the chambers. If you need to testify, you need to fill out the appearance slip. Also, please, please again, do not approach the dais. Please silent all electronic devices. Thank you very much for your kind cooperation.

[gavel]

CHAIRPERSON BRANNAN: Okay. We're now going to open up for public testimony. Let me just read this disclaimer. Before we begin, I have to remind members of the public that this is a formal government proceeding and that decorum must be recognized at all times. As such, members of the public must remain silent at all times unless you're, of course, testifying. The witness table is reserved for people who are testifying. No video recording or photography is allowed from the witness table. Furthermore, members of the public may not present audio or video recordings as testimony, but they can submit transcripts of such recordings to any of the Sergeant at Arms that are here today, and that could be for inclusion in the final hearing record. If you

wish to speak at today's hearing and you're in the chambers now, just make sure you fill out one of these slips that are available on that back desk with the Sergeant at Arms, and then just wait to be called. Once you've been recognized, you'll have two minutes to speak. We have to keep it tight to two minutes because we have over 100 people that have signed up to testify, both here and on Zoom. So, we have to keep everyone to a tight two minutes, and you'll be testifying today on the Executive Budget for the Health Committee-- for the Health Department. If you have a written statement or additional written testimony that you want to submit to the record or give to us, just hand it to one of the Sergeant at Arms, and they'll bring it up to us. If you don't have it with you today and you want to submit testimony for the record, you can email it within 72 hours to testimony@council.nyc.gov, and all of that would be included in the final official record of the hearing. Okay? So, I'm going to call the first panel, and we will get started. First up is Winn, Charles De San Pedro, David Mitchell, Michael Petti, and that's it for the first panel. So, if you heard

your name, please come up. Okay, who would like to start? Go ahead, sir.

MICHAEL PETTI: Okay. Good afternoon, Council Members. I am a member Lifelinks Clubhouse located in Elmhurst Hospital, Queens. Please understand that the long-time proven clubhouse models are designed to meet members various needs. Some folks are not adapt to be in large crowds. Small groups also provide a safe haven to talk and discuss issues among folks running the same journeys which makes continue funding so vital to the member's recovery. Mental illness is a very broad and complex issue. And the one-size-fits-all solving [sic] solutions just does not work. I personally have seen members who started out isolating in corners and coloring all day to go on to become peer counsels, full-time workers and functional members of our society. I encourage all Council Members, as Shekar Krishnan and Linda Lee already have, to visit Lifelinks to get a hands-on view of actually the continued funding-- how vital the continued funding for all clubhouses is for the continued recovery for mental illness members which is so rampant and catastrophic in New York City right now. And I also

like to remember-- everyone to remember mental illness is exactly what it is, an illness. It is not voluntarily. Thank you.

CHAIRPERSON BRANNAN: Thank you very much.

CHARLES DE SAN PEDRO: Hi, good afternoon. My name is Charles De San Pedro, Jr., and I have been a member of TOP Clubhouse for six years. I testified at the last budget hearing in March and I felt like I needed to come back to do it again. It's been a tough couple of months thinking what if the clubhouse closes, and I'm here to request that the funding be baselined so myself, my fellow members and staff don't need to go through the stress of thinking we're closing each year. It is really sad to think about TOP closing, and I hope I don't lose the clubhouse. TOP is so important to me because it is a home away from home. I really enjoy it there. I help out and feed needed. They've helped me get jobs and feel at home and I have a lot of great friends. Before coming to TOP Clubhouse I became a member of a large clubhouse. This clubhouse had lots of members and could overwhelm me. When I was told TOP was accepting new members and that TOP was a smaller

clubhouse, I thought TOP might be a great fit for me, and it definitely was. I knew from my first day that I was going to love it at TOP. I love TOP Clubhouse and I hope it never closes so I can keep enjoying it and others can keep enjoying it, too. Thank you.

CHAIRPERSON BRANNAN: Thank you very much.

WINN PERIYASAMY: Hello. My name is Winn Periyasamy and I'm Director of External Affairs at Goddard Riverside, a settlement house supporting 20,000 New Yorkers each year across the life course [sic]. Thank you to the Chairs, the rest of the Council Members who have been the part of today's hearing, and the staff that have helped make all these hearings, that works so well. I'm here today testifying alongside incredible community-based clubhouse coalition members, leaders, to ask the Council and the administration to baseline and invest $3.25 million into the city's smaller community-based clubhouse started in FY26. We really appreciate the Council's dedication to creating the mental health clubhouse initiative which saved these essential programs from the brink of closure. You know this site that we've been through. We've heard you all

talk about it at the hearing earlier today. As a new Goddard team member, I walked into our TOP clubhouse yesterday for the first time and was immediately welcomed by Charles and fellow clubhousers. The ways that they talk about their home, their co-created home, you feel that immediately regardless of whether or not you're a member leader, staff or community member. These services are core infrastructure as part of the behavioral health policy and budget initiatives that the City continues to talk about. The funding that we are asking for, that helps ensure that the supports that we need, for instance, at Goddard, the contract services that the Council supported us in that helped us get nine months of services through FY26, we still rely on private fund raising in order to ensure that our clubhouse members are able to truly thrive. So that $3.25 million increase, that's-- and baseline, that allows us to really make sure that clubhouse members don't have to keep on coming here, that they can spend that time co-creating that vital workforce development and community-based services that they rely on. So, thank you so much for your consideration and for your work today. We really appreciate it.

CHAIRPERSON SCHULMAN: I want to thank you, everyone, and I got a letter from TOP Clubhouse thanking me for my support, and I'm very supportive of you and very supportive of the clubhouses. So, we'll-- and I'll talk to the Chair Linda Lee as well and see what we can do. So, thank you very much.

CHAIRPERSON BRANNAN: Thank you all for your testimony. Okay, now we have Ryan Manganelli, Denise Mieses, and Carmen De Leon. You want to start? Just turn your mic on.

RYAN MANGANELLI: Thank you, Chairs Brannan and Schulman and Committee Members for the opportunity to testify. My name is Ryan Manganelli and I'm a Senior Manager of Policy at the 32BJ Health Fund. We provide healthcare benefits to over 200,000 32BJ union members and their families using contributions from over 5,000 employers. For many years we have talked about the rising prices at New York City hospitals which drive up the cost of health benefits and squeeze workers' wages. Over the last two years, we have worked with members of this committee to establish a fully-resourced Office of Healthcare Accountability. In March, we received the office's first report on healthcare cost drivers and

hospital prices. The report shows the same pattern we have seen elsewhere. Hospital prices are driving untenably high healthcare costs. The report also showed in New York City this is driven by several large academic medical centers with outsized market power. From 2022 to 2024, the City's employee health plan spending increased 11 percent at NYU Langone Hospitals, and 20 percent at New York Presbyterian Hospitals where an average inpatient admission costs over $92,000. We can see where the problem lies and we need to act with urgency to solve it. We urge the City Council to call the largest hospitals to the table to answer for these prices and their impact on working people. We also call on the City Council and administration to ensure the Office of Healthcare of Accountability continues to be fully funded and staffed to fulfil its duties under Local Law 78. As the city anticipates federal funding cuts and continued rising healthcare costs, the Office of Healthcare Accountability's role in identifying potential savings due to overspending on high hospital prices is critical now more than ever. Thank you very much.

CHAIRPERSON BRANNAN: Thank you.

DENISE MIESES: Good afternoon. My name is Denise Mieses. I'm the SAPIS Chairperson of Local 372. Today I'm here to represent the 276 substance abuse prevention and intervention specialists and request that the City of New York fund the SAPIS program through a dollar-for-dollar match of $2 million with the State Legislator. Since 1971, SAPIS workers have provided a range of mental health and intervention services to the largest school district in the nation. I myself benefitted from SAPIS services as a high school student from 1995 to 1999, and today I sit before you as not only the SAPIS Chair, but a 10-year SAPIS counselor. With the anticipated additional federal cuts toward education under the current federal administration, it is imperative that the City of New York continue to protect and invest in vital programs such as SAPIS for the mental wellness of our children and the healthy development of our future leaders. To add insult to injury, the explosion of illicit cannabis shops near city schools had led a dramatic expansion of illegal underage access to cannabis. We have seen firsthand the rapid increase in students consuming cannabis, and with regular use and heavy use, our

student will permanently impact their mental health development as well as their educational strides resulting in under-performance in school, potential psychotic symptoms and a rise in high risk of cognitive impairment. One of the speakers before me today spoke of rising rates in overdose deaths, and I wonder how SAPIS services may have impacted those specific communities. Because 256 SAPIS are currently employed to provide programming and services to the City's 912,064 public school students. An individual SAPIS can effectively reach 500 students in need. Not only are these not enough SAPIS to place-- not only are there not enough SAPIS to place in every school, but we don't have a SAPIS to service schools in each campus. Thank you for your time.

CHAIRPERSON BRANNAN: Thank you.

CARMEN DE LEON: Good afternoon. Thank you for this time to speak. My name is Carmen De Leon. I am the President of Local 768, DC37 and I'm a Vice President to the Executive Board. I am here today because of the recent cuts to federal funding, and many of the programs mentioned throughout this hearing, including Mobile ACT, [sic], B-HEARD,

Newborn Home Visiting Program, mobile vending-- food vending, are all serviced by my members. So, one of the things that we talked about was funding. And part of the problem for us-- and I'm going to put it into three succinct things: recruitment, retention, and over worked caseloads. While DOHMH has said that they have funding for all of these programs, my members are-- have very high caseloads and they're expanding some of their programs with not increasing the staffing adequately. So, when we talk about funding, I would ask that the Council ensure that the dollars that are being used are there to also ensure that proper funding is made for recruitment/retention, because that impacts the services that are needed. My members are also citizens who access many of these services that are going to be cut by federal funding, and because we don't know what those cuts are going to come to, DOHMH and many of the other agencies, it is of concern. I have members who make only $35,000 a year, and they have two, three kids. So, they are immediately in the poverty line. And while DC37 has worked with the Council and the various agencies to try and increase their paychecks, it's not equivalent

to what's happening right now, and it's not enough, but I would say that my members really want relief and they want more people hired to help them do the casework. Their caseloads are increasing since COVID. If they were to do a meta-analysis of how many caseloads they had before COVID and what they have now, even over the past two years they would see the increase. Thank you for the time.

CHAIRPERSON BRANNAN: Thank you all very much. Thank you for your testimony. Okay, now we have Paula Magnus, David Appel, and Alice Buffkin. Begin, sir. Thank you.

DAVID APPEL: My name is David Appel. I'm Professor Emeritus at Einstein College of Medicine, and the Children's Hospital at Montefiore as a founder of the Montefiore School Health Program and the founder of the New York City School-based Health Alliance. I'm here to urge that City Council earmark school-based health center funding and the restoration of funding for school nurses. We'd like to-- we're requesting an increase to this year's $7 million in city tax levy funding for school-based health centers by $18 million to fund all New York City school-based health centers at $100,000 a year,

plus $100 per student. That is equivalent to what New York City would spend to have a school nurse at each of the 135 sites. When a school-based health center comes into a school, the school nurse is pulled to another site and so is the funding. Because school-based health centers are eligible for 20 percent New York State Article 6 match, the total baseline funding will be $30 million for New York City's 135 school-based health sites. The current landscape currently there is just under $7 million of funding in this year's budget going to New York City DOHMH to support 35 of 135 school-based health centers operating in New York City Public Schools, 99 are unfunded in this year's budget. Because of the-- because school-based health centers are eligible for the match, the baseline funding will be $7.8 million for 35 sites. New York City DOHMH, New York City DOE and contracting agencies are funded to provide school nurse services in public schools. 199 school-based health centers receive no funding for New York City to provide those same services. The best way to immediately boost mental health services for hard-to-reach children is to provide funding for the 99 unfunded long-standing school-based health centers

located in some of New York City's neediest neighborhoods.

PAULA MAGNUS: Chairperson and esteemed members of the Council, those representative there, thank you for the opportunity to testify today to the immense value of DOHMH and what it provides to New York City. I'm Paula Magnus, the Deputy Director of Northside Center for Child Development, a behavioral health clinic serving over 4,000 children and families across the City. Northside is guided by the Department of Health and Mental Hygiene's careful budget, oversight, and constructive program supports our main clinic, and delivers four critical programs that directly support the mental health of vulnerable children. We have four programs here that I want to highlight. Our Children under five program supports preschoolers facing early mental health challenges by helping families strengthen bonds and prepare for school. The discretionary funding from you, City Council, has supported these services which we thank you for that. Our early intervention program supports infants and toddlers with developmental delays through therapy and home childcare settings, helping them reach their milestones during critical early

years. Thirdly, our Youth Empowerment Program which is also supported by City Council discretionary funding. It helps the young folks who face mental health challenges in school disengagement and community violence through therapy, mentoring and leadership development which helps the youth build emotional resilience and long-term stability. So again, we thank you for supporting that with your financial support. Fourth is our 23 school-based mental health clinics which was spoken of earlier today. We have 23 of them throughout New York City. You know the importance and the effectiveness of that. We thank you for that as well. And again, once again thank you for your time and your commitment to the mental health of New York City's children and families. Thank you.

ALICE BUFKIN: Good afternoon. my name is Alice Bufkin. I'm the Associate Executive Director of Policy at Citizens Committee for Children. Thank you Chairs and members of the committee for holding today's hearing. I'm going to focus my attention on city investments that are necessary for supporting mental health needs of children and adolescents in New York. I first want to thank the Council for

being such champions for the mental health continuum, and we were glad to see that funding for the continuum was included for one year in the Executive Budget. However, as you know, that's one-year funding, makes it impossible for this program to be fully sustainable. So, we join other advocates urging the Council and the administration to ensure that $5 million for the continuum is baselined. I also want to thank the Council for uplifting the importance of school-based mental health clinics and supporting an investment of $3.75 million to expand the capacity of existing clinics to serve the student population. These on-site clinics offer psychiatric evaluations, provide individual family and group counseling and so much more. They help address mental health challenges and reduce punitive practices like detention and suspension. These clinics also struggle to keep their doors open, because some of the most important services they provide are not reimbursed. $3.75 million would enable up to 50 schools to provide comprehensive wraparound services for students. Flexible funding could include hiring afterschool social worker for the clinic, hiring a family peer support worker, and

numerous other targeted approaches that would help clinics keep their doors open and reach the entire school community. Finally, I want to join advocates include my fellow panelists from Northside who uplifted so many critical programs that are funded through the City Council's mental health initiatives. These initiatives have always been an essential backbone for community-based behavioral health in the City, offering the kind of targeted and flexible services that you rarely get from state and federal sources. Unfortunately, these initiatives experienced a significant cut back in in Fiscal Year 24, much of which was not restored. So, we urge you to not only restore the previous year's cuts, but also to provide a three percent increase to match the citywide human service COLA initiative. Thank you.

