CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH JOINTLY
WITH THE COMMITTEE ON MENTAL
HEALTH, DISABILITIES
AND ADDICTION
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March 21, 2023
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HELD AT: COUNCIL CHAMBERS - CITY HALL

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Chairperson for the Committee on Health

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

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SERGEANT AT ARMS: Check one, two. Check one, two. This is a prerecorded sound test for the Committee on Health joint with the Committee on Mental Health, Disabilities and Addictions. Today's date is March 21, 2023. It's being recorded by Michael Leonardo in the City Council Chambers.

SERGEANT AT ARMS: At this time, can the host please start the webinar?

Good morning and welcome to the New York City Council Hearing of the Committee on Health, jointly with Mental Health, Disabilities and Addiction. At this time, if you wish to testify, please go up to the Sergeants desk to fill out a testimony slip. Written testimony can be emailed to testimony@council.nyc.gov. Again, that is testimony@council.nyc.gov. Thank you for your cooperation. Chair, we are ready to begin.

CHAIRPERSON SCHULMAN: Good morning. I am Council Member Lynn Schulman, Chair of the New York City Council's Committee on Health. At today's hearing, we will be reviewing the New York City Department of Health and Mental Hygiene's $1.9 billion Fiscal 2024 Operating Budget. Including the $1 billion that has been allocated for public health.

I would like to thank members of the Administration for joining us today. In particular, Commissioner Ashwin Vasan for joining us today, as well as the dedicated advocates and stakeholders planning on testifying. A lot of whom rely on this critical funding to keep their doors open. I just want to go off my remarks for a second and say that the Commissioner of the Department of Health and Mental Hygiene has been an amazing partner and collaborator with the City Council and we appreciate him and his efforts and the efforts of his staff.

I also want to thank my fellow Council Member for joining us Chair Lee at the Mental Health, Disabilities and Addiction Committee, as well as Council Member Julie Menin and who brought her daughter Maddie here today. Welcome Maddie.

This past year, our city has faced and in some cases continues to face numerous health crisis, such as the continued presence of COVID-19, the emergence of Mpox, the rise in Type II diabetes cases, the attack on reproductive rights, including the escalating maternal health crisis for Black and Brown New Yorkers, concerns with hospital capacity and the healthcare workforce shortage. The circulation of

both the flu and RSV coupled with the shortage of children's medication, as well as numerous animal welfare concerns to name a few.

Moving forward, we must continue to focus on these health issues as well as health disparities that impact New Yorkers, especially those who are most vulnerable. In the coming Fiscal Year, we must prioritize access to quality preventive and primarily healthcare for all New York City communities. The health budget serves all New Yorkers. It is vitally important that we invest in programs and services that are accessible to everyone and provide high quality care throughout the five boroughs. Despite the fact that the city's health budget has bene shrinking significantly since Fiscal Year 2022, DOHMH must be fully resourced in staff to quickly and comprehensively respond to the many health issues our city continues to face and the agency must be readily equipped to anticipate any public health crisis that may occur in the future.

For one, we must ensure that we invest in our communities in a culturally competent community-based providers and care in order to meet people where they are and communicate in the languages they speak.

Community Based organizations provide critical healthcare services and disease prevention to our communities but many have faced significant challenges because of New York States Article 6 General Public Healthworks reimbursement rate, which in 2019 was reduced from 36 percent to 20 percent and I want to let folks know that that means $90 million that's not coming to New York City right now.

Notably, we must also continue investing in educating and empowering community health workers across the city. The importance of these community health workers came to light during the height of the COVID-19 pandemic and moving forward we should continue to value their critical work in underserved communities.

In addition to the Department of Health and Mental Hygiene, we will also hear from the Office of the Chief Medical Examiner to discuss among other topics funding for programs such as the offices DNA Gun Crimes Unit as well as the medical examiner shortage that's happening in New York City and nationwide.

In closing, I will reiterate once again that healthcare is a human right and this budget hearing

is a vital step to ensuring that everyone in New York City can access quality care, especially in light of the shrinking fiscal year budget for city health agencies. I want to thank the administration and the advocates and stakeholders who are here today to testify. I also want to thank member of the Finance team Crilhien Francisco and Danielle Glants and our Committee Staff Senior Counsel Christopher Pepe, Legislative Council Sara Sucher, Policy analyst Mahnoor Butt for their work on this hearing. I also want to thank my Chief of Staff Jonathan Boucher and my Legislative Director Kevin McAleer. I will now turn this over to Chair Lee for her opening remarks.

CHAIRPERSON LEE: Thank you. Good morning. I'm Council Member Linda Lee, Chair of the New York City Council's Committee on Mental Health, Disabilities and Addiction. And at today's hearing we will be reviewing the New York City Department of Health and Mental Hygiene's $1.9 billion Fiscal 2024 operating budget including the $717 million allocated for mental health and addition programs, as well as funding for the city's disability support services.

I'd like to thank members of the Administration for joining us today. Thank you so much

Commissioner. As well as the advocates and interested stakeholders who will be testifying on behalf of their organizations.

We've also been joined by Council Member Gale Brewer as well as Council Member Shaun Abreu, so thank you so much for joining. First and foremost, I would like thank our city's social workers and mental health professionals for all the hard work that they do. These New Yorkers have worked tirelessly to provide mental health aid to our communities before and during the COVID-19 pandemic. And now we need them more than ever and of course, I'm bias because I'm a social worker as well.

Providing mental health supports and services is an incredibly taxing job both physically and emotionally and many providers have had to make the difficult decision to lead the field or transfer to the private sector to make a livable wage. The question is what can the city do to address this workforce shortage and what investments should be made to ensure that culturally competent and linguistically appropriate mental health services and supports are provided by all five boroughs.

We must also focus on funding the appropriate community-based responses to New Yorkers experiencing a mental health crisis or serious mental illness. Pathways to doing so include building on clinical intervention models that minimize law enforcement involvement, investing in the creation of more community centers for New Yorkers with SMI, expanding locations of crisis respite centers throughout the five boroughs and ensuring that city agencies are providing timely and publicly available information on where New Yorkers can access free or low-cost mental health supports and services.

Another focus should be investing; I say that word a lot today, investing in services and programs that support some of our most vulnerable New Yorkers, such as those suffering from substance abuse and addiction in light of the nationwide opioid crisis. Overdose deaths have increased in recent years from about 2,100 deaths in the city in Fiscal Year 2021 to 2,700 deaths in Fiscal Year 2022.

As part of the States Opioid Settlement Fund, New York City was given $15.4 million, but at this time, it is unclear where those funds are going and to whom.

Lastly, I must mention the importance of adequately funding the city's disability programs and services including the Mayor's Office of People with Disabilities and the offices dedicated staff. And we love Commissioner Curry and all the work she's been doing. It is one of the lowest funded agencies. It has a budget of $849,345 and in the Mayor's Prelim Budget for FY24 I think MOPWD has been allocated $849,346, an increase of one dollar since last year. And we're talking about approximately one million people in this city with disabilities.

Funding must also be prioritized to the community-based organizations that do the bulk of the work and ensuring that the disability community in New York City has equitable access and can effectively participate in city life. The city has a long way to go but I'm hoping that investments in disability related programs and services will be seen through the coming fiscal year.

I want to thank the Administration and the advocates and stakeholders who are here today and I also want to thank of course our members of the Council's Finance team Crilhien Francisco and Danielle Glants and Committee Staff Legislative

Council Sara Sucher, who is sitting to my left and Senior Legislative Policy Analyst Cristy Dwyer who is over there and uhm, as well as my own team. I will now turn it over to our Committee Counsel to review procedural matters and administer the oath.

COMMITTEE COUNSEL: Thank you Chair. Good morning Commissioner, Assistant Commissioner. Please raise your right hand. Do you swear to tell the truth, the whole truth and nothing but the truth and to respond honestly to Council Member questions?

ASHWIN VASAN: Yes.

COMMITTEE COUNSEL: You may proceed.

ASHWIN VASAN: Good morning Chair Schulman and Lee and Member of the Committees. I'm Dr. Ashwin Vasan, the Commissioner of the New York City Department of Health and Mental Hygiene. I am joined today by our Acting Chief Financial Officer Wei Xia and members of my senior leadership team. Thanks so much for the opportunity to testify on the Department's Preliminary Budget for Fiscal Year 2024.

Last week marked my one-year anniversary as the 44th Health Commissioner of New York City and it's been a busy year. We have continued managing the

COVID-19 pandemic, while responding to multiple unexpected health emergencies.

As you know, New York City led the nation in battling the Mpox outbreak. Our vaccination program was fast, accessible and worked to balance equity and speed, with over 100,000 New Yorkers receiving the vaccine. We set the standard for the country, and an example of how to innovate as a public health crisis evolves to help as many people as possible. You all were in the trenches with us, as were so many leaders in the community. Thank you for your partnership and support.

Last summer, we met yet another challenge when poliovirus, a virus previously eradicated in the United States, began circulating again in New York State. By raising awareness and making vaccines more accessible, we increased polio vaccination rates in the city by nearly ten percent between July and January compared to the same period in 2021. And we achieved even higher rates in areas with the lowest vaccination coverage. This was down to shoe-leather public health, done close to the community and quietly, engaging leaders, providers, parents and

community media, and putting the public back in public health.

We have moved as decisively to address non-communicable diseases as we did communicable ones. Earlier this month, I was proud to stand with the Mayor as we released our new strategy to address the mental health crisis, entitled Care, Community and Action, A mental health plan for New York City.

This ambitious plan recognizes the serious mental health challenges we face as we come out of the worst public health crisis in a century, and the ripple effects that will be felt for years to come. It makes mental health a core pillar of our public health agenda now, and into the future.

I am proud of the Department's leadership and coordinating role in developing such a comprehensive strategy to improve youth mental health, decrease overdoses, and better address serious mental illness, the three main drivers of mental health challenges amongst the most vulnerable and marginalized people in our city.

I especially want to thank Chairs Schulman and Lee for joining us at this launch event and for supporting this critical work throughout. We very

much look forward to working with the Council on this important and foundational effort in the coming years.

I know, and I'm sure you'll agree, that every New Yorkers is healthier when they live in a city that's healthy. But right now, our health is on the decline. In fact, we are experiencing the most dramatic declines in life expectancy in more than a century, and it's not all due to COVID-19.

Factors include the mental health crisis, increase in chronic disease, birth inequity, health emergencies, and violence. The simple truth is that people are suffering too much and dying too soon. And that hurts every facet of this city, our families, our businesses, our schools, and our workforce.

Addressing these interconnected health issues is the core tenet of public health, and of our work at the Department. We need a citywide, all hands-on deck response to reverse these trends. The Health Department is leading that response by developing evidence-based strategies and directing resources to equitably address health challenges. The Mayor has talked openly about de-siloing government. And there

isn't an issue more interconnected and interdependent that demands de-siloing, than health and the time is now.

Our goal is to ensure that New Yorkers in every borough, every neighborhood, and every household live long, and healthy lives. And we can't wait to dive into this work with you in the coming months.

Our experience with COVID-19 has frankly raised the expectations for our public health responses and for public communication. But at the same time, dedicated federal funding for pandemic response is coming to an end.

Moving forward, we must ensure that public health initiatives are adequately funded into the future. We must invest in population health data across our city, so that we can organize our responses, plan strategies and respond to threats more effectively. And we must give local health departments, our first lines of defense, everything they need to protect and care for people in the health emergencies.

And this will also benefit our work to make this city healthier in non-emergent times. In sum, we need funding to expand the parts of our COVID-19 response that worked, improve the parts that didn't,

and address the biggest drivers of health decline that we see in the data right now.

Before I discuss our budget for the upcoming year, I want to take a moment to thank my team. And that includes those with me here today, my senior leadership team and the staff who helped me prepare for this hearing. It also includes those back at our offices and those on the ground running everything from medical and vaccination clinics to health inspections, to community health work, and disease investigations.

It has been another challenging year, but my colleagues make me so proud to come to work every day. Misinformation-fueled mistrust in science and expertise is at an all-time high and morale in our field of public health is at an all-time low. Yet we continue to do this work because we are passionate about making sure that every New Yorker can live a healthy life. I just wanted to take a minute to give our staff the recognition they deserve. Thank you all.

So, now I will take a few moments to speak to our Preliminary Budget. The Department has approximately 7,000 employees and an operating budget of $1.9

billion for fiscal year 2024, of which $932 million is City Tax Levy. The remainder is Federal, State, and private funding. With this Preliminary Budget, we invested in two important public health initiatives in the City's Housing Blueprint, Be a Buddy and Medicaid Together to Improve Asthma. To Be a Buddy Program protects New Yorkers from the impacts of extreme weather by pairing vulnerable residents with volunteers who connect them to city services to conduct wellness checks. Programs like this one are growing in importance as extreme heat, driven by climate change, increases risk.

We also invested in Medicaid Together to Improve Asthma, which works by reducing children's exposure to pests and allergens in their homes. In 2018, about 2,000 New York City children, insured by Medicaid or by Child Health Plus were hospitalized for asthma, so this program has the potential to improve thousands of lives.

Together, these investments total approximately $1.3 million of new funding for the Department in Fiscal Year 2024. The Department also recognized $17.2 million in savings in the Preliminary Budget,

primarily through the city's vacancy reduction initiative.

Now, I'll turn to the State Budget. The Governor's Fiscal Year 2024 Executive Budget proposes significant investments in mental health. It also includes important policy changes for reproductive health, tobacco control, and Medicaid. However, the budget fails to address several areas that undermine New Yorkers' health and our public health infrastructure.

Most critically, neither the Governor's budget nor the Assembly and Senate's One House budget bills restore the State's contribution to public health funding in New York City, also known as Article 6. Four years ago, the State cut public health funding to New York City from a 36 percent match on the dollar to 20 percent. This cut was to New York City only and at the time decreased state public health funds by $60 million, with that number increasing year on year. Today, if parity were restored for Article 6 in New York City, we project to receive an additional $90 million of State revenue.

That's $90 million that would fund core public health services and activities. These include sexual

and reproductive health programs, disease surveillance, control of infectious diseases like tuberculosis and prevention of future outbreaks through vaccination programs. It includes naloxone distribution to prevent overdoses, and community maternal health work like doulas. It is troubling, and frankly dissonant, to me, that at the same time that we are reckoning with the end of the Federal Public Health Emergency, and at a time when legislators are asking for money to launch new health initiatives, that we would not restore these cuts back to their mandated level and give back tens of millions of dollars in support to New York City's communities. There have been many lessons learned across government from COVID-19, but at the very top of the list is the urgent need for more, not less, investment in public health infrastructure.

You cannot tell me you care about health and not fund this city and our Health Department at the same rate as every other county in this state. The State has an obligation to support the health of all New Yorkers, including those who live in the five boroughs.

And so, today, I am asking all of you to request to your State colleagues to reinstate New York City's Article 6 reimbursement into the State's Adopted Budget. Beyond Article 6 funding, we have several concerns about the proposed State Budget. These include its cut to the Childhood Lead Poisoning Primary Prevention Program for New York City. We are also concerned about the omission of insurance coverage for all New Yorkers in the State's upcoming 1332 waiver request to the federal government. And finally, the 340B carve out from Medicaid Managed Care, which is estimated to cost H+H, FQHCs, Ryan White clinics and community health centers more than $300 million in lost revenue. My team is very happy to provide you with more details on any of these items.

Finally, I'll make a few comments on the Federal Budget. We thank President Biden, Vice President Harris, and Health and Human Services Secretary Becerra, for their support of New York in our COVID-19 response and ongoing commitment to public health. However, we are concerned with long term funding from the federal government to support public health infrastructure.

We continue to advocate for resources for the Public Health Emergency Preparedness, PHEP and Hospital Preparedness programs HPP. These help health departments and health care system partners respond to disease threats and prepare for other disasters like hurricanes and bioterrorism.

During COVID-19, this funding enabled us to deploy nurses to overwhelmed hospitals. It also helped us quickly ramp up surveillance and laboratory capacity to better understand and respond to the virus. However, both of these funding streams have been significantly reduced over the last two decades. Later this year, Congress will look to reauthorize PREP and HPP, as well as other essential preparedness programs, in the Pandemic and All Hazards Preparedness Act. This is an opportunity to invest in public health infrastructure so we can more effectively respond to future emergencies.

On May 11, the federal public health emergency set in place during the pandemic will end. The COVID-19 virus is of course here to stay, but we have the tools we need to mitigate the worst outcomes. I'm glad to say that as of today we are at the lowest rates of recorded COVID-19 transmission,

hospitalization, and death that we have since mid-2021. And this is a product of a collective effort, with all New Yorkers stepping up to protect themselves and each other.

Over the past three years, the city has received billions of dollars from the Federal Emergency Management Agency. This money enabled us to share important information on TV, streaming platforms, radio, newspapers, social media, and other digital platforms, including billboards, subways ads in the 13 languages most commonly spoken in New York City. It helped us to set up public health vaccine clinics in all five boroughs, administering almost 20 million vaccine doses, and it funded our contact tracing program and free testing network.

Each of these efforts was the largest of their kind in the country and saved countless lives. In the coming weeks, we will be communicating to New Yorkers how they will still be able to access free or low-cost tests, treatments, and vaccines as the Federal emergency ends.

So as I wrap up, I want to once again thank the staff at the Health Department for their steadfast commitment to the health of this city and I am very

confident that we have the team and the tenacity to make this city healthier. I thank Mayor Adams for the resources dedicated to the Department in his Preliminary Budget, and for his continued commitment to public health.

And once again, thank you to the Speaker, to the Chairs, and to the members of the Committees for your ongoing partnership and your dedication to the health and wellbeing of all New Yorkers. And now, I am happy to take your questions. Thank you.

CHAIRPERSON SCHULMAN: Thank you Commissioner and I want to acknowledge we've been joined by Council Members Barron and Narcisse. My first question is how many vacancies are still open and how many of the ten percent of the budget and employes has DOHMH been able to recover?

ASHWIN VASAN: Thanks so much for the question. I understand of course that vacancies are on everyone's mind. This is a huge issue for this agency. It's a huge issue for the public health workforce at large. We've suffered enormous burnout and strain and the expected attrition of workers is no surprise given how much my staff has been through. We currently have about 600 vacancies and we are

working very hard to hire up to our allocated headcount and we continue to discuss with OMB any ongoing needs for operation.

CHAIRPERSON SCHULMAN: Are those vacancies part of the Fiscal Year 2024 Plan or will there be more vacancies because of that?

ASHWIN VASAN: I'm going to kick it over to my Acting CFO Wei Xia.

WEI XIA: Yeah, most of the vacancy CD funding are already in our plan. We will have some ground funded vacancy positions added in the Fiscal Year.

CHAIRPERSON SCHULMAN: Do you know how many or you don't?

WEI XIA: It varies, depending on one year, two year, depending on the ground level.

CHAIRPERSON SCHULMAN: And where are these positions being pulled from?

ASHWIN VASAN: So, we have taken every effort to ensure that we pull vacancies in ways that are not mitigating or compromising core services and obligations. We have tried to focus our vacancies on areas for instance where we have had struggles recruiting for those positions prior to the pandemic. We have focused on areas of — some of these vacancies

are due to expansions of programs over the last several years that we have not yet been able to fund. So, not all of them are coming from the loss of existing staff and some of them are coming from vacancies that we haven't yet been able to fill, new vacancies.

CHAIRPERSON SCHULMAN: Is it possible at some point for us to get a list of what those vacancies are and where there are?

ASHWIN VASAN: Absolutely, happy to follow up.

CHAIRPERSON SCHULMAN: And the titles, thank you. Does DOHMH anticipate operational difficulties because of any proposed vacancy reductions?

ASHWIN VASAN: Thanks for the question. Uhm, we have as I said, taken every effort to make sure that we won't see operational deficiencies or impacts from the requested vacancy reduction initiative. With that said, I want to be clear that our entire agency, the entire public health workforce has been shoring up staff due to the strain of the last three years. For two and a half of these last three years, about 4,000 of my staff were activated under our emergency incident command system. That means, in addition to their daily job, they worked on pandemic response

efforts. That means calls at 6 a.m. up to midnight seven days a week sometimes at the height of the emergency. That's not a sustainable way to work. And so, it's not a surprise that some people have left the workforce. We're seeing this at public health departments all across the country. We're also seeing it in our healthcare system where we've lost 20 percent of our nursing workforce across healthcare systems in the city and the country. And so, I want to make sure that there is context to this wider issue.

CHAIRPERSON SCHULMAN: So, what; this isn't a trick question but what's the optimal number of positions necessary for the agency to efficiently deliver key city services?

ASHWIN VASAN: I appreciate the question. I know what you're trying to get at. Obviously, we would always, always love to operate at full employment and with every staff line filled. We have never operated at full employment. We've always had normal attrition and turnover year on year and so, but I understand where you're getting at. We are always trying to manage our vacancies at a level where it

doesn't compromise the quality of services that New Yorkers expect.

CHAIRPERSON SCHULMAN: So, how is the agency prioritizing hiring positions that are critical to the delivery of services?

ASHWIN VASAN: So, a lot of that — thank you for the question. A lot of that work in conjunction with OMB and identifying those positions that are most critical to us and prioritization. We have seen improvements in hiring times in the Adams Administration, which we're very grateful for. We've also just really tried to focus on where New Yorkers will experience the greatest decline in services. Meaning frontline services and frontline care. So, those are some of the ways in which we've tried to mitigate the impact.

CHAIRPERSON SCHULMAN: What is the projected cost of hiring new employees and promoting existing ones? Do you have a projected cost?

ASHWIN VASAN: I'm going to kick that over to my Acting CFO.

WEI XIA: Can you clarify the question again?

CHAIRPERSON SCHULMAN: Yeah, what is the projected cost of hiring new employees and promoting existing ones?

WEI XIA: So, we're definitely working across OMB and DCAS within the city's civil services system. In addition, we want to make sure that we are also looking at our existing vacancies and looking at identify candidates who can be promoted. So, that's our part.

CHAIRPERSON SCHULMAN: Okay, yeah, at some point if you can add a number to that, that would be helpful. And are you providing any incentives to attract and retain employees that you have now?

ASHWIN VASAN: So, thank you for the question, yes, we have made investments into our workforce since my arrival. We've expanded our work site wellness opportunities. We have invested into examinations of health benefits as a part of collective bargaining. We're very encouraged by the initial reports coming out of the DC 37 agreement. We have especially around potential pilot flexibilities and telework and so forth. All of this is our concerted effort to protect our most valuable asset, which is our people.

CHAIRPERSON SCHULMAN: So, we're hearing that OMB has to approve every hire in the agency. Is that true?

ASHWIN VASAN: That is correct.

CHAIRPERSON SCHULMAN: Okay, in which areas and position titles has DOHMH seen attrition? Has the loss been disproportionate in certain areas?

ASHWIN VASAN: So, over the last three years, we have certainly had to redirect a number of assets towards pandemic response and turning those services back on has been variable in terms of retention of staff, turnover of staff, you know our frontline clinics, our frontline services are one's that we really prioritize and try to preserve as much as possible but there are challenges. The city workforce is facing this more broadly. We, in many ways we are becoming increasingly; it's an increasing struggle to compete with the private sector and the nonprofit sector for workers. So, we're always looking at ways to create a better and stronger more durable pipeline.

CHAIRPERSON SCHULMAN: So, I'm going to change the questioning a little bit. But I want to ask you if we were to get that money for the Article 6 money,

if there's a way and you don't need to answer it now but if you could tell us what that would pay for, what programs and things like that, that would be really helpful.

ASHWIN VASAN: We would be very happy to and I mentioned a few in my testimony, core things. Reproductive health, naloxone, disease investigations, tuberculosis investigations, outbreak preparedness, maternal health and doulas. So, all of the issues I know that this Committee cares so deeply about and our communities deserve are able to be reimbursed or matched with those state funds, which then as you know, liberates other funds to be used for other types of —

CHAIRPERSON SCHULMAN: Well, appreciate that. If you could define that a little bit for us, that would be helpful.

ASHWIN VASAN: Happy to.

CHAIRPERSON SCHULMAN: So, on January 30, 2023, the Biden Administration announced it will end the public health emergency, which you mentioned. A national emergency declarations on May 11th of 2023. How does the city plan on acquiring and/or paying for PPE now the federal money is being depleted and

national emergency is ending and I want to include in that question the free COVID tests.

ASHWIN VASAN: Thank you for the question. It's an important issue and we're working both very closely with our federal colleagues at the Department of Health and Human Services at the Federal Emergency Management agency, as well as with our local OMB to find the impact fiscally but operationally, we are doing everything we can to ensure that New Yorkers won't experience an interruption in access to testing to PBE to vaccination and to treatments.

And so, we'll be sharing more information in the coming weeks as we approach the winddown of the emergency.

CHAIRPERSON SCHULMAN: Can you give us a little bit of information on the waiver on the 1332 waiver, so that more of an explanation of what that is and the implications for DOHMH and the city's public health?

ASHWIN VASAN: Thank you so much for the question. The 1332 waiver is an expansion of the state's essential plan to cover more undocumented people with basic insurance, with Medicaid and what is quite important to know that from the states

perspective, this is zero cost. Because this is funded out of the CMS Trust Fund from the Federal Government. It's a reimbursable, replenished trust fund that every year gets refilled. And so, this waiver allows for flexibilities to cover more people who are undocumented or underinsured with full benefits under the essential plan. In New York City alone, we estimate that that could rise up to 200,000 people. So, this is nontrivial and we think this would — we know that this would really help to save countless lives.

CHAIRPERSON SCHULMAN: So, if Article 6 is not increased by the state, the Administration, traditionally the Administration picks up some of the backfill for that discretionary funding. Is that something that you can continue to do or?

ASHWIN VASAN: I think the most important thing is that these funds must be restored and at a time when we're all talking about public health and what we've learned from COVID and what we want for the future, I think to ask the city to pick up more from a cut that was undeserved in the first place, I think sends the wrong message about our priorities.

You know, we're always in discussion with OMB about ways on a contract-to-contract basis, try to fill in these gaps or on an issue-to-issue basis but this isn't a sustainable path.

CHAIRPERSON SCHULMAN: You had mentioned to me that you had been to Albany recently, what was the response when you talked to legislators about Article 6?

ASHWIN VASAN: Thank you for the question. I think that in particular, our New York City delegation in Albany understands the inherent unfairness of this cut. It was a cut instituted at a different time under a different governor, under a different mayor with a different relationship. And what I also saw is a lot of momentum around new health initiatives. And so, what I kept asking all of them, both the New York City delegation as well as non-city representatives is, I love that you're so supportive of health and that you want new dollars for these health initiatives but we need to replenish what is mandated as well. We need to start there and that's a non-insubstantial amount of money. So, it's a little bit of you know, as I said in my remarks,

the desinence is quite strong and I'd like to close that gap.

CHAIRPERSON SCHULMAN: So, I'm going to ask a couple more questions and then I just want to hand it over to my co-chair and the members. Can you provide an update on the implementation of Local Law 78 of 2022, which would require DOHMH to make Medicaid abortion available at no cost to patients at its health clinics?

ASHWIN VASAN: Yes, thank you for the question and you know we are very proud of the work that this city and this Health Department has led in the wake of the DOBs decision. Abortion remains and will remain safe and legal in New York City and New York City will continue to be a safe haven for people who need abortion or any other reproductive health services. We are very proud to have launched the New York City abortion access hub, which is a national hotline for people seeking abortion care to come to New York City and access it. And we're very proud to be the first Health Department to deploy medication abortion in our city run Health Department Clinic. So, currently we have that at one clinic in Morrisania with a second about to open in Jamaica and

with efforts to roll out further over the coming year.

CHAIRPERSON SCHULMAN: With the COVID-19 public health emergency ending on March 31st. The Medicaid continuous enrollment provisions that require that Medicaid programs keep people continuously enrolled is also expiring. What are some of the implications we can anticipate from the end of this provision?

ASHWIN VASAN: Thank you so much for the question because this is where our local policies and our federal policies come into alignment or potential conflict. The 1332 Medicaid expansion will impact the same exact people who are at threat of falling off of Medicaid now at the end of the public health emergency. And so, it's crucial that we focus our efforts on expanding access through the essential plan at the state level, so that no one has a gap in coverage, especially coverage at the most critical of times when we're seeing chronic health conditions and delays in preventive care start to reap their head.

CHAIRPERSON SCHULMAN: Thank you. Chair Lee, I want to hand it over to you now for questioning and I'll come back later.

CHAIRPERSON LEE: Okay, great so I'm glad that in your testimony you mentioned the de-siloing, which I know that you and the Mayor are both fans of. And trying to understand exactly how much funding there is in mental health programming. It's hard because it cuts across so many different city agencies right. So, you have DOHMH, you have you know FDNY. You have DYCD. You have DFTA, so there's a lot of agencies that have pieces of the mental health budget and it's hard to — and because of that, I think it's hard to look into the transparency of it and in terms of the dollars. So, just out of curiosity, how can we just from your opinion, you know how can we increase transparency on DOHMH's side on these services provided? And how many agencies in total receive mental health services if you know?

ASHWIN VASAN: Thank you for the question. We are certainly committed to transparency and to sharing how our mental health dollars are used. It's important to understand a little bit as you know the history here, which is that the Department of Health and Mental Hygiene used to be two separate city agencies and were merged 25 years ago. And so, we are the mental health authority of the city as

defined by the state and subject to state mental hygiene law and we administer many programs that are mandated under state mental hygiene law and all of our programs are mandated to follow state mental hygiene law and so, that's the starting point, which is, we are the mental health authority and the largest mental health agency in the city. The Division of Mental Hygiene in the Department of Health and Mental Hygiene. The principal focus of our work has been on community mental health. So, care that is delivered outside of the hospital system, outside of the acute care system. Though we have a lot of work in crisis response and in connections to care.

And so, the bulk of our work is both conducted by Health Department Staff in the community but also as you mentioned in your remarks, through contracted providers, through community-based organizations and as a former leader of a community based mental health organization, contracted by the city, to run city services and where that funding came from a combination of city and state dollars braided together. I think it starts to give you a picture of the complexity that you're describing. This is to

say nothing of mental health dollars as you say that are living in other parts of city government. Which is why I's so proud of the plan that we produced because it's a single place to point and say, what is the city doing across a whole host of agencies for mental health and you'll see a range of agencies represented and their activities represented in that plan. So, it's a good place to start.

CHAIRPERSON LEE: Okay, so then would it be fair to say that DOHMH sort of oversees the programs? I guess I'm thinking of current programs like the Geriatric Mental Health Initiative or the you know youth programs through DYCD that deal with mental health or focused or even peer services or those types of things. So, is it DOHMH that sort of oversees all of that or which entity or agency?

ASHWIN VASAN: We do not play an oversight role formally for other agencies. We have played a leadership and coordinating role for the development of this mental health plan and ensuring that it's aligned with public health priorities. Each agency obviously oversees its own program and the Mayor's Office oversees; City Hall oversees the agencies.

CHAIRPERSON LEE: Okay, uhm, and how much funding would you say all the sources are costing related to mental health? If you had to guess via the different agencies?

ASHWIN VASAN: Well, we're happy to get that number for you. I can just say that our division of mental hygiene's budget is around $700.

CHAIRPERSON LEE: $717 did I get it right?

ASHWIN VASAN: That's correct, yes, that's correct $717.

CHAIRPERSON LEE: Okay, I was paying attention. And how much funding specifically is allocated to disability and equal access services? Do you guys have that information my any chance?

ASHWIN VASAN: I think we're happy to get the information in more detail for you.

CHAIRPERSON LEE: Uhm, and how is DOHMH ensuring that mental health resources are being provided to communities with the greatest needs and how do you assess that and is the agency helping to connect New Yorkers to CBO's, like community-based facilities programs and making those connections?

ASHWIN VASAN: Thank you for the question. Number one, it starts with what problems are you

focused on? And so, this mental health plan that we've announced is focused on the three principle problems that affect the most marginalized communities, communities that have been effected by structural disinvestment, mostly communities of color. That is serious mental illness, youth mental health, the youth mental health crisis and overdoses.

And so, it starts with problem selection and then within each of those problems, it starts by going to communities that are most impacted. So, for overdoses, building programs where we are seeing the greatest rates of fatal and non-fatal overdoses in the city. And similarly, for serious mental illness going to neighborhoods where we see the greatest rates of 911 calls and mental health crisis response calls. And so, we are very much taking a data driven and place-based approach.

CHAIRPERSON LEE: Okay, and then in terms of connecting, making those connections for folks that need community-based facilities and programs you guys are assisting with that as well?

ASHWIN VASAN: Absolutely, we have a number of mobile outreach teams that meet people in crisis and connect them into care. We have two recently

launched support and connection centers themselves, which are short stay integrated hubs of care. One in Harlem and one in the South Bronx that then serves as a transition point into longer term services. And at the core of it is the connection into stable long-term care. Like clubhouses, like long term community psychiatry and behavioral health care and supportive housing, which this department runs the service contracts for the majority of behavioral health supportive housing in New York City.