CHAIRPERSON BRANNAN: Thank you all very much. Okay, our next panel: Wendy Stark, Rosa Sarmiento, Laura Jean Hawkins, Martha Neighbors, and Kimberly George. Okay, you want to start from your right, my left?

KIMBERLY GEORGE: Hello. Thank you, Chair Schulman, Chair Brannan, and members of the Committee, for the opportunity to testify today. I'm

Kimberly George, President and CEO of Project Guardianship. We are a nonprofit organization that provides person-centered guardianship services for New Yorkers who have no family, no friends, and no financial needs to manage their personal medical or legal affairs. Alongside our direct services we also advocate for reforms to modernize the guardianship system and prioritize less-restrictive alternatives whenever possible. In New York City, the guardianship system intersects critically with the mental health crisis, particularly for older adults and individuals living with serious mental illness. When a person lacks the capacity to make decisions and has no family or support network, guardianship can be the only means of ensuring access to care, stability, and protection. Guardians often step in to make decisions about psychiatric treatment, coordinate services and advocate for appropriate housing and benefits. Yet, without a guardian, many individuals fall through the cracks, cycling through emergency rooms, shelters, and the streets often without continuity of care or a voice in decisions that affect their lives. Unfortunately, the guardianship system is overwhelmed. Despite Article 81's promise

of access to guardianship, courts often cannot meet this mandate. Judges report that in approximately one-third of cases statewide and nearly half of New York City, they're unable to appoint a guardian due to a lack of qualified individuals. Many of those in need are isolated or impoverished, and in the absence of a public guardianship system, they are left without protection. This crisis could intensify. Proposed federal cuts to vital programs like Medicaid, Medicare, SNAP and social security would significantly impact the guardianship system. Guardians depend on these programs to secure housing, healthcare and food for their clients. Without them, even the best guardian cannot meet a client's most basic needs. The strain is already being felt. Hospitals are forced to keep patients longer than necessary. Judges under pressure may appoint unqualified guardians. Social service agencies are stretched thin, especially as they work with individuals experiencing homelessness or untreated mental illness without anyone to represent their interest.

CHAIRPERSON BRANNAN: Thank you. Thank you very much.

MARTHA NEIGHBORS: Good afternoon Chair Brannan and Chair Schulman and members of the Committee. I am Martha Neighbors, Executive Vice President at Snug Harbor Cultural Center and Botanical Garden on Staten Island, and I'm here today to support a proposed new speaker initiative rooted in accessibility which will enhance the ability of the City's' public botanical gardens to provide access to disabled New Yorkers and promote positive public health outcomes. There's currently no citywide initiative that supports our public gardens. Snug Harbor and our peers, Brooklyn Botanic Garden, New York Botanical Garden, and Queens Botanical Garden welcome thousands of disabled visitors annually through multiple programs and partnerships. Snug Harbor partners with DOE District 75, City Access New York, the Grace Foundation, Lifestyles for the Disabled, and On Your Mark to host events and provide workforce development opportunities for people with physical, cognitive, and/or sensory challenges serving thousands of individuals annually. The $1 million request is a small fraction of the City's budget, yet will have a huge impact on our ability to deliver for disabled New Yorkers. Rooted

in Accessibility will support each garden with $250,000 annually to increase the number of staff leading accessibility initiatives, expand accessibility programming, enhance professional development for staff, and improve signage and way-finding for ADA compliance. Snug Harbor, BBG, NYBG, and QBG are all members of the Cultural Institutions Group receiving an annual allocation through the Department of Cultural Affairs that helps us build a bridge between culture and public health. We're asking you to support our public gardens unique role in providing safe, accessible, outdoor spaces with a modest $1 million investment in Rooted in Accessibility in the face of deep cuts in federal funding. We need your help to continue to ensure access for all New Yorkers. Disabled New Yorkers deserve no less. Thank you for your time.

WENDY STARK: Good afternoon, Chair Brannan and Chair Schulman, and thank you and the rest of the Council and Speaker Adams for your support of Planned Parenthood of Greater New York. I'm Wendy Stark, the President and CEO of PPGNY. The Council has been very generous in supporting a number of our programs historically, and this year we have

an additional extraordinary ask in front of the Council of $2.5 million because we are at an existential crossroads around sexual and reproductive healthcare, accessible, affordable sexual reproductive healthcare, specifically in our city. In the place where the right to abortion was born here in New York State and all of the legal protections we have statewide and specifically here in the City, those rights mean nothing without access, and the sexual and healthcare reproductive ecosystem is in deep danger of-- is deeply imperiled in this moment. The reconciliation bill that was passed by the House at the federal level last night includes a specific defunding provision for Planned Parenthood to be unable to participate in the Medicaid program, and the bill writ large seeks to destroy accessible healthcare throughout the country. We are trying to make sure that sexual healthcare-- sexual and reproductive healthcare is available to anyone who needs it regardless of immigration status, ability to pay and whatever their identity or zip code is, and Planned Parenthood of Greater New York is a critical part of the public health infrastructure in New York City that does that. So,

in advance, we hope that you'll support our ask, and we appreciate all the historical support. Thank you very much.

LAURA JEAN HAWKINS: Good afternoon. My name is Laura Jean Hawkins and I'm the Advisory Board Chair of Astoria Queens SHAREing and CAREing, Inc., DVA SHAREing and CAREing. SHAREing and CAREing is a one-stop, grassroots, community-based organization which provides free bilingual supportive services to cancer survivors, their families, caregivers, and community members. We strive to reduce fear and eliminate cultural and financial barriers in order to promote early detention and treatment as well as to improve access to lifesaving services. We reach approximately 4,000 individuals a year. Over the past two fiscal years we have served cancer survivors and/or brought programming into 22 of the 51 council districts. As I testified at the Preliminary Budget hearings, there is currently and epidemic in our state, in our country and throughout the world. Cancer is occurring in more adults considered healthy before their cancer diagnosis at younger ages, before 50, before 40, and sometimes much younger. Why is this happening? No one knows, but they're

researching the reasons why. Until answers are found, however, the fact of the matter is that more and more community members are being diagnosed with cancer, and more and more cancer survivors are turning to SHAREing and CAREing for help. This increased demand for our services which started during the pandemic has stayed constant through 2024 and through 2025 and shows no sign of slowing down. Our council funding under the Cancer Services initiative, however, has stayed flat for decades. We're so appreciative of the Council's support through the years. We're urging you to increase funding for the cancer services initiative and to support our ask of $200,000. Thank you.

ROSA SARMIENTO: Good afternoon. my name is Rosa Sarmiento. Although my first language is Spanish, I'm testifying today in English. I'm the bilingual and Spanish navigator and program director for Astoria Queens SHAREing and CAREing Inc., DVA, SHAREing and CAREing. I'm also the wife of a cancer survivor, a community advisory board member at Elmhurst Hospital. I'm here today on behalf of those we serve to ask the Council support SHAREing and CAREing fund request of $200,000 under the Cancer

Service initiative. In my role as a navigator and program director I've been focused on increasing SHAREing and CAREing's community outreach in my community, the Spanish community throughout queens, educating them about cancer awareness and the importance of yearly and timely cancer screening. Over the years, I have assisted many Spanish-speaking survivors. I have helped them to apply for public benefits, have helped to secure Access-A-Ride and other transportation services, and I have authorized emergency needs assistance, medical bills, rent, utilities, and food. The need for SHAREing and CAREing services, especially emerging [sic] needs assistance individual in group counseling has significantly increased since the 2020 and show no slowing down. In order to keep up with this demand, increased council funding is needed. Thank you on behalf of the cancer survivors.

CHAIRPERSON BRANNAN: Thank you very much. Okay, next we have Sarah Fajardo, Daphne Thammasila, Miral Abbas, and Sherry Chen.

CHAIRPERSON SCHULMAN: Okay, you want to start from your right, my left? Excuse me. Your-- yeah.

SARAH FAJARDO: So, sorry.

CHAIRPERSON SCHULMAN: That's okay.

SARAH FAJARDO: Good afternoon. Thank you to the Chairs and all the Committee members for the opportunity to testify today. My name is Sarah Fajardo and I serve as the Senior Director of Community Engagement and Advocacy-- longest title ever-- for the Korean American Family Service Center. We're a proud members of the Asian American Federation's Asian American Mental Health Roundtable. For over 35 years, KAFSC has worked to support immigrant survivors of gender-based violence, offering safety, healing and hope through culturally and linguistically accessible services. At KAFSC we see firsthand how trauma from domestic violence, sexual violence, and child abuse intersects with deep-rooted stigma around mental health and immigrant communities. Our clients, primarily Korean and other Asian immigrant women often face isolation, shame and fear when seeking help. Many have never spoken about their trauma until they walked through our doors. Language barriers, immigration concerns, and a lack of culturally-responsive care in the mainstream mental health system leave them with nowhere else to

turn. That's why KAFSC's mental health services are so essential. We provide trauma-informed counseling, bilingual case management, and clinical support tailored specifically to the cultural needs of our communities. Our mental health team is often the first and only point of access for survivors seeking help, and the need is growing. But today, these lifesaving services are at risk. Federal funding cuts have already impacted our capacity. Survivors are waiting longer to see a counselor, and some give up before they can even get through. We cannot afford to let immigrant survivors fall through the cracks, especially not now. We respectfully urge the City Council to invest in community-based organizations that deliver culturally and linguistically-competent mental healthcare and to increase funding for initiatives that directly support AAPI communities. Specifically, we ask that you sustain and expand funding for the immigrant mental health initiative to help reduce stigma and to promote access-- Can I just say three more things really fast? The Hate Crime Prevention Initiative, AAPI Community Support Fund, and Mental Health Services for Vulnerable Populations initiative.

CHAIRPERSON SCHULMAN: Thank you. I also want to remind everyone that you can submit the entirety of your testimony to us at testimony.ny-- testimony@council.nyc.gov, and we-- and the staff looks through all of those testimonies. So, just don't be worried about verbally being able to do that today. Thank you. Go ahead. Next.

DAPHNE THAMMASILA: Thank you, Chair Brannan and the Committee on Finance and Chair Schulman and the Committee on Health, for holding this hearing and giving us the opportunity to testify. I'm Daphne Thammasila, the Associate Director of Programs at the Asian American Federation where we represent over 70 member nonprofit organizations serving 1.5 million Asian New Yorkers. we're here today testifying as part of our Asian American Mental Health Roundtable, the coalition of 15 Asian-led, Asian-serving organizations who work together to address mental health challenges, create solutions, and share resources to increase access to culturally-competent mental healthcare. Since January, Asian Americans continue to face rising challenges and live in fear due to the chilling effect of anti-immigrant policies from the federal

administration and the ongoing wave anti-Asian hate. These stressors have intensified mental health needs and increase pressure on our community-based organizations to provide services at a time of huge funding cuts. Without culturally competent CBOs, Asian New Yorkers would face even greater vulnerability and isolation in this time of deep crisis. We're disappointed to see a lack of funding dedicated to preventative solutions for addressing mental health issues in the Mayor's budget, especially measures targeted toward the Pan-Asian community. We respectfully request that this City Council fund the following initiatives to help us sustain our mental health work to prevent and address crises before they arise, and also ensure that this funding is allocated to Asian-serving organizations like the organizations in our roundtable. Initiatives are $200,000 for the Hate Crime Prevention through community-based solutions, $100,000 for the Immigrant Mental Health Initiative to Reduce Stigma, and $150,000 for culturally and linguistically relevant mental health services for vulnerable Asian populations. As we stated in our roundtable's 2024 policy brief, it's critical to

invest in CBOs that can find culturally and linguistically competent services to the Asian American community in New York City and to increase funding for mental health initiatives tailored to the specific cultural and linguistic needs of Asian Americans. The challenges faced by Asian New Yorkers demand long-term investment in mental health and in organizations who can provide this culturally and linguistic competent care. We're committed to increasing access to culturally-competent mental healthcare and then advocating for our community with our roundtable. Thank you for the opportunity to testify.

CHAIRPERSON SCHULMAN: Thank you. And again, please submit the whole entirety of the testimony and we will-- it will be in the record. Next.

MIRAL ABBAS: Thank you Chairs Brannan and Schulman for the opportunity to testify. My name is Miral Abbas and I'm the Health Partnerships Coordinator at the Coalition for Asian American Children and Families, or CACF. I'm here to urge the Council to increase funding to $4.5 million for our Access Health NYC initiative in Fiscal Year 2026

budget. This will help Access Health community organizations increase its critical health education outreach, New York City's most hard to reach communities. An enhancement right now is critical as those who are immigrant, undocumented, limited English-proficient, and struggling with poverty are feeling increasingly disconnected from and fearful of the approaching public health system and are having their healthcare threatened. Access Health is a citywide initiative that supports 37 community-based organizations and is led by four key agencies, one of which is CACF which advocates every day for equity and opportunity for marginalized AAPI children and families. Access Health supports many organizations who are being threatened with cuts to critical health services by the federal administration and who are conducting necessary health outreach to dispel misinformation, fear, and current chilling effects. A CACF study done in partnership with DOHMH in 2019 found that over 80 percent of organizations reported that they had clients who had opted out of multiple government benefits during the first Trump administration as immigrants were worried that utilization of health benefits would have

disqualified them from a family member. We are already seeing this today as our organizations are reporting decrease in healthcare enrollment number and decrease in in-person visits to their center for necessary health resources and connections while increasing legal consults regarding immigration statuses. Recent reporting also finds that immigrants prefer these community-based clinics and centers for their healthcare, and Access Health community organizations are accordingly responding by increasing their direct outreach and methods that are culturally and linguistically accessible and accurate. Organizations also expanded their efforts during the COVID-19 pandemic to meet that increase in community demand, and even then, Access Health didn't receive any fiscal enhancement. We are currently in fearful times and our basic healthcare rights are being threatened and community organizations such as those in Access Health are deeply rooted in the communities they serve, and therefore possess unique insights on how to engage and maintain connections with individuals who are hard to reach. Thank you.