CHAIRPERSON LEE: Okay, and can you describe a little bit more in detail what your role is in working with the public defenders to facilitate connections between defense teams and treatment teams through single point of access?

So, what's your role in that? And then also, how has that been working or not working, just based on what you're seeing on the ground?

ASHWIN VASAN: Thank you so much. I'm going to kick the question to Jamie Neckles, our Assistant Commissioner for the Bureau of Mental Health.

JAMIE NECKLES: Morning.

COMMITTEE COUNSEL: Before we do that, I just need to administer the oath for you. Please raise

your right hand. Do you swear to tell the truth, the whole truth and nothing but the truth and to respond honestly to Council Member questions?

JAMIE NECKLES: I do.

COMMITTEE COUNSEL: You may proceed, thank you.

JAMIE NECKLES: So, your question was about defense attorneys, referrals into community-based treatment.

CHAIRPERSON LEE: Right, so how you guys are working with public defenders to facilitate that and then I guess through the single point of access.

JAMIE NECKLES: Sure, so we get about over 3,500 referrals a year into our single point of access, which connects people into high intensity community-based treatment and care coordination services focusing on serious mental illness. And so, a large majority of those referrals are from hospitals. Also, a good portion from Correctional Health Services as part of a discharge plan coming out of Rikers Island. People coming out of state prisons as well. As probation and parole and legal aid another public defenders.

So, they do refer to us often. Sometimes we're getting referrals from hospitals for people who are

sort of in a legal process, right but the referral may be labeled, the hospital but a good portion I'd say you know about 20 or 30 percent of the referrals we get have an active, criminal legal involvement.

CHAIRPERSON LEE: Okay, sorry I just want to recognize we've been joined by Council Members Ayala, Cabàn, Feliz. Am I missing anyone? Oh, and oh Council Member Williams. We have Council Member Ariola and I know Council Member Velàzquez is joining us virtually. Okay, I think I have everyone.

Okay, sorry, thank you for that. And uhm, just wanted to actually go back to the workforce, it's related to workforce but it's interesting because we have this huge workforce shortage and retention issue with a lot of our mental health professionals and there was something that you had mentioned about Chair Schulman's questions related to hiring that I just wanted to dig a little bit deeper on because according to the information that we have on hiring, I believe and correct me if I'm wrong. DOHMH has submitted to OMB 2,440 positions for approval. Meaning these are people who are ready, willing to go, who you guys have interviewed and want to hire

but OMB only approved 1,394, which is only about 57 percent.

So, do you know — do they give — like, do they give you reasons why for the rejection? What's the reason for the rejections and then I'll ask a few follow-ups to that.

ASHWIN VASAN: For specifics I'll kick over to my acting CFO but I want to say that we have seen in the year that I've been Commissioner significant improvement and in turnaround time and in dialogue with OMB around our personnel actions. And just specifically with mental health, as I mentioned in my remarks, we don't deliver the majority of services directly. We do most of it through contracted providers and nonprofits. And so, you know it temps for recruitment and retention of staff are really effected by things like in the state budget around the COLA increase. And so, we're watching that very carefully but I'll kick it to Wei, my Acting CFO for more details on the PARs.

WEI XIA: Yeah, so on the PARs, I think there's — the 2,400 might include some of the resubmissions. Based on our latest data for all the ones that were submitted last calendar year has been approved and we

are pretty much getting nearly [INAUDIBLE 00:49:49] for this calendar year so far. So, we definitely have seen a significant approval rate increased.

CHAIRPERSON LEE: Do you know from the 2,440 how many were resubmissions then?

WEI XIA: We can get back to you on that one with detail.

CHAIRPERSON LEE: Okay, but when they reject uhm, you know your request to hire folks, do they give a reason usually and what is that reason usually that's given? Or what are some of the issues or examples that you can give me why OMB wouldn't approve a hire?

ASHWIN VASAN: I think it's an ongoing, it's an ongoing DIALOGUE. You know I think OMB is always looking at market analysis and timing and you know one of the things that I'm certainly committed to is also looking at impact and performance of our programs. And I know that OMB is committed to that as well. So, it's hard to characterize in buckets. It's really dependent on the nature of the program and the position, the level of salary and so forth.

CHAIRPERSON LEE: And so, I guess to that exact point. Do you know which positions typically have been rejected? For example, is it front facing staff

that are out there in the field or is it managerial, both? And then if you could sort of speak a little bit about mental health staff that have been rejected versus public health staff.

ASHWIN VASAN: I'll answer, thank you for the question. I'll answer the last part first. Mental health is of course public heath staff, so it's all one and the same. As I mentioned, a lot of the staffing is not frontline care for our mental health teams because the majority of the work we do is through contracted providers. So, that much more on the vendor contracting side then the approval side. So, you know again, I wouldn't characterize the nature of our discussions with OMB as leaning towards one direction or another. They're very situational. We're happy to get back to you with more specifics but we are encouraged by the improvements that we've seen in approvals over the year that we've been in the Administration.

CHAIRPERSON LEE: Okay, so in the last few months, they have been a lot better about approving them. And then, just to clarify also I know that definitely mental health is a big public health concern but I guess I'm talking more specifically

about in the budget how it's categorized and how the funding contracts and everything are categorized, so.

So, uhm, okay, so what is for now, can you give us a sense of what the current vacancy rates are for mental health professions, including LCSW, LMWs, LMHCs, LMFTs?

ASHWIN VASAN: We'll be happy to get back to you with specific breakdowns. Our overall vacancy numbers are what I described, we're at about 600 vacancies for the agency.

CHAIRPERSON LEE: Okay, uhm, I guess and for those that you've noticed that have been leaving, what are some of the reasons that they've been giving you for leaving their positions? Is it pay parity issues? Is it you know, along those lines or is it something else?

ASHWIN VASAN: Thank you so much for the question. It's people are tired. People are really tired. Public service is hard. Public service takes a lot out of people and families. And to do so during the pandemic, over the last three years as I mentioned, 4,000 of my staff were activated for two and a half years straight. That has a tole. The body keeps the scores they say. The mind keeps the

score and I'm not surprised that this is an issue that we are facing as one of the largest public health agencies in the country because every single public health agency is facing it in the country and every single health system, health care system is facing this in the country. We have a national health workforce crisis that we have to address at the highest levels of government and I know that the administration is focused on this but this is much bigger than this agency.

CHAIRPERSON LEE: Yeah, so just from your perspective, what are some of the ways that you think or things that could be implemented to retain the staff given what you just said? Because I totally agree, people are just burnt out.

ASHWIN VASAN: Well, I think a lot of what — I'm actually very encouraged by at least what's coming out about the initial agreement for the DC37 bargain, which obviously impacts our agency. The majority of our staff are under DC37. Discussion around flexibilities and telework and piloting approaches there. Discussion around piloting pay equity strategies. These are all things that we are very, very supportive of. Separate and apart from that, we

have made investments locally at our agency around investing into mental health of our staff and worksite wellness approaches, as well as looking at our benefits. Looking at the health benefits that city workers receive and ensuring that they have the best health and mental healthcare possible.

CHAIRPERSON LEE: Hmm, hmm, and do you think that if the state were to increase the Medicaid reimbursement piece of it that that would help with the you know, the impact on the workforce shortage? So, in other words, if Medicaid reimbursements are higher or if they're also expanding the different types of services that they're reimbursing, do you think that would also help? Because that would then trickle down hopefully to the CBOs that are providing the services and give the more.

ASHWIN VASAN: Thank you so much for the question. What you're raising is the issue of parity.

CHAIRPERSON LEE: Yup.

ASHWIN VASAN: And we don't have — while we have federal laws on the books that demand that we pay equally for behavioral health. Mental health and substance use care to physical health conditions, it

is not implemented in practice. And New York State is better than most but we're still somewhere around $0.88 on the dollar. That means over billions and billions, sometimes trillions of medical claims we are bleeding billions of dollars out of the system that to your point, could go towards reinvesting into workers, into infrastructure, into community-based organizations. This is a real issue. If we want to sustain I believe finance and bills year on year, the mental health system that we and New Yorkers have always needed and deserve but never really had and this is a longstanding, longstanding issue in this country.

CHAIRPERSON LEE: Yeah, definitely a lot of advocacy at the state level we need to do around that, so thank you for that.

The Mayor's recently released mental health agenda states that the city will expand a mobile treatment capacity over the next year to serve 800 more people with high service needs through Intensive Mobile Treatment, which is IMT. ACT assertive community treatment particularly for New Yorkers with SMI. So, how much funding has been allocated to DOHMH Intensive Mobile Treatment Teams?

ASHWIN VASAN: Just to clarify the question Council Member, new funding or existing funding?

CHAIPRERSON LEE: I guess both. Like if new funding — or has there been an increase from previous Fiscal Year to this year?

ASHWIN VASAN: We're happy to get back to you with details. As you know, the Governor's budget proposes $1 billion into investment into the continuum of care for serious mental illness. Some of that care, most of that budget, around $900 million goes to supportive housing and the remainder is going into expansion of mobile treatment teams and crisis response teams. Intensive Mobile Treatment Teams are a New York City based model that sits outside of the Medicaid reimbursement system and the rules that come along with Medicaid reimbursement, which limit the amount of time you can spend with a person or limit the number of times you can spend face to face with a person and it's been an extremely effective model for the most severely impaired and hard to connect with clients and community members. And so, as a part of our mental health plan, we're certainly committed to its expansion and will look

towards the executive plan and outyears to really expand that.

CHAIRPERSON LEE: And what is the current vacancy rate on these teams and how many teams are in operation currently?

ASHWIN VASAN: We're happy to come back to you with specifics on that.

CHAIRPERSON LEE: Okay, and how else does the agency plan to expand and improve these teams in FY24 based on what you've seen so far?

ASHWIN VASAN: We, thank you for the question. These mobile teams are really a crucial link in a chain or a continuum of care where a lot of community-based care is hard to connect to or that clients struggle to stay connected to, for some of the reasons you mentioned around payment and lack of access to providers.

And so, we are committed to Intensive Mobile Treatment as one of several models, along with our assertive Community Treatment Teams, ACT teams, along with our forensic ACT teams that specifically work with people with SMI coming out of a criminal legal system or connected to the criminal legal system. As well as our co-response teams and mobile crisis teams

and our heat teams. We have a range of mobile treatment for mental health because we know how important it is to meet people where they are with care and that like coats and clinics are not going to be the sustained answer for a mental health crisis. It's going to be community members.

CHAIRPERSON LEE: Uhm, and just for the record, because I know that again, I think going back to the mental health programs living in different agencies, how do you track some of the outreach teams that maybe don't lay under DOHMHs per view? So, for example, Be Heard, I know technically, I know you guys are contracting that out right. But technically it's overseen by OCMH and then EMS has part it as well. And so, how do you — is there a team that's coordinating all this together? How is that working?

ASHWIN VASAN: Thank you. Be Heard is a critical program that we, it really reinforces the commitment of the administration and its expansion to creating a health first front door to our mental health system. This is combined with our work to expand services under NYC Well and 988. We need to create a different kind of front door to the system that's led by health professionals. Be Heard is run — the

implementers are H+H and EMS and the Office of Community Mental Health oversees it but obviously they are a critical partner to our overall mental health efforts.

CHAIRPERSON LEE: So, going to AOT, which is another outpatient, assisted outpatient treated, there's currently four AOT teams if I understand, that operate throughout the city. One in Manhattan, one in Queens, one in the Bronx and one for Brooklyn and Staten Island. Do these teams operate out of DOHMH? And if so, how much funding will they receive?

ASHWIN VASAN: Thanks to much for the question. Yes, AOT is a part of mandated services. 9.60 of the Mental Hygiene Law. This is for a small number of individuals who have difficulty engaging in rehabilitation and long-term care and where a court has determined that they may pose a risk to themselves or to other people. The assisted outpatient treatment program is run out of the Bureau of Mental Health in DOHMH and we're responsible for implementation of Kendra's Law across New York City.

CHAIRPERSON LEE: And how much funding does AOT receive, that program?

ASHWIN VASAN: In FY24 it's scheduled to receive around $13 million.

CHAIRPERSON LEE: $13 million. Okay, is that an expansion from FY23?

ASHWIN VASAN: There's no change from the FY23.

CHAIRPERSON LEE: Okay, no change. And have the needs of the folks, because I realize it's for a small group with SMI but have the numbers remained flat or have you seen increases?

ASHWIN VASAN: We currently, as of the end of 2022, there are 1,668 people who had received an AOT court order and that is — the Health Department itself authorized 862 people under this law, under the 9.60 mental hygiene law. I'll kick it to Jamie Neckles to comment on whether this is an increase or steady state.

JAMIE NECKLES: Good morning, yeah, the AOT program, the volume people served in that program is an MMR indicator there, so we've been reporting on that for many years publicly. There was a slight dip during the pandemic, due to court slowdowns and that's returned to prepandemic levels. It's more or less a steady state.

CHAIRPERSON LEE: Okay. I'm just going to ask a couple more questions before I turn over to my colleagues because I don't want to take up too much time and then I'll come back later, but in terms of the state's psychiatric bed expansions. The Governor announced in her State of Executive Budget and Expansion of $890 million in capital funding to build 2,150 residential beds for people with mental illness with a total amount of new units reaching 3,500 throughout the state. So, do you know how many of those new beds New York City is expected to receive? We're happy to get back to you with that information. Just to be clear though, when we're talking about beds, these are not all acute care hospital beds. These can be respite beds or transitional housing beds, crisis stabilization beds. So, I think it's important to have the different categories. Happy to get you more information.

CHAIRPERSON LEE: Yeah if it could be broken down that would be great. And the state also included an additional $18 million in capital funding to open at 150 inpatient site beds. And another 850 currently offline psychiatric beds were also outlined in the Executive Budget and with these beds going to public

hospitals licensed under Article 28. And so, how many of these beds do you know the city is expected to receive? I know that the 850 from what I understand is from when the beds were converted during the pandemic and then a lot of them haven't been converted back, so.

ASHWIN VASAN: Yeah, we're very grateful for the governor's focus on this issue and it's in large measure to our partnership with the State Office of Mental Health. It's estimated that over 400 previously open psychiatric beds were closed during the pandemic and have struggled to reopen and I think it's important to note that when we talk about beds, we're generally not talking about spaces for beds. We're talking about staffing for beds. Psychiatric experts, psychiatric staffing, nursing in particular.

So, this is not just down to the space to have a physical bed. The Governor is also committing to expanding state psychiatric beds, which are for longer term stays, which are a critical piece. Because we know how complex it can be to find a stable psychiatric medication regimen and social services for people living with long-term serious mental illness. And I know that efforts are underway

both through H+H to reopen beds but also, to hold our nonprofit and academic partners accountable for opening up their beds. We can't do it without them. We're very grateful for the partnership on this with the greater New York Hospital Association to that effect.

CHAIRPERSON LEE: Okay, uhm, and then in just going to the Opioid Settlement funds for a little bit. In the November plan, $15.4 million in total was given to New York City as part of the opioid settlement fund and so, how is the city planning to spend these funds?

ASHWIN VASAN: Thank you so much. Yes, we use the opioid settlement funds to invest in our overdose plan, which is focused on harm reduction, focused on overdose prevention and focused on treatment and community support for people who use drugs and their families. This funding is critical to help expand and build upon initiatives that prevent fatal overdose and that can expand access to treatment. We are really in a very difficult situation. A New Yorker is dying of an overdose every three hours and as of 2021, 80 percent of those overdoses, fatalities were involving fentanyl. The drug supply is rapidly

changing and presenting a really existential risk to people who use drugs. And so, that forces us to really double down on harm reduction and overdose prevention as a strategy to keep people alive with a fighting shot to get to recovery or a fighting shot to get to a world in which they no longer use substances. It's a really challenging problem.

CHAIRPERSON LEE: And in which, I guess, you know which programs will receive large — I know you mentioned harm reduction overdose prevention. So, most of the funding hopefully will be expected to go towards those programs around prevention?

ASHWIN VASAN: Yes, we've set out five principle goals in our overdose prevention plan. One of them is immediate harm reduction efforts to stem the tide of people passing away and experiencing overdose who use drugs.

Some of that work is in the treatment environment, expanding access to medication assisted treatment both through our harm reduction system and our harm reduction hubs. Our services providers throughout the city but also through our clinical systems. This also includes support for families and loved ones who have experienced a fatal overdose. It

expands our work on drug checking because we know that often people who use drugs don't know exactly what's in the substances they're using. And it includes our tried-and-true prevention programs, like naloxone distribution and nonfatal overdose response, amongst other things. So, everything we are investing in whether it's with the settlement dollars or with existing city and state funding, is for those key pillars of an evidence-based approach to saving lives.

CHAIRPERSON LEE: Okay, and so if you could go a little bit further into the OPC's. So, in 2021, I know that there were the two centers that were opened and they've been proven to be massively successful with their communities and staff interventions. I've visited myself and are there any new overdose prevention centers planned to open in the coming fiscal year?

ASHWIN VASAN: As you rightfully said Council Member, the overdose prevention centers that we've opened, that the city — that have been opened in New York City are really transformative, lifesaving interventions. Over 700 now approaching 800 people have been experiencing an overdose have been cared

for and intervened upon in a supervised consumption setting. Whereas, they would have previously been forced to used that in isolation, used on the street, used in the subway station, used on a school playground. So, bringing use indoors in a dignified environment not only supports people dignity but clearly, it saves lives and so, in order to bend the curve to change the trajectory of year on year rises in overdose deaths, we will need more overdose prevention centers and as we've outlined in the plan, we are committed to opening more in the city. I want to be clear though that to date and currently, no public dollars are going to supervised consumption activities. But we are funding everything at harm reduction hubs and at certain service providers around it.

So, the mental healthcare, physical healthcare, medication assisted treatment, basic needs like food, shelter, clothing, and community and social supports, all of which, are crucial adjacent activities for safe consumption and supervised consumption to even happen.

So, without those services, supervised consumption cannot happen. And so, we're really

focused on applying those public dollars to everything we can.

CHAIRPERSON LEE: Yeah, there were the — when I visited, they had great programs. You can just do the laundry. You can get meals. You can do aroma therapy treatment, it's definitely a great model and just, how much would it cost to open a new OPC center and also, which areas in the city are you particularly looking at or have you identified new locations?

ASHWIN VASAN: We're happy to get you dollar figures and more detail on the cost of supervised consumption activities. We are focused on working in communities that are currently experiencing the highest rates of fatal overdoses, which is why Northern Manhattan was the target, were the target areas for the first two OPCs but we're seeing obviously increases. We see really high rates in places like the South Bronx and parts of Queens as well. You know I think we are also desperate for guidance and clarity from our federal and state partners. And we'll continue to await that to partner with them. To push them and to advocate for clarity in the use of public funds towards safe

consumption activities, supervised consumption activities.

CHAIRPERSON LEE: Thank you. I'm going to hand it back over to Council Staff and then ask follow-up later, sorry. Thank you.

ASHWIN VASAN: Thank you.

CHAIRPERSON LEE: I just wanted to ask a couple of follow-up questions Commissioner. Okay, so one, hold on one second. Okay, I'm asking this on behalf of my colleague Council Member Carlina Rivera who is out on maternity leave and who is watching today. How is DOHMH defining Medicaid abortion as provided in the Local Law?

ASHWIN VASAN: Thank you for the question. So, currently, medication abortion per clinical standard is a two-drug regimen, mifepristone and misoprostol. And that's the current standard of care. Obviously, we're watching attempts at the federal court level to overturn those standards. We're watching that very carefully and making preparations to adjust but that's the current standard of care which is being implemented across DOH sites as well as our H+H clinics.

CHAIRPERSON SCHULMAN: Do you know what steps your anticipating taking or are you still developing that?

ASHWIN VASAN: We're watching for a ruling very closely and preparing steps right now.

CHAIRPERSON SCHULMAN: Okay, and I'm just going to ask a couple questions going back to hiring and the budget. How many approval requests to hire have been submitted to OMB by DOHMH?

ASHWIN VASAN: Thank you for the question. I'll kick it to Wei Xia for more details.

WEI XIA: I'm sorry, which period are you referring to?

CHAIRPERSON SCHULMAN: He's asking what period. One second. For Fiscal 2023 and if there's any for Fiscal 2024.

WEI XIA: We're having some problems for Fiscal Year 2024, but Fiscal Year 2023 is close to the 1,400 that was approved.

CHAIRPERSON SCHULMAN: So, you submitted those number of approval request and how many were approved and how many were disapproved?

WEI XIA: We'll have to give that to you on the exact number but it's nearly over 90 percent were

approved. As of January, I think we're looking at about 98 percent approval.

CHAIRPERSON SCHULMAN: Okay, so just so you're aware, according to our information, DOHMH has a 57 percent approval rate from OMB for hires, with 2,444 submitted and 1,394 submitted, so if you can look back at that and get the exact numbers to us, it would be appreciated.

WEI XIA: Yes, we can definitely get back to you. I just want to clarify again, the 2,400 include some of the resubmissions.

CHAIREPRSON SCHULMAN: Okay.

WEI XIA: Yeah, if things you know return for additional information, then we'll resubmit.

CHAIRPERSON SCHULMAN: Okay, once you give us that information, we can correct that as well. Thank you.

WEI XIA: Correct.

CHAIRPERSON SCHULMAN: I'm going to hand it over to my colleague Council Member Menin for her questions.

COUNCIL MEMBER MENIN: Great, thank you so much Chairs and thank you Chair Schulman and Chair Lee for holding this important hearing. I have three quick

questions. The first question relates to the unlicensed smoke shops because I'm very concerned about the marketing to children using cartoon characters in colorful flavors. Back in 2015, when I was DCWP Commissioner, we partnered with the Department of Health and did one million public awareness campaign, bus ads, subway ads, warning parents and children that these projects were adulterated around K2 and synthetic marijuana. Is the agency going to commit to do any kind of public awareness around these smoke shops?

ASHWIN VASAN: Thank you so much for the question. I'm a parent like you. I am worried about this. I actually have you know in my neighborhood; I have a number of these vendors and so, it's concerning to me as I walk to school, walk my kids to school and so forth. So, this is something on my mind. Most of the cannabis related work is coordinated out of the Mayor's Office of Cannabis policy, including attempts or efforts to raise awareness to educate. And so, major questions around those issues are really moving through them. The Health Department is really focused on the key public health issues around preventing injury, protecting

people who use cannabis, promoting safer use and harm reduction and ensuring protections from second hand smoke and inhalation through enforcement of regulations.

COUNCIL MEMBER MENIN: Okay, understood but I'm just going to point out again that back in 2015, the Department of Health and DCWP did commit to that kind of public awareness campaign. I understand you know the Office of Cannabis Management but again, I think it's a broader issue and really would urge the agency to consider doing some kind of public awareness around that.

My second question relates to thrive. Could you talk about you know, under the de Blasio Administration, they allocated approximately $1.2 billion towards thrive. Could you talk a little bit about what has happened with that funding? What are the data metrics around it? Is the agency like, just get an update on what happened to that funding.

ASHWIN VASAN: Thanks for the question. Thrive is no longer a program in existence. Programs created under Thrive live in a range of agencies including ours. NYC Well is a perfect example of a program created under Thrive that currently operates

under our supervision today. Thrive no longer exists and so, it's very difficult to sort of pinpoint the kinds of numbers you're talking about. But there is a range of programs that have carried on after Thrive.

COUNCIL MEMBER MENIN: And was all of that funding spent that had been allocated before?

ASHWIN VASAN: I can't speak to previous allocations.

COUNCIL MEMBER MENIN: Okay, okay, okay, last question is on rat mitigation. Does the agency anticipate an increase in funding for rat mitigation and has the city hired the Rat Czar and then lastly, is there any kind of additional rat mitigation services for Council Districts where the Council Member has allocated discretionary funding?

ASHWIN VASAN: Thanks for the question. I think you know the Mayor and we at the Health Department are committed to this issue. You know also that prior to the pandemic, we were at historic low levels of rat siting's and rat complaints and so, doubling down on evidence-based strategies is a commitment of this agency. We are very glad that Rat Taskforce and the Neighborhood Rat Reduction Initiative has been

revitalized under this administration which really brings together a range of agencies. It's not all the Health Department of course. And it requires all of us. We work with a lot of Council Members including through our popular Rodent Academy, Rat Academy and would love to work with you to support one in your district.

COUNCIL MEMBER MENIN: Great thank you.

CHAIRPERSON SCHULMAN: Okay, thank you Council Member Menin. I want to before we go to the next question, I want to acknowledge that we've been joined by Council Members Hudson and Yeger and I want to ask Council Member Brewer to speak. I just want to also tell my colleagues that we have three minutes of questioning because we have over 100 people that have signed up for public testimony and so, we want to make sure that we have time to hear everybody today. Thank you.

COUNCIL MEMBER BREWER: Thank you very much. I do want to thank Ricky Wong for all of efforts and welcome him back to the Health Department. Following up on the Council Member Menin on the rats. What's the actual funding for the Health Department rat mitigation and the great work that Caroline Bragdon

does? Is there an amount for that department and is it up or down? Has it been cut? Do you have vacancies etc.? I know that other agencies are involved but you're pretty much the lead.

ASHWIN VASAN: Thanks for the question Council Member. Good to see you. Our current budget is $13.5 million for rat mitigation work in FY24. That's a slight change from FY23, about $200,000 more.

COUNCIL MEMBER BREWER: Okay and are there vacancies there?

ASHWIN VASAN: Our headcount currently is 198 and we'll be happy to get back to you with the actual vacancy count within the program.

COUNCIL MEMBER BREWER: Okay, I'd appreciate that. Second, on lead, I know it's my impression and I wrote this in a letter a while ago. I know that you do inspections. I know that you coordinate with HPD or other agencies. Again, what's the dollar figure for lead efforts? I don't know if there's how many staff etc., and then I do get complaints, I have to be honest with you, it still exists, which we know but there's not a great recognition of coordination between the Health Department and HPD. So, I just

want to have a little bit more discussion. What are the numbers on lead abatement financially? Are there vacancies and also, what's your long-term prognosis for literally getting rid of lead in apartments? Not to mention childcare centers etc.? As you know, you know how bad it is.

ASHWIN VASAN: Thanks for the question and I'm going to kick it over to my Deputy Commissioner for environmental health Corinne Schiff to answer specifics but I'll just reiterate how important lead mitigation and prevention is to the public health of our children, of New Yorkers. It's also why I highlighted the cut to our Childhood Lead Poisoning Primary Prevention Program, out of the state budget. That's concerning to us because this is not the time to draw back funding for these core but sometimes unsung public health functions that New Yorkers have come to depend on and deserve.

CORINNE SCHIFF: Hi, Corinne Schiff, Deputy Commissioner for Environmental Health. Do you want to swear me in or I can just address the question? Do you want to, yeah.

COMMITTEE COUNSEL: Yes, please raise your right hand. Do you swear to tell the truth, the whole

truth and nothing but the truth and to respond honestly to Council Member questions?

CORINNE SCHIFF: Yes.

COMMITTEE COUNSEL: Thank you, proceed.

CORINNE SCHIFF: Yeah, thanks Council Member. You know that addressing children with elevated blood lead levels is such a high priority for the Health Department and New York City has really been in the vanguard of this work since the Board of Health banned lead-based paint in residences in 1960 and the City Council has certainly been in the lead with Local Law One including recent updates in the last few years. We work very, very closely with HPD really every day, so I would love to follow up with you to hear some specifics about the complaints that you get, so we can try to address any gaps that there may be.

COUNCIL MEMBER BREWER: Okay, and the budget, are there vacancies? I know the state issue but what's the budget and are there vacancies?

CORINNE SCHIFF: So, I'd have to get back to you on precise vacancies at the moment. But I would just say that we are — we probably have some vacancies and would love to have you send us excellent candidates.

It's such an important job and a great place to work. Thank you.

COUNCIL MEMBER BREWER: I just want to say one more thing about the overdose harm reduction and Council Member Ayala knows well, I've been to the centers in Manhattan. They're fabulous, I support them. They're controversial as hell but they are very supportive of their clients. Problem, this is what you've got to address. People understandably leave but they don't leave the area. They just don't and so, these centers don't have enough money to have somebody outside, outreach, talking move on etc., That's your problem and until you solve it, every neighborhood is going to have a heart attack if they are placed there.

So, I would suggest that you look at that issue. Inside is great. Outside is a problem, they don't have funding to do that. Are you looking at that kind of issue?

ASHWIN VASAN: Thanks for the suggestion and the comment.

COUNCIL MEMBER BREWER: I have lots of suggestions. That's just one of them.

ASHWIN VASAN: We're here to hear it Council Member, always. You know one of the underappreciated impacts of overdose prevention centers are the placed based effects and what do I mean by that? I mean the partnership that the sites have formed with our police precincts with the local schools.

COUNCIL MEMBER BREWER: It doesn't work.

ASHWIN VASAN: And bringing youths off the street and indoors is in and of itself an important community impact. 911 calls have also gone down in the two precincts, in the several precincts in and around the OPC's. So, I would, I think it's a pretty nuanced issue.

COUNCIL MEMBER BREWER: Okay, I just want to say the people in the neighborhood are difficult. I got a whole bunch of them; we all got them. They're going to complain, so I'm just trying to get more centers and you have to address the outside environmental challenges. Not just inside is great. Getting folks to be not — to be healthy, all great. It's the outside; those steps around the neighborhood, that's where you have to put some staff. Suggestion.

ASHWIN VASAN: Thank you.

CHAIRPERSON SCHULMAN: Thank you Council Member Brewer. We're going to have Council Member Barron ask questions now.

COUNCIL MEMBER BARRON: Thank you. You know the FY23 Budget was 2.— close to $2.2 billion and now, it's $1.9 billion for FY24. Are you thanking the Mayor for that?

ASHWIN VASAN: Thanks for the comment and the question. Look, I think all city agencies have had to absorb.

COUNCIL MEMBER BARRON: Right but are you thanking the Mayor for the — yeah, I heard you say thank the Mayor for his great commitment to health and you're thanking a mayor that cut you.

ASHWIN VASAN: I am going to answer this by saying, we've all had to absorb cuts.

COUNCIL MEMBER BARRON: No, you didn't. How long are you going to keep it going? You can keep it going because I know you're not going to say anything against the Mayor but I just want you all to know that this is a serious, serious issue, health and this mayor cut your agency. No matter how you try to fix it on a bunch of little programs, cut your agency in one of the most important agencies in the city,

especially in poor, Black and Brown neighborhoods because we didn't do that well prior to the pandemic. The services to our areas weren't as good and now, when we have a $102.7 billion budget with $8.3 billion in the reserve budget, you're going to cut health, cut education and you sit here saying, thank you Mayor for your commitment.

Secondly, what about the involuntary forcing of a mental health, people with mental health challenges with the police because the Mayor prioritized the police, coming into areas and I've been on case after case where someone had a mental challenge and then police came in and killed them. All the way back to our grandmothers and who ever, you name it, I can give you a list. When the police come into our communities to deal with people who have mental health issues, they wind up dead.

So, what is your agency going to do about this involuntary forcing people to remove them from the streets and you don't have enough beds? You can play the bed, staff game but there's not enough beds nor enough staff to really deal with the crisis that is before us and since we have 100 people, I'm just going to get all my stuff in and then leave because I

have other things that have to do. The beds and the cuts and staffing, it really is a serious problem in our communities and then finally, the retirees. The retirees want senior care, not Medicare Advantage under Etna. So, just in case you don't know, Aetna was an insurance company that participated in the slave trade and now they're coming now to make even more profit after slavery to get a contract from this city because they have no regard for what happened to us historically with Etna.

So, if you can handle some of those and I'll stop there, uncharacteristically, I'll go short because I got 100 people but I'll stop.

ASHWIN VASAN: Thanks Council Member. I'll start with the work on serious mental illness. The plan that we've announced is as the primary goal of making sure that as few people as possible ever end up in the kind of acute and complex crisis that you're describing, that might require a removal of any kind, voluntary or involuntary.

You know, I ran an organization prior to this that experienced one of those tragedies, Deborah Danner.

COUNCIL MEMBER BARRON: I was on the Deborah Danner case. I just want you to get directly to the — because we don't have time. Just get directly to the answer and what are you going to do to protect us from police that come into our neighborhoods, dealing with mental health individuals? What is your agency and the mayor going to do about that?

ASHWIN VASAN: My job as a city's doctor is to ensure number one, that as many people as possible — as few people as possible ever end up needing that kind of intervention.

COUNCIL MEMBER BARRON: I know you're repeating. Madam Chair, you're repeating the same thing. I'm asking you not what your job is. What are your plans? What are you going to do about the reality of Mayor Cop Adams wanting to put cops in the street to deal with mental health when it's been a deadly problem in the past? What are you actually going to do to protect us from that?

ASHWIN VASAN: We just launched a pretty comprehensive 75-page plan about what we're going to do on the issues of serious mental illness and it's much more complex than the few moments around that but I share your concern about those interactions.

COUNCIL MEMBER BARRON: So, you're not answering the question. So, I'll just move on because that's not an answer.

CHAIRPERSON SCHULMAN: Thank you Council Member. Now, we're going to go to Council Member Ariola.

COUNCIL MEMBER ARIOLA: Thank you Chair. Thank you Commissioner for coming to testify. On February 6, 2023, the COVID-19 vaccine mandate for municipal employees was lifted. How many DOHMH employees resigned or retired due to the then COVID vaccine mandate?

ASHWIN VASAN: Thank you for the question. Happy to kick it over to my CFO for those exact numbers.

COUNCIL MEMBER ARIOLA: Sure.

WEI XAI: We're going to have to get back to you on the specific figure.

COUNCIL MEMBER ARIOLA: I didn't hear you I'm sorry.

WEI XAI: Sorry, we're going to have to get back to you on the specific figure.

COUNCIL MEMBER ARIOLA: So, what is the protocol for DOH employees who resigned or retired because they did not comply with the vaccine mandate? What is the protocol for them to now come back to work?

ASHWIN VASAN: Those are not protocols that are set by an agency. Those are protocols set by the law department and DCAS.

COUNCIL MEMBER ARIOLA: Do you know what they are?

ASHWIN VASAN: We'll have to get back to you on those answers.

COUNCIL MEMBER ARIOLA: They're your employees. How do you not know how to get them back on? You're CEO, CEO?

ASHWIN VASAN: Those are not policies that are set by our agency. And so, we're working closely with Law Department, with DCAS, with City Hall to work through those issues.

COUNCIL MEMBER ARIOLA: Another non-answer. Thank you.

CHAIRPERSON SCHULMAN: Is that it Council Member? Okay, now, I'm going to introduce Council Member Cabàn.

COUNCIL MEMBER CABÀN: Thank you. Just a few questions and I recognize you might not be able to answer all of them detail but we're going to give it a go.

Does DOHMH oversee the City's Mobile Crisis Teams? I think some of them but not all, is that correct?

ASHWIN VASAN: Thanks for the question, yes, that's correct. Mobile Crisis teams formerly are under DOH per view but there are other forms of teams that respond to mental health crisis.

COUNCIL MEMBER CABÀN: Okay, and can you tell us what those are and what they're used for?

ASHWIN VASAN: I'm going to kick it over to Jamie Neckles from the Bureau of Mental Health for details.

COUNCIL MEMBER CABÀN: Thank you.

JAMIE NECKLES: Sure, so there are adult mobile crisis teams and child serving mobile crisis teams, 25 of them citywide. We contract with community-based organizations and hospitals to provide those in home crisis responses within two to three hours of a call to NYC Well. There is also co-response teams which is staffed by a combination of heath department social workers and NYPD officers who go out and respond to situations where there's a crisis and also a risk of violence.

We have health engagement and assessment teams that are social workers and peers that go out and

engage people, it's pre or post crisis, we refer to it, right? So, there's sort of stages of acuity, of risk. So, the health engagement and assessment teams of social workers and peers go out and respond in less acute situations to de-escalate and connect people to care in the community and I'm trying to think if there are others.

Lastly, we have an array of longer-term treatment and care coordination services. Things like our intensive mobile treatment and assertive community treatment teams that we spoke about earlier that provide you know community-based care for adults experiencing serious mental illness and substance use disorders. Those people may from time-to-time experience crisis, right? And those teams will provide crisis intervention for their caseloads.

COUNCIL MEMBER CABÀN: And what can you tell us about the Mayor's recent announcement to include peers, which is obviously people with lived experience on the city's mobile crisis teams?

JAMIE NECKLES: So, it's great news. We've been hiring peers on mobile crisis teams since 2020 right, before the pandemic actually that initiative began. Those peers add real value to what had historically

been a very clinically oriented team. So, at the same time that we reduced response time for mobile crisis teams, we added the peer perspective and so, it's a wonderful trend. I think you know we're you know pursuing it across the board to sort of further expand our skills in our multidisciplinary teams.

COUNCIL MEMBER CABÀN: Could I ask one additional question Chairs? Thank you. It's a two-part question but what's the difference between the city's mobile crisis teams and Be Heard and can you walk us through the rationale behind placing peers on mobile crisis teams but not on the city's nonpolice crisis response teams known as Be Heard.

JAMIE NECKLES: Sure, it's a good question. There is a lot of acronyms. It's really confusing. So, 911 right? We're all familiar with 911. There's a Be Heard is dispatched through 911 for mental health related crisis calls. So, there's a sort of triage algorithm there and so, these are emergencies, 911 emergency. Sort of next step down is 988/NYC Well, which will dispatch mobile crisis teams for urgent situations right? So, we have Emergent, Be Heard, social workers and EMT's. There's a lot of medical issues that come up in those calls. It's

great to have an EMT and a social worker perspective there and then next step down, mobile crisis teams where the social worker and a peer dispatched through 988.

COUNCIL MEMBER CABÀN: But the second part of that question was just you know we'll get the rationale behind placing peers on mobile crisis teams but not placing peers on the Be Heard teams.

JAMIE VASAN: So, I think it was a function of what we were — the starting point, which was police and EMT. Right, we took police out of 911 responses for Be Heard, added a social worker and the EMT remains, so where the starting point was, I won't speak further, you know CMH is the lead on Be Heard and there maybe you know real benefits to further you know diversifying the team there but I think it's really a function of where they began, which was police in the EMT. Take out the police as a social worker, that's great news.

COUNCIL MEMBER CABÀN: Thank you. I'd love the information. I wish they were also here to testify. It would be great to ask peers. We've seen that it's a best practice on these things and then also just a lot of people don't know that they have the option of

not calling 911 but can call a mobile crisis team instead and that's like a big barrier that I hope that the Administration is thinking about and thank you Chairs.

CHAIRPERSON SCHULMAN: Thank you Council Member Cabàn. I am now going to call on Council Member Abreu.

COUNCIL MEMBER ABREU: Thank you Chair. I have a question on lead poisoning. The 2022 PMMR outlines that the amount active group childcare center full inspections has increased by 66 percent from the previous year mainly due to inspection resources being redirected to support COVID-19 mitigation efforts. What steps is DOHMH taking to increase the amount of inspections completing? I'm going to kick this to Corinne Schiff, our Deputy Commissioner for Environmental Health.

CORINNE SCHIFF: This is a question about inspections in childcare programs?

COUNCIL MEMBER ABREU: Correct.

CORINNE SCHIFF: So, so many of our staff as you heard our Commissioner say were moved into our COVID-19 responses for the couple of years we are activated. But we are now back to routine work in

childcare programs and so, those inspections are returning to prepandemic levels.

COUNCIL MEMBER ABREU: And so, what is DOHMH doing to increase the amount of inspections completed?

CORINNE SCHIFF: We have our staff back out doing the routine work and so, those inspections are increasing naturally as we return to our routine activities.

COUNCIL MEMBER ABREU: And is there a goal, like a number of where you're trying to get to for in terms of inspections you seek to complete?

CORINNE SCHIFF: So, we aim to inspect all childcare programs at least once annually and depending on what we find when we do those inspections, we may return for a follow-up inspection.

COUNCIL MEMBER ABREU: Thank you so much.

CHAIRPERSON SCHULMAN: Okay, is that it Council Member? Council Member, is that it? Okay, thank you. Thank you. Now I want to ask Council Member Narcisse.

COUNCIL MEMBER NARCISSE: Good morning Commissioner. Good morning Chair, Chairs I should

say. Thank you. What is the headcount for DOHMH for nurses in the school building?

ASHWIN VASAN: For nurses in the school building. I'll kick it to Wei Xia. I'm sorry, okay, so I've just learned it's about 1,100 nurses in school buildings.

COUNCIL MEMBER NARCISSE: 1,100?

ASHWIN VASAN: Hmm, hmm.

COUNCIL MEMBER NARCISSE: Okay, is that enough to address the needs that we have in the school building? Especially in the Black and Brown communities?

ASHWIN VASAN: I think the pandemic, especially around mental health needs, has really brought a lot of attention to the needs of school aged children and then of course, where do they spend time in school and the role of school nursing. We're always in conversation with OMB and with our partners at DOE and all are to really talk about salaries as well as recruitment of nursing staff.

COUNCIL MEMEBR NARCISSE: And that's where I was getting with you. Are there any plans for pay parity for these nurses?

ASHWIN VASAN: I think we're always talking about this issue but never more than now coming out of the pandemic, the worst of the pandemic.

COUNCIL MEMBER NARCISSE: And I do appreciate the fact you take me mental health because I truly believe that mental health should start at early age because especially for what's taking place in our communities, the high risk that we call communities. Retention for these nurses are low and we need to make sure that we address the pay parity because that's one of the reasons I truly believe as a nurse for over three decades, that I'm hearing personally from my colleagues that they cannot pay the bill while they're looking at others you know thriving and uhm, it's not fair to our city, to not paying the nurses, especially the one in our school building.

So, I appreciate your time but let's continue addressing the inequities especially in healthcare, I appreciate you. Thank you.

ASHWIN VASAN: Thank you, appreciate you.

COUNCIL MEMBER NARCISSE: Thank you Chair.

CHAIRPERSON SCHULMAN: Thank you Council Member Narcisse. Now, I'm' going to ask Council Member Williams.

COUNCIL MEMBER WILLIAMS: Thank you Chairs. Hello.

ASHWIN VASAN: Hi.

COUNCIL MEMBER WILLIAMS: I just have a few questions. One is on the crisis intervention team. I know DOHMH is slated to train police officers in de-escalation. Do you know how many officers are currently trained and are they on target to reach their previously stated goal?

ASHWIN VASAN: We're happy to get back to you with that information. DOH is responsible along with our colleagues at the State Office of Mental Health for developing the guidelines and the training for all staff involved in street outreach and crisis intervention.

COUNCIL MEMBER WILLIAMS: Okay, thank you because we know the November plan added $1.2 million in Fiscal 2023 for the intervention teams where NYPD transferred money to your agency. So, would love to get that answer. And then I'll turn my questions to mental health services in schools. Is the amount of mental health services evenly distributed amongst public schools? Are schools in certain neighborhoods anticipated to receive more services?

ASHWIN VASAN: Thanks so much for the question. Couldn't be more important or more timely to be focusing on these issues and I'll just say that we've never seen anything like this, so we've never seen anything like the scale of need that we're starting to see amongst school age New York City children. It's why youth mental health is one of the three core pillars of the mental health plan. And why we intend to launch the largest municipal local implementation of school based or I'm sorry, for a tele-health, tele-mental health services for school aged children, for high schoolers in New York City. I will say that this is an area of constant growth and constant innovation because as I said, we've never seen anything like this.

COUNCIL MEMBER WILLIAMS: Okay, so are you able to get back to us if you don't know now which neighborhoods and the number of mental health services between each school?

ASHWIN VASAN: We're happy to get back to you, yeah.

COUNCIL MEMBER WILLIAMS: Okay, uhm, the other question I have is in regards to the Mayor's announcement and he's talked about this a lot, even

when he was campaigning about a comprehensive approach to supporting public schools around dyslexia. How has your agency worked with DOE to implement these screenings?

ASHWIN VASAN: So, dyslexia screening is done almost entirely by educators. So, this is really a question for the Department of Education.

COUNCIL MEMBER WILLIAMS: So, you play no role.

ASHWIN VASAN: We don't play any active role.

COUNCIL MEMBER WILLIAMS: Okay, do you know how many social workers and psychologists are currently employed in public schools as a whole?

ASHWIN VASAN: We're happy to get you those numbers, yeah.

COUNCIL MEMBER WILLIAMS: Okay, thank you Chairs.

CHAIRPERSON SCHULMAN: Now, I want to ask Council Member Ayala.

COUNCIL MEMBER AYALA: Thank you Madam Chair. I have a number of questions, so I'm going to ask them first because I don't want to run out of time. The first set of questions are for the OCME. The preliminary budget outlines 54 fewer positions at OCME than there were at adoption. How many of these vacancies were for the examiner positions?

Two, last spring, two gay men were drugged, robbed and killed and excuse me, were you talking to me? Oh, okay, I'm sorry. Sorry about that. Were drugged, robbed, and killed in two separate instances on March 3rd. Nearly a year after the first death. The cases were deemed homicides with drug facilitated theft, instead of the original description of drug overdose. What is OCME's process for determining whether an overdose related death is an accidental overdose or a drug related homicide? I'll start with those two.

ASHWIN VASAN: I believe OCME is testifying separately and their work is no longer under the per view of my office, my agency.

COUNCIL MEMBER AYALA: Oh, they gave us a whole list of questions for them.

CHARIPERSON SCHULMAN: They're testifying.

ASHWIN VASAN: They're coming next I believe.

COUNCIL MEMBER AYALA: Okay, perfect so then alright, I'll move on. In regards to the tracking of the synthetic opioids and drugs that are currently in supply, such as a Tranq, right. So, we've been paying attention to what's happening in Philadelphia and you know seeing an increase in the number of

individuals using a drug called Tranq, which is kind of like a tranquilizer that you know can lead to amputations of you know the hands, the feet, and really concerned about you know that kind of migrating to New York City at some point, and haven't really seen any messaging around that, any conversations that have been had about how do we forewarn individuals about the dangers of Tranq. I think you know we kind of missed a little bit of an opportunity with fentanyl in the beginning to kind of get out you know early enough. Are these conversations that DOHMH is having internally?

ASHWIN VASAN: Absolutely. Not just internally Tranq or Xylazine is here in New York City. We have a drug testing program for sites serving service providers across our city where we have detect— Tranq has been detected. Xylazine has been detected. We have issued health advisories for hundreds of thousands of providers across the city, clinical providers as well as working directly with our 14 harm reduction hubs or soon service providers in the city. So, this is an active area of concern and conversation that's happening within the community of people who serve people who use drugs.

COUNCIL MEMBER AYALA: Can you tell us where you're seeing a trend and an uptick in Tranq related cases? My understanding is that in the Bronx specifically, the South Bronx, Lincoln Hospital has seen a number of cases. Is that something that you can confirm?

ASHWIN VASAN: We'll be happy to get back to you with more information.

COUNCIL MEMBER AYALA: Okay, and lastly, I really want to know if you have any update on our Syringe Buyback program, which was passed last year and was supposed to effect 30 days after. So, as far as I'm concerned, you're not in compliance at this moment with that law.

ASHWIN VASAN: We, syringe liter and community concerns around syringe liter are very important to us. It's actually been a big part of the implementation of the two overdose prevention centers. If you've visited them, you will have seen their basement, which is entirely full of boxes of recovered public waste, syringe use waste. We're working both to speak with other jurisdictions that have implemented these programs, as well as reviewing our options on how to operationalize this law and

we're very happy to meet with you directly about this issue.

COUNCIL MEMBER AYALA: Yeah, it's — I mean, when you go into a public hospital setting, medical waste is considered very, you know a very serious issue, right? And that's why you have these little containers, so the staff doesn't come in contact with them. We don't have the benefit of that in my community, where I have needles in my public playgrounds, where small children are playing innocently and you know come in contact with them every single day and I appreciate that the harm reduction groups have been you know doing this work. But quite frankly DOHMH prior to you getting it was not necessarily funding that work. That was something that the Council Members were funding and I know that because when I was Chair of this Committee, it was something that we prioritized because in speaking with the providers, what they were sharing with us was that that was not part of their contract, right? So, they were giving out needles but they weren't responsible for picking them up.

And you know, I'm happy to hear that it has changed but that has not you know uhm, in any way

shape or form decreased the numbers of syringe liter that we're finding and properly disposed of in really inappropriate places where the general community can come in contact with them. And that is why we, you know felt it necessary to introduce and pass that bill and I would love to you know, I think that the Administration has had more than enough time to have conversations with other folks and to put this law to practice. So, I really would love a date and I would love somebody to contact me and let me know what the plan of action is.

ASHWIN VASAN: We'll follow-up with you. Thank you.

COUNCIL MEMBER AYALA: Thank you.

CHAIRPERSON SCHULMAN: Thank you Deputy Speaker Ayala. So, I have a few more questions and my Co-Chair Linda Lee, Council Member Lee has a couple questions and then we'll be done, so one is, how often is DOHMH updating its website with COVID-19 information and data and what data is still being provided?

ASHWIN VASAN: Thank you for the question. We update our website weekly on Thursdays and the data provided is the same data that we've been providing

throughout the pandemic. Case rates, hospitalization rates, health system capacity, vaccination rates, testing rates, treatment rates. We do that mapped out by place and all across the map of zip codes of New York City. We also do variant mapping as well to look at variance of concern.

CHAIRPERSON SCHULMAN: Will the end of the federal emergencies impact COVID reporting and tracking?

ASHWIN VASAN: We remain committed to sharing relevant information. We are still under discussion around what that relevant information should be in a non-pandemic, nonemergency.

CHAIRPERSON SCHULMAN: And you'll keep the Committee informed of what that is?

ASHWIN VASAN: 100 percent.

CHAIRPERSON SCHULMAN: Okay, great. $1.4 million was allocated to start a pilot program in order to create a vision exam mobile bus that would travel across the city and provide free eye exams and glasses for low-income New Yorkers. What's the current status of that pilot?

ASHWIN VASAN: Thank you for the question and amongst the many things that have been neglected

during the pandemic, we're very glad to see a program like this come online. We've determined a vendor. We've selected a vendor and their contract is currently being registered and we're happy to get back to you with more details.

CHAIRPERSON SCHULMAN: Please, yeah, please do. How many, do you know how many people are expected to be reached through this program or are you still working on that?

ASHWIN VASAN: We're still working on the details but we're happy to get back to you with those.

CHAIRPERSON SCHULMAN: And do you know if pediatric eye care services is part of that?

ASHWIN VASAN: Happy to include that as part of the discussion.

CHAIRPERSON SCHULMAN: Okay, how many new supervisory licenses and food vendor permits have been issued in the past year?

ASHWIN VASAN: Food vending?

CHAIRPERSON SCHULMAN: Hmm, hmm.

ASHWIN VASAN: Yeah, Corinne Schiff will answer that question.

CHAIRPERSON SCHULMAN: Okay.

CORINNE SCHIFF: Thank you. So, as you know the Council enacted a local law that really dramatically changed mobile food vending, food carts and trucks and the licensing for that. And we've been working very hard in the last two years to implement that program and we are in the process of sending out those applications for those supervisory licenses now.

CHAIRPERSON SCHULMAN: Do you know how many there are?

CORINNE SCHIFF: The Local Law allocates 400 applications each year, and so we will have those 400 out by the end of the fiscal year.

CHAIRPERSON SCHULMAN: Okay, thank you. The November plan adds $703,990 in other category of funds for animal population funds. However, the preliminary plan does not add any new funds related to animal funding. Furthermore, the fiscal 2023-2027 Capital Commitment Plan has a section listed for the Queens Animal Shelter but no funding is listed for any of the years. What's the status of this project, which I asked about last year and which is held over from previous Council?

ASHWIN VASAN: Thank you for the question. You know the protection of our work against the care of animals and the public health responsibility to manage our animal population is a major concern and a major priority and we've been innovators on animal welfare in this city for a long time. I'll kick it to Corinne for more details.

CORINNE SCHIFF: So, we're very excited about the animal care center, the shelter that will built in — that's being built in Queens. As I think you know, this facility that AC&C is developing and will own. So, we expect it open in the coming months. There have been some supply chain issues that have slowed that down but they are working through those. And so, we're monitoring that and we will make sure that AC&C gets what it needs to open.

CHAIRPERSON SCHULMAN: And we're expecting that this calendar year?

CORINNE SCHIFF: I expect it this calendar year, yes.

CHAIRPERSON SCHULMAN: And do you know how much it's going to cost to keep it operational?

CORINNE SCHIFF: So, I think we'll get back to you about those as well.

CHAIRPERSON SCHULMAN: Alright, I want that. How many people are being hired? What positions? So, to the extent you can get us as many details as possible, that would be great and I am now going to hand this over to Chair Lee.

CHAIRPERSON LEE: Thank you. Okay, just the last couple questions, sorry. So, in last years adopted budget; this is about the trauma recovery centers, $2.4 million was allocated to the opening of the city's first trauma recovery centers, which first started in San Francisco and have been implemented and successful in multiple states and currently we have four, two in the Bronx and two in Brooklyn. So, just wanted to know if there are plans to expand the services to cover other boroughs in the city?

ASHWIN VASAN: Thanks for the question and you know the importance of community connection for people who have suffered individual or collective trauma is really crucial to our mental health efforts and to moving upstream, which is part of the commitment of the mental health plan. Questions around expansion I think are one's under active discussion with OMB but we remain committed to establishing community connections for people.

CHAIRPERSON LEE: Okay, and I don't think, is there a sense of a timeline of when you think those would be happening in terms of discussions or where locations?

ASHWIN VASAN: We'll be happy to get back to you.

CHAIRPERSON LEE: Okay, and how much has it cost so far to open each of the TRC's and what sources of funding can we use?

ASHWIN VASAN: Yeah, happy to get back to you. We have the total envelope and I think there are five providers contracted. So, happy to look at that with you.

CHAIRPERSON LEE: Okay, and I thought I would finish off my questions around clubhouses, which is like I know in your wheelhouse. Because we all know that clubhouses are one stop shop locations that provide a whole host of services and definitely improve quality of life and I know that it's been mentioned but I don't see that there's funding for it in the preliminary budget, so is funding going to be reflected in the executive or adopted plans or will it be in next year's fiscal budget?

ASHWIN VASAN: We'll point towards the executive plan for more details on funding for related activities and commitments in the mental health plan.

CHAIRPERSON LEE: Okay, and then similarly, I think there's only 12 clubhouses currently. Five are in Brooklyn, three in Queens and two each in Manhattan and the Bronx. And so, just wondering if there's also any plans to expand it as well, which I'm sure would go along with the budget hand and hand.

ASHWIN VASAN: That's correct and I think it's a combination of expansion as well as strengthening the existing sites.

CHAIRPERSON LEE: Okay, and then in general, how many people on average do your clubhouses serve and what's the target goal? Is it under or above, I would assume it's probably over but —

ASHWIN VASAN: That's a very good question and I think that this is an opportunity for real evolution in this work. We have at least one clubhouse that is extremely large and takes up about 50 percent of the census or close to of people served by clubhouses and then we have a series of smaller ones and defining that ideal state, the right amount of staffing, the

right amount of services, the right amount of connections to care is going to be a crucial part of this expansion.

CHAIRPERSON LEE: Okay, awesome, great thank you. Thanks Chair.

CHAIRPERSON SCHULMAN: Alright, before I let you go, I want to acknowledge Dr. Morse because she's an amazing person. She is the Chief Medical Officer for DOHMH and usually she's up here testifying. Today, she is sitting in the back and welcome back Ricky Wong, I wanted to join my Council, Council Member Brewer in doing that. I also want to acknowledge on my side Lorine Valentine, who works for the Community Engagement Division and is assigned to the Health Committee is a wonderful addition for us.

And with that, we really thank you for your patience and for your answers to the questions and look forward to the information that we asked for.

ASHWIN VASAN: Thank you so much for your partnership. Thank you.

COMMITTEE COUNSEL: And if folks from your Admin, I know you guys are busy but if you guys can hear some of the public testimony and have folks stay,

that would be awesome to. Thank you. [01:59:13-02:00:21].

We're taking a five-minute break and then we're going to move onto OCME after this. Thank you. [02:00:26- 02:19:46]

CHAIRPERSON SCHULMAN: Okay, we're going to begin. We're going to hear testimony today from the Office of the Chief Medical Examiner and I'm going to ask the Counsel to swear in.

COMMITTEE COUNSEL: Good afternoon. Please raise your right hand. Do you swear to tell the truth, the whole truth and nothing but the truth and to respond honestly to Council Member questions?

You may proceed, thank you.

CHAIRPERSON SCHULMAN: Please proceed Dr. Graham.

DR. JASON GRAHAM: Good afternoon, Chair Schulman, Chair Lee and members of the Committee on Health and the Committee on Mental Health, Disabilities and Addiction. Thank you for the opportunity to testify here today. We at the Office of Chief Medical Examiner or the OCME value your leadership and thank the City Council for its support of our mission to serve the people of the City of New York.

I am Dr. Jason Graham, I'm the Chief Medical Examiner for New York City, and my duty is to protect public health and to serve justice through forensic science. Our agency's core purpose is to provide answers to families and communities during times of profound need. Attending with me today are Robert Van Pelt, our Deputy Chief of Staff, and Mirtha Sabio, our General Counsel.

I am honored to be the Chief Medical Examiner for New York City, carrying on the tradition set by Dr. Charles Hirsch and Dr. Barbara Sampson before me. I lead what is today the nation's premier medicolegal institution. Impartial, immune from undue influence, and as accurate as humanly possible. Qualities that New York City has long valued.

I'd like to turn to our budget. The New York City OCME has approximately 762 employees and an operating budget of $88.4 million, city tax levy. We are responsible for the medicolegal investigation of all sudden, unexpected or violent deaths across the five boroughs, the operation of five forensic science laboratories and serving as the city's mortuary. Last fiscal year, the OCME investigated over 40,000 reported cases and took jurisdiction for more than

8,000 cases in the city. There were over 86,000 tests performed from evidence submitted to our Forensic Biology DNA Laboratory, and our Forensic Toxicology Laboratory performed over 50,000 tests in the past year.

This has been both an exciting and a challenging year for OCME and the city. One year ago, we demobilized our pandemic response operations. The COVID pandemic was a crisis of unprecedented proportions to which we were exceptionally prepared to respond, thanks to more than a decade of extensive pandemic planning and preparedness by our agency. I'd like to thank the staff at the OCME, whose tireless work quietly achieved what would otherwise have been impossible. They managed the greatest public health emergency in our lifetimes with the professionalism, compassion, and sensitivity that grieving families profoundly needed during this time.

While the COVID response is now largely behind us, we at the OCME continue to see a sustained 30 percent approximately increase in our caseload, which hasn't abated since the pandemic has waned. We've added additional capacity to our fixed mortuary

facilities to accommodate this increase as we adjust to this new post-pandemic normal.

I'd like to talk about our Forensic Pathology work, starting with Mayor Eric Adams and New York Governor Kathy Hochul who unveiled plans for the Science Park and Research Campus or SPARC, at Kips Bay last October. We are thrilled by the long-awaited announcement to replace our flagship Manhattan Forensic Pathology Center at 520 First Avenue. It's been a long-time strategic goal of our agency to finalize a plan to move the office from this aging facility, which we've occupied since it opened more than a half century ago. Our new state of the art Forensic Pathology Center will be part of an enormous life sciences development at Kips Bay on the current Hunter College Brookdale site of CUNY that will serve New Yorkers and nurture future generations of scientists. This new professional home will be a space befitting the New York City OCME, which is itself renowned both nationally and around the world.

Our staffing level for Medical Examiners has been unparalleled, considering the crisis that we're experiencing in this country, crisis level shortage

for Forensic Pathologists with only roughly 500 board-certified practicing forensic pathologists in the entire United States. A New York City's OCME is home to 30 of these elite professionals. We've maintained the staffing level, not only because the New York City OCME offers some of the most interesting work for Medical Examiners, but because the OCME runs the largest forensic pathology training program in the world, which serves as a pipeline for future medical examiners.

This year, we will graduate one of our largest classes ever. The majority of our current staff have been hired through this program and it's enabled us to weather the national shortages of forensic pathologists in an increasingly competitive environment. But we recognize that we're not immune, especially with regard to retaining our more experienced senior staff Medical Examiners. We're very hopeful that the collective bargaining under way will cement our position as a competitive forensic medical institution, helping to retain our experienced teachers, our experienced medical examiners, senior medical examiners who are coveted teachers in our training program, and keep our recent

trainees who are so highly sought after by offices across the country.

Notwithstanding our increased caseload, we have nonetheless made strides in our operational growth and mission. Having spent the last decade stabilizing and building the agency into the institution it is today, we're now finding innovative ways to meet unmet needs by moving beyond the traditional role of the Medical Examiner, to provide expanded care to families and increasingly advanced services to the public health and justice systems.

This is demonstrated in several ways. First, with Forensic Pathology, we're enhancing our forensic imaging capabilities through integration of Post-Mortem Computed Tomography or CT scanning. The level of detail provided by CT scanners will assist the medical examiners in suspicious infant and child death investigations, it will help honor family's religious considerations with respect to autopsy. It will help hopefully increase the number of tissue and organ donations that are made possible.

Next, there's our work with the OCME Drug Intelligence and Intervention Group relating to the national crisis taking its toll across our five

boroughs, the opioid overdose crisis. We as medical examiners are in a unique position with access to families at risk who have lost loved ones suddenly and unexpectedly due to unintentional drug overdose and we share a special relationship of trust with them. This crisis in particular has pushed us to go beyond our traditional role. We have created a first of its kind model for expanded comprehensive death investigations that's coupled with navigation to care and services for family and social network members surrounding New York City fatalities. This started as a pilot initiative and now with federal grant funding and state opioid settlement funds, we're currently expanding these services by hiring and training additional staff to increase our outreach.

Through this initiative, when someone suffers a fatal overdose, the OCME's investigation and response will include skilled social workers to engage with victim's families and friends who are also at risk and provide a warm handoff to potentially lifesaving interventions, mental healthcare and social services to meet critical and emergent needs.

But for the COVID pandemic, the epidemic in the United States of unintentional drug overdose deaths

would be the public health emergency of our lifetimes. Our Forensic Toxicology Laboratory remains a leader in developing testing for the ever-changing range of substances spurred by the nationwide opioid epidemic. Testing for over 50 illicit and prescribed opioids and their metabolites, as well as potentially hundreds of other drugs or chemical toxins, an unparalleled capability.

Despite the increase in the drug related deaths in New York City, the Forensic Toxicology Lab has managed this additional workload while continuing to dramatically reduce testing turnaround times. Turnaround times for the first quarter of Fiscal 2023 are better than the target limits for the median time to complete cases across all case types. In February of 2023, Forensic Toxicology also began installing $1.3 million in new advanced instrumentation that will allow the laboratory to increase capacity and not only reduce turnaround times further but to also extend the scope of testing and improve our detection of illicit opioids and designer drugs.

Now, let’s turn briefly to our Forensic Biology Laboratory, which is the largest and most advanced public DNA lab in the United States, with scientists

who work to identify remains, missing persons, and perform DNA analysis on nearly every category of crime occurring in the city, including weapons and gun cases, homicides, sexual assaults and property crimes.

In June 2022, the Mayor announced that we would form the first in the nation DNA Gun Crimes Unit with scientists and equipment dedicated exclusively toward DNA testing of gun crimes evidence. Within months of this announcement, we onboarded all 24 new scientists and this specialized unit in the lab was up and running. The turnaround time for DNA gun crimes was already under 60 days, which was faster than 90 percent of the jurisdiction in the country. Our goal is to reach 30 days, the fastest of any major jurisdiction in the country and I am very pleased to report that we are already rapidly closing in on that goal.

I want to highlight the very unique and meaningful work of our Molecular Genetics Lab, which assists with the medical examiners by performing postmortem molecular genetic testing or molecular autopsies, to search for gene changes to explain sudden natural deaths that would otherwise have been

unexplainable. The only lab of its kind housed within a medical examiner's office in the country. Our lab is staffed by forensic scientists, led by a board-certified medical geneticist physician and employs a highly qualified genetic counselor, whose specially trained to communicate the lab's findings to surviving family members at risk for inherited disease and to counsel them, so that they can be referred for testing if needed and receive appropriate clinical care and follow up to prevent other premature deaths.

I finally offer as an example of our work in this area providing services to families, a case this past year of a 37-year-old man with no known medical history who died suddenly and unexpectedly. His autopsy showed a very markedly enlarged and dilated heart and molecular genetic testing confirmed a rare condition that caused this genetic change. Follow-up testing revealed that his first-degree blood relatives, parents, siblings, children, would have a 50 percent change of having the same genetic change, which significantly increased their risk of developing a dilated heart and putting them at risk of potentially a sudden death.

After speaking with our genetic counselor, sever of his surviving family members, including his 10-year-old daughter have undergone cardiac evaluations and genetic testing to determine their chances of developing this heart condition, allowing those with the same condition to receive lifesaving treatment and at the same time, providing those relatives without the condition piece of mind.

Thank you again for having us here to testify before the Committee today and I'm happy to answer your questions.

CHAIRPERSON SCHULMAN: Thank you Dr. Graham. So, I want to make a couple of comments and then I'm actually going to ask my colleague Deputy Speaker Ayala when I'm done to ask questions first, so she can go on with here calendar for the day.