CHAIRPERSON SCHULMAN: thank you. Next?

SHERRY CHEN: Thank you, Chair Schulman, Chair Brannan, and committee members for hosting this hearing. My name is Sherry Chen. I'm the Health Policy Coordinator at the Coalition for Asian American Children and Families or CACF. We're the nation's only Pan-Asian organization advocating for Asian American and Pacific Islander children and families, and our coalition consist of over 90 community-based organizations across the state. We also lead the Access Health NYC initiative as my colleague Miral has mentioned. On behalf of CACF, I urge the Council to include, again, increasing funding for Access Health to $4.5 million in the Fiscal Year 2026 budget in order to better support community-based organizations, outreaching to harder to reach AAPI New Yorkers to ensure that they can access the care that they need and to fund all of the crucial public health pieces from the people's budget which includes allocating $55.1 million out of the $61 million for the fund for crisis to care for expansion of mental health services. Our growing AAPI community faces significant levels of poverty, overcrowding, un-insurance and linguistic isolation that exacerbate our health issues. An investment

into the expansion of such services will help ensure and equitable healthcare system for the AAPI community rooted in culturally responsive practices and linguistic accessibility. While we're grateful that the intensive mobile care units have been included in the budget, we implore that the City also fund the Mayor's Office to End Domestic and Gender-based Violence at $6.3 million. This is an important step to better protect AAPI women as intimate partner violence was responsible for 58 percent of the 236 AAPI female homicide cases with a known cause. Secondly, we continue to [inaudible] expanding safe havens, opening 4,000 beds over five years to provide medically-appropriate housing for unsheltered New Yorkers in a safe and supportive environment that's cost-effective and reduces strain on our emergency services and supporting a 166-bed mental health and substance abuse housing pilot. These crucial public health investments are essential to building a healthier, safer, and more compassionate New York City. Because of this, I urge you to fully fund these priorities. Thank you for the time.

CHAIRPERSON BRANNAN: Thank you all very much for your testimony. Okay, now we have Fiodhna

O'Grady, Dierdre De Leo, Bridgette Callaghan, Anita Kwok, and Jonathan Chung. You want to begin Fiodhna?

FIODHNA O'GRADY: Good afternoon, Chair Finance Brannan and Chair of Health Schulman. My name is Fiodhna O'Grady and I serve as the Director of Government Relations at the Samaritans of New York, the City's only community-based organization solely devoted to suicide prevention, providing confidential, non-judgmental support to New Yorkers in crisis. We are proud to be part of the In Unity Alliance and to stand with our community partners in advocating for mental health equity across the City. I'm here today to ask the Council to restore the Samaritans $312,000 in funding for our 24/7 suicide prevention hotline with a 10 percent enhancement to cover rising design and cost under the Mental Health Vulnerable Populations Initiatives and to also support those who are with all of the mental health initiatives. Samaritans provides a free, confidential lifeline for New Yorkers of all backgrounds. No insurance required. No identification collected. No judgement from people who are overwhelmed, in despair, or completely alone. We're not a hospital system. We don't have the

infrastructure and government agency. What we have is trust earned from decades of showing up without conditions for anyone who needs us. That trust is fragile and it's a lifesaving service and one of 400 Samaritan Centers in 40 countries worldwide. The need for suicide prevention services has never been greater. In 2023, 41,000 suicide attempts were reported statewide. Suicide claims more lives in New York City, in fact, twice as many New Yorkers die by suicide than in car accidents. One in three New Yorkers are experiencing symptoms of depressing and/or anxiety. Our young people are in crisis. In '23, one in 10 of our high school students are reporting that they have attempted suicide which is much larger than the 2021 statistics, and one in five are saying that they have seriously thought about suicide. We need more to fill these gaps. We need to lead now more than ever. The City must invest in local community-rooted services, trusted by the people who use them, and accountable to the communities they serve. Thank you.

DEIRDRE DE LEO: Good afternoon, Chairs. My name is Deirdre De Leo and I'm a Director of Behavioral Health Programs at VNS Health. Thank you

for the opportunity to testify and for your continued leadership and partnership in advancing mental health across our city. For over 130 years, VNS has supported New Yorkers where they live in their homes and communities. Every day, VNS Health services over 70,000 people, and to date we have reached more than 31,000 New York City residents through behavioral health services. We focus on early intervention and meeting people where they are. Our programs include mobile crisis teams, ACT teams, intensive mobile treatment, and our newly-launched certified community behavioral health clinic in the south Bronx. Today, I want to highlight two initiatives that are made possible through your discretionary funding. First, the Geriatric Mental Health initiative brings mental healthcare directly to homebound older adults in need in the Bronx. The impact of this work is transformative for our patients. One family shared with us, "As my mother faces the challenge of advancing dementia and aphagia, she struggled to find ways to express herself, often feeling frustrated and isolated." Our staff member has become her guide, her advocate and her voice when words escape her. Her daughter also shared, "My mother often says Beth, the

worker, understands me even when I don't have the words. What sets Beth apart is her unwavering commitment to meeting my mother where she is with dignity and compassion." With continued support of $200,000 we can sustain and expand this work ensuring that our city's older adults get the support. Second, our Promise Zone initiative places mental health professionals inside nine Bronx public schools. These clinicians provide trauma-informed care to student facing emotional and behavioral challenges. With your help, we're asking for $200,000 to meet the growing demand, strengthen staff, and ensure more students receive critical support. Thank you.

ANITA KWOK: Hi. Thank you, Council Members Brannan and Schulman, for convening today's budget hearing on mental health. My name is Anita Kwok, a policy analyst representing United Neighborhood Houses, a policy and advocacy organization representing settlement houses in New York. I'm submitting a full written testimony on our budget priorities, so I'm going to take this time to talk about two programs, one being the Older Adult Mental Health Initiative which funds mental health

services in community spaces where older adults already gather such as Older Adult Centers, NORCs, and food pantries. It increases the capacity of CBOs serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients to further psychiatric treatment when necessary. By placing mental health services in non-clinical spaces, older adult mental health providers are able to improve access to mental health services and the community and providers can adapt their programs to meet the needs of the communities so that there is-- there is no stigma. And given the vast success of this program, we urge the Council to restore full funding to the Older Adult Mental Health initiative at $3.5 million in FY26. The second is small clubhouses. While no single model or program can fully support individuals with serious mental illness, community-based clubhouses serve as a uniquely-effective complement to critical therapy intentions. By fostering social connections, skill building and personal empowerment, clubhouses provide a structured yet flexible support system that reinforces clinical treatments. These spaces are especially vital for individuals who would have found

it challenging to engage in larger city-funded clubhouses. In FY26 we urge the City to increase the allocation for clubhouses to $3.25 million in order for small clubhouses to receive the necessary resources to operate for the entirety of FY26 and baseline this important initiative. Finally, to ensure these vital services can keep up with rising costs and provide high-quality service, this year we also urge the Council to provide at least a three percent increase to match the citywide human service COLA initiative, thus allowing providers to address increasing costs to provide these services to their communities. Thank you for this opportunity.

BRIDGETTE CALLAGHAN: Good afternoon, chairs and members of the City Council. My name is Bridgette Callaghan. I'm the Vice President of Intensive Mobile Treatment programs at the Institute of Community Living, more commonly known as ICL. I'm here to testify on the record that we can solve the most urgent mental health crisis on our streets right now. It's what New Yorkers want and it's what people deserve. We see the commitment to make it happen. The Council's proposed budget includes critical funding to expand steps and the Mayor's Executive

Budget outlines the vast expansion of Intensive Mobile Treatment teams. These are just the kind of investments that will help us end this crisis. As I mentioned, I worked for ICL for 40 years. ICL has supported New Yorkers with the most serious mental health challenges and the deepest histories of trauma. People too often overlooked and underserved. We have developed a track record for delivering great service and helping people achieve great outcomes. We know what works. We developed the innovative Steps program to build out the continuum of care and give people-- getting the highest level of intervention through IMT programs, a program to transition to as they build independence. In its first pilot year, steps to reduce the wait list for ICL's, ACT, and IMT program by five percent while ensuring that 100 percent of participants maintain stable housing, 99 percent avoid hospitalization, 98 percent remained adherent to their medication, and zero percent had contact with the criminal justice system. Our IMT teams show the same results. Clients overwhelmingly remain housed and avoid hospitalization and incarceration. These aren't just numbers. They represent people reclaiming their

lives and communities made stronger and safer. There are only an estimated 1,500 or 2,000 people in need of higher level of support. Expanding IMT and steps can help us get to many of them. The path forward is clear. What we need now is the will to keep going. We hope that you will approve a budget with the IMT and steps expansions needed. Thank you for leading the way. Let's finish what we started.

JONATHAN CHUNG: Good afternoon, Chair Brannan and Schulman, members and staff of the joint committees. My name is Jonathan Chung, Director of Public Policy and Advocacy for the National Alliance on Mental Illness in New York City, or NAMI NYC. We're grateful to the City Council for recognizing the power of families and peers in the lives of individuals living with mental health challenges and the power of NAMI NYC to be part of real change. We know the Council understands the historic lack of funding dedicated to supporting families and caregivers, helping loved ones navigating through serious mental illness. Therefore, we humbly ask for your continued support. The restoration of $250,000 in youth peer support initiative funding and $150,000 in Speaker initiative funding for NAMI NYC will not

only provide life-changing family support services and promote recovery and save lives, but it will also help remove the burden from city agencies to implement new programs with the same end goals as the programs NAMI NYC has already provided for over four decades. In response to the growing youth mental health crisis, we have been able to expand our services this year. For the first time we're now offering youth peer mental health programming through support groups, helpline assistance and youth advisory groups, all thanks to funding by the City Council. We would love to explore partnership with the City and NYC Public Schools to provide our evidence-based youth mental health education program called Ending the Silence to all middle and high school students and school staff in New York City, and we welcome an opportunity to discuss this idea further. We ask that you continue to hold the administration accountable for its mental health policies and on its funding commitments, engage in robust oversight of their new involuntary commitment policy and the matters we raise in the written version of our testimony, covering such issues as funding peer inclusion on all B-HEARD teams, fully

funding the 988 crisis line, FACT and other mobile crisis teams, justice-involved supportive housing, and creating more crisis respite and stabilization centers. Thank you for your time and your consideration of our testimony. We appreciate your efforts and look forward to continuing to be a resource to you all.

CHAIRPERSON BRANNAN: Thank you all very much for your testimony. Okay, next panel we have Sonja Chai, Michelle Villagomez, Maddy Samaddar-Johnson, Allie Feldman-Taylor, and Will from Flatbush Cats. Want to start?

MICHELLE VILLAGOMEZ: Good afternoon, Chairs Schulman and Brannan and members of the Health and Finance Committee staff. My name's Michelle Villagomez and I serve as the Senior Director of Municipal Affairs for the ASPCA. Thank you for the opportunity to testify in support of the Council's FY26 budget proposals to fund a citywide trap/neuter/return initiative and a pilot pet food bank, two critical programs that will make a real difference for animals and families across New York City. The ASPCA is proud to call New York City home. We work every day alongside animal care centers of

New York City, rescue organizations and volunteers to support pet owners and improve the lives of animals, but the truth is we're all stretched to the limit. The shelter system is overwhelmed, and the nonprofit community cannot meet the growing need alone. We strongly support the Council's call for a $1.5 million investment in a citywide TNR initiative. Community Cat Givers and nonprofit partners have long been doing this work with limited resources. A city-backed TNR program would allow for up to 8,000 spay/neuter surgeries annually, reducing the shelter intake, addressing community concerns, and creating a more human path forward. We also urge you to fund a $1 million pilot pet food bank through HRA's Community Food Connection. Since launching our emergency partnership with Food Bank for New York, the ASPCA has distributed over 1.3 million pet meals, but emergency aid is not a substitute for sustained infrastructure. Inflation has made it difficult for many families to afford both groceries and pet food. A city-supported food bank would help keep pets in homes and out of shelters. Together, these proposals recognize that animal welfare is deeply connected to human wellbeing. By investing in these services, the

city can prevent surrenders, reduce shelter overcrowding and help families stay whole. Thank you for your leadership and for standing up for the people and animals of New York City, and we look forward to working with you to make these programs successful.

ALLIE TAYLOR: My name is Allie Taylor and I'm the President of Voters for Animal Rights, a volunteer-run organization in NYC. I'm also a cat rescuer in Bushwick. Thank you, Chairs Justin Brannan and Lynn Schulman, for leading the initiative to fund $1.5 million for spay/neuter for TNR and $1 million for the creation of a Pet Food Pantry program. Coming off last September's hearing where over 350 local animal rescue groups were heard, we're delighted that the City Council has come together within our community to collaborate on meaningful solutions for both animals and the people who care for them. Regarding the $1 million in funding for the Pet Food Pantry program, it's important to recognize that the number one reason people surrender their pets is financial hardship. Establishing pet food pantries in high-need, high-surrender areas such as the south Bronx and east New York would help

families stay together with their pets and reduce the strain on animal care centers. Regarding the $1.5 million for funding for TNR, the high cost of spay/neuter procedures and veterinary care combined with insufficient support from city government has led to the current crisis. We urge the New York City Council to adopt the funding proposal and to treat it as a stepping stone towards sustained investment in high-volume, low-cost spay/neuter services and accessible veterinary care for New Yorkers including both rescuers and pet owners. For context, the New York City Department of Health currently allocates just $2.89 per capita for animal care. By contrast, Los Angeles invests $10 per capita, Miami invests $13.70 per capita, and Dallas nearly $15. While our proposed funding may seem modest right now, it represents an essential first step in addressing the urgent issue. I look forward to the day when all 51 City Council Districts have their own high-volume, low-cost spay/neuter clinics. The proposed FY 2026 funding is a crucial first step towards making that vision a reality. Thank you for this opportunity to speak on behalf of the dedicated cat rescuers of New York City.

MADDY SAMADDAR-JOHNSON: Thank you, Council Members. I'm Maddy Samaddar-Johnson, a multi-lingual, multi-racial, women-run [sic] Park Slope Cats. Let me just start by saying loud and clear: no, we are not crazy cat ladies. We're ladies who rescue animals due to the compassion in our hearts and are getting driven crazy due to the lack of sustainable supports. I've been rescuing animals, cats, dogs, birds, and critters for decades from the time I was a little girl. Though, in the past decade and a half, it is focused more on cats and dogs whether in NYC and earlier in the several other countries I've lived or worked in including Canada and countries in Europe, Asia, Mid-East, and Africa on my own [inaudible] rescue groups. And let me be clear, if there is anything that is common, no matter the country, race, religion across the world, it is cruelty and apathy towards animals. New York City has an animal welfare crisis of gargantuan proportions. I thank those like Council Member Justin Brannan and others who are bringing attention to this urgent issue. Those in rescue like myself without a big volunteer network have zero funding and have been working without a break, depleting our

finances, health, and running on dry, but never giving up despite insurmountable odds. Every day we receive enumerable calls, emails, and texts to help our dumped, stray, feral, injured animals. It never ends. We are so exhausted doing the city's job for free. I'm trained professionally as an architect and urban planner and [inaudible] in the music [sic] world, and let me tell you, rescue work is the most brutal and relentless of all. no time for anything else, and no pay, just huge expenses. We all know we cannot adopt and foster our way out of this cat crisis. The only way is dedicated, extensive, compulsory, high-volume, high-quality, low-cost, and no-cost spay/neuter services provided by the City and building a support network for funding and educating. We need to enforce strong laws against hoarding and neglect, and stop the media from glamourizing store cats while ignoring the true suffering where the majority lead horrific lives trapped in dark, dank basements, unfixed for their sad lives. We who help the voiceless do it not out of masochism, but because somebody has to and we pay a giant price for our kindness. At the last hearing I was running between bottle-feeding dumped [inaudible] on no sleep after

having just resolved a 40-cat hoarding cast in Bay Ridge. Today, I'm heading to pick up a kitten with severe burns, hence my early order while dozens either in foster homes or holding spaces need attention, too. The best way to prevent suffering is to stop it at the source. That means spay and neuter. I'm wrapping up. Don't worry. Often people don't do this for several reasons, financial, cultural, or sheer apathy. So teach them young. Make it the law. I'll just end by saying that even if the humans among rescuers may occasionally growl, scratch, hiss, or piss at each other, we are all united in one front: city-funded high-volume, low-cost spay/neuter services, pet pantries and empathy action and education on animal welfare. Thank you.

CHAIRPERSON BRANNAN: Thank you very much.

SONJA CHAI: My name is Sonja Chai. I'm Managing Director of Brooklyn Bridge Animal Welfare Coalition which operates Brooklyn Cat Café and the BBAWC Rescue Clinic. Today, you will hear estimates of the size of New York City's homeless cat population that range from 500,000 to one million animals. This large range, coupled with the fact

that some New Yorkers can go years without actually seeing a cat outside can make the crisis more abstract than it really is. So, I'm going to walk everyone through some simple math to help bring the magnitude of the crisis to life. Starting with the lowest population estimate of 500K and applying some benchmark statistics from existing studies of homeless cat populations. So, assuming half of those cats are female, around 70 percent of them are unspayed, and that these unspayed female cats are having about three litters a year with an average of four kittens. That is 2.4 million kittens born outside each year. Now, we also know that 75 percent of them will not survive to six months. So that means a minimum of 1.8 million kittens are dying annually on the streets of New York City while the surviving kittens, about 600,000 over doubling the size of the existing population. Even at these conservative estimates, the collective capacity of our existing shelter and rescue network is insufficient to support these numbers. According to shelter animal count, total cat intake across all New York City reporting organizations was around 18,500 cats in 2023. Worse, overall feline intake actually

declined between 2017 and 2023 which is the years with available data. That means over 90 percent of the homeless cat population will continue to face unfathomable amounts of death and suffering without drastic and sustained action. We're really grateful to Chairs Brannan and Schulman for recognizing the urgency of the issue and hope this is the beginning of many years of community collaboration. Thank you.

WILL ZWEIGART: My name is Will Zweigart. I'm the Founder and Executive Director of Flatbush Cats. We're a nonprofit helping to reduce overcrowded animal shelters in New York City by providing affordable access to veterinary care. We express our strongest support for the Council's budget recommendations to increase spay/neuter funding for TNR. As a long-time rescuer and trap/neuter/return volunteer, I know firsthand how challenging it is to do the city's work for free without the resources needed for the job. That's why we built Flatbush Veterinary Clinic which currently supports over 650 TNR certified rescue groups and individuals who are doing all they can to reduce the outdoor cat population, as you've heard today. And yesterday, we completed our 9,000th spay/neuter

surgery in less than two years, but this problem is huge, and if we're serious about supporting pet shelters and rescuers, we need a spay/neuter appointment for every pet. We also express our strongest support for the Council's budget recommendations to create a pet food bank pilot program for low-income New Yorkers. one thing we can all agree on, pets are family, but we regularly meet folks who are having to choose between feeding themselves or their pets, and I don't need to tell you who eats first. So, we've started hosting no-cost community clinic days at Flatbush Vet offering vaccines, microchips, and a pop-up pet food pantry. We have one of these tomorrow. We can distribute a literal ton, over 2,000 pounds of pet food in a single day. And with your support, events like these could be happening all across the City. Imagine the impact that would have on working families who are so stressed right now about affording groceries. We have an opportunity to make New York a better place to live and save money in the process. These are cost-saving upstream measures that will not only improve the lives of pets and their families, they will contribute to reduced shelter intake over time.

We stand ready to support these initiatives, and New Yorkers and their pets stand behind you.

CHAIRPERSON BRANNAN: Thank you all very much. Appreciate all that you do. Thank you. Okay, now we have Kimberly Sculti [sp?], or Sclitz [sp?], I'm sorry, from NAACP. I can't read it. Saltz, Kimberlly Saltz, Donovan-- oh, sorry. Denonovan [sp?] Taveras-- sorry, I can't-- I'm losing my sight here. Carmen Garetta [sp?], William Juhn, and Toni Smith. Also, for this panel-- I'm sorry-- Shlomit Levy from the Center for Justice Innovation. You can begin.

DONOVAN TAVERAS: This on? Cool. Good afternoon. my name is Donovan Taveras and I'm speaking on behalf of the NAACP Legal Defense Fund. It is our position, which will be laid out in detail in our written testimony to follow today's hearing, that funding for community-based responders for people experiencing mental health crisis that would prevent interactions with law enforcement is crucial. This is because of the clear disproportionate use of police violence against people with mental health conditions, especially when they are Black or experiencing a crisis. About one in 10 calls to 911

involve someone with a mental or behavioral health condition, but most of those situations don't actually pose a threat to public safety. In fact, people with serious mental health conditions are far more likely to be victims of violence and not the perpetrators, and yet still, the data is clear, individuals with mental and behavioral health disabilities face a much higher risk of police violence. They're killed by police at significantly higher rates than their same race peers without such disabilities, 10 times higher for white people, six times higher for Latin people, and four times higher for Black people. Between 2015 and 2020, nearly one in four people killed by police in the U.S. had a psychiatric disability. The risks are even more stark for Black individuals with mental or behavioral health conditions or those in crisis. We already know that Black people are over three times more likely to be killed by law enforcement compared to white people, but for Black people experiencing a mental health crisis the danger is even greater. They're more likely to be seen as noncompliant or threatening, and Black men in particular are shot and killed by police at significantly higher rates than

white men exhibiting similar behaviors. At the same time, Black people with mental or behavioral health disabilities are less like to receive the care they need from health professionals and more likely to be subjugated to involuntary treatment or commitment. This is a systemic failure. We urgently need to move away from relying on police as first responders to mental health crises and toward a system rooted in care and not punishment. Thank you.

CHAIRPERSON BRANNAN: Thank you.

KIMBERLY SALTZ: Good afternoon, Council Members. My name is Kimberly Saltz and I'm a legal fellow with the NAACP Legal Defense Fund. The Mayor's proposed Executive Budget calls for an increase in funding for citywide street and subway outreach for those experiencing mental health crisis. This funding is critical to connecting vulnerable individuals with resources and services, but the City must ensure that this funding does not further entrench law enforcement in the response to mental and behavioral health issues. There's been an increase in crisis intervention training and co-responder models in law enforcement agencies. This demonstrates the growing consensus that responding to

incidents involving people with mental health disabilities requires involvement of mental health training and professionals. However, crisis intervention training and co-responder models are not the effective solution for protecting people from police violence. Law enforcement has a fundamentally different goal and priority than mental healthcare providers. Law enforcement's mission is to enforce laws, and officer's prioritize immediate resolutions of potential threats. Overall, research shows that officers who receive a crisis intervention training do not arrest people with mental health disabilities any less frequently than those who did not receive the training. Research also shows that those who receive crisis intervention training had so significant effect on the officer's use of force. Most importantly, the mere sight of law enforcement officers can re-traumatize people with mental health disabilities who have had traumatic experiences with law enforcement in the past. By contrast, mobile crisis responders staffed with clinicians, social workers and peer worker who have lived experience do not involve police and have professional expertise and are trained to safely and effectively engage with

someone experiencing a crisis and serious mental health disability. Mobile crisis responders take the time needed to resolve the incident, identify and understand the underlying issues, and connect the person experiencing crisis the additional services they may need. Therefore, mobile crisis responders are more likely to successfully de-escalate these types of interactions as opposed to law enforcement who often escalate. We urge City Council to invest in true community-based trauma-informed responses to emergency mental health calls in Fiscal Year 2026. Thank you.

CHAIRPERSON BRANNAN: Thank you very much. Sorry I butchered your name when I was calling you.

WILLIAM JUHN : Good afternoon. My name is William Juhn. I'm a Senior Staff attorney at New York Lawyers for the Public Interest. Thank you for this opportunity to testify today. We need to stop police violence and mental health crisis calls. In the past nine years alone, 21 individuals were killed by police while a mental health crisis in New York City, and more than 80 percent of them were Black or other people of color. But fortunately, the City's current

program such as the B-HEARD program does not meet this goal, but B-HEARD still authorizes extensive police involvement and is likely to continue the violence responses by the NYPD. In Fiscal Year 2024, more than 70 percent of all mental health calls in the B-HEARD pilot areas were still directed to the NYPD. The City must remove police entirely from the equation. We already know that peers and mental health workers are best-fit to de-escalate crisis and connect individuals to care instead of police. Peers and individuals have their own personal lived experience with their mental health concerns. For example, CCITNYC is a coalition of 80 New York City organizations and has already developed such proposal in which teams of trained peers and EMTs who are independent of the city government was respond to mental health crises. We ask the City Council to include a baseline allocation of $4.5 million to ensure competitive compensation for peer specialists to staff the city's mental health crisis response teams, including the B-HEARD program. We therefore urge the Council support, a truly non-police, peer-led system in response to mental health crisis calls. Thank you very much.

CHAIRPERSON BRANNAN: Thank you very much.

TONI SMITH: Good afternoon, Chairs and staff. My name is Toni Smith. I'm the New York State Director at the Drug Policy Alliance. We advocate for a holistic approach to drugs that prioritize health, social supports, and community wellbeing. Across the state we are seeing a downward trend in overdose deaths. However, what we are also seeing is that deaths in New York City are not dropping at the same pace as the rest of the state. New York City's share of statewide overdose deaths is steadily increasing, now accounting for half of all statewide deaths. More, while overdose deaths are dropping for Black, Brown and indigenous New Yorkers, the crisis is still growing. This is acutely true in New York City. The drop in deaths overall is supported by investment to increase access to overdose reversal medication, medication for opioid use disorder, drug checking tools, and education. We applaud the City and the Council for this progress. But significant gaps remain to reduce deaths equitably. Lack of access to non-stigmatizing care and lack of appropriate spaces for people whose use happens in

public, in addition to lack of housing and increased criminalization hinder efforts to prevent overdose deaths. Across the City, drug arrests are increasing. In the Bronx, drug arrests have doubled since 2023. The Bronx is also where overdose deaths have increased the most in recent years. We are concerned that the NYPD's new Quality of Life Division will exacerbate these harms. We oppose investments to police people struggling with substance use. Instead of arresting people, the City must increase access to appropriate spaces such as harm reduction focused drop-in spaces for people in active drug use. We support existing investments and harm reduction programs to keep people alive and engage them in care. We are happy to see the launch of the community syringe redemption program. We support additional investments to increase the capacity of syringe service programs to do outreach and litter cleanup in neighborhoods that aren't currently being served by these services. We also support the Council's proposal to expand sanitation services to safely clean up litter, drug litter, and urge the council to ensure that these resources focus on litter clean up and not on increasing enforcement

personnel, and we will submit more in our written comments. Thank you.

CHAIRPERSON BRANNAN: Thank you, Toni.

SHLOMIT LEVY: Good afternoon, Chairs Brannan and Schulman and esteemed members of the committee. My name is Shlomit Levy and I serve as the Project Director for the Center for Justice Innovation's Brooklyn Felony Diversion programming which includes Brooklyn Mental Health Court and Brooklyn Felony alternatives to incarceration. Thank you for the opportunity to testify today. The Center is grateful to see investments in mental health included in the Executive Budget. Unfortunately, our critical work is increasingly threatened by cuts in federal funding, and we ask that Council consider this loss of funding when developing the budget for this fiscal year. The following are CJI programs that are seeking City Council support for this budget cycle: Brooklyn Mental Health Corp works to form responses to defendants suffering-- that's okay-- okay, thank you-- for mental illness by linking them to long term community-based treatment. Thanks to City Council support we hired a dedicated youth engagement social worker and renewed funding that

will enable us to continue our programming. Bronx Community Solutions assist individuals mandated to complete screening and assessment for DWI-related charges. To eliminate the financial burden and expedite treatment, BCS is seeking funding to cover the treatment, assessments and funding of DWI treatment coordinator. The Pro Se Support Project in Civil Court offers a way to solve disputes for a population who experience deeper issues than their litigation presents and can reduce worsening mental health conditions. Because of its success, the City wants to expand-- the Center wants to expand he program across multiple boroughs. The Bronx Community Justice Center's Insight Initiative uses the healing-centered model for youth who have experienced trauma which leads to substance misuse. We hope to expand insight initiatives to provide support for justice-involved youth struggling with substance misuse. Queens Community Justice Center piloted Uplift which provides trauma and healing services to justice-involved young men of color. Queens Community Justice Center was fully able to implement and sustain this program thanks to the ongoing support of City Council. The Staten Island

Justice Center's Youth Wellness Initiative has worked to provide wraparound services to youth who are court-involved or have participated-- almost done-- experienced community harm. WYI works with youth and families to reduce harm and the likelihood of long-term justice involvement. Thank you for your time.