Anyway, I want to mention the Office of the Chief Medical Examiner is not that well known to folks but I want to make a point that you contribute greatly to the public health of this city and so, I want that on the record and Dr. Graham, you've been amazing. I remember taking a tour. You have a situation room. You have a lot of set up there. I mean, I have a bunch of questions to ask you but I want to thank you

for the job that you're doing. I know people don't often recognize that. I also want to say that my late partner passed away about five years ago and had an autopsy. You weren't the Medical Examiner at the time but she died of sudden cardiac arrest, had an enlarged heart. They did the genetic testing lab. They didn't find anything but it is something that was a source of information that was needed by the family. So, I want to acknowledge that as well and with that, I want to hand it over to Deputy Speaker Ayala.

DR. JASON GRAHAM: Thank you Chair.

COUNCIL MEMBER AYALA: Thank you Chair. I agree with her remarks. I love this — I actually love this office. I was just sharing how I'm a little bit morbid and really am fascinated by all the work that you do but I also recognize the sensitivity and want to thank the staff for you know the task of working with families under some really difficult circumstances and I know that that can't possibly be easy. But I have a couple of questions.

So, in the preliminary budget, it outlines that 54 fewer positions and all of CME than there were at

adoption. How many of those vacancies are for examiner positions?

DR. JASON GRAHAM: Well, we actually, our headcount reduction was 34, so we had 34 positions. That was our headcount reduction. Of those, one position was for a medical examiner.

COUNCIL MEMBER AYALA: Okay, uhm, so, regarding the — I mean, this is information that I'm getting, you can correct me if I'm wrong. But I'm curious about there being a potential backlog of autopsies. So, according to the PMMR, the median amount of times to complete an autopsy report was 140 days in Fiscal Year 2022. More than twice as long as the median amount of time in Fiscal Year 2020 at 67 days. How has this backlog effected services and is the backlog driven primarily by an increase in drug overdose deaths or is it driven by more OCME vacancies?

DR. JASON GRAHAM: Well, the number, the autopsies in terms of the effect of autopsy reports on families, the performance of an autopsy does not in any way effect the families ability to claim their loved one and provide a final disposition.

So, the autopsy is performed and the body is able to be released. And so, it doesn't impact again the

services that the family intends to have for their loved ones. Once we get an identification that person is ready to be released to their family.

The laboratory reports, the autopsy reports come later and so, there's no impact directly on the family having a funeral service, if they get a death certificate essentially right away.

COUNCIL MEMBER AYALA: Okay.

DR. JASON GRAHAM: We're certainly dealing with an increase in our caseload and one of the major factors in that caseload is the number of drug overdose deaths that we're seeing in the city.

COUNCIL MEMBER AYALA: That's just as horrible. So, okay, so due to the OCME's backlog with autopsies, there have also been delays in notifying, according to our records, that these families on their deaths. An example of this case was a case last year where a man was fatally overdosed in a Starbucks bathroom and his family was not notified until they were billed by the hospital that treated him for over 53 days after he passed away. What is typically the median amount of time that it takes OCME to contact families about the deaths and how has

the amount of time been impacted by the backlog? I know you mentioned that there really isn't uhm —

DR. JASON GRAHAM: Yeah, I'm aware of this story and because this is under active litigation, I'm not going be able to comment on the details of that particular case but I do want to sort of reiterate the context. We in most instances are in contact with families when a death occurs right away. Either when we're in the home, if we do a scene investigation, we have contact with them. Potentially at the death scene or generally on the day of the autopsy in most cases and beyond that, if we are unable to contact family, we have a robust set of protocols that will be carried out in an effort to reach out and find families and communicate with them about all of the circumstances surrounding an individual's death.

And so, that has been place for a long time. The performance of an autopsy, as I mentioned a moment ago, is something that takes place and then the body is able to be released. And so, the family is able to claim that person. Have a funeral service, have a cremation and carry out final disposition. That

happens as soon as we get an identification of that person.

So, the autopsy report and the toxicology reports, those come later after that initial autopsy and we reach out and are in contact with the families right away. And we have an outreach department for challenging cases, where outreach is more difficult and we have difficulty finding family. So, we have a robust set of protocols to look for family in case that family is unavailable right away.

COUNCIL MEMBER AYALA: How long do you hold the body? I mean up to how long can you hold a body if family you know is not found?

DR. JASON GRAHAM: We generally will hold — so, we as the city's mortuary, if someone who we cannot find family for or if there are no family to be found, we as the city mortuary have a responsibility ultimately for providing a burial for that person. We, after going through our outreach process and all of those steps that I mentioned in our outreach protocols, we generally would hold someone for at least 30 days. If we have a lead on identification or if we have a lead in any way at all or we're working with family in any way. We've found family,

we will work with the family to give them as much time as they need in order to claim their loved one if they choose to do so. And if not, we'll provide a city burial and in fact, over half of the people who are buried at city burial at Hart Island are there by the choice of the family.

COUNCIL MEMBER AYALA: Wow, okay. Alright, I feel like I had a question and it just like left me but I want to say thank you. I did have a case in my community where we had an older adult who I knew for many years who passed away in his apartment and he was from Cuba and he migrated here without family and it took us roughly six months to be able to get the documents translated and you know grant permission to a neighbor to claim his body, have him cremated and sent back to Cuba and your office was really helpful in allowing us to be able to do that without having to worry about you know the body being at Hart Island and making it more difficult. So I really wanted to say that and to again thank the staff for all of the work that they do. Thank you.

DR. JASON GRAHAM: Thank you so much. That's our number one priority every day is working for those families who have lost someone and trying our best to

serve them and that process is sometimes takes a while and we understand that. And if we have any situation like that, we work with the families to give them as much time as possible.

CHAIRPERSON SCHULMAN: Thank you. So, I have some questions for you. Uhm, how many positions are currently unfilled in OCME?

DR. JASON GRAHAM: Currently, we have 60 positions that are vacant.

CHAIRPERSON SCHULMAN: Are they all medical examiner positions?

DR. JASON GRAHAM: No, no. There are only five vacancies that are medical examiner positions.

CHAIRPERSON SCHULMAN: Okay, is OCME providing any incentives to attract new hires and retain current employees?

DR. JASON GRAHAM: We are continuously in terms of recruitment and retention; we continuously work with — one challenge we have is we are very highly specialized forensic science set of professionals across laboratories to our physicians. And so, we have challenges because forensic scientists are not on every street corner. There are rigid requirements educationally for both medical examiners obviously

but also for our forensic scientists and so, that's a barrier that we have been working around over the course of years to try to best position ourselves to hire. And that includes everything from exploring and changing job specifications to broaden the pool of candidates. For example, medical legal death investigators. We've worked to change job specifications opening up what was once a very limited pool to now forensic science majors, anthropologists, criminal justice majors and broaden the pool of candidates to be able to be hired at OCME. We have also continuously recruited criminalists by working with colleges and not only the students but also the professors to try and continuously recruit science majors into our workforce. But given the specialty and subspecialty nature of our work, it's a challenge.

CHAIRPERSON SCHULMAN: So, how does the salary for medical examiner compared to other cities? I mean is it middle, low, high?

DR. JASON GRAHAM: Well, I think that our salaries are in the setting of our cost of living. I think that the salaries overall are reasonably competitive but I'm hopeful that the collective

bargaining that's underway are going to make those salaries more competitive and help retain our senior staff medical examiners and help continue to recruit from the pipeline of trainees, junior medical examiners to stay on and serve the city.

CHAIRPERSON SCHULMAN: As you mentioned medical examiners are highly specialized and so, the city's public health if we lost a number of them could suffer from that, so I just, I wanted to make that point. That it's not just about a collective bargaining issue, it's about the health and welfare of the city.

So, will there be any budget constraints in Fiscal Year 2024 that may disturb the active recruitment of new employees?

DR. JASON GRAHAM: No and in fact, on the medical examiner front, we are going to be hiring all five of those positions from within our graduating class and in addition to that, we have recruited outside the agency additional medical examiner, senior staff medical examiner. So, I think that we've been actively working to anticipate the need in medical examiner staffing and are going to be — the summer

positioned with the highest number of medical examiners on staff we have ever had.

CHAIRPERSON SCHULMAN: That's great. That sounds good and what are you doing anything in terms of working with the medical schools around the issue of getting medical examiners?

DR. JASON GRAHAM: We constantly have medical students and pathology residents rotate with us and we are, we actively recruit within those classes. There's also acknowledging this national crisis. There's legislation nationally a foot to help further this cause and fill some of those vacancies in training and also as you know senior staff medical examiners in jurisdictions across the country through various recruitment and retention programs. So, this is something that's been recognized nationally.

CHAIRPERSON SCHULMAN: If you could share that information with us, we'll look at it as well, the national legislation because we can always do a resolution around that to be supportive.

DR. JASON GRAHAM: Certainly will.

CHAIRPERSON SCHULMAN: So, how many machines does OCME use for DNA testing?

DR. JASON GRAHAM: We have numerous machines that serve various functions in the process of DNA testing, which is a multistep process across all types of DNA tests. The most expensive pieces of equipment that we use in our DNA lab are the liquid handling robots and those are as the name would imply, reasonably expensive. They range from $60,000 to $250,000 each. We also use genetic analyzers and other pieces of laboratory equipment. Genetic analyzers cost around $150,000 each and we have various of these machines throughout the use in our DNA lab.

CHAIRPERSON SCHULMAN: How long does it take for the machines to complete one DNA test?

DR. JASON GRAHAM: Well, for a single test, it can be done on a machine in about 48 hours if there's a team of people dedicated to that one test and they work around the clock. And the point is that we can expedite any test that needs to be expedited for any public safety concern. As quickly as we can do the work and create a reliable, forensically reliable result.

CHAIRPERSON SCHULMAN: Are there any additional machines anticipated to be used in the coming year and do you need funding for more machines?

DR. JASON GRAHAM: Well, we do have new machines that are coming our way and we've planned for those and they include a couple of rapid DNA instruments that can be used in forensic identification in a mass fatality incident setting for example. We're also purchasing DNA extraction instruments. So, we have new instrumentation and it's generally a function of the laboratory equipment ages and there's a continuous equipment replacement process that occurs in the lab but we are bringing in new equipment.

CHAIRPERSON SCHULMAN: And you have the staff needed for those machines, right?

DR. JASON GRAHAM: Yes, yes, those machines will be validated using our current criminalist staff, yeah.

CHAIRPERSON SCHULMAN: How are the machines funded? Is that city tax levy?

DR. JASON GRAHAM: Yes it is, yes. Anything above $50,000 would be capitally funded.

CHAIRPERSON SCHULMAN: Okay, thank you. According to the PMMR, the average amount of time it

takes to complete DNA testing has gone up. Even with the speed of the testing machines. What other factors affect the speed in which the DNA tests can be completed?

DR. JASON GRAHAM: Well, the fact is that the — despite the machines capability, which the laboratory equipment is you know very sophisticated but the most time consuming and labor-intensive part of producing DNA test results is that it's not the instrument but the analysis and the interpretation and the review time that's necessary for each of these cases. And so, that's not only the time-consuming labor-intensive part but it takes a person that's got a great deal of training and experience in order to do it. So, that is certainly a function that goes into the turnaround times for our DNA testing.

CHAIRPERSON SCHULMAN: Do general increases in crime, such as sexual assault effect the rate at which testing can be completed?

DR. JASON GRAHAM: Generally not. Fluctuations in the crime rate generally don't effect the rate at which we're able to do the testing.

CHAIRPERSON SCHULMAN: How is OCME working to lower the amount of time it takes to complete DNA testing?

DR. JASON GRAHAM: We are every day looking at variables that effect our DNA turnaround times in the laboratory and we're making adjustments in order to maximize the efficiency. That includes staffing, triaging or prioritizing the caseload based on what's most important and what is needed by the justice system. And so, we, in addition to that daily process that takes place, we also have in house expertise in both Lean and Six Sigma to help continuously with that eye look at our process and see where the efficiency gains could be that we want to help impact our turnaround time.

CHAIRPERSON SCHULMAN: Great, the preliminary plan includes a total of $1.23 million in other adjustments as part of a federal grant to reduce backlog and turn out timing for DNA testing. The samples are taken for a case-to-case match for criminal convictions. What crimes are focused on with this testing?

DR. JASON GRAHAM: Yes, this is I believe you're referring to the capacity enhancement and backlog

reduction of grants that was for, it started in 2021. We used this money to hire two new forensic DNA technicians. This provided overtime funding for DNA criminalists, supplies, continuing education for these criminalists. That money was used across a range of case types, including all the types of cases that we handle at the DNA lab. Crimes against people as well as property crimes. And that resulted from July 1st of 2022 to December 31 of 2022. That was resulting in the processing of 1,600, just over 1,600 cases across a range of case types, arson, homicide, property crimes.

CHAIRPERSON SCHULMAN: How much of the fiscal year 2024 funding will be dedicated to sexual assault cases or is it just across the board?

DR. JASON GRAHAM: It's uhm, it is difficult to say with certainty. I would say that roughly eight to ten percent of our overall workload in the DNA lab is comprised of sexual assault cases. However, we do prioritize in the DNA lab crimes against people. And so, a higher percentage than that maybe 25 percent would be focusing on sexual assault testing as a result of that funding.

CHAIRPERSON SCHULMAN: Thank you. OCME has — so now I'm going to talk about the molecular genetics laboratory. OCME has the first of its kind molecular genetics laboratory based in a medical examiner's office in the United States. This lab performs molecular autopsies, which identify any inherited genes and may have led to the cause of death. OCME is currently applying for accreditation for a genetic information family testing program, which would allow them to test living families for these genes plus preventing earlier and timely deaths. Can you provide — is the testing done exclusively on post mortem?

DR. JASON GRAHAM: At this point, yes. We are exclusively doing post mortem testing. This laboratory was started 20 years ago and we have expanded our services over that 20 years. It started with a very small number of genetic tests that we were capable of doing. We're now testing for over 300 gene variants that can produce disease and cause sudden death and so, our testing is presently limited to post-mortem testing only but we're looking at ways and exploring ways of as we are across the board, the agency expanding our services, providing better wrap

around care for the families and the loved ones of people who have died suddenly and unexpectedly. And so, that is something we are exploring in molecular genetics as well.

CHAIRPERSON SCHULMAN: Thank you. Keep us posted on that. So far how many cases has this lab worked on and what's its yearly capacity?

DR. JASON GRAHAM: The lab generally and all of the cases are coming from autopsies performed by our medical examiners. We, in our lab, usually do around 600 or so cases each year.

CHAIRPERSON SCHULMAN: Wow, that's a lot. This lab has been awarded over $2 million in grants. Are these grants federal or from the state?

DR. JASON GRAHAM: They are federal grants from the NIJ, National Institute of Justice.

CHAIRPERSON SCHULMAN: What other forms of funding does the lab receive?

DR. JASON GRAHAM: That is all the funding.

CHAIRPERSON SCHULMAN: Okay, is the funding sufficient?

DR. JASON GRAHAM: Yes.

CHAIRPERSON SCHULMAN: The gun crimes unit. Last June, the Mayor announced the formation of a DNA gun

crimes unit, the first of such units to serve in the country. What's the current status of this unit?

DR. JASON GRAHAM: Thank you for that question. We right away began to move on the new hires. The Gun Crimes Unit went into operation in December of 2022. That unit exclusively processes gun crimes and has been up and running since that time. We have onboarded the 24 criminalists that were added to staff at that unit and it's running very well. We're making very good progress at reducing our gun crimes turnaround time right now.

CHAIRPERSON SCHULMAN: How many tests has the unit completed?

DR. JASON GRAHAM: So far, 775 cases. That is from December 1st till yesterday.

CHAIRPERSON SCHULMAN: And the units funded, I'm guessing city tax levy or?

DR. JASON GRAHAM: Yes.

CHAIRPERSON SCHULMAN: Okay and is the funding sufficient for what you need? Because I know there's a lot of gun crime.

DR. JASON GRAHAM: Yes, gun crimes in fact make up roughly half of all of the work that's being done in our DNA laboratory and the gun crimes unit at the

outset, our lab had achieved a turnaround time for gun crimes that was under 60 days, which was a great turnaround time to begin with, better than 90 percent of the country.

We're intending to move that turnaround time to 30 days and we are well on our way to doing so. I expect that to happen this summer or certainly within this year.

CHAIRPERSON SCHULMAN: How many people are employed in the gun crimes unit?

DR. JASON GRAHAM: A total of 50. We have the 24 new staff and then a compliment of more senior criminalists of 26.

CHAIRPERSON SCHULMAN: Is 50 the targeted number that you need?

DR. JASON GRAHAM: Yes, it was, yes.

CHAIRPERSON SCHULMAN: What job positions does this unit have and how many people are employed in each position? You may not have that now; you can get it to us.

DR. JASON GRAHAM: They are all criminalists. Criminalists titles at a range of criminals levels, some junior, some more senior.

CHAIRPERSON SCHULMAN: What is the median amount of time for gun crime related testing? I know you said you wanted to get it down to 30 days or less. Because we, uhm, the PMMR shows that to complete an analysis is about 71 days, which is a little over the 60 target and —

DR. JASON GRAHAM: Yeah, that is the overall for all across all crimes. Our gun crimes unit is again, we started below 60 days, we're continuing to move that down. We want it below 30 days. We're really making good progress toward that. I can get you the latest stats.

CHAIRPERSON SCHULMAN: Okay, no, thank you. I appreciate that. The drug intelligence group was established in 2017 at OCME. DIG is responsible for performing post mortem examinations of suspected overdose cases and notifying appropriate agencies about emergent threats and patterns in toxicology as well as connecting family and friends of overdose to critical support services. Can you give us an overview of DIG and its day-to-day functions as well as the number of staff and their responsibilities?

DR. JASON GRAHAM: Certainly, thank you for that question. We established the OCME Drug Intelligence

Intervention Group a few years ago in a very much pilot form. And the goal was to provide more and better-quality data for our public health and public safety partners in the midst of the overdose crisis and in the midst of that process, we identified a tremendous range of needs amongst family members and friends. Social network members around overdose fatality victims. And so, we wanted to not only get better and more data but also try and meet those needs and provide wrap around care and services, connection to services for those family members and friends.

And so, that was the intent of the drug intervention, Drug Intelligence, excuse me and Intervention Group. We have, through federal grant funding, three positions that were initially part of that pilot. We have now through the state opioids settlement funding, we are now adding 11 positions to really transition this program from a pilot to a full-fledged unit and we are integrating forensic social workers, family care coordinators, to really not only provide grief and bereavement support but connect them to critically important and often urgent mental health and substance use treatment needs.

CHAIRPERSON SCHULMAN: That's great, how many overdose cases has DIG been able to identify in past year and the ongoing year?

DR. JASON GRAHAM: Well, we know that in the year 2021 as the Health Department would show you with the official in the Health Department is the official keeper of the numbers for the city but there were you know over 2,600 overdose deaths in the City of New York in 2021 officially.

2022 looking equally challenging from the public health standpoint and so, these are not only, these are confirmed overdoses. The drug intelligence and intervention group is dealing also with the suspected drug overdoses that we see upfront before we get test results and so, we're reaching out to families earlier on and ultimately a broader range of families across the board.

CHAIRPERSON SCHULMAN: what is the turnaround time for a typical overdose case?

DR. JASON GRAHAM: We're now in toxicology our turnaround times have improved. We have been in after the pandemic, which resulted in the closure of the lab for some time, we had a backlog situation in toxicology. That's been resolved. We have no

toxicology cases that are waiting to get into the lab to get started testing. And so, we're now below our target turnaround time mean across all case types in toxicology, so less than 90 days. And this has been in the face of up to a 30 percent increase in our caseload. The toxicology lab is also trying to keep up with the different drugs and drug combinations that are on the street in order to provide accurate results to us. So, this has been I think a remarkable achievement in the face of a lot of challenges.

CHAIRPERSON SCHULMAN: What other agencies does DIG collaboratively work with to performance functions?

DR. JASON GRAHAM: The Drug Intelligence Intervention Group really was born of the RX Stat Initiative in the city, which is a public health, public safety partnership. We have many partners. We work most closely with the Department of Health, with NYPD and with the New York and New Jersey High Intensity Drug Trafficking Area program or HIDTA. We also work with the New York State Department of Health, the Office of Drug User Health. So, there are many very close partners and the network amongst

the RX Stat Initiative now what started as a very small number of partners has expanded to over 30 agencies, city, state, federal.

CHAIRPERSON SCHULMAN: Thank you. You mentioned about the new initiative the SPARC Kips Bay. In October, Governor Hochul and Mayor Adams announced the development of a $1.6 billion life sciences, public health and healthcare education up on the eastside called the Science, Park and Research Campus Kips Bay. One of the facilities will be or feature an RCMA forensic pathology center. How many students is this center anticipated to teach?

DR. JASON GRAHAM: We're going to carry on the tradition of training that has been our legacy in forensic pathology with our fellowship program, so, we'll continue to train each year, minimally for hopefully six trainees a year in forensic pathology to continue to ensure the pipeline with medical examiners to New York City and of the nation.

In addition, those medical students from and residents in pathology from around the city, we have a number of residents and medical students rotate with us every month. That will be carrying on directly to the SPARC's Kips Bay facility. The same

way with our laboratories who have interns, master's level students who are going to be doing their graduate level work and internships in toxicology, vising scientists programs in forensic anthropology, so I can't say a number all together total but we will have a broad educational reach in this new facility.

CHAIRPERSON SCHULMAN: How much funding from the $1.6 billion is dedicated to this particular center, do you know?

DR. JASON GRAHAM: I can't say at this point. I think the Administration, there are several designs that are under consideration with different funding strategies, and so I think it's preliminary to say that.

CHAIRPERSON SCHULMAN: Okay, is this funding reflected in the preliminary expense or capital plan?

DR. JASON GRAHAM: It's not at this point.

CHAIRPERSON SCHULMAN: Okay, and SPARC is anticipated to be 1.5 million square feet. How many square feet are dedicated to the center?

DR. JASON GRAHAM: Again, I think it's premature to be able to say because we're looking at different design possibilities.

CHAIRPERSON SCHULMAN: No, I appreciate that and thank you. I'm going to ask if Chair Lee has any questions.

CHAIRPERSON LEE: Thank you and I just want to echo the sentiments of what other folks have said. It was awesome touring our facilities and I have to say it was very, very informative because I didn't realize myself also the extent of work that you all do in the office there. So, I just want to say thank you to you and all your staff for all the great work you do.

And I just wanted to go a little further into the Drug Intelligence Group. I think it's great that you started this department within OCME and so, I know that technically when we think of drug overdoses, it's sort of post mortem, after the fact right. But then, once you collect the data, how quickly can you use that data to then sort of dictate public health patterns or drug overdose patterns and how can we use that department in a way to become now ahead of the game as opposed to behind? Because I feel like at some point it comes back full circle, so then how do we use that to then prevent future overdoses or similar things like that from happening?

DR. JASON GRAHAM: That's an excellent question, thank you for asking and the timeliness of overdose data has been a long-term challenge and it's been related largely to the need to wait for confirmed data to form actionable steps in both public health and public safety realms. We have been focusing for some time and we'll focus further in this way on provisional data. Data that we collect through our investigative process, both our OCME Medical Legal Investigators who are doing death investigations in the field, collect a large amount of data up front on day one. Our Drug Intelligence Intervention Group then would follow up on that data with family and social network members. We really want to focus on better utilizing and as close to real time as possible, utilizing that very accurate provisional data that we get up front on day one or two rather than relying exclusively on the confirmed data at the end of the testing process.

We have been tracking provisional data for some time. It follows the confirmed data quite closely. It's imperfect because it's provisional and there are always differences in that provisional data and what's ultimately confirmed. But it is an actionable

source of data in as close to real time as we believe we can provide. And so, we want to explore ways that the Drug Intelligence and Intervention group can process that data and share it with partners in a much more timely way.

CHAIRPERSON LEE: And how would you propose doing that because that was going to be my next question which you sort of started answering, which is what are the constraints around it, so.

DR. JASON GRAHAM: Well, the data sharing is sensitive of course. These are all sensitive cases and I think that we have to you know explore ways of determining what our public health partners and public safety partners need specifically. And sharing data that is only what they need and being able to share it earlier on.

CHAIRPERSON LEE: Okay. Thank you.

CHAIRPERSON SCHULMAN: Thank you. I'm going to ask — first of all, I'm want to acknowledge we've been joined by Council Member Erik Bottcher who also has some questions.

COUNCIL MEMBER BOTTCHER: Good afternoon.

DR. JASON GRAHAM: Good afternoon.

COUNCIL MEMBER BOTTCHER: I want to ask you about a drug facilitated homicides. There has been a number of drug facilitated homicides and in the Council District I represent, which includes health kitchen, the two high profile homicides were those of John Umberger and Mr. Ramirez. And it took almost a year to get the official determination that those were homicides. We're talking about folks who have been drugged, robbed or killed either at night life or user after leaving night life. How much are you able to share with the public about the length of time that it took for us to get that official determination from your office?

DR. JASON GRAHAM: Sure, these are both active homicide investigations, so I'm not going to be able to comment on them. The facts in either of those cases, but I would provide some context by saying that we, in each case that we investigate, are responsible for determining the cause of death and the manner of death. The cause of death being the injury or the disease that produces the fatality. The manner of death referring to the circumstances; accident, homicide, suicide, natural.

The evidence that we use to make those determinations is never autopsy alone. It is the results of our autopsy, the results of our laboratory testing and the results of investigation of the deaths, investigative information that we have access to. We never do autopsies in a vacuum and we over the course of time, evidence may develop that's initially unknown to us. And so, in any case that we make a determination, if at a later point and time, information becomes available that needs consideration, we will always consider that information and then place it in the context of our overall death investigation and make a change if we need to.

COUNCIL MEMBER BOTTCHER: Understanding you can't speak to the specifics of the Julio Ramirez and John Umberger cases, with a homicide, with a drug facilitated homicide determination, would you be looking at in addition to the manner of the death, the circumstances that happened earlier that evening working with the NYPD? What kind of other factors would you be looking at to make those determinations?

DR. JASON GRAHAM: Absolutely that's what I was largely what I was referring to in terms of the

toxicology results in and of themselves wouldn't produce the determination necessarily that a case is a homicide.

A homicide is a medical legal term that indicates death at the hand of another. And I have to have certainty beyond a reasonable doubt before I state that a case is classified as a homicide. So, that would involve the evaluation of the toxicology results. The full investigation of the circumstances surrounding the death as you described what was going on. How and under what conditions and in what ways a person may have been administered a fatal overdose in order to call a death or homicide. So, it's the totality of the investigation, not one single piece of data that allows us at the end of that process form the opinion that this is a homicide.

COUNCIL MEMBER BOTTCHER: There have been other facilitated, drug facilitated homicides in New York from people drug, robbed and killed at or leaving nightclubs. Can you tell us how many your office has processed? How many of these homicides that have been declared?

DR. JASON GRAHAM: In most recent times, the two that you mentioned are the only two that have been classified as a homicide.

COUNCIL MEMBER BOTTCHER: There was a murder charge that the Manhattan District Attorney's Office brought forward toward the end of last year. Extensively that was also ruled by your office as a drug facilitated homicide, no?

DR. JASON GRAHAM: I would have to confirm that and get back to you.

COUNCIL MEMBER BOTTCHER: Last question, this is a budget hearing. Do you feel that this budget provides you the resources you need to adequately process these cases, these drug facilitated homicide investigations that you're doing?

DR. JASON GRAHAM: Yes, I believe that we are and specifically around the toxicology testing, we are seeing improvements in our turnaround time in the face of this increased caseload. The challenges of the overdose crisis, a range of new drugs. So, I would say yes, we are adequately staffed and funded to handle this workload. I would also add that with respect to the murder charge that you refer to and we will follow up on the possibility of that case but a

murder is a charge that is a legal term. It's not something that we invoke. It is our determination of homicide doesn't in any way imply either the legal terms manslaughter, murder etc. This is an objective medical term that we use. So, I then want to immediately, I wanted to make sure that that was clear.

COUNCIL MEMBER BOTTCHER: Thank you.

CHAIRPERSON SCHULMAN: Okay, thank you. Now, I'm going to ask Council Member Yeger.

COUNCIL MEMBER YEGER: Thank you Madam Chair. Good afternoon Dr. Graham. I just wanted to follow-up a little bit on the line of questions that Councilwoman Ayala was talking about with respect to the timing of the autopsy reports and the management report, it indicates that the autopsy reports are now almost doubled or a little more than doubled. It's 140 days to do the report but I know in your answers you were differentiating between the report itself and the actual autopsy and you kept on referring to getting the bodies back quickly for burial etc., to the family.

I'm wondering if you delve a little deeper to what that means in terms of how speedy that process is from when you get the body?

DR. JASON GRAHAM: Certainly and thank you for that question. We have no backlog with respect to the examination of decedents who come into our custody. When someone dies and they fall under medical examiner jurisdiction, a sudden unexpected or violent death, a death that involves an injury of any sort. Those cases are excepted for medical examination, either an examination or autopsy by one of our doctors. We take custody of the body and that individual is examined generally within 24 hours of the OCME taking custody. The majority of those cases, the identification is completed within that same amount of time and as soon as the examination and the identification of that person takes place, that person's body is going to be ready release to the family for their funeral plans or whatever their final dispositions or arrangements may be. That generally happens within 24 hours. There are not delays in the examination of decedents.

COUNCIL MEMBER YEGER: 24 hours is the time, so that's good. Okay, let's talk a little bit about the

attrition and particularly among the more senior medical examiners and I think you referenced it, you were not at all being sly about it, I think you said losing them to other jurisdictions, right? You could say that?

DR. JASON GRAHAM: It's a — we are certainly the most competitive environment in history for medical examiners. This is a very small specialty, unique skill set and there's a crisis level shortage in the country. So, we are competing against all of the jurisdictions.

COUNCIL MEMBER YEGER: So, in your testimony, I think you refer to that there are maybe 500 people in the whole country who are trained to be medical examiners. And I'm wondering if there's any exploration that OCME has done either with any of the universities in New York or with CUNY itself, to create a curriculum of course or some way of attracting a students to come to New York City to or obviously my preference would be those who are already here to take this on as a field. Those who have an interest in science or medicine and to stay in the system with some kind of incentivization x-number of years with OCME or anything like that?

DR. JASON GRAHAM: Well, that is certainly something that we are attempting to do and we are trying our best to take advantage of the CSI effect that has popularized forensic science on television for some time and this extends beyond just physicians, which are you know are medical examiners but to this entire you know, the entire population of college students who are potentially criminalists in our laboratories and forensic scientists who want to become death investigators and so, we are — we do work closely with colleges. We have internship opportunities that have produced and in fact, one of our current forensic pathology fellows who served an internship with us at OCME, went to medical school with the purpose of becoming a medical examiner at OCME. She went to medical school, finished medical school and is now after a residency. One of our fellows in forensic pathology.

So, the effort that we have placed in recruitment through internships, college, open houses, relationships with local colleges in an effort to recruit forensic science and science majors in general, that has been fruitful for us. We absolutely intend to continue that and we are also in

all our interactions with medical students and residents, making the full range of forensic pathology practice open to them and giving them opportunities when they rotate with us in hopes of recruiting more into this very competitive field now. So, thank you for that question.

COUNCIL MEMBER YEGER: Uhm, very briefly Madam Chair? Okay. I'll leave the recruitment part alone for a while because I think it's a greater conversation that may not be best explored here but I do think that your department is recognizing that there's a serious issue that you've already hit it and I think it's going to continue unless something is reversed in the ability of the city to attract people into this field and to stay in this field and to stay in this field here with us.

So, but for now, I just want to touch on one other topic. You mentioned in your testimony the post mortem CT I guess, through the integration of post-mortem CT is how you refer to it but I didn't really hear any specificity of what that means in terms of, is that online already, are you ready to go? Is that happening? Is it there? And I'll, I see you're nodding, so I'll let you go.

DR. JASON GRAHAM: Yes, thank you. I'm very pleased to share that we are moving forward with this. We have the funding in place. We have the certificate to proceed and we are moving on getting CT scanning capability in all three of our forensic pathology centers. That will be in our Manhattan headquarter office, our Brooklyn office and the Queens Forensic Pathology Center. We are anticipating hopefully by the end of this year, we at the moment do not have those CT scanners in place but we have been in the planning phases. We have had various site visits and we are moving toward next steps to getting installation of those CT scanners in all three of those locations and I'm hopeful that that is going to be done by the end of this year.

COUNCIL MEMBER YEGER: Okay, so, please forgive the nonscientific term but once these are online and operational in your facilities, will this prevent cutting bodies and more autopsies being able to be done through this — through an outside exploration versus actually cutting open a body and being internal?