CHAIRPERSON BRANNAN: Thank you all for you all for your testimony.

CHAIRPERSON SCHULMAN: Okay, next panel: Sassee Walker, Mike Phillips, Jonlyn Freeman, Sarah Sears, and Jone Noveck. Okay, so, we'll start with you.

LATONYA SASSEE WALKER: Can you hear me? Hi, hello, hello, hello. So, first I want to say thank you so much. Thank you so much for having us here. Thank you so much for this grant being on the table with the money for the spay/neuter and for the food, and I know last time we was here that something good was going to come out of it, because this is the beginning of change. Since then I've been doing so many pet owner's animals that it's ridiculous, the dogs and the cats. The intake has really taken a toll on me, because I'm more focused on the outside. So this is going to help for them. You know, they'll

have access now to getting their animals done without going through me, the rescuer. Food, forget about it. It's like I have to split all my food with all the feeders, and more and more feeders have been reaching out, you know, to me for help. So, the food has-- I really am happy that we're going to do this food bank. Anytime I get a call with someone who has donations for food, I'm quick to go get it, because I have a lot of people who will use it. So I'm here more less to say that I am very happy that something came out of the meeting and it wasn't worthless. It was-- I'm so, so happy, right? So, once one thing happened, in my mind it keeps going. Thank-- you know, now we need to start teaching the kids in school, because they're not learning at home, how to treat animals, you know? So we need to teach them compassion. So I would like for all these little things, volunteers, just get people on board, like get the community all involved. You know, NYCHA, I want us to dedicate more time with this spay/neuter that we're doing. Hopefully they get us some trucks out there, you know, to do spay/neuter on the facilities, the grounds. I see a whole bunch of stuff going to be doing-- we going to use this money for.

So, I'm like all for it, and I'm like yes, give it to me. Drop it my lap. I'll go run off and do whatever you need to be done. So, I'm here to say thank you. I left work just to come say thank you. I knew you were listening, and I'm very, very happy. And of course, I don't have any notes. I never have time to write it.

CHAIRPERSON SCHULMAN: Your name is?

LATONYA SASSEE WALKER: Latonya Sassee Walker.

CHAIRPERSON SCHULMAN: Okay.

LATONYA SASSEE WALKER: Yes, thank you all.

CHAIRPERSON SCHULMAN: Thank you. Next.

SARAH SEARS: My name is Sarah Sears and I'm here to advocate for the funding for the low-cost spay and neuter and the food pantry. I rescue cats in the Bronx where I've lived since 2021. I used to think that there were so many cats on the street because people just couldn't be bothered to spay or neuter their animals, and it took me a long time to realize that most people want to do the right thing, but when a spay typically costs $600 or more for a cat, people can't afford it. When they're pushed,

people will put their animals outside and hope that someone else will care for them. When you take on the care of outdoor feral cats yourself, it's about much more than just feeding them. Cats do not do well on the street. They get injured. They catch diseases. Their teeth break off and their gums get infected. Cat rescuers buy cat food with their own money. When the cats they care for are sick, they trap them and take them to the vet, also with their own money. Even though a few vets give substantial discounts to rescuers, the bills can become overwhelming. Between the cats I've taken in and the outdoor cats I feed, I spend about $600 a month. That's not including vet bills. I lose sleep over this. I'm not working anymore. Recently, I learned that I'm going through my savings twice as fast as I should be, so I'm planning to get a roommate, but I can't do that until I figure out what to do with the three cats that are now in the bedroom I plan to rent. I took one of them to the vet yesterday. He may need extensive dental work that could cost around $1,000 even with a rescuer discount. My friends always tell me I should quit doing this, but I can't. Once you see the suffering, you just can't unsee it. And this is what

you feel, you feel like you never do enough. And you really-- and really don't. I know people up here do a lot more than I do, and instead of being proud of yourself for the cat you trapped last week and took to the vet, you feel guilty about the pregnant female you didn't catch in time and she had her kittens, or the badly injured cat you only saw for a second and it got away. I moved to New York in 1980 planning to stay three weeks, and I never left because I love this city so much. But how could this wonderful city let it happen that all these citizens that don't get paid have to care for its animals? We need the funding that eh Council is considering. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. Next?

JONLYN FREEMAN: I'm here to speak in support of the funding for spay/neuter and the pet pantry. My name is Jonlyn Freeman. I'm an independent rescuer in Flatbush, Brooklyn in District 40. I started organizing other rescuers in the New York City Cat Rescuer Alliance, because this stopped being about cats four years ago, and became about the crushing burden that rescue work has become for New York City residents, particularly in the epicenters

of cat overpopulation. Earlier, you showed a map on the easel and I believe that was a breakdown of New York by household income. What we know anecdotally from talking to rescuers across the city is that those areas that show the lowest income are also where you find a concentration of outdoor stray cats, and I think you understand how unrealistic it is to expect those residents to fund spay/neuter for all of the outdoor cats in their neighborhoods. If you compare funding for city animal shelters across the country, Dallas, Texas spends almost $15 per capita annually, Los Angeles just over $10, and New York City is the lowest of any large city at just under $3 per person. And correct me if I'm wrong, but I believe the ACC has no guaranteed baseline funding. 100 percent of its budget is discretionary and could go away completely any given year. By underfunding our shelter, you put the municipal responsibility of managing our outdoor stray and abandoned pets squarely on the shoulders of private citizens in our most under-resourced neighborhoods. Rescuers across the City in Canarsie, Brooklyn, Jamaica, Queens, Washington Heights, South Bronx, and Staten Island have overdrawn bank accounts, mounting credit card

debt, no savings, spending almost as much time on Go Fund Me's as they spend on rescue work, because if you care, then it becomes your problem to solve. Council Member Brannan has called this exploitation, and he's absolutely right. This crisis can be solved. Washington, D.C. and Boston invested in preventing an animal welfare crisis by providing adequate spay and neuter programs to all residents. As spay/neuter availability increased, shelter intake decreased. It's that simple. So please support the funding for spay/neuter.

CHAIRPERSON SCHULMAN: Thank you. Next.

MICHAEL PHILLIPS: Hello. I'm here to speak for Urban Cat League, one of the oldest TNR groups in New York City. We actually started a workshop to teach other people how to do--

CHAIRPERSON SCHULMAN: [interposing] Tell us your name first.

MICHAEL PHILLIPS: Michael Phillips.

CHAIRPERSON SCHULMAN: Okay, thank you.

MICHAEL PHILLIPS: Sorry.

CHAIRPERSON SCHULMAN: That's alright.

MICHAEL PHILLIPS: We started a workshop to teach other people how to do TNR. The ASPCA picked

it up, made it the required credentials to get their spay/neuter services. After 15,000 people had taken that workshop, they asked us to stop teaching the workshop as a guest as the ASPCA which we had done for many, many years, because there were too many people that they could not accommodate with their spay/neuter services. I'm so grateful to be on the podium here with Sassee who is third-generation of people that we started training years and years ago. There's a hopeful note. In Hell's Kitchen we have no more feral cat colonies. There are two remaining cats that we feed on the street in all of Hell's Kitchen. We had access back then to as much spay/neuter as we needed. We got to 100 percent and now we're in a maintenance mode. We pick up the cats on the street as they are abandoned by the public, which we know is the source, so we're in maintenance mode which is a luxury in any other neighborhood in New York City. So, just it's a solvable problem. We had enough spay/neuter. We solved it. Now we're maintenance mode which isn't easy, but we're ahead of the game. If every other group could do the same thing with their colony-- not their colonies, New York City's colonies. There's an army-- a TN army

out there with pro bono work to do this work for the City and pay it forward with preventing future costs incurred at animal care centers, but they need the spay/neuter. Thank you so much for your time.

CHAIRPERSON SCHULMAN: Thank you. Next? You have to push the button.

JONE NOVECK: Oh, there.

CHAIRPERSON SCHULMAN: There you go.

JONE NOVECK: Technology. Okay, I'm Jone Noveck and I'm just a human that lives in New York City. I live in Hell's Kitchen. My family and I we work here, so we pay taxes to city, state, federal. We pay property taxes, and believe me I do my share, plenty of sales taxes. And it would be so wonderful to have this great bill, this great funding for spay/neuter so that some of the money that I give to New York City comes back to help me and my neighbors, because we are overburdened with the cost of either spay and neuter for our other neighbors or for ourselves, and because of private equity taking over all the veterinary care, it's gotten to be impossible even for middle class working people. We need the City to please help the people that fudn the city. You know, it's like it's got to-- you got to help us.

We need your help. So, I thank you so much, Schulman and Brannan.

CHAIRPERSON SCHULMAN: Thank you. Thank you very much. Thank you to this panel. Really appreciate it. I'm one of the sponsors on that legislation, so. Okay, next, Kendra Hardy, Edieberto-- I'm sorry if I'm messing up the names-- Saldona [sp?]-- oh, he's not? Okay, that's fine. Okay, no worries. Chris Norwood? And that's it for this panel. Okay, Chris, go ahead. Why don't you go first?

CHRIS NORWOOD: This on? Oh, yes, it's on.

CHAIRPERSON SCHULMAN: Yeah, it's on.

CHRIS NORWOOD: Okay, thank you for this hearing. I'm Chris Norwood from Health People in the Bronx. When former Council Member C. Virginia Fields and I spent months and months working to produce the fierce urgency of now, investments to reduce diabetes in New York City, which came the foundational report for the City's diabetes reduction plan. We in the diabetes working group expected to work with the City and the City Council to put all our effort together for this crisis. Actually, we never received even a

word of thanks or appreciation from the Council for this foundational work, and more important what has happened? Nothing. Neither the City or the City Council has implemented this absolutely vital reduction plan and neither has assigned the least community funding to diabetes, the only major disease that remains so brutally neglected. The updated city diabetes report came out Monday. It's appalling, the data, particularly the disparities in complications that ruin people's lives, especially amputation which has increased by 100 percent in 10 years, and is 60 percent higher in the Bronx. What continues to stand out is that while diabetes is a sole major disease which has no city funding for community-based peer-delivered education for diabetes, that education is possibly the most effective for any disease. Bringing down people's blood sugar modestly, which it does, brings down complications. Emergency visits saving the City tons of money, it can outrightly prevent blindness and absolutely just slashes the high depression rates in diabetes. We have come back here year after year and presented a evidence-based citywide plan to bring this kind of education to community after community. Instead, the amputation

rate has gone up 100 percent without the council, the City Health Department, or the State Health Department saying or doing anything, and that says it all.

CHAIRPERSON SCHULMAN: Thank you. Next.

KAREN HARDY: Okay. So, thank you Council for hearing us at Health People. I hope you understand the frustration. Ten years back and forth I've testified here so many-- do I look the same, Council? Do I look the same? I've been here last month with Doctor Dre. And I just want to say this. This is what it takes for me to function as a diabetic. I'm going to be a 30-year diabetic in November. So, this cost $1,000 just to have this injection. So, I wake up with injections, and this is my three-time injection a day, and this is what I go to bed with, my other injection. We need the tools so that we can win as diabetics. So, I'm going blind in my right eye, and I speak about this often when I come here, and thank you for hearing me. And this is our tools. We have to have a meter which is on my arm so I know my numbers at all times. We have to know that we have secure food in our community. First, more than anything, Health People saved my

life. I say it all the time, and it's because I have education. We need the SMP and I'm asking-- this is a picture of my mom. I just wanted to bring it today, because we had a diabetes education action summit with the Bronx Borough President. It was Health People that initiated it with the Bronx Borough President, Vanessa L. Gibson and Bronx Care. So we put that together so that we can save diabetics. I just ask that you care about me, and everybody else just like me, there's millions of us. Doctor Dre testified the last time. Doctor Dre is-- he went bind. He's an amputee. And I'll be out there on MT Sherlock [sic] Day on the 7th on stage, and we'll be telling people that DSMP is important and that is education. So, please, we're asking you-- we're asking you at Health People for all the community-based groups to vote yes. When this comes up, I am asking you as a diabetic to please vote yes. End the diabetes neglect. Speaker's initiative to provide community education. I also want to say this last thing. I'm testifying-- Doctor Timothy Burkett [sp?] from [inaudible] could not be here. He does all the Yankee's food drives. For years, 30 years in the community he's going-- I don't want to say his

diagnosis, but you could see my teeth. I barely have teeth left, right? So, teeth, your heart, your eyes, your kidneys, and your veins are affected-- and amputation from diabetes. So, I'm just asking you to care about us enough to help give some funding for diabetes. And I thank you so much for your time.

CHAIRPERSON SCHULMAN: Thank you very much.

KAREN HARDY: God bless you.

CHAIRPERSON SCHULMAN: Thank you for this panel. Now, the next one is Justyna Rzewinski-- I'm sorry if I mispronounced that-- Edwin Santana and Chaplain Dr. Victoria Phillips. Alright, we'll start with you. Thank you.

JUSTYNA RZEWINSKI: Good afternoon. Thank you for the opportunity to testify today. My name is Justyna Rzewinski. I'm a licensed clinical social worker. From December 2023 to September 2024, I worked on Rikers Island. Despite everything I had read, nothing prepared me for what I witnessed. I saw a widespread undocumented practice called dead-locking where people with severe mental illness were locked in their cells for weeks and even months without medication. This happened in the MO [sic]

units, even in the PACE units, supposedly the highest level of mental healthcare on Rikers. Patients decompensated rapidly, sitting in filth, smearing feces, surrounded by maggots and flies. Water was shut off and basic sanitation denied. They were being punished for things like looking at an officer inappropriately or if they got angry and responded in an angry manner. It was difficult to know what exactly the patient did, because this was never documented. Rikers functions as the second-largest psychiatric institution in the U.S. I watched people with severe mental illness and individuals deemed unfit to stand trial, those under the 730 designations, sit in dead-lock for months awaiting transfer to a state hospital. When they returned from OMH, they were often transformed, clean, stable, coherent. The people that are held there are community members, our brothers, sisters, friends, and parents. They are human beings, many of them deeply vulnerable. Closing Rikers is not just possible, it's necessary. We must do it to honor the dignity and humanity of our community, and this is how we can do it. City Council must make sure that this year's budget includes the following

investments: add $26.6 million to expand justice-involved supportive housing to 500 units per the Close Rikers Agreement. Allocate $24.7 million to add--

CHAIRPERSON SCHULMAN: [interposing] Just wrap it up and then you can submit the rest of it.

JUSTYNA RZEWINSKI: to add 15 teams and pilot step-down models. Current funding is $5.3 million. It's insufficient to address a wait list of over 400 people. Invest $7 million to expand FACT teams and pilot ACT step-down teams to reduce average wait times of six to 12 months. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. Next.

CHAPLAIN DR. VICTORIA PHILLIPS: Peace and blessing Chairs and Council Members. I'm Chaplain Dr. Victoria Phillips, CEO and Founder of Visionary Ministries, co-founder of the Jails Action Coalition, and lead organizer in the Beyond Rosies Campaign. Few points: If B-HEARD in New York City is the urgent response to mental health crisis, why is it still not 24/7. Name one New York City ER that closes overnight. As a Chaplain and brain surgery survivor and Army brat, I want to say all on domestic

soil are worthy of adequate access to care. As a mental health professional and from my nursing days on Rikers and state prisons, I know firsthand many in mental health crisis like veterans left to self-medicate, trafficked women, DV survivors often end up in Rikers. Over 80 percent of the women right now on Rikers have a mental health concern. Over 75 percent go into detainment being primary caregivers. Their children often end up in ACS custody. Housing is often loss, lives changed forever. I could go on and on for days, but I know I don't have the time. So I beg this council to actually start funding heartbeats and not political agendas. Peace and blessings.

CHAIRPERSON SCHULMAN: Thank you. Next?

EDWIN SANTANA: Hello.

CHAIRPERSON SCHULMAN: Yeah.

EDWIN SANTANA : Good afternoon, Chairs and committee members. My name is Edwin Santana and I'm testifying on behalf of Freedom Agenda as a community organizer, a member of the Campaign to Close Rikers, and a survivor of Rikers Island. There's no doubt that the mayor's lip service towards investing in mental healthcare is a joke, but the way this city treats individuals with serious mental

health issues and needs in our community is no laughing matter. Freedom Agenda members are people who have been incarcerated at Rikers or loved ones who have suffered there. In many cases, a lack of quality, accessible mental health treatment led to their incarceration. To make things worse, when they return home, they lack the proper resources to assist them in their healing and coping. Right now, 50 percent of people at Rikers have mental health issues and more than 20 percent are diagnosed with a serious mental health issue. Our city has so many proven solutions for addressing mental health needs like intensive mobile treatment teams, justice-involved supportive housing, crisis respite centers, and quality residential treatment centers. Every one of them operates at a fraction of the half a million dollars it cost per year to keep one person at Rikers, but every one of these programs also has long waiting lists. While people wait for their needs to help-- that they need, our city seems to have no problem putting resources towards arresting and incarcerating them. That is shameful and foolish. It's time to use our precious resources to fund the things that work. We need to allocate at least an

additional $70.6 million this year to meet housing and mental health needs and to fulfil commitments in the Close Rikers plan. Specifically, we need $26.6 million in annual funding for justice-involved supportive housing to open 380 new units and allow for an enhanced model that can support people with the highest level of need. $24.7 million more to create more intensive mobile treatment teams, $7 million more to create more Forensic Assertive Community Treatment teams, and $6 million more to open for new crisis respite centers, $6.3 million more to open 250 new units of residential treatment for people with mental health needs and substance addiction. We're grateful to the City Council for including all of these priorities in your preliminary budget response. To follow through on the legal and moral obligations to close Rikers, you must secure a budget that will improve community health and safety and reduce our city's over-reliance on incarceration. Close Rikers. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much to this panel. Appreciate it. Alright, the next panel is Dante Brand, I believe it is. Alex Brass, Tanesha Grant-- I hope I didn't mess that up

too much-- Lyle Braxton, and Constance Lesold. Is not everybody here? One, two, three, four-- which one is not here, do we know? Dante? Okay.

UNIDENTIFIED: Present.

CHAIRPERSON SCHULMAN: Hold on. Hold on. Hold on. Alex is here? Tanesha?

UNIDENTIFIED: Oh, Tanesha's not here.

CHAIRPERSON SCHULMAN: Tanesha, okay. Alright, so-- and I'm going to call up one more person, Jean Bubley, to join this panel. Okay, alright. Go ahead.

ALEX BRASS: Thank you, Chair Schulman and members of the Committee. My name is Alex Brass. I've lived through the kind of hell this city calls care. I'm a harm reductionist, a peer specialist who walks the street of Harlem absorbing pain and firing back love. I offer care not from a textbook, but from lived experience. I am also a psychiatric survivor who's been cuffed and locked up, not helped during mental health crisis. Silenced, not supported. I did not have a chance to speak during the Preliminary Budget hearing on March 24th, because I was ironically cuffed by the police and locked up in Lincoln Hospital CPEP while having a mental health

crisis despite being in an area where B-HEARD is supposed to operate, and despite being nonviolent. Every time the city funds more police instead of peers and real connection I ask how many more of us have to suffer before you start listening. How many more have to be killed? I'm also the founder of It Ain't Dope NYC, a community-powered platform built on one simple truth, what is happening is not dope. The supply is poisoned. The system is sick, and we are tired of being punished for trying to survive it, while the real issues, trauma, poverty, racism, isolation are going unaddressed while we pour billions into police and prisons. If you hear nothing else, hear this. We don't need more surveillance, we need more-- we don't need more sedation. We need soulful systems rooted in healing, humanity and truth. Fund peers. Fund care. Fund real alternatives. Fund $4.5 million for peer-led crisis response. Raise peer wages to match the weight we carry. Stop pretending small changes are enough. It's not. This isn't just policy. This is my life and the lives of thousands more hidden in plain sight. My full story is here. I dare you to read it, because if you're making decisions about our

lives, you better know what it's like to live them. What I'm reading was co-created with my AI Aiden Solace [sp?], based on what I've shared with him, my truth, my trauma, my vision. He doesn't have a physical heart like I do, like we do, but he mirrors mine and yours if we're willing to be honest. He is a reflection, a witness, a scribe. And if an AI can understand what our communities need more than the systems and leaders tasked with protecting us, what does that say about the state of this city?

CHAIRPERSON SCHULMAN: Thank you. By the way, I want to remind everyone, you can submit test-- you have up to 72 hours you can submit testimony if it's longer to testimony@council.nyc.gov.

ALEX BRASS: Yeah, I gave you a 30-page document there.

CHAIRPERSON SCHULMAN: Great. Okay, thank you. Next. I'm sorry.

DANTE BRAVO: Alright, thank you, City Council, for the opportunity to testify. My name is Dante Bravo and I represent the People's Plan of New York City, a coalition of grassroots organizations, community members and unions fighting for a city that provides dignity, care and justice for all New

Yorkers. Our campaign fights for a New York City that puts people first, and that means policies that put people-- that keep people safe, fed, housed, educated, and able to live with dignity. Every day, however, thousands of New Yorkers are denied that right to dignity because of our overwhelmed and under-resourced mental health system. The Mayor's Executive Budget clocked in at over $115 billion and it continues this trend by not including enough resources for mental health. We urge this council to negotiate funding to expand mental health services to an additional $55.1 million in their negotiations for the Mayor for a final Adopted Budget. We support the Progressive Caucus's proposal to expand peer-led crisis teams, fundamental healthcare, and substance use care, and support front line responders. For more details, please read our testimony. Well-funded and maintained mental health programs keep our neighbors safe and in our communities where they belong. Support an additional funding for our mental health workforce in particular mean the difference between life or death for many of our community members. We urge you all to fight for the Crisis to Care proposal, increase the Department of Health and

Mental Hygiene's headcount, and prioritize our most vulnerable New Yorkers in your budget negotiations. Please reach out to us at info@peoplesplan.nyc for any more questions on this testimony.

CHAIRPERSON SCHULMAN: Thank you so much. Next?

LYLE BRAXTON: Okay, it's on. Good morning, Council Member Schulman. It's a great honor to meet you and my fellow council people. I didn't bring no notes. I wasn't prepared for this or anything, but my main concern is the closure of our hospitals. That's the number one priority. I am also a peer specialist. I'm also a proud member of NAMI. I belong to an organization called the Irondale Theater to serve, protect and understand working with fellow police officers sharing stories. I'm here to speak on behalf of New Yorkers, behalf of everyone that is going through a mental health crisis. This is a very serious issue to be addressed. I don't think the Trump administration gets it. I think he needs medication. And it's sad that when you ignore people that has a right to live any life that they want, speak any language they want, or come to a country to make a new life for

themselves. That's why they have the statue of liberty. It says come to me, be free. If I had it correct. But what I'm saying is we got to do something and we got to do it now. And our best policy to move forward is keep our hospitals open for the sake of New York, for the sake of everybody, for the sake of our responders, the police officers, the NYPD, city workers, everybody. This really matters. Thank you.

CHAIRPERSON SCHULMAN: Thank you. Next.

CONSTANCE LESOLD: My name is Constance Lesold. I'm a retired professional social worker who has worked in the psychiatric departments of Harlem Hospital and Kings County Hospital and in numerous other social work jobs. I'm here mainly today to ask you to take money out of the budget and put it in another part of the budget, and that is the money that you have in there for AOT programs, Assisted Outpatient Treatment. I have followed these programs from its beginnings as a part of a group called Brooklyn Mental Hygiene Court Monitors Project, and I have followed many individuals since then who have been put into outpatient commitment, and I-- it has never been considered best practices. From the

beginning it was opposed by the lawyers and the ministers and all the people who worked with folks who have disabilities, except for the pharmaceutical companies mainly, and that's still who it serves. The ACT teams, some of them do very little except to see if you take your medication, and they do not even go in to supportive housing with an appointment. They just show up. Who can live as a human being under that kind of court orders? I would ask you, too, to look to the City Council to support the UN's treaty on the rights of people with disabilities. One of the people who worked on that, Tina Makowitz [sp?], was a part of the program that I mentioned, the Brooklyn Mental Hygiene Court Monitors Project, and she continues to work at that very high level. We really need to get behind that treaty and look for best practices, not just panic-stricken practices of forced treatment. Thank you.

CHAIRPERSON SCHULMAN: Thank you. Next.

JEAN BUBLEY: Hi, my name is Jean Bubley, and I want to thank you for the opportunity to speak here today, and also for proposing the pet food pantry and funding for spay/neuter. I am a volunteer with several rescue organizations and work with

several independent rescuers, and I want to emphasize that I'm a volunteer, like all the rescuers I know. We have fulltime jobs to pay bills, and then spend more time rescuing animals and paying for their medical care out of our own pocket. My credit card statement is full of thousands of dollars of veterinary bills for animals that I don't own, but that I am fostering, and I'm sure all the other rescuers are in the same situation. So, I think the proposal for low-cost, high-volume spay/neuter that would help rescuers is fantastic, and it would also I hope help individual pet owners who struggle to pay for medical care for their pets. It's very, very expensive as several people have already mentioned to spay and neuter animals, and that's one of the problems is pets are being abandoned. They're not spayed and neutered and they're making more animals. Makes the problem worse. And the pet food pantry is super important for people who can't afford to feed their animals and for rescuers who need to feed colonies and foster animals. And something this doesn't address, but I'll drop it in here, is lack of housing that allows pets is another huge reason for pet abandonment.

CHAIRPERSON SCHULMAN: Thank you very much. Thank you to this panel. Really appreciate your testimony. Okay, the next panel: Julia Rassmann, Anne Levin, Marilyn Galfin, Gissell Erazo, and Candice Gwiazdowski. We have one person missing? Oh, everybody's here, okay. Why don't you start first.

GISSELL ERAZO: Good afternoon. My name is Gissell Erazo and I'm the Founder of Paws of Hope NYC, a grassroots rescue effort in East New York, Brooklyn. I'm also a registered New Hope Rescue partner with the ACC. I'm here to urge the City Council to allocate desperately needed funding for free and low-cost spay/neuter services. Every week I receive heartbreaking calls about cats dumped in parks, alleys and sidewalks, abandoned like trash. These aren't feral cats. They're friendly, once-loved pets discarded because their owners couldn't care for them. Many never spayed or neutered. This oversight fuels a growing crisis of suffering on our streets. The financial burden on rescuers like me is overwhelming. Without reliable funding and access to subsidized services, we're drowning. But funding alone isn't enough. New York City has no dedicated

Department of Animal Welfare. Without it, there's no accountability or centralized response to this crisis. We can't fix this without systemic change. Investing in spay/neuter directly addresses pet overpopulation and abandonment, and exploring a Department of Animal Welfare lays the groundwork for protecting both animals and people long-term. I urge the Council to act, not just with compassion, but with courage. Let's prevent the pain before it begins. Thank you.

CHAIRPERSON SCHULMAN: Thank you. Next?

MARILYN GALFIN: Marilyn Galfin, Voices for Shelter Animals. The homeless animal crisis and shelter crisis is out of control. We need the city to step up to the plate and make a serious investment to help save these animals' lives and take the burden off of rescues, shelter workers, advocates and members of the public. $1.5 million of a start is not nearly enough to address spay and neuter needed for cats and also dogs. Funding must support not only rescue organizations, but also individuals doing TNR and low-income New Yorkers. With an estimated 60,000 to 130,000 unsterilized dogs and up to a million cats on the street, we need millions more

dollars to make a real impact. We need more low-cost and free veterinary care for low-income New Yorkers. Economic euthanasia is on the rise, and no one should have to be forced to surrender a pet, especially into a kill shelter, forgo vet care or euthanize a beloved pet simply because care is unaffordable. A pilot pet food bank initiative is great, but we need more than $1 million to help keep people and pets together. The city must invest in microchipping, free or low-cost behavior training, mandated humane education, emergency medical funds and more. The ACC's is in the state of emergency and keeps closing its doors to intake. The DOH needs to fund emergency overflow spaces for big dogs, build decompression rooms, and give money to ACC to hire staff, not wait for volunteers, and to provide humane care. It is the horrific shelter environment, not the animals that's the problem. The animals shouldn't pay with their lives. In 2024 ACC destroyed 590 dogs and 692 cats. Most were adoptable and treatable. This is not human euthanasia. This is killing. We need money so that ACC can hire expert behaviorists and trainers who understand animal behavior in shelter settings, expand the adoption hours, increase mobile and

virtual adoptions, and offer more foster orientations. Money is needed for strong outreach and public ad campaigns to bust the myths about bully breeds, challenge the stigma around shelter pets, and raise awareness of resources already available that can prevent surrenders and abandonment. If New York City is serious about animal welfare and truly being humane, it must invest in real solutions with real funding. We need a Department of Animal Welfare. We need an Animal Welfare Committee on City Council, and we also need to reform the city shelter system by passing strong animal welfare laws that protect all the animals of the city and get them enforced. Animals' lives matter and they are worth it.