DR. JASON GRAHAM: I think that in some instances yes. We will use CT scanning as a tool to help us

determine when in the situations that we would ordinarily autopsy when it may — it may not be necessary to autopsy. And in other instances, when we would not autopsy a person if we see injuries for example, on a CT scan that are unexpected, that would lead us to perform an autopsy when we otherwise would not.

So, it can go either direction. It's just a — it's another tool in our toolbox to give us the maximum amount of information and also allow us the maximum degree of flexibility with honoring families wishes with respect to autopsies.

COUNCIL MEMBER YEGER: Okay, thank you very much Dr. Thank you Madam Chair.

CHAIRPERSON SCHULMAN: Sure, thank you very much Dr. Graham and team. We really appreciate the work that you're doing, so just know that. And also, I just have had some preliminary discussions with the Commissioner of the Department of Health, Commissioner Vasan about doing a public health agenda long term and we're going to include OCME in that because the stats that you have and the work that you do is very integral to that. So I just wanted to put that on your radar. Thank you.

DR. JASON GRAHAM: Thank you so much. Thank you to all the Committee.

COMMITTEE COUNSEL: Alright, thank you very much. Thank you all. We're going to be moving on to public testimony.

Okay, so we will be moving onto public testimony. We are going to be hearing from folks who are in Council Chambers first. We will be calling them first and then we will move onto virtual panelists. As a reminder, you can submit written testimony up to 72 hours after the hearing and then also, another reminder that if you wish to testify in Council Chambers and you have not filled out an appearance card, please fill out an appearance card. You can go to the back of the room where you can see the Sergeant at Arms, but you must fill out an appearance card in order to testify.

CHAIRPERSON SCHULMAN: I also wanted to remind people that we actually have now over 100 people testifying, so we're keeping everyone to two minutes. If you have long testimony, please summarize it and send the rest of it in. You can send it as Council said up to 72 hours after the hearing. Thank you.

COMMITTEE COUNSEL: And we do read all of the written testimony that we receive. I'm going to call up our first in person panel C. Virginia Fields, Lori Podvesker, Kimberly George, Karina Adler, Marinda Van Dalen and Maria Almonte-Weston.

You can please come up to the tables here. Yes, two minutes each. Okay and we can start with C. Virginia Fields.

C. VIRGINIA FIELDS: Thank you Committee Members and Chairs of the Health and Mental Health Committee. I have submitted my full testimony, so would just like to highlight three points regarding the fierce urgency for funding diabetes programming. Diabetes and its complications have soared in New York without any coherent or political health response. In the surge of COVID-19 New York City experienced a 365 percent increase in diabetes related deaths. In partnership with health, people, community, preventive health, and support of other leading stakeholders, we're requesting the City Council to allocate $1.5 million for a diabetes disaster must stop initiative.

A copy of that proposal will be made available to the Committee Chairs. Lastly, Black health through

its robust mobilization will do the education, engagement and promotion of media. Health people if on parallel record of training and mobilizing communities will deliver training for peer educators.

Lastly, we congratulate the Council on passing Intro. 918, very encouraging; however, as the Department of Health seeks to develop and implement its citywide diabetes reduction plan, this Diabetes Disaster Must Stop Initiative becomes a forerunner to their efforts and it will provide a strong start to building the community infrastructure and be able to be in place once the department does what it needs to do. I thank you and look forward to further discussions with the Council.

COMMITTEE COUNSEL: Thank you. Please.

KARINA ADLER: Chair Schulman, Chair Lee, and distinguished members. Thank you so much for the opportunity to testify today. Karina Adler from New York Lawyers for the Public Interest. First, we'd like to thank the City Council for their generous support of our Immigrant Health Initiative over the years. Thanks to you, my colleagues and I have been able to help hundreds of undocumented New Yorkers with serious health conditions, improve their health

through access to comprehensive health insurance. Immigration representation and individual health advocacy. We welcoming and compassionately serving thousands of new immigrants who have joined our communities, continues to be a priority for us.

So, we appreciate your continued support as we seek an enhancement in our funding to meet the very crucial need that our city is facing.

Between 2020 and 2022, your support helped us not only meet our services but expand the services that we were able to provide. We launched our TGNCI Plus Campaign, a program that provides directly services to transgender, gender nonconforming and intersex people and undocumented people living with HIV. Our medical provider network supported hundreds of individuals who were seeking medical assistance and medical care in immigration and criminal jails.

We relaunched our Medical Deferred Action Campaign to help undocumented and uninsured New Yorkers in need of organ transplants to qualify for state funded Medicaid and the essential plan and most recently, we launched the transplant pipeline, what we believe is a first of its kind or one of the first of its kind to work with a safety net hospital that

is offering organ transplants to undocumented New Yorkers who face various barriers.

We've been able to reach many more people through our capacity building and Community Education Campaign as well. So, thank you so much for your support.

MARIA ALMONTE-WESTON: Good day Chairperson Lee and [03:30:23] —

COMMITTEE COUNSEL: Please turn your mic on.

MARIA ALMONTE-WESTON: Good day. I am Maria Almonte-Weston from the Center for Justice Innovation. I am a Social Worker, also someone who has been impacted by the legal system and substance use recovery. The Center today is asking for two goals in FY24 with your support. One for $1.5 million to enhance misdemeanor alternatives to incarceration options and the other for $461,000 to integrate behavioral health within the justice system to support individuals with substance use disorder.

Behavioral health and the legal systems have intertwined and we need to address the mental health and substance use needs of New Yorkers, especially after the stretches of COVID-19. Our Brooklyn Mental Health Court has been serving individuals with severe

mental health issues since 2002 with nearly 1,300 participants successfully graduating. Right now, we have unfunded misdemeanor mental health courts in both Manhattan and Brooklyn that we are hoping that you will support us with, knowing that these are offering community-based interventions and judicial monitoring for misdemeanor cases eligible for diversion. We also seek new Council support for the Bronx Heroin and Overdose Prevention and Education program. Which addresses substance use issues at the precinct level of arrest.

This option is offered by our peer specialists and we also know that peer specialists, likely to engage in programming with individuals are a much higher percentage. In 2022, Bronx Hope had a contact rate of 84 percent for dispatch cases based on peer engagement.

Finally, community based pretrial supervision is a critical component in the implementation of bail reform and safely strengths the jail population to close the Riker's Island jail complex by the intended date. We are seeking a return to FY22 funding levels as the FY23 contract was reduced by ten percent.

Thank you for your continued partnership and we are available to answer any questions that you may have.

CHAIRPERSON SCHULMAN: I want to thank you. First, I want to say that we had a Health Committee roundtable recently that some of you were at and I want to thank you for that. I also don't know if you saw this morning's testimony by the Commissioner of Department of Health, we really need some help to get the State Legislature to give us back the Article 6 money. Which I understand is actually going to wind up being in today's dollars $90 million, which will help fund a lot of the things that you've been talking about and also the 1332 Medicaid Waiver. My understanding and what we were told was that the Commissioner and his staff went up to Albany. The New York delegation seems to be in favor but nobody is focusing on that. They're focusing on a number of other things, so if whatever you could to help, we will do the same on the Council end. So, I wanted to thank you for that.

MARIA ALMONTE-WESTON: Thank you.

COMMITTEE COUNSEL: Thank you very much to this panel. We are going to be moving to our next in-

person panel. We will be hearing from William Plevan, Nadia Chait, Evelyn Graham-NYAASI, Ruth Lowencran(SP?). I apologize if I mispronounce any names. Cara Berkowitz, and Marcos Stafne.

And just a reminder to folks testifying, please turn on the microphone before you begin your testimony and you will each have two minutes. You can proceed.

WILLIAM PLEVAN: Thank you. Good afternoon to members of the Committee. I'm Rabbi Bill Plevan. A proud lifelong resident of Manhattan and I'm testifying today on behalf of Tirdof.

New York Jewish Clergy for Justice, a project of T'ruah, the call for human rights and Jews for racial and economic justice. With the holiday of Passover just two weeks away, I want to take a moment to recall the biblical Profit Elijah. Towards the end of the Passover Seder, it is customary to open our doors to welcome the Profit Elijah into our homes. According to Jewish lore, when Elijah returns it will be time for the Messiah, time for redemption for all.

Elijah's story in the bible also tells us that he suffered from great despair and loneliness as he wondered in the wilderness searching for a safe

place. Today, there are many New Yorkers who not only lack adequate housing but also struggle with mental illness that compounds their heroing journey as unhoused people in New York.

Today, I ask you to acknowledge their needs and devote adequate resources to the best programs that will truly help the most vulnerable New Yorkers. I ask you to invest in mental health services that have a proven track record of centering dignity, self-determination and social connection. And helping people living with serious mental illness to recover, such as respite centers, mobile treatment teams and community-based recovery programs. The details of much of our ask will be submitted online and by other colleagues of mine testifying today online.

But I want to make mention of our call for the NYPD to cancel its mental health co-response teams that are costing the city $5.7 million without meaningfully providing people in crisis with real public health-based alternatives. These co-response teams are an example of the NYPD's expansion into social service roles that they should not be in and instead, this money should be directed to infill these important gaps in mental health services, as

I've mentioned above. Thank you for your time and service to the city and thank you for helping all people find redemption and safety by welcoming them home.

COMMITTEE COUNSEL: Please turn your microphone on.

EVELYN GRAHAM-NYAASI: Committee Members, Correct Crisis Intervention Today is a broad coalition of peers, individuals with lived mental health experience, service providers, advocacy organizations, and other advocates committed to disability and racial justice.

CCIT began in 2012. Our goal is to remove police from mental health crisis responses and institute a peer-driven health response. My experiences underscore the need for removing police from crisis response. Before I was diagnosed with bipolar disorder, I was accused of stealing a box of relaxer. I believe that if I asked, it should be given to me and put the box in my bag. I don't recall running out there or the police showing up. I didn't recall going to the precinct either. What I did remember was, I was fingerprinted like a criminal instead of a human being who needed help.

When I came to, I was in Delaware State Hospital where I was first diagnosed with bipolar disorder. Now, if I apply for a certain job, that shop lifting charge shows up on my record, even though I never went to court. Fortunately, it hasn't affected my ability to get a job. That was my first experience with the police.

Another time in New York City, I was sitting on my sofa where there was a knock at my door. When I opened the door, there were eight to nine police officers in the hallway. A police officer told me that someone from my home called 911 and said that I had a knife. He didn't say that I had to go with him and to bring my medication. I was afraid of cops and I knew what they could do to me, so I grabbed my coat and medication. I was escorted outside and a police officer asked me if I wanted to go in the police car or ambulance. I chose the ambulance because I didn't want to go jail. I was taken to Bellevue Hospital and dropped off. They put me in a locked room where people were screaming and yelling. We were locked up like animals. I asked for my medication, but I was ignored and sent back to my seat. It was MOK birthday weekend, so nothing could be done until

Tuesday. When Tuesday finally arrived, I was taken upstairs to the ward and wasn't released until weeks later.

CCIT advocates a total overhaul of city's current health crisis program being heard, which is has been done as a nonpolice crisis response. The program was created without input or consultation, without providers, peers, community leaders, and other stakeholders in New York community.

To be clear, we ask the Council to enact into legislation the CCIT NYC proposal to create nonpolice peer driven mental health crisis response. Allocate at least $190 million to fund the CCIT NYC proposal for a true nonpolice peer driven mental health crisis response in the city and operates 24/7.

We ask that you enact the legislation to amend the MOC and CMH to add peers, mental health advocates and provide us to the oversight board. Require development of an annual strategic plan which enables all New Yorkers with mental illness to connect with mental health services, appropriate housing, and require publication of quarterly reports to achieving the strategic plans objective.

We really need peers to go with Be Heard. I heard today that they were not part of the program and this is supposed to be a nonpolice crisis response. So, we need peers on the Be Heard Team. Thank you.

COMMITTEE COUNSEL: Thank you. Next.

NADIA CHAIT: Good afternoon, I'm Nadia Chait, the Senior Director of Policy & Advocacy at CASES. We're a large provider of mental health services to individuals with criminal legal system involvement, along with a range of other holistic services. We work to meet individuals where they are and provide them with the care and supports that they need to live heathy and full lives in their community.

The City Council has an opportunity in this budget to divest from our bloated corrections budget and invest those resources into mental health care and other services that individuals need. We encourage the City Council to look at increasing funding for intensive mobile treatment to eliminate the waitlist for that service.

As Commissioner Vasan talked about earlier today, it is a wonderful program. We offer seven teams in several boroughs and it is incredible effective at

meeting individuals who have serious mental health challenges and are street homeless and have some level of criminal legal system involvement. We really see this program transform lives. As one example, a client whose been with us in intensive mobile treatment from the earlier days of the program, was able to become much more stable in her mental health care to be a much more active parent then she had previously been able to involved. She has stable housing. She is now employed full-time. These are the source of services that New Yorkers need.

Unfortunately, we see every day in our programs the realty of the racist nature of our criminal justice system and so, most of the clients we serve are Black and Brown and many of them have never been offered voluntary mental health services in their community. The first time that they are being offered mental health care is following an arrest or when they are at risk of incarceration. That's simply not acceptable. We need to meet people sooner and earlier with mental healthcare long before they're arrested. Long before they are at risk of incarceration. And I would share the call for a peer

led response to mental health crisis rather than police. Thank you.

COMMITTEE COUNSEL: Thank you.

MARCOS STAFNE: Good afternoon Committee members. My name is Marcos Stafne and it is with great appreciation and enthusiasm that I speak on behalf of Gallop NYC. New York City's premier therapeutic horseback riding and horsemanship program for people with disabilities.

We extend our heartfelt thanks to you for championing the city initiative on autism awareness, a vital step in ensuring that New Yorkers on the autism spectrum receive the support and resources they require. As the Executive Director of Gallop NYC, I have witnessed first-hand the powerful impact that therapeutic riding and horsemanship can have on the lives of individuals with disabilities, particularly those on the autism spectrum.

At Gallop NYC we pride ourselves on our commitment to inclusivity and access. Consistently striving to say yes when others have had said no by providing access to therapeutic horseback riding and not requiring a formal diagnosis for service. The personal benefits that our riders and their families

experience extend beyond the individual level and positively impact the entire community by challenging preconceived notions of what people with disabilities can achieve. The funding we are requesting is critical to Gallop NYC's operations, with a waitlist of 1,500 people, we are eager to expand our capacity to serve more New Yorkers. Currently the city supports almost one-tenth of our operations through funding for people with autism, seniors and veterans. A reinstatement of our $124,916 autism awareness funding will ensure that New York City residents have access to the meaningful programming that they need and deserve.

We extend an invitation to all member of the Committee to visit our program locations in Queens and Brooklyn and witness firsthand the transformative impact that therapeutic riding and horsemanship can have on the lives of individuals with disabilities. Thank you.

MARINDA VAN DALAN: Good afternoon and thank you to member of the Council for permitting me to testify today. I am an Attorney with New York Lawyers for the Public Interest and I'm here on behalf of CCIT NYC. It's a coalition of over 80 members,

organizations, and peers. It stands for Correct Crisis Intervention Today New York City.

We're united on mental health issues and we're focused today on telling you that we would like you to take the powers of the purse to save lives. We're calling for the implementation of a comprehensive zero police mental health response system. CCIT NYC has proposed a model that's been working for decades in Oregon without a single serious injury. And as communities across the country turn to nonpolice responses to mental health crisis, we're saddened to see the Mayor call for greater policing of mental illness and targeting of our most vulnerable neighbors and friends and loved ones, namely people who are unhoused.

We are calling also for the City Council to defund Be Heard. We know that this is a flawed system, it has been from the start and it remains so today. It is not peer centered. It is not trauma informed. It relies upon 911 and EMT's, which are part of the system of criminalizing mental illness. It operates in a small part of our city during limited hours and despite the tremendous resources that have gone into this program, over 80 percent of

calls are still going to police precincts for police responses. Response times are slow and the training is flawed. Thank you for your time today. We hope and trust that you will do everything in your power to ensure that people with serious mental illness who are perceived as having that are safe in our city. Thank you.

CHAIRPERSON LEE: Right on time. Thank you so much and I just want to say thank you to this panel, because I have visited Gallop NYC and the things that you are doing there are pretty incredible to actually see in person. Nadia, always good to see you and all of you that are here. You know, I've seen some of you at previous hearings and obviously this is a topic that we take very seriously, so I just wanted to thank you all for your advocacy.

PANEL: Thank you.

COMMITTEE COUNSEL: Thank you to this panel. We'll be moving to our next in person panel. Donald Nesbit, Scott Daly, Jody Rudin, Fiodna O'Grady, Anna Krill, and Rosa Sarmiento. Please come up to the table.

And as a reminder, please turn on the microphone before you begin your testimony and you'll each have two minutes to testify. We could start with you sir.

SCOTT DALY: How is this? A lot better. Thank you very much Chairs Schulman and members of the Committee. Thank you for having us here. My name is Scott Daly and I am the Senior Director of the Community Tennis programs for the New York Junior Tennis and Learning, legally incorporated as New York Junior Tennis League.

We are the nation's largest interscholastic tennis program. Right now, we are funded under the Council's Physical Education and Fitness Initiative. We provide quality programming all 12 months a year. Right now, we are extremely grateful to the Council for its continued support throughout the years. This year we are asking for $1 million in citywide funding, an increase of $200,000. It will be our first increase in 15 years.

We all know what has happened to prices in that timeframe. During the 15 years, our costs have doubled and tripled. Minimum wages have gone up $1.00 today by $0.73 of what it was before. So, given the years of rising costs and the impact on

inflation, we want you to know that we have to maintain what we have so far but we do need the increase. Because of the city's support, because of Council's support, we are able to provide an opportunity that otherwise would not exist to the children of the City of New York. Tennis in the hands of everybody. Our programs, because of the Council, are free throughout the year.

Social skills are learned. Fitness, fitness, fitness, learning, we must let kids be kids. We are NYJTL. We have the learning component but learning has to be done also outside of books. Kids must be allowed to be kids. There are many values that are learned on the tennis court. Overwhelmingly, two-thirds of our population are kids who are ten years old or younger.

Again, I want to thank the Council. We do need your help. We couldn't do this without your support on behalf of all the kids of the City of New York, I want to thank you very much.

COMMITTEE COUNSEL: Thank you.

FIODNA O'GRADY: Thank you very much Chairs Lee and Chair Schulman for the opportunity to speak today. I'm Fiodna O'Grady and I'm representing the

Samaritans of New York Suicide Prevention Center who for 40 years has operated in New York City's only anonymous and completely confidential suicide prevention hotline. Today, we are asking you to restore $312,000 for this hotline and a $50,000 enhancement under the vulnerable, mental health for vulnerable populations. We all know that mental health is a critical crisis facing our city, however, amidst the statistics and budgets, it's easy to forget that behind every number is an actual individual whose life is impacted. But that's not something that we can forget at Samaritans. Every day on our hotline that answered 60,000 calls last year, our caring volunteers listen to the voices of hundreds of New Yorkers doing their best to cope. From the 1.5 million calls, we've answered to New Yorkers in crisis. We've learned that suicide prevention is not a one size fits all. People in distress will seek help from someone they trust in a way they feel most comfortable. We cannot dictate their behavior. Despite massive injection of capital to create new programs and services, mental health in our city continues to decline.

After each new worrying statistic is released, the city regroups to develop a new comprehensive strategy to tackle the growing problem. But from our experience, it's clear that it's not having the right program, it's about having as many varied and diverse options and viable alternatives available, so that everyone has the ability to access care that helps them feel safe. This is borne out by the most effective suicide prevention program to date in the U.S. implemented by the U.S. Airforce that showed that suicide prevention interventions employing multiple strategies are particularly effective in reducing suicide rates. And I'd echo the testimony of the Health Commissioner today, calling for evidence-based programs as regard to the U.S. Airforce's points of entry.

And I echo Chair Lee's comments today about investing in community-based organizations in place and its CBOs that do the work. Thank you everyone.

ANNA KRILL: Good afternoon. My name is Anna Krill, I am a two-time breast cancer survivor and the Founder and President of Astoria Queens Sharing and Caring doing business as Sharing and Caring.

I am here today to ask the Councils support, our request of $250,000 under the Cancer Services Initiative, an increase of approximately $100,000 over our FY23 allocation. This would be our first increase since the creation of the initiative.

I, along with three other survivors, founded Sharing and Caring 29-years-ago to address the needs of Queens women living with breast or ovarian cancer. It was our position then as it remains today. The Queens residents should not have to leave the borough for quality cancer treatment, care and support. Through the years, our reach has expanded and we now serve men and women with all types of cancer. We are a one stop grassroots community-based organization, which provides three bilingual supports of services to Queens cancer survivors, their families, caregivers and community members. We strive to reduce the fear and eliminate cultural barriers in order to promote early detection and treatment, as well as to improve access to lifesaving services. Through our device programs and services, we assist approximately 4,000 individuals a year, equating to $62 a person to help save a life from late-stage diagnosis of cancer.

Over the course of the past two years, we have provided programming to 11 of the 14 Queens Council Districts through our various outreach programs and through provision of direct services to those living with cancer.

I want to thank you for this opportunity. I'm a new two-year breast cancer survivor again and I'm very happy to have the opportunity to address you all. Thank you.

ROSA SARMIENTO: Thank you. I also work for Sharing and Caring and please allow me to give this testimony in Spanish because that's why the Spanish population which I serve very much. My name is Rosa Sarmiento, bilingual English, Spanish and other program at the Astoria Queens Sharing and Caring. [SPEAKING IN SPANISH 03:55:32 Sharing and Caring.

[SPEAKING IN SPANISH 03:55:34-03:57:25] and my testimony is in English. Thank you so much.

COMMITTEE COUNSEL: Thank you.

JODY RUDIN: Good afternoon Chair Schulman, Chair Lee and member of the Committee. Thank you for your leadership on the Council and for everything that you do for New Yorkers who are struggling across the

city. And I just want to say, it's a joy to be here with each of you my courageous fellow panelists.

My name is Jody Rudin, I'm the CEO of the Institute for Community Living, ICL. ICL serves about 13,000 children and families and adults experiencing significant mental health challenges, substance use disorders and intellectual and developmental disabilities. We take a person-centered trauma informed approach to our work in clinics, shelters, residences and community-based programs. I'm here to talk about the city's mental health crisis and what needs to be done to ensure we can implement the ambitious and much needed plan put forth by Mayor Adams. The plan includes smart interventions to more support for youth, increased access to addition and harm reduction services and more programs for people living with the most serious mental health challenges, including the expansion of IMT teams that provide the best whole health supports to the hardest to reach and hardest to treat mostly unhoused individuals. I mean it. ICL's IMT teams have housed 56 percent of our clients and reduced incarcerations by 30 percent.

The necessary expansion of programs cannot be achieved without a substantial investment and our woefully unpaid workforce. Turnover levels are astronomical, sometimes over 50 percent. And we struggle to hire staff and this is the experience of every provider and without providers, the Mayor's plan will only exist on paper. We need more funding to pay staff and to achieve pay parity with state funded programs that cannibalize our city funded workforce with more generous workforce investments.

We are similarly beginning to see employees leave ICL for the city following wage increases resulting from the DC37 agreement. Thank you very much. Appreciate the time.

COMMITTEE COUNSEL: Thank you.

DONALD NESBIT: Good afternoon Chairs Schulman and Lee. My name is Donald Nesbit, I'm the Executive Vice President for Local 372. New York City Board of Education employees from District Council 37.

I'm here representing 250 SAPIS, Substance Abuse Prevention and Intervention Specialists in our schools. I am under the leadership of Shaun D. Francois, President of Local 372. The local request that the City Council fund the SAPIS program with $3

million, which would be a dollar-to-dollar match with the state legislature.

New York City school children are in a crisis, even before the COVID-19, schools faced a surge and demand for mental health resources. According to the CDC, children's mental health related visits to the emergency rooms have skyrocket since April of 2020. The CDCs report has included that it is critical to monitor children's mental health, promote coping and resilient skills and expand access to services to support children's overall mental health.

Since 1971, SAPIS have always provided mental health services, have taught essential social, emotional strategies and have provided services to help students remain learned and ready. SAPIS under Oasis, they use approved evidence-based programs, presentations that apply to groups in individual settings as positive alternatives for New York City students in need.

It is estimated that SAPIS can reach up to 500 students each. SAPIS have always been proactive in providing students and their families with the tools to navigate the personal and peer pressures they can. Derail healthy academic, social and individual

development. SAPIS are also responsible for monitoring behavior and offering resources and services to support our students.

Local 372 has long testified to this panel about the devasting effects of cuts to the SAPIS program and have lost of over hundreds of SAPIS since 2006. Now more than ever there are simply not enough SAPIS today to address the needs of all of our at-risk children. To this end, the New York City Department of Education needs to prioritize our existing SAPIS because this is a priority.

Local 372's goal is to once again partner with the New York City Council in making the smart investment towards the quality of life for both New York City children, their families and communities at large. It remains our shared responsibility to ensure our children meet and exceed their potential. Without SAPIS, we are robbing struggling children of the opportunity to a quality, competitive education and ultimately their futures.

In addition, during the height of the pandemic, the 2020 funding for the SAPIS program was included in the city budget but it is unclear to us as to

where in the budget the line was itemized. And thus, whether the allocation actually is this.

Likewise, Local 372 also requests that the City Council ensure that the SAPIS funding is properly accounted for in the city budget. It is critical that funding for this program can be properly accounted for. Again, we thank you as the leadership of Local 372 on behalf of our 250 SAPIS in our schools. Thank you.

CHAIRPERSON LEE: Thank you everyone. I was just going to say, you guys are all doing such incredible work, so I just want to thank you so much.

CHAIRPERSON SCHULMAN: Yeah, I wanted to thank you also and as somebody who is also a breast cancer survivor. I'm going on a little over two years now. I understand completely and I want to thank each and every one of you for all the work that you do for New Yorkers. Thank you.

COMMITTEE COUNSEL: Thank you very much to this panel. We will be moving to our next in-person panel. Sandra Marin, Mary Brown, Chris Norwood, Elton Santana. You can proceed whenever you're ready.

MARY BROWN: Good afternoon. My name is Mary Brown, I'm an Educator with Health People. My first one as mentioned that in the year 2020, I lost a mother, her sister and two aunts from my, on my father's side of diabetes.

To the world, diabetes is an enemy. That if we don't have the financial and support of the community, many people will continue to die from diabetes. We are in a diabetes emergency crisis as we speak. That is important for all politicians to not only grips about diabetes but what it's doing to our children and adults.

It has effected eye sights, limbs and feet that is leading to amputations by the millions worldwide. How much longer is it going to take for you to realize that not only COVID and other strains are taking lives but in complication with diabetes, is worse. Diabetes is the deadliest disease that can be a complication with other deadly underly illness. We can continue to education the community and be a helping hand to help people lower their A1c sugar levels and to help eating but we cannot do this without funding. This is where all politicians

should step in including the New York City Mayor. We need help now.

ELTON SANTANA: Hello, my name is Elton.

COMMITTEE COUNSEL: Please turn the microphone on.

ELTON SANTANA: Hello, my name is Elton Santana and I'm a diabetes self-management educator at Health People. I've been working with our community for almost five years and long with my co-peer leaders and everyone at Help People, we are asking for help from our officials to take action because all know the statistics are alarming.

Bear with me a second. Okay, and different studies have shown that 10,000 PLWHA deaths alone occurred according a ten-year study. And according to a ten-year study and that those who have been diagnosed with diabetes died at three times the rate. But I am one of those people who is HIV positive and who has diabetes and who has been fortunate enough to be able to learn and show our community that we can reverse our condition.

Overall, people with HIV and AIDs in different studies had diabetes and those rates went up to double those of the general population. I remember

when I was at a Zoom meeting with Chris Norwood, our CEO and Eric Adams before he was elected our Mayor. He shared how he was dealing with diabetes and that of his loved one's and that he was able to greatly improve his condition. So, my Mayor and all of you, please take action to make sure that we get funding and that our community knows that we care and are ready to show people with diabetes what we have learned. Please declare diabetes an emergency. Thank you very much.

COMMITTEE COUNSEL: Thank you.

SANDRA MARIN: Hi, good afternoon. My name is Sandra Marin. I am also a diabetic management peer educator in the community. I've been doing this for seven years. I started out with the National Diabetes Prevention Program as a participant that has taught me how to make changes in my life according to eating, my eating habits, you know a lot of things that came into the factor with the NDPP. I had lost almost 100 pounds. I was almost 300 pounds. I'm 174 now and I'm still losing and I got back to eating healthier and helping my family and my friends and my neighbor to do as well.

This has to be declared as an emergency because after COVID, there's a lot of people that [04:09:50] refuse to come outside of their home to buy healthy food, to buy clothes and whatever they need to exercise and do all of the stuff they were doing before.

Doing these classes, it does help people to make changes in their lifestyle. Be able to eat more healthier, bring down the A1c. Bring down their blood sugar level as well as other things. I know many stories where people taking their medication through the classes because they knew the technique that we offering them in order to help them with their health.

So, yes, after COVID, a lot of people's A1c went back up. Their blood sugar level went back up. They gained weight. Not only have COVID took a toll over our health, it's also took the cost of living where people can't afford the food that they need in order eat healthy because the prices went up too high. So, now this is why we're here to declare a lead to bring down some of those prices down on these healthy foods and also to be able to get funding to continue to

conduct these classes in the community, because it's very much needed. Thank you.

CHRIS NORWOOD: Good afternoon. I'm Chris Norwood, Executive Director of Health People. Thank you very much Council Member and Chairs and thank you for Intro. 918A. The situation of these peer educators, one from a family racked by diabetes, four deaths during COVID, as so many of our families faced. Another one's overweight grandparent, raising four grandchildren, a category who had terrible death rates during COVID and an HIV peer whose diabetes now reversed, exposed him to triple death rates.

Thankfully, these peers had the self-management education and support to change their health before COVID struck but as we know, tens of thousands did not have that chance and they are dead. But what's worse is absolutely nothing has happened since the first COVID surge raised the diabetes death rate in New York by 365 percent. Nothing has happened to assure that all of these other citizens not just are able to control their A1c but truly reclaim their health.

We have requested that the City Council fund the Diabetes Neglect Must End Initiative a $3.5 million

initiative, to provide the city with targeted outreach, prevention and self-care education that works. And that is key to fighting every epidemic but has never occurred for diabetes. Where else do you have a 365 percent increase in deaths and nothing happens except more people go blind, more people go on dialysis, and the city's appalling diabetes related amputation rate rises every single year.

We really truly appreciate the Council's concern to start ending this nightmare and despair. Virginia Fields and I have actually already been working as community cofacilitators with DOHMH to produce the city's first diabetes reduction plan, which is absolutely vital but equally vital, we look forward to working closely with you to assure that when that plan is ready, it is implemented by the city. Thank you so much.

CHAIRPERSON LEE: I just wanted to say thank you and Chris and I, you know we've known each other for a while because my former nonprofit did a lot of work around diabetes because Korean Americans actually have very, very high rates of diabetes and so, thank you so much for all the work and advocacy you all are

doing, especially in a very culturally competent way, which I think is very important. So, thank you.

CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: Thank you very much to this panel. We will be moving on to our next in-person panel. The following names: Jordan Rosenthal, Arvind Sooknanan, Sarah Shapiro, Casey Star, Kimberly Blair.

JORDAN ROSENTHAL: Okay, I'm ready. Hi everyone. My name is Jordan Rosenthal and I'm the Advocacy Coordinator at Community Access and also a Steering Committee Member of CCIT NYC. I just want to say thank you so much Chair Schulman and Chair Lee to stick out this long hearing and stay for public testimony, which is so important.

So, I'm actually going to go off of my testimony, like a little rogue and something I've noticed in all of these panels, including earlier has been the power of the peer. And really, what I want to talk about today is the importance of mental health crisis response and utilizing peers.

So, there is a lot, unfortunately most of the Council Members who were here earlier have left but I really wish they were here to understand the

importance of creating a true, nonpolice response to mental health crisis in New York City.

You're going to hear from a family who is here today who is also signed up to testify about losing their son during a mental health crisis at the hands of police and just yesterday, this occurred also in Rochester New York.

This is not an isolated incident. This is something that keeps on going up and over 80 percent of the calls being responded to through Be Heard are still being met with police presence. Until something like Be Heard is 24/7 and does not utilize 911, we're still going to have police responses, which is like you're kind of going around in circles right? Because the whole idea is to avoid that but if we don't implement these key changes, it's still going to be a police response.

Earlier today, we talked about or we heard about the importance of peers on these response teams that are urgent but not emergent and I'm really here to counter that and say, we've also talked about workforce issues today and there's a whole section of people who would be ready to go through the training to become like peer specialists to be on Be Heard

teams. We may not have this workforce right now but that doesn't mean that it can't exist. Which also brings me to my last point and then I'm going to happily hand it to my colleagues. We need also the 6.5 percent COLA. We need people to fill valued and trusted because we are going to continue seeing mental health crisis and people dying if we do not put everything first in trust, rather than coercive tactics. Thank you.