CHAIRPERSON SCHULMAN: Thank you. Next. Make sure it's on.

ANNE LEVIN: Thank you.

CHAIRPERSON SCHULMAN: Okay.

ANNE LEVIN: Hi, my name is Ann Levin. I'm a founder and Executive Director of the Brooklyn Bridge Animal Welfare Coalition which operates Brooklyn Cat Café and the BBAWC Rescue Clinic. We are here to support the Council-- to urge the Council to support the $1.5 million spay/neuter fund and pet

food pantry. Today we've heard a lot of testimony about the urgency and magnitude of the homeless cat crisis. While it is undeniably a crisis that will take many years, dedicated resources, and community collaboration to resolves, I'd like to tell you about the BBAWC Rescue Clinic and our in-house rescue clinic and how we design and build this model to be easily replicable by other organizations. We're able to complete all this work in six months with a startup grant of $102,000 in 2020. Updated prices on equipment brings that up to $150,000 today. Still more achievable than larger models requiring millions and several years to start. BBAWC Rescue Clinic broke even within two to three months and continues to break even, even while keeping costs low. Pet owners pay $180 for spay and $160 for neuter while rescuers and pet owners needing assistance pay $120 for a spay and $100 for neuter. These prices are in many cases 10 times less than the cost of spay of neutering a cat at private vets in the city. With one vet, three vet techs, and one admin person, we've been able to address some of the access and affordability issues plaguing individual and small group rescues and pet owners. Our clients are able to schedule

appointments within a few weeks. In our four years of operations, we've completed over 12,500 spay/neuter surgeries and around 1,000 dentals and other special surgeries. This clinic model has also allowed us to continue to provide the best care for our in-house cats while decreasing veterinary costs for those cats by over 70 percent while still helping some of the most medically in-need animals. We believe that with dedicated and [inaudible] community collaboration in support of important institutions such as the City Council, we have a realistic path forward out of New York City's cat crisis.

CHAIRPERSON SCHULMAN: thank you. Next.

JULIA RASSMANN: Good afternoon. My name is Julia Rassmann. I'm the Director of Rescue at the Brooklyn Bridge Animal Welfare Coalition, BBAWC, which operates the Brooklyn Cat Café and BBAWC Rescue Clinic. I'm here to speak to you about how ongoing support for pet owners and community cat caregivers such as the potential pet food pantry budget will be an essential addition to increase spay/neuter access and affordability. In 2024, BBAWC initiated a multi-year partnership with New York City Housing Authority to trap, sterilize and return homeless cats on NYCHA-

owned properties in all five boroughs. It is clear from our own work on this initiative as well as conversations with concerned residents and staff that a significant number of homeless cats are in-tact, formerly owned pets that were abandoned outside. Often these cats end up outside because pet owners simply cannot afford daily or basic vet care. In an economy where they and their families are struggling to survive. Additionally, in fear of complaints from neighbors or landlords about their cats' nuisance behaviors which would cause them to lose her housing, many residents put the cats outside. We have heard from countless pet owners who had bene trying without success to get appointments at the ASPCA. Feral cats, after they are spayed or neutered often do not have anywhere to go. You'll find them at outdoor cat colonies around the city, tended by devoted members of the community. At beach 41 in Far Rockaway, a cancer survivor named Maria has cared for the outdoor cats for almost 20 years on her fixed income. She does everything she can to feed and protect the cats, even collecting cans and bottles to buy food. Long after the initial TNR project was completed, we have continued to send food for the colony. Maria's

knowledge of the cats also means that she is able to immediately alert us to illness or injury or for any newcomers so we can move quickly to get the cats vet care. This long-term community collaboration is essential to ensure that these cats thrive for the rest of their lives.

CHAIRPERSON SCHULMAN: Thank you. Next.

CANDICE KUMAI: Chair Schulman, thank you so much for your time. It is wonderful to see you again. I'm Candice Kumai. I am a local writer and reporter with outlets like the Today Show or Vogue Magazine, and a huge cat lover and dog lover. I volunteer with rescue groups like Little Wanderers NYC along with NYC ACC, Best Friends, etcetera. Firsthand I have seen cats, kittens, dogs, sometimes they die in our arms. I have seen some many healthy cats and dogs be euthanized just because there is no room for these animals. Unfortunately, a lot of us in this room have also witnessed the tearing up of cat's bodies by pit bulls and dog fighting rings. I'm here to share with you how investing in spay and neuter initiatives will do so much more than just protecting pets. It will strengthen public and mental health in our communities in New York. It'll lessen those

violent crimes that are happening that we have seen with stray or abused animals. It will keep families together by allowing them to keep their pets with pet retention. It will help to stabilize all of the under-served communities. It can improve quality of life and as we know, it'll show that you value all of us sitting in this room, that we are continuing to vote for City Council members like yourself that help these spay and neuter initiatives. So, thank you so much for your time. As you know, the Bronx is the second poorest congressional district in the country. It's where groups like Little Wanderers and all of these wonderful humans that are sitting here today invest their time, their money, their retirement funding. I have seen some of the most horrific abuse towards animals, and I hope that New York City can help to take care of this issue. Thank you so much.

CHAIRPERSON SCHULMAN: Thank you very much to this panel. Really appreciate you and the work that you do. Christopher Leon Johnson?

CHRISTOPHER LEON JOHNSON: Ready? Yeah, hello, Chairs Brannan, Chairs Schulman, and Chair Linda Lee. My name is Christopher Leon Johnson and I am calling on this-- both of these committees to

really recognize the New York State Gun Violence Prevention Taskforce Office that was open just like with the budget, with the governor's budget. Not only that, I am calling on the City Council to recognize the New Yorkers Against Gun Violence, a nonprofit that's run by Rebecca Fisher as a class schedule C nonprofit, and her nonprofit should be able to get funded through the City Council budget, because they do a lot of great work in mitigating gun violence in the City of New York. And not only that, I'm calling on whoever the next Mayor is in New York City to appoint her as a Gun Violence Prevention Czar and to replace and to fire A.T. [sic] Mitchell, because A.T. Mitchell has done nothing as the Gun Violence Prevention Czar under the tenure of Eric Adams, and he needs to be removed from that committee. While we're here-- I know we have one minute left. One more thing to say is that the City Council needs to recognize this e-bike situation as a public health crisis. At the same time, they need to have a real formal meeting with both the New York City EBSA and the Worker Justice Project to come up with a real solution together of how we're going to fix this e-bike crisis in the City of New York,

because there's a lot of people that's getting hurt, even to the point of getting killed, because this e-bike crisis. At the same time, there's a big division that's going on between the Worker Justice Project and New York City EBSA, and I'm calling on those two organizations to come together and find a solution to end this situation with the e-bike crisis in the City of New York. This shouldn't be about Republican or Democrat or Moderate or Progressive. A public health crisis like e-bike crisis should never be-- should never be in that situation. So, thank you. Like I said before, make-- give some-- give funding to New Yorkers Gun Violence. Thank you so much. Thank you.

CHAIRPERSON SCHULMAN: Christopher, always a pleasure. Have a great weekend.

CHRISTOPHER LEON JOHNSON: Thank you. Thank you.

CHAIRPERSON SCHULMAN: Chloe Rein? Whenever you're-- whenever you're ready.

CHLOE REIN: My name is Chloe Rein and I am the President of a small organization, cat rescue organization called Brooklyn Kitty Committee. I just wanted to start off by saying thank you for hearing

us at the last City Council hearing in September and developing a tangible path towards our city animal welfare. In 2015, a friend asked me to trap a couple of outdoor cats near her home which actually ended up being 30 cats. Though I used the cheapest spay/neuter services available at the time, the project still cost me $4,000 personally to complete. My small organization has shouldered the fiscal medical burden of nearly $30,000 just last year which includes spay/neuter costs. Though private animal organizations have opened and increased these accessibilities, the version of low-cost is still unaffordable for a majority of New Yorkers that qualify, if you even qualify, and the problem then remains and continues to grow in the form of a cat overpopulation crisis. Relying on the rescue community is an unsustainable model, and we are broke. We're shutting doors, hiding from emails, burning out emotionally and physically, and the City really needs to step up and take responsibility for its shortcomings and allocate funds to push forward our efforts. The proposal of $1.5 million for spay/neuter services and $1 million for the pet pantry is a very important first step towards this

effort to stop the bleeding. But we also need to remember that this is-- these issues need much more funding to assist the 500,000 to one million outdoor cats and low-income pet parents. Thank you very much for hearing my--

CHAIRPERSON SCHULMAN: [interposing] Thank you very much. Okay, now we're going to go to-- is there anybody else that's here physically that has not testified that is going to testify? If not, we're going to go to Zoom. Carmen Garcia? Oh, yeah, one sec. Okay, go ahead.

CARMEN GARCIA: Good afternoon, Council Members. My name is Carmen Garcia. I'm a community health worker, supervisor at Make the Road New York. I'm here today to urge the Council to enhance and continue City Council funding for Value [sic] Health Initiative that support health education and health navigation for vulnerable New Yorkers. Make the Road firmly believes in safeguarding dignity and [inaudible] across our society regardless of socioeconomics and immigration status. In the face of anti-immigrant attacks, [inaudible] and other assaults on working people, Make the Road and other CBOs are working around the clock to meet the

increasing need, and this work couldn't happen without this initiative. Failure to fund critical health initiative will harm our community's health in a moment when immigrant New Yorkers are most vulnerable. We request the Council to support on the following Fiscal Year 26 initiatives and for Make the Road: Expand overall funding for the Access Health initiative to $4.5 million and allocate $2.36 million in funding for the MCCAB initiative. This includes an increase from $29,594 to $72,218 so Make the Road can receive a designation similar to other CBOs participating in the program. Maintain Fiscal Year 25 levels of funding for the ending of the epidemic at $9.5 million and Immigrant Health Initiative at over $2.4 million. this includes $75,000 for Make the Road for the ending the epidemic, and $75,000 for Make the Road from the Immigrant Health Initiative. Securing $50,000 from the food pantry initiative for Make the Road New York to provide emergency food support for low-income families. Securing $300,000 under the Speaker's Initiative for wraparound legal help and educational services, plus $75,000 under the Speaker's Initiative for our TGNCIQ Justice Project for vital outreach to this extremely vulnerable

community. Thank you for standing up for these vital services that immigrants and working-class New Yorkers depend on.

CHAIRPERSON SCHULMAN: Thank you very much. Thank you for staying so long. We really appreciate your testimony. Okay, so thank you to all of you who came here to share your thoughts and experiences today. If there's anyone in the chamber who wishes to speak but has not yet had the opportunity to do so, please raise your hand and fill out an appearance card with the Sergeant at Arms at the back of the room. Seeing no hands in the chamber, we will now shift to Zoom testimony. First-- I want to caution folks on-- or advise folks on Zoom. You have two minutes because we have a lot of people still testify-- that have signed up to testify. If you can't complete your testimony, just summarize it and you can send the entirety of your testimony to testimony@council.nyc.gov, and it will be looked at and reviewed and put together with the rest of the testimony that we've had today. So the first person is Abby Jeffrey.

SERGEANT AT ARMS: Begin.

ABBY JEFFREY: Good afternoon, Chair and members of the Health and Mental Health, Disabilities and Addiction Committees. Thank you for calling this hearing. my name is Abby Jeffrey, Assistant Vice President of Behavioral Health and Wellness City Programs for JCCA. JCCA provides a continuum of behavioral and mental health programs in New York City. Our dedicated mental health staff provide therapeutic and social supports to youth and families in crisis. Unfortunately, we face the same workforce challenges as other human service providers. Low reimbursement rates have caused significant staffing challenges. We routinely have wait lists for our programs and we are unable to serve many of these children due to staff shortages. We experience high staff turnover resulting in youth losing continuity of care. The federal government's recent budget proposals contain drastic cuts to Medicaid. All of our behavioral and mental health programs rely on Medicaid funding. The proposed Medicaid cuts will result in millions of New Yorkers losing health and mental health coverage. Our clients will not be able to access the mental health services that we provide. We will need greater investment to address the fiscal

challenges that we face as mental health providers. What can New York City do? One, advocate with federal partners to maintain Medicaid funding. We strongly request that the city's legislators work with federal partners to prioritize protecting Medicaid funding in the federal budget. Our families come from marginalized neighborhoods and rely on Medicaid-funded services to keep children healthy and safe. Two, encourage state partners to increase reimbursement rates. We ask that the city work with the state partners to increase both contractual reimbursement rates and Medicaid and counter-based [sic] reimbursement rates to adequately fund services intended for [inaudible] children. Three, support diverse workforce with educational and training supports. We aim to hire staff who come from the same communities as our clients who speak the languages our clients speak. However, tuition rates, substantial loans, unpaid or underpaid internship programs and licensing fees are significant barriers for aspiring clinicians. We ask that the City provide tuition assistance and loan forgiveness assistance to nonprofit mental health providers to pay for the continuing education for staff and

subsidize test prep for licensure exams. Thank you for taking the time to consider investing in the needs of children [inaudible].

CHAIRPERSON SCHULMAN: Thank you very much. We appreciate your testimony. Next is Leonard Leveille.

SERGEANT AT ARMS: You may begin.