ARVIND SOOKNANAM: Good afternoon and thank you for giving people like me an opportunity to be heard. My name is Arvind Sooknanan and I am a living testament to the power of community in recovery for people with serious mental illness and I am here today to testify on behalf of Fountain House in Hell's Kitchen in the Bronx and our community of more than 2,000 members on the priorities we believe should be included in this year's city's budget.

I also want to recognize the millions of New Yorkers with SMI over decades who have been blamed, shamed, cast aside and criminalized. Many of whom died without ever having a real fighting change at a meaningful thriving life. For our members and 14 million others across the country like us, mental

illness is an engrained part of our lives. It's impacted our relationships, ability to work, to finish school. It's made us the target of undo stigma and harm, particularly in moments of crisis when we need help the most.

Now more than ever we need a 988-crisis response that is informed by and supports the needs of people impacted with SMI, recognizing those closest to the issue are also closest to the solutions. The city can accomplish this by prioritizing more significant and sustained investment in the 988 system to hire more mental health professionals and peers to provide immediate care in addition to expanding the number of mobile crisis teams who can be dispatched by 988. Allowing them to arrive in minutes instead of hours when every second counts.

We also must transition from crisis intervention to crisis prevention and that includes we also need to invest in community mental health programs such as clubhouses that practice early intervention and help restore people's agency, dignity and thriving as a meaningful pathway to recovery.

As a lifelong resident of the Bronx, I know firsthand the struggle of accessing adequate mental

healthcare where I live. My borough is known as a mental health desert where it's incredibly difficult to get access to services, let alone culturally competent care. And ten years ago, we launched Fountain House Bronx to plant ourselves in the poorest neighborhoods in the country with the greatest need and over a decade inside a two-story old firehouse, we have impacted the lives of thousands of Bronxites with SMI.

Lastly, you know we are deeply appreciative of you know the allocation for programmatic funds but we also want to you know signify the importance of capital funds. As many of our clubhouses are at capacity, including our own Bronx clubhouse. You know, capital funds are just as critical as program funds as a physical space is more than just a brick and morter space for our members. It is a place in which we treat like our home with a family and we can say we belong.

Lastly, you know we will be submitting a written testimony right afterwards for further details but again, thank you both so much for giving people like me a voice.

KIMBERLY BLAIR: Good afternoon Chair Lee, Chair Schulman and members of the joint Committee. My name is Kimberly Blair and I'm one in five New Yorkers living with serious mental illness. Today, I'm testifying on behalf of NAMI-NYC, which is the only nonprofit providing direct and extensive family support to New Yorkers who care for someone living with SMI. Our organization is grateful to see recent landmark commitments at both the city and state levels to address mental health. However, there are some essential components that we think are missing from those plans and that the city and state continue to omit from the mental health continuum. And those are one, the need to invest $250,000 in family support services.

Two, the need to invest in better preventative services. And three, the need to invest in the decriminalization of mental illness, including an appropriate crisis response such as the model proposed by my CCIT colleague and by keeping the commitment by the city to close Rikers by 2027, which has its own growing mental health crisis.

Due to current time constraints, I'm only going to expand upon the need to invest in families because

in our experience, that's what's often most overlooked. I'm here to tell you that families are the direct care takers of people living with SMI. That includes parents, siblings, partners, actually some of you. So, in my experience, support systems as concentric circles around the person living with mental illness. Family and friends are the first and innermost circle that provide daily care and support. Then we have clinicians providing mental healthcare and medication and the last and final circle is the social safety net, which is shrinking, especially due to the shortage of mental health professionals as mentioned earlier by Chair Lee. But at NAMI-NYC, we have no barriers to entry. All of our programming, resources and psycho ed classes are free of charge.

That's why we're hoping for $250,000 in citywide funding to support our work, especially with family members to expand our free helpline, to expand our evidence-based education classes. Nearly 40 monthly support groups and our family match mentoring program to underserved community members throughout New York City. The time to invest in family members is now, so I will submit the rest in written but thank you for your time.

CHAIRPERSON LEE: Thank you all. As a former board member of NAMI-New York City, I know the great work that peer support work can do. So, Jordan, Arvind, Kimberly. Thank you for all the help you've been providing, not just to our office but the Committee and we have a lot of work to do, so thank you.

CHAIRPERSON SCHULMAN: Yeah, I also want to thank you and thank you particularly both of you for coming here and talking to us and you know, you're very important to us just like anybody else and we, you know, we want to be there for you, okay. Thank you.

COMMITTEE COUNSEL: Thank you to this panel. We'll be moving to our next in-person panel. Jack Latorre, Matthew Thompson, Kip Lyle, and Sharlee Banatte. And just a reminder to turn on the microphone before you begin your testimony and you'll each have two minutes.

MATTHEW THOMPSON: Greetings to the Committee on Mental Health, Disabilities and Addition and to the Committee on Health. I am Matthew Thompson, Senior Policy Associate for the Legal Action Center. I appreciate the opportunity to address you today.

New York City is facing a crisis of individuals with mental health needs. One in five New Yorkers experience a mental illness in any given year. The distribution of mental illness, as well as access to care is highly inequitable according to race and income. The highest poverty neighborhoods have over twice as many psychiatric hospitalizations as the lowest poverty neighborhoods, which are largely made up of Black and Brown people due to their intentional historical marginalization from high quality social resources and care.

Punitive responses only worsen our city's situation and multiply the harm predominantly experienced by Black and Brown New Yorkers. Currently, Riker's Island is the largest psychiatric provider in New York City. Over half of those detained on Riker's report having a mental illness. If we are to resolve this crisis, the city must employ public health strategies including investing significantly alternatives to incarceration that are community-based, people centered and that address the needs of individuals in a holistic manner.

ATI providers are helping New Yorkers attain wellbeing while creating public safety in our

communities. Every year CASES mobile treatment teams deliver more than 20,000 services visits to clients in their preferred community settings. Fortune Society boasts over an 80 percent program completion rate. 99 percent of clients have avoided rearrest since 2017. Moreover, the cost savings of these programs are enormous when compared to the $500,000 per person, per year, it cost to house one on Riker's. New York must invest on the front end to address the systemic conditions that contribute to poor mental health.

Proactive investments must be made in preventative policies and programs, not just in reactive solutions to social ills largely produced by austerity. New Yorkers deserve access to safe and affordable housing, fully funded education, quality health and mental healthcare. The list continues. Poverty prevention programs when approved wellbeing for the majority of New Yorkers thereby improving positive mental health rates. We must begin to truly prioritize people. Thank you for your time.

COMMITTEE COUNSEL: Thank you. Please.

SHARLEE BANATTE: Good afternoon. I want to start off by thanking Jordan and her colleagues for

working with us. I want to thank you all for taking this time out to listen to me today. Urd Peer(SP?) my cousin, the 26th victim according to CCIT NYC and community access at the hands of NYPD while having a mental health episode. I don't know all the numbers. I don't know all the stats. Nor do I know all the data surrounding mental health statistics but I know the pain and emptiness our family lives with. That is the number that sticks out to me. He is the 26th victim since 2007. There has been a problem in our city that desperately needs a solution. The calls and cries for better response when faced with mental health situations. A life is not defined by an illness or a disease, nor should it be cut short because of lack of empathy, understanding, compassion and resources.

This too is a pandemic. We cannot put a mask on it any more. We need a cure. We need better treatment and it starts with a change in our system. Not today, not tomorrow, not it's coming or we're working on it. It needs to start right now. So, I do support Peers, not police. Thank you.

COMMITTEE COUNSEL: Thank you. Sir?

JACK LATORRE: Am I on? Good day members of the Health Committee. My name is Jack Latorre, retired NYPD Lieutenant and cancer survivor. I am also a member of the New York City organization of Public Service Retirees for Benefit Preservation. The last time I gave in-person testimony was on January 9th of this year and I was joined by over 200 fellow New York City municipal retirees. The Committee on Civil Service and Labor heard our plea and did not change Administrative Code 12-126 and we are very thankful for that.

I come before you again today to speak out against ETNA's contract proposal. Before I list the reasons for my request, allow me to state the following: One, Eric Adams, when running for Mayor, said the Medicare Advantage plan seemed like a bait and switch. He was right.

Two, the City of New York could implement the Medicare Advantage Plan for new hires only as they will know what their health coverage will be from day one. Those of us who joined city service, did so with a clear understanding that traditional Medicare will be there when we retired. Changing horses in midstream is never a good idea.

By coincidence, today is my birthday and thoughts of needing assisted living services are far from my mind but not so for many other retirees. Aetna will not provide the appropriate support for assisted living, homecare and skilled nursing without prior authorization if they do so at all. Who determines what should be authorized? What are Etna's guidelines? Stonebrook Hospital in Suffolk County is not in the Aetna network. What other hospitals in the five boroughs of New York City and Nassau Suffolk, Putnam, Rockland, Westchester and Orange Counties are also not in the Aetna network.

In May of 2013, I was diagnosed with acute myeloid leukemia. Thanks to the sacrifice of NYPD Detective James Zadroga, we got the Zadroga Act passed, which allowed me to have a successful bone marrow transplant through the World Trade Center Heath Program. With the Medicare Advantage plan Aetna is bringing before you today have provided anywhere near the level of urgent medical care and psychological comfort as the World Trade Center Health program. If I could just briefly read for an additional 30 seconds as my birthday wish, just some

comments that folks made that were not able to be here today.

CHAIRPERSON SCHULMAN: Yeah, go ahead.

JACK LATORRE: Somebody wrote, I just called Aetna and found out most of my doctors are not in network. This is absolutely horrible. I don't want to change doctors at this point in my life. Even my retina specialist is not in network. Next, I have to call each doctors billing office to see if they are willing to bill Aetna. This is a disgrace. Shame on the city and the unions.

The second one says, this is such a heartbreaking situation. My hospital, the hospital for special surgery will not take it. My doctor of more than 30 years will not take it. What callus, cruel and uncaring treatment of retirees that gave so much of their lives to this city hoping that we will prevail and that this rollercoaster ride will end.

The final one ladies and gentlemen, you may find the hospital that accepts the Medicare Advantage Plan as payment but then you have to find out if the doctor you choose also accepts the medical advantage plan as payment. Then there is the anesthesiologist who you usually don't see until operation day. Do

you ask him or her, one half hour before your procedure if they accept Aetna as payment. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much and Officer, happy birthday to you and thank you for your service to the city.

CHAIRPERSON LEE: Thank you so much and happy birthday and Sharlee, thank you so much for sharing your personal story.

CHAIRPERSON SCHULMAN: Yes, thank you.

CHAIRPERSON LEE: And we know that his memory will go onto help on with this issue because what you experienced on a personal level is something that is a very real issue and so we need to work on that, so thank you.

COMMITTEE COUNSEL: Thank you very much to this panel. At this time, I'm going to call names that I have previously called but who did not come up to testify Lori Podvesker, Kimberly George, Casey Star, Sarah Shapiro, Lyle Kip. Alright, seeing none of those names, if you would like to testify in person and you have not heard your name called, can you please fill out an appearance card? In the meantime, we're going to take a short break and we will be back

in a few minutes. Thank you very much. One, just one? Okay, we can hear from you.

ALICE BUFKIN: I apologize. I did fill out a card but I'm not sure, it may have gotten lost at some point. Alright, good afternoon. Thank you for staying for so long. We appreciate it. My name is Alice Bufkin, I am the Associate Executive Director of Policy for Child and Adolescent Health at Citizens Committee for Children. We are an organization dedicated to ensuring every New York child is healthy, housed, educated and safe. Thank you to the Chairs and members for holding today's hearing.

I'm going to focus my testimony primarily on the behavioral health needs of children in our city. I know you've heard throughout this hearing and in hearings throughout these past weeks, we are seeing a dramatic increase in the serious mental health needs of children and the severe lack of adequate behavioral health supports for them.

I want to echo one recommendation I imagine you also heard during the education hearing, which is the urgent need to support the mental health continuum. This is $5 million that we really need to see baselined. We are seeing an unprecedented amount of

collaboration between DOE, Health + Hospitals, DOHMH in order to support the needs of students with serious mental health needs but we can't fully implement this program if we're continuing to year to year know are they going to be able to staff up. Are they going to be able to be sustained? You know we really need to baseline this funding so we can support these at-risk schools throughout the city.

I also want to uplift the important role of school based mental health clinics. These provide critical diagnostic and treatment services to schools. They can maximize city dollars by pulling down federal and state funding but there are limitations in what they can be reimbursed for, and that's where we feel like the city can come in and provide wraparound supports to let them do things like provide services for children without a diagnosis. Those who don't have insurance. Provide things like whole school staff training. These are all the kinds of things that if we could combine city wraparound funding, not only to increase the number of school based mental health clinics but to enhance supports for those existing ones, we can make a lot of progress.

I also want to emphasize that as important as schools are, we have to invest in community-based services. Those are backbone for the mental health supports for children and young people. I again, it came up earlier today, we strongly support the 6.5 percent COLA for the human services workforce. We really need to make sure we're supporting the workforce in the community for behavioral health. I also want to you know thank the City Council for its support of the Mental Health Initiatives. All of those are critically important for flexible funding. I also want to flag we're joining some other advocates and requesting an additional $3 million for youth focused City Council Mental Health Initiative that could focus on out of school placements and integrating behavioral healthcare into different settings out of school. Thank you so much for your time.

CHAIRPERSON SCHULMAN: Thank you.

CHAIRPERSON LEE: Thank you before — you're speaking my language, so definitely want to get your contact information and also wanted to recognize we have Council Member Mealy here who is joining us, so welcome Council Member.

ALICE BUFKIN: Thank you.

CHAIRPERSON LEE: Thank you so much.

COMMITTEE COUNSEL: Alright, thanks everyone. We will now be taking a short break. Thank you very much. [04:36:47- 04:54:30]

CHAIRPERSON SCHULMAN: Okay, we are resuming [GAVEL] after the break and we'll go to our first panel.

COMMITTEE COUNSEL: Yes, uhm, thank you to everyone who is on Zoom waiting to testify. Thank you for your patience. We are going to be moving to virtual panelists. As a general reminder, you'll each have two minutes to testify. And also as a reminder you can submit written testimony up to 72 hours after the hearing. Also, generally, please wait for the Sergeant at Arms to call time before you begin your testimony. Our first virtual panel will be Cara Berkowitz, Mariam Mohammed Miller, Vladimir Martinez, Jason Cianciotto, Joshua Belsky, Eva Chan, Joelle Ballam-Schwan and Jeannine Mendez. We will start with Cara Berkowitz. Please wait for the Sergeant at Arms to call time before you begin.

SERGEANT AT ARMS: Starting time.

CARA BERKOWITZ: Chair Schulman, Chair Lee and distinguished members of the City Council, thank you for the opportunity to provide testimony today. My name is Cara Berkowitz, Acting Director of The Policy Center for a merged Coalition for Behavioral Health and the New York Association of Alcoholism and Substance Abuse Providers, representing over 250 community-based mental health and substance use providers.

I'll keep my remarks short. I just submitted testimony for the record but just in summary, as you already know, New York City is facing a behavioral health crisis and it is essential that the city budget for Fiscal Year 2024 to have a robust investment in mental health and substance use services. Over the past three years, there has been a surge in the demand for behavioral health services. Almost 7,000 children in New York State have lost a parent or caregiver due to the pandemic and the Surgeon General declared a youth mental health crisis.

In 2021, New York City saw a 39.4 percent increase in the overdose death rate compared to 2020, a catastrophic number that shows the speed with which

this crisis is worsening. Unfortunately and I know workforce issues have come up today. Decades of inadequate funding and insufficient investment in the behavioral health sector has decimated the field while the needs skyrocket. This has created an access to care crisis, as staff leave the field for higher salaries and easier work, while more and more New Yorkers are reaching out for services. Programs are operating with staff vacancy rates as high as forty-eight percent. Our provider members are being forced to pause intakes of new patients as they focus on already lengthy waitlists, which is unprecedented.

So to talk just for a minute about immediate and long-term efforts workforce solutions. First of all, to establish, fund and enforce an annual cost-of-living adjustment, a COLA on all human services contracts and invest half a million dollars or have one billion dollars increase in mental health funding and substance use disorders, also to support the states 8.5 percent COLA, build a pipeline of mental health professionals through tuition assistance, loan forgiveness, internship funding. Also expanding mental health school based mental health services.

SERGEANT AT ARMS: Time has expired.

CARA BERKOWITZ: Alright.

CHAIRPERSON SCHULMAN: Finish, go ahead finish.

CARA BERKOWITZ: Oh, okay and then also serving those with experiencing homeless and mental illness, supporting intensive mobile treatment and ensuring hospitals admit and discharge appropriately. And then streamlining the city contracting process. Thank you so much for your time.

CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: Thank you. We'll hear next from Mariam Mohammed Miller, please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Mariam Mohammed Miller?

MARIAM MOHAMMED MILLER: Thank you. Good afternoon everyone. My name is Mariam Mohammed Miller, I use she, her pronouns and I'm the Director of Government Relations at Planned Parenthood of Greater New York or PPGNY for short. I would like to thank the Chairs of the Committees on Health and Mental Health Disabilities and Addictions, Chair Lynn Schulman and Linda Lee, for convening this hearing, the entire Council for your continued support for

health initiatives in New York City and PBGNY. Planned Parenthood of Greater New York is an organization that is over 100 years old and a trusted provider of sexual reproductive healthcare and education programs for communities throughout New York City. In 2020, we conducted almost 80,000 patient visits. We engaged almost 4,000 individuals throughout our city through our community and education programs including over 200 young people. The community's PBGNY serves have faced several challenges over the last years.

Just recently, we all watched as the U.S. Supreme Court overturned Rowe v. Wade ending 50-year-old president that constitutionally protected abortion access in our country. We are already seeing the devasting impacts of this decision and it's serving individuals all through our country from states that have been or significantly restricted abortion access.

We recognize this harm this decision has had on our country and New Yorkers and are deeply committed to ensuring that we at PBGNY are continuing to provide healthcare services and education to all those who come to our health centers. So, that is

why today we are requesting funding from several of the initiatives that we receive funding from the Council, the first of which is funding from the sexual reproductive healthcare initiative. That funding supports our ability to continue to provide clinical services at all five our health centers. We provide the full range of sexual reproductive healthcare services. Everything from gynecological care, STI testing and treatment, cancer screenings, treatment for the LGBTQ+ community and treatment for young people.

SERGEANT AT ARMS: Time expired.

MARIAM MOHAMMED MILLER: I'm sorry.

CHAIRPERSON SCHULMAN: Just finish up and summarize. Thanks.

MARIAM MOHAMMED MILLER: Thank you. We are requesting funding from the initiatives as I mentioned at the top that is fully outlined in the testimony that we will be submitting this afternoon. But also want to reiterate the importance of promoting community-based healthcare. Promoting healthcare by providers that are trusted in communities, the importance of healthcare navigators and community education to ensure New Yorkers are

informed and empowered about their healthcare decisions. Thank you.

CHAIRPERSON SCHULMAN: Thank you and I also want to thank you for participating in the roundtable that we had recently.

COMMITTEE COUNSEL: Thank you very much. We'll be moving on to Vladimir Martinez. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Alright, Vladimir is not present. We will be moving onto Jason Cianciotto. Please wait for the Sergeant at Arms to call time before you begin.

SERGEANT AT ARMS: Starting time.

JASON CIANCIOTTO: Can you hear me? Because it's showing my microphone on mute.

COMMITTEE COUNSEL: We can hear you now.

JASON CIANCIOTTO: Great, thank you so much for this hearing. Good afternoon. I'm Jason Cianciotto, the V.P. of Communications & Policy at GMHC. I'm here to support continued funding of several key New York City Council Initiatives without which we are not going to end the HIV epidemic. First, the Ending

the Epidemic Initiative has supported our testing center in Midtown Manhattan, which on average provides 3,000 HIV and other STI tests per year in a safe and supportive environment, as well as prep and pep access.

The real impacts include the fact that 91 percent of clients who test HIV positive at our testing center are immediately linked to care and 94 percent of clients who tested positive are virally suppressed. These rates are much higher than HIV continuum of care outcomes for New York City overall. Next, in calendar year 2022, the Immigrant Opportunity Initiative helped GMHC to provide 3,200 direct legal advocacy hours and representation to over 400 clients, including nearly 240 who specifically needed immigration services.

Third, the Council's HIV and Aids Initiative supports our mobile HIV testing events that reach adverse New Yorkers in diverse communities including at St. John's Lutheran Church in the West Village, Congregation Beit Simchat Torah in Midtown and Williams Institute CME in Harlem.

Fourth, the Trans Equity Initiative really highlights the impact of HIV on transgender and

gender nonconforming and nonbinary people in New York City. In fact, of the 4,700 clients we served in 2022, seven percent were TGNCNB. When you compare this to the proportion of New York State residents overall, we're estimated to be TGNCNB, which is five percent. It shows why GMHC is such an important asset in this effort. The funding supports our TGNCNB hub, which is a collection of programs and services that include project Transend and the distribution of 300 gender neutral supply kits and 120 gender affirming kits in 2022.

It also supports our new collocated pharmacy, which provides access —

SERGEANT AT ARMS: Time expired.

JASON CIANCIOTTO: To families and other —

CHAIRPERSON SCHULMAN: Finish Jason, go ahead.

JASON CIANCIOTTO: Lastly, thank you Chair. Lastly, support for the Council's new plan to address diabetes, which disproportionately effects New Yorkers living with HIV and Aids is critical to GMHC and we thank you in particular Chair Schulman for this. I look forward to you seeing on the full remarks that we submit in writing and thanks again.

CHAIRPERSON SCHULMAN: Thank you Jason. I have a question for you. We're hearing that the rates of HIV are going up. Is that true?

JASON CIANCIOTTO: What has been reported is an increase, a pretty significant increase from the last data set. We're not sure whether to attribute that or how much of it to attribute to what happened during the COVID-19 pandemic. But we do know that stresses like greater mental health needs are contributing to an increase in HIV.

CHAIRPERSON SCHULMAN: Alright, if you can keep us posted on that because it's something we want to monitor. We would appreciate.

JASON CIANCIOTTO: Happy to do so.

CHAIRPERSON SCHULMAN: Thank you Jason.

COMMITTEE COUNSEL: Thank you very much. We'll be moving on to Joshua Belsky. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Starting time.

JOSHUA BELSKY: Good afternoon Chair Schulman, Chair Lee, members of the Health and Mental Health Committees. Thank you for calling this hearing and inviting JCCA to testify on behalf of the children's

and families to whom we provide behavioral and mental health services. My name is Joshua Belsky, Senior Vice President of Behavioral Health and Wellness.

JCCA is a child and family service agency that works with about 17,000 of New York State Children and families each year. We provide behavioral health, foster care residential prevention and educational services to young people across the city in Westchester.

We face a workforce challenge similar to other mental health providers in the field. Reimbursement rates are so low that we struggle to keep some of the programs financially viable. Young people lose continuity of care when staff find higher paying work elsewhere. As a result, we cannot even accept all the referrals we receive because we do not have enough staff available to serve youth and families. The young people and families we meet at JCCA face insurmountable obstacles with compound traumas of neglect, abuse, poverty, disability, housing and stability and pandemic related losses. We believe there are steps the city can take to address the challenges mental health providers face.

Number one, strengthen the existing infrastructure of the mental health systems. We find that young person respond best to face to face support in real life relationships with clinicians and therapists. With more investment in in-person mental health services for youth, we can reach more young people in grave need. We advocate for greater investment in community based mental health programs that both provide medication management and therapeutic services.

Number two, from the 6.5 percent COLA and commit to future COLA's. Our staff providing services through city contracts are significantly underpaid compared to the public and private sector counterparts. We recommend the 6.5 percent —

SERGEANT AT ARMS: Time expired.

JOSHUA BELSKY: COLA be included in this year's budget and future COLA's.

Number three, increase reimbursement rates for services. Number four, support a diverse workforce with educational training and support.

In conclusion, thank you for taking the time to consider investing in the human resource needs of children and their families through the workforce

support and mental health and behavioral healthcare. Thank you very much.

CHAIRPERSON SCHULMAN: And please make sure to submit your entire testimony to us.

JOSHUA BELSKY: Yes, it is submitted. Thank you.

CHAIRPERSON SCHULMAN: Okay, alright, thank you.

COMMITTEE COUNSEL: Thank you. We'll be moving on to Eva Chan. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Starting time.

EVA CHAN: Thank you for the opportunity to testify. I'm representing the Greater Harlem Coalition that comprised of 150 plus community organizations and businesses in Harlem. Learn more about us at greaterharlem.nyc.

A year ago, the city hastily placed the nation's first safe consumption site in Harlem unilaterally without community consultation. The location of the site is highly inappropriate because it is across the street from a Pre-K school and within two blocks of a site of seven schools with 4,000 plus students. A year has now passed, public drug use deal and drug dealing, property theft has worsened as expected. Crime rate has escalated to a point where the pre-K

school has to install bullet proof glass windows. Due to decades of structural racism, this area has been used as the city's containment zone. It is packed with an extreme density of well-intentioned social services including needle exchange, DOMHSRO supportive housing, New York City's largest methadone clinic and the largest concentration of adult only shelters.

For example, data has shown that 75 percent of patients getting treatment in Harlem don't live in Harlem. Packing well intention services in excessively in one district to store local community and it's an inefficient use of city's funding. In this specific case, meeting people where they are at without considering historical contacts only perpetuate decades of structural racism. Evidence based studies have shown that when patients have to travel long distance for care, they are less likely going to recover. Funding must be provided to add services to district with no treatment services such as many areas in Queens.

Echoing Council Member Brewer, the city is grossly underestimating the budget needed for each safe consumption site. As it failed to provide

adequate funding to mitigate the negative community impact. The city should remove the current consumption site in Harlem unless the city can fund the following: The government agency near each site such as sanitation, social workers and police. Fund many sites in the city at the same time so drug dealers won't congregate.

SERGEANT AT ARMS: Time expired.

EVA CHAN: Provide proper oversight and community engagement, equitably redistribute services not needed by local Harlem residents and finally, as in many European countries, set up incarceration alternative and within the healthcare system, set up committees and data infrastructure to actively, consistently reach out to people using drugs in the community. Thank you.

CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: Thank you. We'll be moving on to Joelle Ballam-Schwan. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Starting time.

JOELLE BALLAM-SCHWAN: Hi Chair Lee, and members of the Committee. My name is Joelle Ballam-Schwan,

and I am with the Supportive Housing Network of New York. The Network is a statewide membership organization representing 200 plus nonprofit developers and operators of supportive housing, which is deeply affordable housing with imbedded support services for people with a history of homelessness and additional challenges. Thank you for the opportunity to testify.

I first wanted to talk about the Mayor's Mental Health plan as it pertains to housing for individuals who experience serious mental illness as well as homelessness. The Mayor refers to 8,000 units of supportive housing in his plan, which is the number of units left in the city's commitment to create 15,000 supportive housing units NYC 1515. Unfortunately, that 15,000-unit goal is in imminent danger of not being fulfilled. That's jeopardizing the Mayor's Mental Health plan. Half of the planned units were to be developed as congregate but already at year seven, 70 percent of those units have been awarded. Meanwhile only 17 percent of the planned scattered site units have been awarded, which are apartments rented on the private market with mobile case management.

So, to reach the goal 15,000 units and to meet the goal set out in the mental health plan, the city needs to immediately reimagine 1515, as well as increase scattered site service rates to 17,500 to match those of congregate and since 40 to 50 percent of people incarcerated in New York City have a mental health diagnosis, the city should change the eligibility requirements for 1515 and allow stays in jail and prison of more than 90-days to count toward time homeless to allow thousands of people returning from jail or prison access to 1515 supportive housing. Left out of the mental health plan is the need to greatly increase the number of IMT teams who can meet the needs of very high need individuals who are experiencing homelessness and house individuals struggling with serious mental health challenges.

The network is also a proud member of the Correct Crisis Response Today Coalition, CCIT NYC and I would like to echo that the city should fully fund a truly nonpolice mental health crisis response.

The city should allocate $190 million to fund the model proposed by CCIT NYC and not Be Heard, as it operates now with well over 80 percent —

SERGEANT AT ARMS: Time expired.

JOELLE BALLAM-SCHWAN: By the police.

CHAIRPERSON SCHULMAN: Finish your thought.

JOELLE BALLAM-SCHWAN: Achieving these goals, the administration must adopt a 6.5 percent Cost of Living Increase across the human services sector so providers can recruit and retain qualified staff who provide essential services. Thank you so much for this opportunity to testify.

CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: Thank you. We'll be moving on to Jeannine Mendez. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Starting time.

JEANNINE MENDEZ: Good afternoon Chair Schulman and Lee. My name is Jeannine Mendez and I am the Director of Development Public and Government Relations for Astor Services. We're a mental behavioral health and educational program that serve children, adolescents, young adults and families with suffering from mental health services.

On behalf of Astor and the over 5,000 children and families we serve annually in the Bronx, I want to thank you for the opportunity to testify before you today regarding our Fiscal Year 2024 budget ask

of $250,000 that will go towards the expansion of Astor's bilingual workforce development that's going to allow us the ability to adequately provide culturally, competent support and services to the primarily Black and Hispanic children and families we serve in your districts.

I would like to speak with you today about the impact that the alarming workforce shortage facing mental health providers is having on vulnerable individuals, especially youth in our city. Youth mental health concerns have been worsening over a decade with the COVID as well as the increase in social isolation has created a crisis in our schools and communities. Our communities are grappling with the uncertainties of housing and food insecurity, job loss and lingering effects of the COVID pandemic.

As providers scramble to meet new behavioral health challenges resulting from isolation, economic and housing insecurity, family loss and heightened child welfare risk, Astor's essential workforce have been making every effort to ensure that our clients continue to receive the support and resources needed to be effective in the communities we serve.

Capacity and workforce retention has historically been an issue in the human resources fields. Mental health providers especially are expected to do more with less and that cannot be more evident than in the current backlogs and wait times than most families in our communities are facing when trying to schedule a culturally and linguistically competent mental health services.

Astor currently employees over 700 staff agencywide that range from direct care workers to clinicians, educators and mental health counselors. Our diverse and multicultural staff grapple with the ever-evolving translation and interpretation needs that currently exist within the workforce. Having culturally and linguistically trained staff that can work with families in their Native language. Across the city, our immigrant communities are forever growing and developing and with the increased need in mental health services, Astor wants to ensure that we are meeting our family's needs.

SERGEANT AT ARMS: Time expired.

JEANNINE MENDEZ: Astor service is requesting an investment of $250,000 that would allow us to expand our linguistic and cultural professional development

training supports to our current bilingual staff and provide expansion to our current bilingual clinical and non-clinical workforce. Thank you so much.

COMMITTEE COUNSEL: Thank you. We'll be moving on to our next virtual panel. We will be hearing from Ravi Reddi, Mona Hussain, Sushmita Diyali, Paul Lee, Jane Jang and Amy Lin. First, we'll hear from Ravi Reddi. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Starting time.

RAVI REDDI: Hi, I'm with my partner right now, so her father was going through surgery, so I'm taking all my calls from here.

COMMITTEE COUNSEL: Ravi? Okay, we're going to move on from Ravi to Mona Hussain. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Mona? Okay, we'll be moving on to Sushmita Diyali, please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Starting time.

SUSHMITA DIYALI: Good afternoon Council Member Schulman and other members of the Health Committee.

Senior Manager of hub services of South Asian Council for Social Services, SACSS. Thank you for this opportunity to share with you a glimpse of how some healthcare access programs impact immigrant New Yorkers wellbeing.

Our mission is to empower and integrate underserved South Asian and other members into the economic and civic life of New York to free programs provided by culturally competent staff speaking 19 languages, 12 South Asian languages as well as Spanish, Mandarin, Cantonese, Haka, Malay, Haitian, French Creole. The majority of the clients lack access to comprehensive healthcare services and are unaware of the services that they can get.

Their limited English proficiency only creates more barriers for them. The fear and misinformation often lead community members to decisions such as terminating benefits out of fear of becoming a public charge. Managed Care Consumer Assistance Program, MCCAP, is one of the key initiatives of the City Council. This initiative has enabled our staff to assist clients to navigate the healthcare system. Take the case of Ms. Tabasum, 72 years old, lost her SSI benefits due to a miscommunication with Social

Security Administration. This automatically disenrolled her Medicaid. With multiple chronic conditions and taking more than five prescription drugs. She was only able to get assistance from Social Security Office.

On Saturday September 24th, 2022, Tabasum was on main street flushing where she saw SACSS staff distributing flyers in Bengali, Hindi and Urdu, about assistance with health insurance. She asked for our help in getting back her insurance. Our MCCAP advocate helped her apply HRA Medicaid Access of application, called her doctor to get a new order on prescriptions, requested the pharmacy to provide a week's supply and within two weeks she got her coverage back.