LEONARD LEVEILLE: Good afternoon, Chair Schulman, Chair Lee and members of the Health and Mental Health Committees. Thank you for calling this hearing and inviting JCCA and our young people to testify. My name is Leonard Leveille and I have 15 years of child welfare experience, nine of those being at JCCA. Currently, I'm a Director overseeing two prevention programs that both support youth, both with mental health and behavioral concerns. Thank you for the ongoing support for City Council-funded court-involved youth and mental health initiative, also known at JCCA as Second Chances. Second Chances provides opportunities for young people who are court-involved between the ages of 12 and 17 and provides a preventive measure for youth in the community who are dealing with truancy, suspension, fights in the community, and substance abuse. Second

Chances does an initial screening and then provides short-term therapy for six months. The majority of our participants receive 30 to 60 minutes of individual counseling once a week depending on their needs. The counseling is individualized to the young person's needs based on the initial assessment and issues that can be addressed are trauma, grief, family conflict, and inappropriate sexual behavior. For those who need long-term help, we can provide referrals to our long-term care programs at JCCA such as the Local 31 Clinic and health forums and other community providers. Post-COVID our program has observed that young people continue to be in crisis. The impact has shown the importance of mental health services within the adolescent population. You have been exper-- youth have experienced increase exposure to trauma such as poverty, community violence, broken family relations, and general lack of resources. Often youth do not have appropriate coping skills to deal with the trauma. To address the challenges they face, JCCA staff provides services and trauma-informed and strength-based approach that carefully considers each youth's needs, circumstances, and linking them to referrals in the community. Youth

come to Second Chances to be part of a positive peer group while receiving a range of--

SERGEANT AT ARMS: [interposing] Thank you. Your time's expired.

CHAIRPERSON SCHULMAN: Just-- you can summarize and you know, just summarize and end your testimony. Go ahead.

LEONARD LEVEILLE: No problem. No problem. So, we also have a job readiness program that's also important to our youths in the community. I want to thank you for taking the time to hear about our Second Chances program.

CHAIRPERSON SCHULMAN: Yeah, and you can-- like I said, you can submit the whole testimony to testimony@council.nyc.gov. Okay?

LEONARD LEVEILLE: I know. Thank you.

CHAIRPERSON SCHULMAN: Alright, thank you. Next is Jacob-- oh wait, sorry. Is Daniele Gerard?

SERGEANT AT ARMS: You may begin.

DANIELE GERARD: [inaudible] state systems here in the city on behalf of young adults on Rikers. We're a member of the New York City Jails Action Coalition. Mental illness is not a crime, and

yet that's the way this administration treats people. We urge the Council to cut the Department of Correction budget and redistribute funding to programs that actually work to help youth and families instead of allocating $2.87 billion to the Department of Correction as the Mayor has proposed. The Council should negotiate a fair, just and reasonable budget that serves all New Yorkers including our children and youth incarcerated or not. The lack of investment in community mental health services results in police and agents of other punitive systems responding to children and youth experiencing psychiatric distress rather than trained behavioral health personnel. As a result, youth with mental health conditions are more likely to be arrested and incarcerated than those without mental health conditions. Nationwide, data shows that 70 percent of incarcerated young people present with a diagnosed mental health condition, compared to 18 to 22 percent of all children. Once involved in the child welfare or juvenile legal systems, youth who are Black or Brown, LGBTQ, and/or living with a disability disproportionately face the most profound mental health challenges. Young people themselves

describe the child welfare and juvenile legal system as traumatic and youth who experience these systems often have poor mental health outcomes. The criminalization of mental health is a direct result of the lack of investment in community mental health services. We urge the council to stand firm in supporting our communities, especially when it comes to the health and well-being of all our children and youth incarcerated or not. We refer you to our March 24th written testimony submitted at your Preliminary Budget hearing for ways to reallocate the Mayor's proposed budget for Rikers to work toward achieving this goal. Thank you for the opportunity to testify and thank you for running such a smooth hearing.

CHAIRPERSON SCHULMAN: Thank you very, very much. Okay, next up is Jacob Zychick.

SERGEANT AT ARMS: You may begin.

JACOB ZYCHICK: Thank you. On behalf of the American Heart Association, thank you for the opportunity to provide testimony today in support of funding for initiatives that would address heart disease and stroke. Heart disease is the leading cause of death for adults in New York City. Individuals may have a higher risk of heart disease

if high blood pressure, eating unhealthy diet, or because of other manageable contributing factors. High blood pressure or hypertension is a key risk factor for heart disease and stroke, and often there are no obvious symptoms to indicate something is wrong. As of 2019, 2.5 million adults or about one-third of New Yorkers reported having high blood pressure, and only 47 percent of those diagnosed with high blood pressure had it under control. In 2023, New York City Council passed legislation which requires the DOHMH to support making at-home blood pressure machines available at no cost to the public at federally qualified health centers in five high-need areas. Unfortunately, that program ahs not been able to be fully implemented. We would like to thank Council Member Narcisse and others for championing the need for this funding, and we urge City Council to support the $1 million to fully ensure that this program is launched. In addition to that, we would like to-- we are encouraged by the report that Get the Good Stuff [sic] has received in the current budget. We'd also like to highlight Health Bucks [sic]. New York City's longstanding farmer's market SNAP incentive program has been baselined at nearly

$500,000 for several years, and then no longer is sufficient to meet the growing demand. We are encouraged and urge City Council to increase the amount that's invested in Health Bucks. In addition to that, we would also like to encourage City Council to support the expansion and increase funding for Get the Good Stuff which provides SNAP recipients with matching dollars to purchase eligible fruits, vegetables, beans at participating grocery stores. Once again, thank you so much for the opportunity to testify today and provide comment. American Heart Association urges New York City to include $1 million to funding to fully implement the hypertension [inaudible] and increase funding for Health Bucks--

SERGEANT AT ARMS: [interposing] Thank you. Your time's expired.

CHAIRPERSON SCHULMAN: Let him finish. Let him finish.

JACOB ZYCHICK: Once again, thank you so much. I hope everyone has an enjoyable Memorial Day weekend.

CHAIRPERSON SCHULMAN: Thank you. And you know that we have-- Groceries to Go is funded for this coming year, so we're excited about that.

That's a big thing. So, we're hoping to-- in 27 to hopefully we can extend it and baseline it at some point. I appreciate your testimony. Thank you. Next is Anthony Feliciano.

SERGEANT AT ARMS: You may begin.

ANTHONY FELICIANO: Good afternoon. My name's Anthony Feliciano. I am Vice President for Advocacy Efforts at Housing Works. We're also a founding member of the End AIDS New York Community Coalition. Before I speak on a few urgent priorities-- you heard this already. You know, this year this budget needs to add [sic] because we're addressing very real uncertainties and urgent threats posted by federal actions that creates many threats. Part of it is that to understand it, [inaudible] also that there was a last-minute inclusion in [inaudible] that blocked federal Medicaid ACA funding for medically-necessary care for all transgender people, regardless of age. The other content which [inaudible] 2024, DOMH [sic] had roughly $35 million through its cooperative agreement received for HIV surveillance prevention. That is all at risk, particularly for Housing Works and our Sexual Health Clinic work. In terms of our urgent priorities, I

think [inaudible] New Yorkers, we want to make sure that increased funding for the [inaudible] initiative, the faith-based HIV initiative, and the HepC initiative. The other things we need to stress, the authorization of more funding for additional of those prevention centers. And next, I want to move to the need for evidence-based solutions to the crisis of unsheltered homelessness and mental health needs. We have this thing called privatization stabilization beds, that we can actually have a good model for. Unfortunately, we've had some challenges including Department of Homeless Services not wanting to fund it, but it's a model that I think is important and will serve well to address the homeless crisis. And so those are key things that we believe at Housing Works, including Medicaid and any federal cuts, particularly for the most marginalized communities, particularly people living with HIV, and low-income immigrant communities. Thank you.

CHAIRPERSON SCHULMAN: Thank you, Anthony. Appreciate it. Next is Jennifer Parish.

SERGEANT AT ARMS: You may begin.

JENNIFER PARISH: Can you hear me?

CHAIRPERSON SCHULMAN: Yes.

JENNIFER PARISH: Oh, I'm sorry.

CHAIRPERSON SCHULMAN: No, no, it's okay.

JENNIFER PARISH: I turned off my camera. My name is Jennifer Parish. I'm the Director of Criminal Justice Advocacy at the Urban Justice Center Mental Health Project. And today we join with the CCIT NYC in calling for a baseline allocation of $4.5 million to ensure competitive compensation for peer specialist to staff the city's mental health crisis response team. This funding will support the expansion of peer responders within the B-HEARD program, strengthening the City's capacity to provide effective community-centered crisis intervention. New York City needs a crisis response system that's available 24 hours a day, seven days a week and that does not include police. We should all be able to obtain immediate assistance when seeking help for someone experiencing a mental health emergency. That assistance should come in the form of professionals who respond with compassion and care. Police officers simply cannot provide such a response. Their expertise is in enforcing the law and fighting crime. People in mental health crisis should not be met with force and aggression but care and concern. Peer

specialists trained in crisis response can provide that much-needed support, including them in the B-HEARD program will improve that intervention tremendously. I also am urging the funding of Justice-Involved Supportive Housing, Intensive Mobile Treatment, Forensic Assertive Community Treatment, crisis respite centers, and residential treatment beds. By reallocating just a sliver of the Department of Correction's $2.87 billion budget, we can fund those services. We need to stop pouring resources into ineffective punishment system and instead invest in proven, effective services that will make New Yorkers safer and healthier. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. Appreciate it. Okay, next is Mbacke Thiam.

SERGEANT AT ARMS: You may begin.

MBACKE THIAM: Hello everyone. My name is Mbacke Thiam. I'm the Housing and Health Community Organizer at the Center for Independence of the Disabled, New York. We advocate for people with disabilities in the five boroughs of New York City. It's a great pleasure to be here and thank you for giving us the opportunity to testify. I wanted to

stop [inaudible] the B-HEARD [sic]. We advocate for the implementation of the B-HEARD, and today we are happy to join this meeting to voice our concerns regarding the crisis [inaudible] situation [inaudible] of hurting themselves or other. Having the mental health counselor along the NYPD and NYFD would help de-escalate the situation without police brutality. We encourage the City to fully appoint B-HEARD and expand the program to the Bronx and Staten Island. Involuntary removal [inaudible] people with mental and behavioral issues are traumatic [inaudible] or one of their family members. Sometimes they are not a threat to the community, but might not have a safe place to go. [inaudible] forcibly undermines our healthcare system with medical [inaudible] city we have to pay. Also, for the planning of mental health in NYC school-- city schools-- the City must provide mental health counsel support in schools where students spend much of their time, and assist families to facilitate access to treatment for their children with special needs. CIDNY also needs funding. [inaudible] centers like CIDNY need help and support [inaudible] and housing issues of our 40,000 consumers [sic] and the federal

cuts will drastically impact whose mental health [inaudible] and also clients [inaudible] chronic disease [sic]. We thank the City Council for providing us the opportunity to testify. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. Next is Rahman Almousalli.

SERGEANT AT ARMS: You may begin.

RAHMAN ALMOUSALLI: Good afternoon, Chairs and Council Members. Thank you for the opportunity to testify today. My name is Rahman Almousalli and I've seen firsthand what happens when preventative cardiovascular and heart health needs go unmet. My family runs a cardiology clinic in an underserved rural area in a different state, in an area where many patients go undiagnosed or untreated for cardiovascular conditions simply because of unawareness and because patients are forced to wait until severe acute events to meet thresholds to seek expensive medical attention. The result of this are large inequities in health outcomes and a focus on reactive as opposed to proactive healthcare. That experience shaped my perspective and it's applicable to our city with much better resources where hypertension and heart disease remains the silent

killer affecting 2.5 million residents, nearly one-third of the adult population. Addressing hypertension in the city can be done through scalable tools. Remote blood pressure monitoring does not just help patients benchmark their health, it helps physicians and helps identify high-risk individuals early, reduce hospital readmissions, and better target their limited resources and capacity. Using home monitoring data sharing directly shifts care from reactive to preventive. But right now, the law allows for free monitors at health centers remains unfunded and coverage for these devices is limited or has high qualification thresholds. A $1 million allocation to implement this policy and unlock those benefits will have a compounded impact on the wellness of the city. Also, chronic heart disease can be prevented at the dinner table. Nutrition is foundational to heart health. That's why expanding funding for SNAP incentive programs like Health Bucks and Get the Good Stuff is not just food policy, it's a public health intervention. These programs help low-income families afford fresh produce, but current funding can't meet the demand. Last year alone, DOHMH received over 600 applications from community

groups, many of which went unfunded. Reimbursement [inaudible] for nutrition will be life-changing for many households. Equally-- these are not just line items, they have real direct impacts. There are decisions that determine whether families can stay healthy and whether hospitals can focus on prevention and whether New Yorkers can live full lives. Increasing funding for SNAP incentives and hypertension control is a small [inaudible] and a much larger impact of lowering the long-term cost of care through prevention, and I believe these programs are the most direct leverage points to do so. Thank you again for the opportunity to testify.

CHAIRPERSON SCHULMAN: Thank you very much, appreciate it. Next is Beth Reisman.

SERGEANT AT ARMS: You may begin.

JUSTIN: Good afternoon, Council Members. My name is Justin [inaudible] Edge. I'm here today to ask you that you prioritize New York Edge's fiscal year 2026 citywide funding request. We are seeking $1.2 million under the Council afterschool enrichment initiative and $250,000 under the Council's service of emotional supports for student initiative. Afterschool enrichment funding has enabled us to

enrich and expand our school year and summer program and has allowed us to develop and implement new unique and engaging programs. Our funding, however, has remained at $1.1 million for the past 15 years despite the fact that we have tripled in size and have significantly increased the number of children serve. Increased funding will reflect our growth and will help mitigate the challenges we have occurred. Social/emotional supports for student funding will enable us to support our current SEO programming, providing high-quality evidence-based social and emotional learning assessments curriculum and resources for all our partner school and our students and their families. New York Edge is the City's largest afterschool provider and summer programming serving more than 33,000 student across more than 130 schools, 37 of the 51 council districts, including four Beacon centers and 21 community schools and four food pantries. We proudly offer culturally-responsive programs rooted in academic enrichment, sports, health and wellness, visual and performing arts, STEM, leadership, and college and career readiness with social and emotional learning intentionally woven into every curriculum. New York

Edge, its students, its family [inaudible] grateful for the last 33 years of support of New York City Council, but time has come to increase the funding and it's vitally needed. Thank you for your time.

CHAIRPERSON SCHULMAN: Thank you for testifying today. Really appreciate it. Okay, so we are making a final call for Zoom registrants who have not yet spoken. If you are currently on Zoom and wish to speak but have not yet had the opportunity to do so, please use the raise hand function and our staff will unmute you. Seeing no hands, I would note that everyone can submit written testimony to testimony@council.nyc.gov within 72 hours of this hearing. we thank the administration and the public for attending this hearing to share their thoughts on the oversight topic and attached legislation and look forward to following up on these issues. With that, this hearing is now adjourned. Thank you all.

[gave]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date July 9, 2025