We also assisted her in getting back her SSI. Enrolled her for SNAP benefits introduced her to SACSS' Senior Center where she made new friends. As part of MCCAP, we will continue to assist and connect New Yorkers with essential health related services. We request the esteemed City Council —

SERGEANT AT ARMS: Time expired.

SUSHMITA DIYALI: To increase the FY 2024 funding of MCCAP to $2.3 million. Thank you.

CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: Thank you. We'll be moving on to Paul Lee. Okay and Paul is not present, so we will be moving on to Jane Jang. Please wait for the Sergeant at Arms to call time before you begin.

SERGEANT AT ARMS: Starting time.

JANE JANG: Thank you, Council Members, for allowing me to testify today. My name is Jane Jang. I am a Grants and Advocacy Coordinator from the Korean Community Services of Metropolitan New York. Founded in 1973, KCS is the oldest and largest Korean nonprofit assisting underserved communities across the New York City area.

KCS is an active member of the 18 percent and Growing Campaign. This campaign intends to advocate for more investments in the distinct needs of the rapidly growing AAPI communities in New York City. 78 percent of AAPIs in New York City are foreign-born. Our heavily immigrant communities tend to display limited English proficiency and therefore demonstrate the highest poverty rate of all ethnic groups in New York City, with one in five AAPI living in poverty. Yet AAPI organizations received less

than five percent of the City Council discretionary dollars in FY22.

A major need in AAPI communities is equitable access to linguistically and culturally competent healthcare services. Through Access Health, NYC MCCAP, Breast and Colorectal Cancer, Viral Hepatitis B, and Tobacco Cessation programs in FY23, the KCS public health and research center assisted low-income and vulnerable AAPI New Yorkers in affordable healthcare enrollment and post-enrollment services.

We also provided screenings, counseling and education for high-risk health behaviors and diseases that our community members are more susceptible to. To meet the increased demand for culturally and linguistically sensitive healthcare services across the AAPI communities following the outbreak of COVID-19, KCS PHRC has been working to expand the scope of our programs to address the health needs of more AAPI groups.

Challenges exist in this process, however, due to limited funding that reduces our capacity to hire and retain bilingual and culturally competent workers and effectively provide our intended deliverables. KCS is just one out of many organizations that experience

these challenges. Therefore, we stands in support of the 18 percent and Growing Campaign. Please consider our coalition's

SERGEANT AT ARMS: Time expired.

JANE JANG: Request for an equitable share of State and City funding so that every AAPI communities' needs, including accessible healthcare, will be met. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. Did you want to?

CHAIRPERSON LEE: Yeah, KCS.

CHAIRPERSON SCHULMAN: Sorry.

COMMITTEE COUNSEL: Thank you, we're going to be moving onto Amy Lin. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Starting time.

AMY LIN: Hello, my name is Amy Lin and I'm the Health Partnerships Policy Coordinator at CACF, the Coalition for Asian American Children and Families. Thank you very much to Chair Schulman and Chair Lee for holding this hearing and providing me the opportunity to testify.

CACF is one of four lead agencies for Access Health NYC, which is a City Council, citywide

initiative that funds community-based organizations or CBO's to provide education, outreach and assistance to all New Yorkers about how to access healthcare and coverage. The initiative is composed of four lead agencies including ourselves and 34 awardee CBO's who provide culturally responsive linguistically accessible and accurate information specifically targeting hard to reach populations and those experiencing barriers to healthcare and coverage.

The initiative began in 2015 with 12 CBO's and federally qualified health centers and has nearly tripled to 34 current awardees across all five boroughs. Thanks for the advocacy and collaboration of peers with New York City Council Members and leadership. Right now is a crucial time to focus on our health initiatives in New York City. We know the COVID-19 pandemic has left a devastating impact on our marginalized communities and it's also important to think about ways to support New Yorkers experiencing mental health issues and long COVID.

In response to the changing circumstances in New York, our CBO's have always stepped in to conduct outreach that targets folks experiencing barriers to

healthcare and coverage including individuals who are uninsured, have limited English proficiency, are LGBTQ+, are homeless or formerly incarcerated, live with disabilities and are asylum seekers and refugees. Meanwhile the lead agencies have trained, monitored, evaluated and provide technical assistance and guidance.

In Fiscal Year 2023, City Council designated $3.7 million to access Health NYC. Even in the face of increasingly limited resources and our needs, our organizations have continued to work to support our most vulnerable community members. Thus, we're calling to actually enhance the initiative to $4 million for Fiscal Year 2024 in order to sustain our critical services to communities. This funding is key to ensure that all awardees receive the same baseline funding and we would also be able to invite a few more CBO's to join this important initiative. So, really encourage you to think about expanding this initiative and thank you very much for your time.

CHAIRPERSON SCHULMAN: Thank you very much and Access Health is very important to us and to the city. Thank you.

COMMITTEE COUNSEL: Thank you. At this time, we're going to call Ravi Reddi again. Ravi, if you're available, please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Okay, then we're going to be moving on to our next virtual panel. We'll be calling Jimmy Meagher, Judy Eisman(SP?), Zachary Katz Nelson, Joseph Turner, Dr. Victoria Phillips, and Madaha Kinsey Lamb(SP?).

We will start with Jimmy Meagher. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Starting time.

JIMMY MEAGHER: Good afternoon and thank you. My name is Jimmy Meagher, and I am Policy Director at Safe Horizon, the nation's largest non-profit victim services organization.

Safe Horizon helps 250,000 New Yorkers each year who have experienced violence or abuse. We are grateful for your years of collective support and for championing our nonprofit human services sector. I'll submit my full testimony but wanted to emphasize a few points. First, Safe Horizon is a proud member

of the Just Pay Campaign. Our dedicated staff desperately need a 6.5 percent COLA this year.

Second, City Council initiative funding contracted through DOHMH supports our street work project, counseling center and community programs. We're requesting restoration of the viral hepatitis prevention initiative, Court Involved Youth Mental Health Initiative, Children under Five Mental Health Initiative, and Mental Health Services for Vulnerable Populations Initiatives, so we can continue to reach, help and support survivors across our city.

Lastly, Safe Horizon has major concerns with the Mayor's plan to have police officers respond to and involuntarily remove and hospitalize New Yorkers that are too mentally ill to care for themselves, even if they pose no threat to others.

We know that violent encounters with the police are profound barrier to safety and healing. The Administration is approaching the homelessness crisis with a mindset that unhoused New Yorkers are refusing support rather than seeing and understanding that our current system responses are vastly inadequate. What unhoused New Yorkers need is not police response but a massive investment in housing and long-term

treatment and care. Our current mental health system is itself in crisis, forcefully hospitalizing folks and cycling them through the system will do more harm than good.

Ultimately, our unhoused neighbors and community members need quality, safe, affordable housing and accessible mental health services. That is where we should be investing our resources. Thank you so much.

COMMITTEE COUNSEL: Thank you. Apologies for mispronouncing your last name. We are moving onto Judy Eisman. Please wait for the Sergeant at arms to call time before you begin your testimony.

SERGEANT AT ARMS: Starting time.

JUDY EISMAN: My name is Judy Eisman, I served for many years on the New York State Commission on Quality Care Advisory Council. I currently serve on the Board of Directors of a federally qualified health center. I'm keenly aware of the immeasurable challenges the Committee is facing. Thank you for all you do.

I come before you today concerned about the physical and mental health of all public service retirees who are in jeopardy of losing their valued

traditional Medicare and GHI senior care. We are asking for your support to protect us from losing access to the providers and hospitals that have served us so well.

On a personal note, our son Gregory, now age 47, non-verbal, non-ambulatory, and has a seizure disorder and a brain cyst. It's in operable. He's profoundly retarded, was diagnosed years ago Lennox gastaut seizures.

In 2018, his dysphasia had deteriorated, resulting in repeated hospitalizations for aspiration pneumonia. A feeding tube was surgically placed in October of 2018. It is keeping him alive but needs to be changed periodically at Stonebrook Hospital. From 1985 until 2000, Greg's Lennox Gastaut Seizures disorder was out of control. We would send him to small community hospitals and they could not handle this complex medical need. They would transfer him to Stonybrook. Stonybrook Hospital will not participate in the City of New York Medicare Advantage PPO plan. This is a death sentence for Gregory. His Stonybrook neurologist successfully manages his condition. We do blood work frequently and we are able to prevent hospitalizations by

titrating his medications at his residence. In addition, this will become out of network.

CHAIRPERSON SCHULMAN: Sorry to interrupt but this is not appropriate for this Committee at this time. But if you want to end in a sentence. But we have to move on. I'm sorry.

JUDY EISMAN: Okay, we just need you to understand that the plan is really inequitable, unconscionable and discriminatory. We need your help in protecting us. Thank you.

CHAIRPERSON SCHULMAN: Okay.

COMMITTEE COUNSEL: Thank you. We'll be moving on to Zachary Katz Nelson. Please wait for the Sergeant at Arms.

SERGEANT AT ARMS: Starting time.

ZACHARY KATZ NELSON: Hi good afternoon. I'm Zachary Katz Nelson, the Executive Director of the Lippman Commission. I'd like to speak about Rikers Island and investments that could be made to safely reduce the number of people subjected to that dysfunctional violent place and cut recidivism. As was alluded to earlier, Rikers is the largest psychiatric facility on the East Coast. Over half of the people there have a mental illness. Over 1,100

people there have a serious mental illness. Numbers have grown by a quarter in just the last year alone but nine out of ten people at Riker's are there pre-trial awaiting for their day in court but because cases move so slowly in New York City, many sit in jail for months, for years. I recently met a man there with serious mental illness who had been waiting for four years for a trial on Rikers. And these delays don't just keep incarcerated people like him in limbo, thus keep victims waiting for answers and accountability. Therefore, we urge two critical investments. First, supportive housing has been discussed here before. 2,500 or 2,600 people cycling in and out of Rikers every year who need supportive housing.

It costs about $1 billion, more than $1 billion to incarcerate them. It will cost just over $100 million to provide supportive housing with far better outcomes. And we also ask that you add 500 new supportive housing every year for the next three years to try and meet the needs of this population. Meanwhile cases drag on in part because the Office of the Chief Medical Examiner, despite their best efforts, has a real lag in their ability to test

evidence. It can take six, seven months sometimes to get results back.

And that means that people sit in jail waiting for those results, whether they're innocent or guilty because there's such a backlog. And so, we ask you to fully fund that office as well. Thank you so much.

CHAIRPERSON SCHULMAN: Thank you. Hi, I just, for those who are waiting to testify, I just want to let you know that we're not — this is not a hearing about the Medicare Advantage Program, so we're going to ask that you speak about anything that's involving the Health Department Budget but it is not a hearing about that and I appreciate people keeping their remarks to the Department of Health and Mental Hygiene and the Office of the Chief Medical Examiner. Thank you.

COMMITTEE COUNSEL: Thank you Chair. At this time, we would like to hear from Joseph Turner.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: And Joseph is not present, so moving onto Chaplain Dr. Victoria Phillips.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Dr. Phillips is also not present and then we're moving onto Madaha Kinsey Lamb.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Madaha Kinsey Lamb? Okay, uhm, we're going to go back to Ravi Reddi. Ravi, please wait for the Sergeant at Arms to call time before you begin.

SERGEANT AT ARMS: Starting time.

RAVI REDDI: I appreciate the Council Members, especially the Committee Chairs Lee and Schulman for having us here to present on this year's budget.

I'm Ravi Reddi, the Associate Director of Advocacy and Policy at the Asian American Federation where we proudly represent the collective voice of more than 70-member nonprofit, serving 1.5 million Asian New Yorkers. And as Asian New Yorkers grapple with the effects of rising anti-Asian hate, attentive pandemic recovery, and continued economic insecurity, mental health demand has skyrocketed in our community at exactly the time where funding has not.

So, you know in partnership, I want to walk you through some of the work we've been doing. In partnership with our member organizations in 2021,

our mental health program resulted in 13,000 Asian New Yorkers gaining access to mental health services. In 2022, AAF released the first ever online mental health provider database that prioritizes providers who speak Asian languages and understand Asian cultures.

To that end, AAF will work closely in partnership with six Asian community-based organizations to increase access to in-language culturally responsive clinical and non-clinical services. In FY 2024, we will also continue to expand our online mental health directory by adding 50 to 100 providers to the 195 we already have across the city. This work and the work of our community mental health providers need support more than ever before and many of the issues that Asian community space, as we all know are interconnected, further emphasizing the importance of nonprofit community-based organizations that are able to provide multiple types of aid.

And Council Members need and I'm sure already understand the urgency of addressing the persistent inequities in city contracting practices. Last year, the median total allocation in FY 2023 across City Council Initiatives was less than $260,000 across 34

member organizations of ours, an amount that was barely enough to maintain operations and on top of that, many who are getting much smaller allocations but dependent on it even more. I haven't even heard back from agencies. This is an agency issue and we really ask that City Council does everything it can to make sure that agencies are moving as quickly as possible on contracting. I'm sure you've heard it —

SERGEANT AT ARMS: Time is expired.

CHAIRPERSON SCHULMAN: Finish up, go ahead.

RAVI REDDI: Okay, thank you so much Council Member Schulman. Specific to this year's budget, we're asking City Council to increase funding for the Immigrant Health Initiative and the Mental Health for Vulnerable Populations Initiative to support mental health across Asian and other marginalized communities. We encourage to at least baseline those numbers but get that money out as quickly as possible and protect the discretionary funding that City Council really has been supporting so many community members and community organizations with. Thank you so much for having us and we look forward to continue this conversation with all of you. Thank you again.

CHAIRPERSON SCHULMAN: Ravi, we see you all the time and we so appreciate the work that you do. Thank you so much.

RAVI REDDI: Thank you so much.

COMMITTEE COUNSEL: We'll now be moving to the next remote panel. This panel will be Eileen Mayor, Louise Bolanos Ordonez, Toni Smith, Ramone Laclerk, Ibrahim X. Cristine Henson and Kelly Young, as well as Harold Banks. So, a large panel.

So, Eileen Mayor, you may begin once the Sergeant queues you. Thank you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Eileen? Eileen, we're gonna, we're gonna unmute you and move to the next person or mute you and move to the next person. Louise, you may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

LUIS BOLANOS ORDONEZ: My name is Luis Bolanos Ordonez. I'm a Civil Rights Union Organizer with Vocal New York. We are part of the severe communities united portfolio reform and the peoples plan. The people — we're part of peoples center budget, Care not Cuts. Peers not cops. What is not people centered in many aspects is you know many

aspects of the way that we currently deal with people who are undergoing mental health complexities and issues with drug addiction. Outside of the lifesaving home reduction services that we are providing at Vocal, we believe in empowering the most marginalized members of society. We've got the revolutionary belief that there nothing really wrong with our people.

Systemic violence is at the root of many of these issues that we're dealing with. I've successfully reversed two overdoses in the street. We instruct folks to call 911 and say medical emergency. Have to refrain always from saying overdose on drugs when they call 911 and then we hope the police doesn't show up first. The overdose crisis a policy choice brought to us by the War on Drugs. If I go to the store to grab beer, I ain't got to worry about it being laced with fentanyl. While discussion mental health, we must also include the conversation you know [05:38:19- 05:38:22].

I was born originally Latin American where the war on drugs left millions traumatized. Having experienced homelessness myself, I know that many of my worst symptoms got better as soon as I was housed.

Homelessness in our city is a crisis and also a policy choice. More than once, I've been taken against my will to the psych emergency facility at Elmhurst Hospital. I've witnessed police officers willingly agitating a young man undergoing a mental health crisis. He was handcuffed to the bed, he kept screaming and shouting. Whenever he would calm down and stop, police officers would turn the lights on and off in his room until he started screaming again. A statistic, racist, that enforces and protects the injustices of our society is the last thing that we need in any mental health facility.

The first time that I went to seek some mental health for my addiction issues, I receive a treatment that made me feel —

CHAIRPERSON SCHULMAN: Sir, you need to summarize your testimony please.

LUIS BOLANOS ORODONEZ: Yes, one more sentence. So, I refused to go back. I refused treatment for several years. I prefer to deal with the symptoms than deal with people that made me feel inferior and shame. Empathy, respect, compassion, love and actually what should be at the heart of [INAUDIBLE [05:39:49]. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: Toni Smith, you may begin once you're unmuted and the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Toni Smith, you are unmuted, if you can please begin your testimony or we will move onto the next person.

We will be moving on to the next person. Ramone Laclare, you many begin once you are unmuted and the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: I don't think Ramone is on. Ibrihim X. if you are prepared, please accept the prompt, that will unmute you and then begin once the Sergeant queues you. Thank you.

SERGEANT AT ARMS: Starting time.

IBRIHIM X: I'm definitely prepared. I hope you all are prepared. This is my testimony. [05:41:13-05:41:28]. This is Daniel Pru, otherwise known as Danny P. to those who love him. [05:41:31- 05:41:37] When he died, he was the same age I was, I am now, I should say, 41 and looks kind of like me. Baldy, handsome, Black and mentally ill.

So, if you guys decide you want to play games on the Council and not fund mental illness in the Black community and mental health, then you're just going to replace this face with my face and other faces. So, just take a look at who is going to be dying because this one already did. And more is coming if we don't get justice and if we don't get funding. I'm Ibrihim X, Civil Rights Leader Vocal New York, Brooklyn.

CHAIRPERSON SCHULMAN: Thank you.

IBRIHIM X: Two minutes, I'm not done. You can look at this man two minutes. My testimony is visual and put him on the big screen. You can recognize him because he's all over New York.

SERGEANT AT ARMS: Thank you. Time is expired.

COMMITTEE COUNSEL: Thank you. We'll now move to Kelly Young. Once you're unmuted and the Sergeant queues you, you may begin.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Kelly, you may begin.

KELLY YOUNG: Can you hear me? Okay. My name is Kelly Young, I am the Civil Rights Campaign Coordinator at Vocal New York. We are a grassroots member led organization built in the political power

of people impacted by mass incarceration, war on drugs, homelessness and HIV Aids epidemic. Our members and leaders are formerly incarcerated drug users, homeless and people living with Aids and HIV. They know all too well the violence that NYPD enacts. Violence that is yielded disproportionately against Black, Brown, and poor New Yorkers.

Sorry, I lost my notes. I'm sorry. They know first-hand the violence and ineffectiveness of involuntary admission. They know the harm of divestment for mental health services and resources. Simply put, public health crisis should have a public health response.

Instead our members have been met with guns and force. The NYPD Homeless Outreach Unit was disbanded in Fiscal Year 2021, responding to CPR's NYC Budget Justice Coalition demands. As the acknowledgement that homelessness was a public health issue requiring a public health response. We know and we have seen how the NYPD is often violent and abusive to homeless New Yorkers. It is deeply concerning that DHS is planning on spending over $30 million in Fiscal Year 2024 on their own police force. Putting homeless New Yorkers at risk by increasing NYPD involvement in

homelessness. DHS should have abandoned failed strategies to increasing policing of homeless New Yorkers and focus on ending homelessness. We heard yesterday during the public safety hearing, that the forced assistance plan is not only racially bias but it also a failure. There have been over 1,300 people involuntarily assisted since late January, 47 percent were Black. These kinds of disparities should alarm everyone in the City Council.

The city is spending close to $5.7 million on NYPD mental health co-response teams that only reach 556 individuals last year and fail to connect people to services 70 percent of the time. This means that the city is spending over $10,000 for every person at the NYPD co-response teams interact with. You are failing to address the issues that landed them in crisis in the first plan.

The Council needs to get rid of NYPD mental health co-response teams and move $5.7 million from the NYPD into mental health services. These solutions are not evidence based and our community members are dying as a result. We know this administration is capable of following evidence-based

practices. We've seen it in recent mental health plans, specifically with regard to drug user —

CHAIRPERSON SCHULMAN: Excuse me. Can you please summarize the rest of your testimony?

KELLY YOUNG: Your call for the same people centered approach to all public health issues. One of Vocals top state priorities is the passage and full implementation of Daniels Law. We must end the role of police as a default response to people in crisis. We are calling on the City Council to pass a resolution and call on our state lawmakers to pass Daniels Law. Thank you.

CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: We'll next hear from Harold Banks. Please wait till the Sergeant queues you and then you may begin. Thank you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Harold Banks, you may begin. I see you on the screen and you're unmuted. I apologize, I don't think we can hear your audio. Apologies, it doesn't seem like the audio is going through. We're going to move onto the next panelist but we'll recall you. Oh, never mind, it says

connecting. I'm just going to wait a few seconds to allow him to connect to the audio to see.

Alright, we're going to move onto the next panelist and we'll recall Harold after. Eileen Mayor if you're here, please begin once the Sergeant queues you. Thanks.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Eileen? Can you hear us? Okay, we're going to — I'm going to call Toni Smith, if you are here, please wait till the Sergeant queues you and then you may begin. Thanks.

SERGEANT AT ARMS: Starting time.

TONI SMITH: Can you hear me?

COMMITTEE COUNSEL: Yes, we can. Thank you.

TONI SMITH: Okay, good afternoon. I'm Toni Smith, I'm the New York State Director for the Drug Policy Alliance. We are also a member of Communities United for Police Reform. Thank you for the opportunity to speak.

I am here to ask for the Council's help in fully implementing the city's plan to open and fund overdose prevention centers. I grew up in Washington Heights and attended school in East Harlem where my children now attend school. These are the two

neighborhoods currently served by overdose prevention centers. These centers save lives and they also provide non-stigmatizing voluntary care and community. On Point NYC, which operates New York City's two OPC's has intervened an 819 overdoses in 16 months. And importantly, they also provide care in community that is so often denied to people who use drugs. The lack of which has led to the improper use of police as the default responders.

As we build up harm reduction services, we must also undo the ways people are criminalized so that people can actually heal from harm. New York City has committed to opening more OPC's but as Commissioner Vasan said earlier, the city needs clarity from the state to fully implement this plan with public funding. Opioid settlement funds are specifically intended to repair and reduce the harms related to opioid addition. And state authorization will provide that clarity for the city to allocate settlement funding for overdose prevention centers.

There is movement at the state level to pass legislation authorizing overdose prevention centers and allocating funding for them. The Safer Consumption Services Act was reported out of the

Assembly Health Committee this morning. The Council can support these efforts by amplifying your support for funding overdose prevention centers to the state legislature. New York has the knowledge, the city and State Health Department leadership, we have the science on our side and we have available funding. We just need the state to act to bring this all together to save New Yorkers lives and the Council can play a role in that and I hope you will. Thank you.

CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: We'll now go back to Harold Banks. You may begin once you're unmuted and the Sergeant queues you. Thank you.

SERGEANT AT ARMS: Starting time.

HAROLD BANKS: Hi, my name is Harold Banks and I'm a member of Vocal. I'm coming to you today to testify on behalf of ending the polices budget when it comes to mental health distress calls.

I'm a personal victim of over policing by the police on a mental health issue. I served seven and a half years in the United States Navy for my country. When police were called because I suffer from combat PTSD. When police are called and they

come to the scene, my under the influence of my PTSD. When you come in overwhelming presence like that, I'm taking that as a threat and with my combat training, I'm going to handle what I need to handle. So, for police to respond to mental health issues, you don't know what a person is dealing with. You don't know what a person is thinking but I understand why they need to for safety issues. But it's not necessary when by them showing up the way they do and as overwhelming force the way they do, it's more of an intimidation tactic and that's not always going to work on somebody like me.

All that's going to do is escalate the situation more. And we can't afford to have that because if you look at the homeless population in just the State of New York, 73 percent of your homeless population is us combat veterans. It's unacceptable. What you need to do is instead of funding the police, take this money that's being funded for them and allocate it toward more mental health, getting housing for us vets to get us off the streets and having us, help us deal with our issues because we're ultimately created by this country to have these issues.

If it wasn't for us putting our lives on the line to defend this country —

SERGEANT AT ARMS: Time expired.

HAROLD BANKS: It would be a free for all. Thank you.

CHAIRPERSON SCHULMAN: Thank you.

CHAIRPERSON LEE: Thank you. Sorry, for those that are with him, I just had a question real quick. This is Chair Lee, sorry. So, first of all Harold thank you so much for your service and so sorry to hear about your personal experiences but just out of curiosity, did you ever have any sort of interaction with the veterans treatment courts at all or no?

HAROLD BANKS: No because my discharge was less than honorable. I'm only allowed a limited benefit under the VA. They cover just bare basic minimal medical.

CHAIRPERSON LEE: Okay, that's good to know.

HAROLD BANKS: I also have family members that also have served right alongside me because it's a family lineage, so I have people I can lean on for support when I'm going through the issues because they've been in my shoes. You can't walk in my shoes unless you've been in them. And all us vets know, if

you've been in live combat, you know if you look to the left of you or the right of you, you have your brother to depend on and your brother has you to depend on. Where's the help from our country when our country asks us to step, we do. Now we need you to step up and you don't and I'm going to leave it at that.

CHAIRPERSON LEE: Thank you and if you guys could connect with us offline, that would be great.

COMMITTEE COUNSEL: Thank you. We'll now call Christine Henson.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: It doesn't look like she's online, so we'll move on to the next panel. Our next panel will be Rachel Cohn, Sue Ellen Dodell, Lizette Collin, Roberta Pixer. Rachel, you may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: We'll move on to the next. Sue Dodell, you may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

SUE ELLEN DODELL: Hello, my name is Sue Ellen Dodell, I am a lawyer. I've worked for the city

since 1979. I'm concerned about the effect on the Health Department Budget of the contract that the city is about to enter into with Aetna for a Medicare Advantage Plan for city retirees. The Plan is inferior to traditional Medicare because it reduces retirees access to necessary care and will have grave consequences for the Health Department Budget.

City retirees will be forced to delay necessary care resulting in an increased reliance on urgent care facilities, emergency rooms and Medicaid. As you conduct today's budget hearing and think about the effect of the Aetna Plan on city residents health, consider that even doctors who are in that work with Aetna do not have to remain in the Aetna plan and their withdrawal from the plan will ensure that city health department clinics and hospitals in New York City will be forced to serve these patients. This increased demand on city clinics and hospitals will greatly impact the city's budget. Further, because care received by city retirees in the Aetna plan will be inferior to traditional Medicare. It will result in the increased cost to the city when retirees and others covered in the Aetna plan will

need to seek treatment at City Health Department clinics and hospitals.

I urge you Council Members to support the legislation sponsored by Council Member Farias, which would continue to provide retirees with a robust medigap plan. Thank you.

CHAIRPERSON SCHULMAN: Thank you. Listen, I want to let the next panelist know, if you're testifying about Medicare Advantage, we're not going to allow the testimony. I am a big supporter of the retirees, just like a lot of my colleagues are but this is not the forum for it. The Medicare Advantage program has absolutely nothing to do with a budget hearing for the Department of Health. The Department of Health has nothing to do with the Medicare Advantage Program, so if that's what — we want to hear what you have to say but this is not the forum for it. So, please, please keep that in mind when we're going through the next testimonies. Thank you.

COMMITTEE COUNSEL: Lizette, you may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Move on to Roberta. You may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Alright, we'll move on to our next panel. Our next panel will be Kendra Clark, Sharon McLennan Weir(SP?), Louis Abreu(SP?), Matthew McCowley(SP?), Jeannine Kelly, Robin Canariodo(SP?). And Kendra, you can begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Moving on. Sharon, you may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

SHARON MCLENNAN WEIR: Can you hear me?

COMMITTEE COUNSEL: Yes, we can.

SHARON MCLENNAN WEIR: Oh, thank you so much. Good afternoon. My name is Dr. Sharon McLennan Weir, I am the Executive Director for the Center for Independence of the Disabled New York City. I'm here to testify on behalf of New Yorkers with disabilities, specifically for those that have mental health disabilities.

I'm here to advocate the funding for more comprehensive mental health services for people with mental health disabilities. It is important that we provide cultural competence, cultural understanding,

supportive and evident base mental health services for people with mental health disabilities. Earlier this morning, there was a rally in support of comprehensive peer support services for people with mental health disabilities and further the understanding of comprehensive culturally competent healthcare for people with mental health disabilities. I'm here to advocate for all people with disabilities but to make sure that people with mental health disabilities have the rights to good mental healthcare. Mental healthcare is a right and it's not a privilege and it's important for us to provide the funding that's needed to ensure that each person that lives in the State of New York can access work, can access love, and can access play.

We need individuals to understand that their homes should not be in the streets and with the proper services, they will be able to get the care that they need. Thank you so much and I appreciate your support.

CHAIRPERSON LEE: Hi, Dr. Weir, it's Linda, nice to hear your voice. Thank you so much for all your advocacy and work.

COMMITTEE COUNSEL: Alright, moving on to Louis Abreu. You may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Louis Abreu? Are you prepared to testify? You are unmuted.

LOUIS ABREU: Hi, good afternoon everyone. My name is Louis Abreu and I'm the Director of Substance Use Treatment Services of Project Renewal. It's homeless services nonprofit agency that provides shelter, housing, healthcare and employment services. Thank you to Chair Schulman and the City Council for this opportunity to testify. We're grateful that the Mayor's mental health plan outlines the need to address the overdose crisis and reach individuals with serious mental illnesses. Both issues are major concerns for the communities we serve.

At Project Renewal, our programs that are substance use and mental health include psychiatry, telepsychiatry, substance use disorder treatment services at our 3rd Street location and an employment program for people with serious mental illnesses, among others.

Today, I want to highlight one program in particular that compliments the Mayor and Council's

priorities. To address the substance use and serious mental health needs of New Yorkers. That program is Project Renewals, the current connection center. In partnership with DOHMH, the center provides stabilization and treatment services for adults experiencing mental health and our substance use crisis. In 2020 as the first program of its kind in the city.

The centers guests are referred by the NYPD and other sources as an alternative to arrests. Summons or the emergency room. We serve up to 18 guests at a time for stays of up to five to ten days. Guests have access to the interdisciplinary team of peer, counselors, and providers including a psychiatrist, occupational therapist in addition to meals, showers and laundry. We have served over 650 New Yorkers at the center, over 50 percent of guests have chosen to stay engaged with our services, which include connections to community services and longer-term support.

We hope that the city will expand support and connection center model to more neighborhoods. We stand ready to provide insight and leadership based on our extensive experience. Project renewal is

grateful for the Council's partnership and for prioritizing the health of the hardest to reach New Yorkers. Funding from the City Council —

SERGEANT AT ARMS: Time expired.

LOUIS ABREU: Funding from the City Council in FY24 would allow Project Renewal to meaningfully address the critical needs of people who use drugs, people with serious mental illness and who are experiencing homelessness. Thank you for this opportunity.

CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: I'll now call Matthew McCowley.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: I'll move on to the next. We'll now call Jeanine Kelly. You may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Jeanine Kelly, you may begin your testimony. We're going to move on to the next person. Robin Canariodo, you may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time. Ma'am, you're still muted.

COMMITTEE COUNSEL: We're going to try Jeanine Kelly again. Jeanine, we're going to unmute you. Please wait for the Sergeant to queue you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Jeanine, you may begin your testimony. Okay, we're going to move on to the next person. Okay, apologies, I think there's some technical difficulties. We're going to call Robin. We're going to unmute you. I think your name may be mislabeled on our Zoom account, so apologies. You may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

ROBIN CANARIODO: Good afternoon and thank you. My name is Dr. Robin Canariodo. I am a retired New York City Police Officer and I'm the President of a nonprofit organization called, Talk to me Post Tour Processing. Talk to me Post Tour Processing is a 501C3 organization. We have a patented program that we have developed for law enforcement officers to ameliorate their exposure to post-traumatic stress. Just because their tour is over, doesn't mean it's over. Police Officers can be exposed to more traumas in a single tour than most civilians experience in a lifetime. Left unintended with tension and stress

that result in being bombarded by these traumas can have devasting effects. This can lead to difficulties with personal relationships, alcoholism, suicidal thoughts and unintentional overreactions to the job. Our program offers anonymity, confidentiality and security. It is a comprehensive plan for early identification and remediation of critical stress in law enforcement personnel, specifically designed to eliminate or reduce future instances of adversarial contacts and to restore positive relations amongst law enforcement officers and the communities that they serve.

Our program is peer to peer, a trained peer facilitator helps other attendees process what they have been exposed to daily. It is a way for them to rewind their roll calls. We have currently developed this for law enforcement officers and we are now moving into helping others with this. We hope that the City Council will give us funding, so that way we make a difference in restoring relations between the police and the communities and I thank you very much for the opportunity today. Thank you.

CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: We're going to move on to our next panel. This panel will be Jennifer Parish, Maria Reinoso, Sage Schaftel, Emily Melnick, Joseph Tols and Greg Mihailovich. Jennifer Parish, you may begin once the Sergeant queues you and you are unmuted.

SERGEANT AT ARMS: Starting time.

JENNIFER PARISH: Good afternoon Thanks for the opportunity to testify. My name is Jennifer Parish and I am the Director of Criminal Justice Advocacy at the Urban Justice Center Mental Health Project. I'm testifying today to stress the need to reduce the number of people with mental health challenges involved with the criminal legal system and incarcerated in New York City jails.

The Council should fund community services and supports for this population and you have the resources to do so. The Department of Correction Budget can be cut by at least $350 million and that funding reinvested into services that create long-term stability for people with mental health challenges. Here are three things that the Council should fund instead of incarceration.

First, forensic assertive community treatment teams or FACT, for people who require a higher level of mental health support and are involved in the criminal legal system. Currently, there aren't enough ACT, FACT or Intensive Mobile Treatment Teams to serve those who need them. The Governor and Mayor have proposed expanding at capacity. We're asking the Council to add funding so that some of those new slots can be designated for people involved in the criminal legal system and some specifically to serve as alternative to incarceration programs.

Second, we ask that you enhance funding for justice involved supportive housing or JISH. The city committed to increasing this housing, which serves people with behavioral health needs who cycle through incarceration and homelessness. But because the city hasn't provided the level of funding that housing providers need to provide these essential services, the additional units have not been created. We urge you to increase rates for JISH funding to the level recommended by the Corporation for Supportive Housing, for a total investment of $12.8 million for 500 JISH units.

Third, we ask that you provide funding for a true nonpolice response to people in mental health crisis, which involved peers trained in de-escalation as recommended by the CCIT NYC Campaign. And finally, we urge the Council to pass Resolution 156 of 2022. This resolution calls on New York State legislature to pass and the governor to sign —

SERGEANT AT ARMS: Time expired.

JENNIFER PARISH: Which will expand access to treatment alternatives for people with mental health challenges.

Thank you very much for this opportunity. We'll provide written testimony that includes more details about this recommendation.

CHAIRPERSON SCHULMAN: Thank you so much.

COMMITTEE COUNSEL: Thank you. We'll now move to Maria. You may begin once you are unmuted and the Sergeant queues you. Thank you.

SERGEANT AT ARMS: Starting time.

MARIA REINOSO: Maria Reinoso, I'm a Senior Health Advocate at Make the Road New York. We have a membership of 25,000 individuals. Make the Road has now been serving New York immigrant and working-class communities for color for 25 years. We provide

health, legal, adult education and youth services, community organization and policy innovation. Thank you Chairwoman Narcisse and Council Members Moya, [06:10:42] for securing vital funding in FY23 for our services and for health access in New York City.

Make the Roads FY24 Budget requests on behalf of immigrant and working-class New Yorkers include the following: We request $200,000 for Make the Road under the Speaker's Initiative for our wrap around health, legal, adult literacy and youth services, reaching over 15 individuals per year citywide.

City Council must expand funding for the Access Health Initiative to $4 million. Allocate $2.3 million in funding for the Managed Care Consumer Assistance Program, also known as MCCAP and maintain funding for ending the epidemic at $7.7 million and the immigrant health initiative at $2 million.

We request renew allocations to Make the Road of 110,000 under the Access Health Initiative, $80,000 under the Immigrant Health Initiative, $76,218 under the MCCAP Initiative. And $75,000 under ending the epidemic to help address healthcare disparities and $50,000 from the Food Pantry Initiative for our pantry in Queens and Brooklyn. We ask that the

Council and the Mayor continue to advocate for the state to include all immigrants in the 1332 waiver request, which will allow the state to access federal funding to expand health coverage to all immigrants.

The city should continue to advocate for passage of coverage for all in this year's state budget —

SERGEANT AT ARMS: Time expired.

MARIA REINOSO: To insure that all immigrants have access to health insurance regardless of immigration status. We appreciate your support. Thank you very much.

CHAIRPERSON SCHULMAN: Thank you very much and please submit your entire testimony to us because we'll definitely put it in the record.

COMMITTEE COUNSEL: We'll now hear from Sage. You may begin once you're unmuted and the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

SAGE SCHAFTEL: Chair Schulman and members of the Committee. Thank you for your time this afternoon and for holding this hearing. I'm representing the early care and education consortium, a national alliance of high-quality childcare providers, state childcare associations, and education service

providers. Our members operate nearly 7,000 childcare centers across the country including 222 in New York and 87 of those in New York City.

I wanted to focus my testimony on something we've raised before the childcare background check processing delays that have long faced providers and staff, including before and after school programs, as well as summer programs. These delays are specific to programs under the per view of DOHMH and have amplified the childcare workforce shortages throughout the city. These shortages in turn impact the workforce and economy at larger, as providers are forced to reduce hours or close classrooms to meet the important child educator ratio requirements and this then leads to longer waitlists and reduce access to early care and education for working parents.

We know that DOHMH has been working hard to adjust these delays and have seen significant improvements over the last couple months as they work to put in place an automated and more systematic processing system. However, the delays in New York City are still in general, far longer than those in states outside of the city and in most of the other 48 states in which our providers operate.

I include much greater detail and concrete recommendations in my written testimony but I want to urge City Council to continue to prioritize fixing this system. Without sustained investments and attention and resources, we worry that the processing times will revert back to the six to twelve months that they were taking only a few months ago and that continued progress will lag towards meeting the federally mandated 45-day processing time.

With these delays, we're seeing staff enter and leave the workforce before they're fully cleared, either for positions in K-12 where DOE is processing checks much quicker or for different industries all together. And one of the critical things that we've seen throughout the pandemic —

SERGEANT AT ARMS: Thank you. Time expired.

SAGE SCHAFTEL: Early childhood education sector and allowing our economy to continue growing. Thank you for your time and attention to this.

CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: I will now call Joseph Tols.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: I will now call Greg Mihailovich.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Okay moving on to the next panel. We will hear from Melissa Fegara(SP?), Nathaniel Bryant, Victor Herrera, Tanisha Grant and Justin Chen. We'll hear from Melissa first, you may begin once you are unmuted and the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

MELISSA FEGARA: Good afternoon. I am a member of Freedom Agenda and the Treatment at Jail Coalition. I am a mother of a young man detained on Rikers Island and has been there since 2021. My son has an array of challenges and he's been diagnosed with Disruptive Dysregulation Disorder and Autism Disorder and he operates on borderline intellectual functioning.

After initially being denied for investment for mental health diversion court, the Queens district attorney, the ADA was so kind to allow my son to be evaluated to TASK. The evaluation highlighted his struggles and their impact on his behaviors but during my son's court hearing, the ADA shared that he was denied for mental health court and at that time, she shared that they were never really considering

for mental health treatment and the evaluation was only done as a courtesy to the mother because I reached out.

Since then, she proceeded to take pieces out of his assessment to criminalize my son. His appearance are due to an illness and they should not be used to dehumanize him. Rikers Island is the current mental health treatment for Black and Brown communities and this is where people of these communities end up when they struggle with mental health and substance use disorders. They get minimal care if any and they experience extreme trauma and go through lots of traumatic experiences, which are the root cause of psychological disorders. They are exposed to a piece of island and mistreatment which exacerbates their symptoms. Mental health disorders have always been a significant issue in the Black and Brown communities, however, when the public school system, children are labeled as misbehaved, uncooperative and as adults they are criminalized and sent to Rikers.

Additionally, the money we receive from the Opioid Settlement should be used for rehabilitation. Using it for overdose treatment is not being reactive, it's being proactive. I'm sorry, it's not

being proactive, it's being reactive, which does not solve the root cause of the problem.

New York City jails are the countries most funded in jail system and —

SERGEANT AT ARMS: Time expired.

MELISSA FEGARA: New York City spends $556,000 annually per incarcerated person to fail at rehabilitating people or even providing basic services and safety. The city has spent nearly $1 million to torture my son at Rikers Island. What I know is what will actually address these behaviors is intense treatment. I urge you to make this year's budget move money from the bloated Department of Corrections to the quality community-based treatment that my son and so many others deserve. The City Council committed to closing the jails on Rikers Island by 2027. To get there, we have to open up real access to treatment. I urge you to pass the Resolution 156 in support of the Treatment Not Jail Act to expand access to mental health courts. Thank you.

CHAIRPERSON SCHULMAN: Thank you. Thank you very much.

COMMITTEE COUNSEL: We'll now hear from Nathaniel Bryant. Please wait until you are unmuted and the Sergeant queues you to begin.

SERGEANT AT ARMS: Starting time.

NATHANIEL BRYANT: Hello.

SERGEANT AT ARMS: We can hear you but there's an echo sir.

NATHANIEL BRYANT: Thank you. Is that better?

COMMITTEE COUNSEL: Sorry, I think there's still an echo. We're just going to move on to the next panelist but we'll recall you at the end, I promise.

NATHANIEL BRYANT: Okay.

COMMITTEE COUNSEL: Victor Herrera, you will be next. Please wait until you are unmuted and the Sergeant queues you. Thank you.

SERGEANT AT ARMS: Starting time.

VICTOR HERRERA: Good afternoon. My name is Victor Herrera, I'm a leader and member with Freedom Agenda and the Treatment Not Jail Coalition for several advocacy organizations but most importantly I'm a directly impacted constituent with health-based issues.

I'm here to call on the City Council to pass Resolution 0156-2022. A Resolution calling on the

New York State Legislator to pass and the Governor to sign the Treatment Not Jail Act. It's 1976-A463 which would amend the law that establishes drug diversion cost to allow individuals with mental health issues to get access to the treatment they need as well.

This bill would fit the consumption from cost rates to community support and stop the revolving door criminalization, incarceration destabilization and inevitably rearrest. This legislation is good for everyone. Those who suffer from underlined mental health and substance use issues will finally get the services they need to get better and get back on their feet. Communities will be safer. Studies show treatment cost like the one's we are proposing cut rearrest rates and actually increases the rates of recidivism.

Imagine we have more discretion to look at each case on a case-by-case basis and tell me what's best. Not just for the individual who stand before them but also what is in the best interest of the public. Even the DA's will benefit. This will reduce their caseloads and any discover obligations. The Treatment Not Jail Act would allow these individual

the completion of court on a case-by-case basis to consider mission at the treatment courts. These structured, highly effective methods of off ramping people from the criminal legal system is safely connecting them to services they need.

And the NYC has excellent services. We are counting on the City Council to use every ounce of your power to push for the budget that finally responds to the needs of our communities and pass Resolution 0156 2022, which is to the New York State legislature the urgency of passing statewide legislation to expand access to treatment for those with mental health issues through the Treatment Not Jail Act.

I know that the forms are not provided for what my community needs. It's not because there wasn't enough money but because elected officials put the law enforcement ahead of people in need.

I've summarized this but I've submitted my testimony, my document testimony. Thank you, I appreciate it.

COMMITTEE COUNSEL: Thank you. Before we move on, I just want to make a comment that if you're using two devices simultaneously and you plan to

testify, that is typically the reason why we experience that echo or reverb. So, if you could try to use only one device, that would be great.

We're going to now move onto Tanisha Grant. You may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

TANISHA GRANT: Hello, my name is Tanisha Grant. I am the Executive Director of Parent Support and Parents New York, which is a community-based organization, not a nonprofit. A community-based organization that is based in Harlem and Washington Heights and providers all kinds of services to the community. As a community-based organization that is not funded, that has never been funded, we hold panels, we hold community spaces. We a lot of the time, are helping people with mental health issues, such as myself.

I also want to say on the record that I suffer from mental illnesses, depression being one of them that stems from the fact that I was taken away from my mother from birth, which is why I do the work that I do to fill in the gaps.

There are no mental health services out here. They are a joke. They are not mentally coached.

They are not mentally relevant to us. Not relevant to our culture and it is a revolving door for these so-called mental health therapists that come into our community that are getting the stepping stone off of us to the job that they really want.

This is ridiculous, even the way that you hold these hearings is harmful for our mental health. The way people have to build themselves up to come here to testify to an empty chamber. Because by the time people are given their public comment, everybody's calendar is filled. It'd disgusting. We cannot sit here and talk about mental health services and about who is being funded and who is not when it's harmful to even come here and raise our voice.

I suggest that City Council come into our communities and look at community-based organizations like me that you all don't even pay attention to. That filling the gaps when these nonprofits close their doors at 5 p.m.

SERGEANT AT ARMS: Time expired.

CHAIRPERSON SCHULMAN: Finish.

TANISHA GRANT: That is very, also very triggering to hear someone say time expired. I don't believe you understand how harmful this is to our

mental health. I am asking that you all really concentrate on the community-based organizations such as myself who don't get funding but who fill in those gaps every day for mental health services. I ask that you really look at the statistics, that 46 percent of the people being locked up are Black. That is by design. We are literally being drove crazy and then we are criminalized for it due to anti-Black racism, which this country is built off of.

I am demanding that the City Council go to the table and really do some deep searching on what mental health services look like, what they should look like and who is really being served. I yield back.

CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: We'll now recall — now, we're going to go to Justin Chen. You may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

JUSTIN CHEN: Good afternoon. My name is Justin Chen. I am testifying on behalf of the Charles B Wang Community Health Center. We are a Federally

Qualified Health Center with locations in Manhattan and Queens.

In 2020, we served over 55,000 patients. 80 percent of our patients come from limited English proficient backgrounds. 90 percent had an income at or below 200 percent of the federal poverty guideline level. For the past three years, the COVID-19 pandemic and the surge of anti-Asian violence have impacted the Asian American community's access to healthcare. Despite these barriers, even during the height of the pandemic in early 2020, we remained open for our patients and community members and maintained many of our health and outreach programs.

This was only possible in part because of support from City Council discretionary funding. I am testifying today to ask for continued support of several initiatives, so that we can continue to serve vulnerable New Yorkers. The Check Hep B Program, under the Viral Hepatitis Initiative, provides health education, patient navigation and care management services for New York City residents with chronic hepatitis B.

In New York City, it is estimated that 243,000 people are living with this disease. At the health

center, one in eight adult patients have chronic Hep B. If left unmonitored or untreated, Hep B can severely damage the liver potentially causing liver failure or even liver cancer. The Check Hep B Program has a strong record of success, with 98 percent of participants completing a hepatitis B medical evaluation through this program.

Through the Cancer Services Initiative, we increased awareness of risk factors and symptoms and treatment options for breast and colorectal cancers. The City Council's support would increase cancer screening through patient navigation for several hundred members of the Chinese American community, who traditionally face linguistic, financial and knowledge barriers to healthcare.

Lastly, with the Health Initiative, we provide education to the Asian American community about health insurance coverage, aiming to increase vulnerable New Yorkers access to healthcare services. With continued funding and resources, our initiatives can continue to address the health disparities, inequities, experienced by the communities we serve. Thank you for the opportunity to testify today.

CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: We're now going to go back to Nathaniel Bryant. You may begin once you are unmuted and the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

DANIEL EVANS: Chair Lee and Chair Schulman and Council Members. My name is Daniel Evans, I'm a Member of Freedom Agenda. This testimony focuses on mental health within society and the steps that's required to save lives. Throughout my professional career which has been ten years, I've worked in nonprofit organizations, mainly folks in mental health. The last agency that I was asked to be connected to has experienced five deaths of clients experiencing mental health and the last one was Elijah Mohammed, who actually died in January 21, 2022, in Riker's Island.

Elijah Mohammed was actually connected to Mental Health Courts as well as nonprofits, so his status was actually known, so it was — he actually wound up in Rikers Island and actually lose his life.

So, many more New Yorkers will lose their lives if this Committee, City Council and Mayor do not take swift action to address this humanitarian crisis. In 2021, New York City spent almost three times, 290

percent more per incarcerated person than a second most expensive jail system in the country. More than 556,000 per inmate, per incarcerated person per year. Yet people in DOC custody are subjected to more, some of the most worst jail conditions in the nation.

More than 50 percent of the people currently detained on Rikers Island have a mental health diagnosis. I urge the Committee to invest in community based mental health services, which will help the city close Rikers Island by the resources, New Yorkers and their communities with adequate healthcare and services before they interact with criminal justice legal system.

Invest in a more justice impacted supportive housing units also.

SERGEANT AT ARMS: Time expired.

DANIEL EVANS: Thank you. Have a good day.

COMMITTEE COUNSEL: We'll now move on to the next panel. I also want to remind everyone that we accept written testimony up to 72 hours after this hearing. Please send it to testimony@newyorkcity — op, let me just get the email correct, apologies. testimony@council.nyc.gov. So, if you don't have a chance to testify fully, we read everything in depth.

We'll move now to the next panel. It will be Tamika Map(SP?), Juan Penzone(SP?), Brian Moriarty, Schully Pasel(SP?) and Rabbi Margo Hughes Robinson. Tamika, you may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

TAMIKA MAP: Okay, thank you so much to the Council Members. My name is Tamika Map, I'm the State Community woman for the 68th District. When we open safe injection sites without a true plan, it increases open air drug use. A significant risk to the dope users in the general public.

The open-air drug use in our community is out of control and our community members shouldn't have to endure any of this. When the City Council funded the safe injection sites, they should have had a clear plan on how to keep each person safe and the community safe. Providing access to addiction treatment and mental health services in each persons neighborhood can help drug users address underlying issues to contribute to drug us and offer them support and resources to quit drug use.

Increasing peer to peer counseling, and implement horror reduction measures, inclusive peer to peer patrols and known for drug use can help drug users

for using drugs in public. Engaging with the community through outreach and education efforts can help raise awareness about the negative impact of drug use and promote alternative to drug use.

The City Council should have been providing was funding for providing clean needles. They should have made sure that these units had enough funding to pick up the dirty needles that our community is exposed to on an every day basis. You all need to New Jersey's lead on creating a peer-to-peer counseling program with support line to help those with underlying issues instead of locking people up.

We need to ensure the safe sites on every borough, ensure that the staff at these sites are providing adequate training and compassionate care to those whose come for services. And making sure that we have enough referrals to give people an option to either treatment or other healthcare services as we have it now.

We need to make sure that we have a law enforcement diversion program that criminalizing the drug users will refer individuals to addiction treatments and mental health services and making sure that our mental health services and our Council

services have access and study the backlog of trying to see a counselor. We have to wait years and years.

SERGEANT AT ARMS: Time expired.

CHAIRPERSON SCHULMAN: Finish up, go ahead.

TAMIKA MAP: Okay. I also put in my testimony the drab of the legislation on open air drug use. Please look at it and see if you can support that as well. Thank you for your time.

CHAIRPERSON SCHULMAN: Thank you very much Tamika.

COMMITTEE COUNSEL: Juan, you may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

JUAN PENZONE: Good afternoon Chair Schulman and Chair Lee. Thank you for the opportunity to testify. I'm Juan Penzone, the Director of Government Relations to the Community Services Society. In today's testimony, I would like urge the City Council to increase funding for the Managed Care Consumer Assistance Program MCCAP from $1 million to $2.3 million in the FY24 budget. We need this increase to respond adequately to a major change coming to our healthcare system with Medicaid continues around it, which could leave millions of New Yorkers, most of

whom are people of color without coverage and access to care. New Yorkers have to be more likely to need help navigating their coverage, through issues like insurance denials and dealing with medical death because of uncontrolled healthcare spending. And an overly complicated healthcare system that has simply failed to put patients needs over profits.

The end of Medicaid continues with just one more barrier to patients accessing coverage and care. Unfortunately, MCCAP with be there to help them. Just to remind you, this is a program that was originally launched in 1998. By then, we had a network of 26 community-based organizations supported by a $2 million discretionary funding allocation but the program was cut in 2010 during the great recession. And only partially restoring 2019, allowing only 12 of the 26 CBOs to return to the network.

Since the program relaunched in February of 2020, the CSS headline on the CBOs have handled more than 9,000 cases, saving consumers over $600,000 in healthcare related costs.

MCCAP is also helping the city eliminate disparities in insurance rates related to race,

ethnicity and immigration status by targeting our services to people of color and those with limited English proficiency. Despite our success, our current network of 12 CBO's is not sufficient to cover an entire city. Leaving many residents unable to get in-person services in some of the most underserved districts. This is why we're urging you to considering increasing for MCCAPs, so that we can add an addition 14 CBOs to serve the districts and to be better prepared for the unwinding of the Medicaid continued enrollment probation. Thank you so much for the opportunity to provide this testimony.

COMMITTEE COUNSEL: Thank you. We'll now move to Brian Moriarty. You may begin once you're unmuted and the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

BRIAN MORIARTY: Good afternoon. Thank you. My name is Brian Moriarty. I am the Assistant Vice President of Behavioral Health & Specialized Housing at Volunteers of America-Greater New York. I want to thank Chair Schulman and Chair Lee for allowing us to testify today. I will be quick in my points. I just really only have two main points. I want to speak

about the frontline workers in the human service filed.

Over my 30 years in this field, I have seen time and time again where the city or state decide to have a new initiative and they call upon the frontline workers and the hardworking people working and working with our clients in the field. And too often, our staff are just one bad week or one hospital stay or sick call away from needing the very services that they are providing to the very challenged New Yorkers. They are the safety net in some of the poorest communities and most in need communities in this city. And we don't fund them well enough. We don't fund the programs well enough to support a living wage. So I ask, as BOA asked, that we can support the Just Pay Act and we ask for a COLA for these frontline workers that time and time again, through hurricanes, through storms, through COVID, through blizzards, through whatever, they show up. Always showing up.

While most New Yorkers stayed home during COVID, they showed up and I think its time that we reward them for that. Also, I'd like to highlight some of the shiny points as well to increase supportive

housing in New York City. Housing is the answer to homelessness. Also to allow New York City 1515 to pay the fair market rent. So, increase the rental —

SERGEANT AT ARMS: Time expired.

BRIAN MORIARTY: To those programs. And I thank you again and I'll end it there.

CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: We'll now move to Schully Pasel, you may begin once the Sergeant queues you and you are unmuted.

SERGEANT AT ARMS: Starting time.

SCHULY PASEL: Good afternoon and thank you for this opportunity. I am Rabbi Schully Pasel and I am with Tirdof, New York Jewish Clergy for Justice. A project of TRUA. There have been a call for human rights and Jews for racial and economic justice. I'm testifying because I am deeply concerned about the approaches the city is taking to address the mental health crisis in New York.

Years ago, as a rabbinical student, I had a chaplain field placement in the psychiatric department of New York Methodist Hospital. Most of the patients I saw had loving families working in partnership with the hospital to address their needs

but not everyone has this kind of support. In my neighborhood on the upper west side, an area with a large and growing homeless population, ideally encounter New Yorkers living with mental illness who have fallen through the cracks. As a faith leader, I believe our city has a moral responsibility to fill the gaps for the most vulnerable in our community and we are far from where we need to be.

The Mayor's involuntary removals directed and the expansion of the NYPD's role in addressing mental illness, criminalizes houseless and mentally ill New Yorkers and does not provide the support they need. The NYPD's mental health co-response teams cost the city $5.7 million dollars; This money should be redirected to interventions with a proven track record of success. Respite centers, a more holistic and cost-effective alternative to emergency hospitalization. There are only eight of them in New York City and this number should be doubled in Fiscal Year.

Second, street-based teams, IMT, ACT, the others we heard about today, they reach and aide people who are most disconnected from services. The city must

fund more teams and eliminate the shameful 600-person waitlist that currently exists.

Third, the city must increase the number of community-based recovery programs that provide psychiatric and wrap around services to help people reintegrate into their communities and to thrive. All New Yorkers living with mental illness deserve supportive care and the city's budget must reflect this moral responsibility. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: We'll now call Rabbi Margo Hughes Robinson.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Okay, moving on to the next panel. Our next panel will be Rachel Gasdick, Sarita Daftary, Peggy Herrera and David A. Bash and Barbara DiGangi. Rachel, you may begin once you're unmuted and the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

DANIEL LAM: Chairs Schulman and Lee and members of the Committee, my name is Daniel Lam from New York Edge and I'm here on behalf of my CEO Rachel Gasdick. I am here today to ask that you prioritize New York Edge's FY24 citywide funding request. New York Edge

is the largest provider of school based after school and summer camp programing in New York City, serving 30,000 students in over 100 schools throughout the five boroughs. We are seeking for the first time $250,000 under this Council's Social and Emotional Supports for Students Initiative. We are also seeking $1.2 million under the Council's after-school enrichment initiative, an increase of $200,000 over the last year. This would be our first increase in 15 years. Core components of our programming including stem education, social emotional learning and leadership, visual and performing arts, sports, health and wellness, academics and college and career readiness and summer programs.

Social emotional learning is integrated into every element of what we do. Our model for aiding social emotional learning includes robust academic and personal wellness support and trauma informed strategies. We are, as identified by Mosaic by ACT, the largest after-school provider in the nation offering social emotional learning supports. Our mission is to help bridge the opportunity gap amongst students in underinvested communities. And as our name implies, we strive to provide every student in

our programs with the edge that they need to succeed in the classroom and in life.

Our student population is 90 percent or more African American or Hispanic serving males and females equally. More than 85 percent come from low-income households. Council citywide funding has enabled us to enrich and expand our school year and summer camp programs and has allowed us to develop and implement new, unique and engaging programs such as our student led podcast formative, our student book publishing initiative and our Heart for Art program. A partnership with the [06:42:17].

Funding of $250,000 under the Social and Emotional Supports for Students Initiative will enable us to support our current SCL programming providing high quality evidence based social and emotional learning assessments, curriculum and resources to all of our school partners for students we serve and their families.

New York Edge and students and families —

SERGEANT AT ARMS: Time expired.

DANIEL LAM: For the Council's 30 plus years of support. We are now looking to you to meet the needs

of the next generation of young people by supporting our FY24 funding request. Thank you.

CHAIRPERSON SCHULMAN: Can you before we end, can you restate your name for the record so that we make sure that we have it in our files?

DANIEL LAM: Yeah, absolutely. My name is Daniel Lam, spelled L-A-M.

CHAIRPERSON SCHULMAN: Okay, thank you so much. Thank you for your testimony.

COMMITTEE COUNSEL: We'll now move to Sarita Daftary. You may begin once the Sergeant queues you and you're unmuted.

SERGEANT AT ARMS: Starting time.

SARITA DAFTARY: Thank you Chairs Lee and Schulman for the opportunity to testify today. My name is Sarita Daftary and I am a co-director of Freedom Agenda, one of the organizations leading the Campaign to Close Rikers.

Our members are survivors of Rikers, people whose loved ones are there on Rikers now, and people who have lost loved ones at Rikers. This Council, and particularly this Committee, is tasked with setting budget priorities to best support the well-being of our city. We have an urgent opportunity to

reallocate resources from the mismanaged Department of Correction to much better address health and mental health in our city, and to strengthen public safety in the process. You've heard colleagues of mine speak today about the way that Rikers inappropriately operates as a hospital, as a mental health treatment provider, as a substance use disorder and treatment provider.

Among the most vulnerable population at vulnerable population at Rikers are people with a serious mental illness. This population has grown from 843 people to 1,153 individuals since this Mayor took office. That's a 36 percent increase, as reported by the NYC Comptroller. This is not serving the health and well-being of our communities, nor does it serve the purpose of public safety, yet we are paying over half a million dollars per year per person per year for this counterproductive cycle, and DOC's budget is set to increase by $35 million this year.

One urgent area to invest resources is Justice Involved Supportive Housing program, also known as JISH and overseen by DOHMH. JISH is designed to best serve the people in our city who are cycling between

jails, shelters, and hospitals. In 2019, as part of the plan to Close Rikers, the city committed to expanding this program from 120 to 500 units, but those additional 380 units have still not come online because the funding rates are not workable for providers. Supportive housing providers have been asking since Fall 2021 for the rates, currently at 10,000, to match the rates for the 1515 young adult population, which is $25,000. This would amount to an additional $12.8 million JISH allocation to DOHMH to increase the service rates. And the city absolutely can afford to do this.

By taking commonsense measures to eliminate vacancies at the Department of Correction —

SERGEANT AT ARMS: Time expired.

SARITA DAFTARY: We can cut — thank you. I'll just finish up briefly.

CHAIRPERSON SCHULMAN: Yeah.

SARITA DAFTARY: We could cut $350 million from their jail operations budget by simply eliminating the 428 vacancies that DOC currently has for their uniformed officers, we could save $119 million.

To finish, when the Mayor and Correction Commissioner say that they expect the jail population

to increase, we must be clear that is a choice, and it is the wrong choice. Locking people up with mental health needs is among the worst possible use of possible use of our city resources and we are relying on this Council to make sure that that is not allowed to happen and that we can stay on track with closing Rikers by 2027. I'll be sending a detailed written testimony to follow. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: We'll now move to Barbara DiGangi. I apologize if I mispronounced your name. You may begin once you are unmuted and the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

BARBARA DIGANGI: Chairs Lee and Schulman and committee members, thank you for the opportunity to speak today. My name is Barbara DiGangi, and I am the Director of Community Wellness Initiatives at University Settlement. As the first settlement house in the country, University Settlement has partnered with New Yorkers to build community strength, developing highly impactful programs that fight poverty and systemic inequity. We provide broad, culturally responsive mental health continuum for

people of all ages finding it more and more difficult to adequately meet the uptick and mental health needs. I believe we must shift the conversation from, "what treatment do individuals need?" to "what treatment do our systems need?" It's imperative that we answer the question, "what conditions in our city are preventing emotional well-being.

I applaud how comprehensive the Mayor's Mental Health plan is. I'd also like to elevate what could make it even stronger. The plan does not mention Medicaid's Children and Family Treatment Support Services, also known as CFTSS, which provides multi-tiered, flexible mental health services to youth and families where they are.

While the clinic model in schools certainly needs expansion, CFTSS is a promising model we've seen success with. Moreover, the increase in referrals for family therapy at home, in classroom push-ins, are components that clinics haven't historically offered.

Secondly, every day I grow more concerned about our workforce crisis. For example, we've strategically embedded mental health staff within after-school programs. Recently, a participant

turned to one of our staff in the minutes after a suicide attempt because she knew she could help. Our staff took this teen to the ER where she wasn't admitted.

I am concerned about the increase of those in crisis who don't have that go-to person. And I'm concerned about constantly feeling like I must choose between sacrificing our bottom line or perpetuating a cycle of burnout. To sustain our mental health workforce the city must: Provide an 8.5 percent COLA and at minimum a 6.5 percent COLA.

SERGEANT AT ARMS: Time expired.

BARBARA DIGANGI: Increase flexible funding and rates for services. Just a couple more points. Find ways to collaborate more efficiently across agencies and organizations. And lastly but importantly, I join calls to have peers lead the response to mental health crisis calls so that they're handled effectively and without police. Thank you so much for your time.

CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: I will now call Peggy Herrera.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: I will now call David A. Bash.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Okay, we'll move on to our last panel. I'm going to call Thomas Balbone, if you are here, please wait till the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Alright, we'll move on to the last two. Juan Calcutta, please wait till the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Okay, we'll move on to our last person Alex Stein. Please wait till the Sergeant queues you to begin.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Okay, I will now call — I'm going to pass it to my colleague, to the other Committee Counsel to call the people that registered but were a no show at the time. If you are on Zoom, please raise your hand and if you're in person, please fill out a witness slip as well if you would like to testify.

COMMITTEE COUNSEL: Okay, I'm going to read the names now. Lori Podvesker, Kimberly George, Casey

Star, Sarah Shapiro, Lyle Kip, Vladimir Martinez, Mona Hussain, Paul Lee, Joseph Turner, Chaplain Dr. Victoria A. Phillips, Madaha Kinsey Lamb, Eileen Mayor, Ramone Laclerk, Christine Henson, Rachel Cohn, Lizette Collin, Roberta Pixer, Kendra Clark, Matthew McCowley, Joseph Tols, Greg Mihailovich, Rabbi Margo Hughes Robinson, Peggy Herrera, David A. Bash, Thomas Balbone, Juan Calcutta, Alex Stein.

And at this time, if you have not heard your name called and you would like to testify, please use the Zoom raise hand function to indicate that you would like to testify.

COMMITTEE COUNSEL: I see Emily Melnick. Emily, we will sorry, please wait until you are unmuted and the Sergeant queues you to begin. Thank you for your patience.

SERGEANT AT ARMS: Starting time.

EMILY MELNICK: Great, thank you. My name is Emily Melnick. I am with CSH and I want to highlight a few urgent requests to address homelessness in the city. We've already heard from a number of my colleagues who are interested in supporting supportive housing, which is what I'm talking about today and I'm grateful to be with the community, with

the Council again and our shared concerned for the intertwined crises of homelessness, overdoes and mental illness and our shared understanding that housing is healthcare. Supportive housing as a reminder is permanently affordable housing paired with support services like connection to medical and behavioral healthcare.

Although New York has dedicated funding for supportive housing, we are consistently hearing from tenants, staff and landlords that it’s simply not enough. Rental subsidies have not kept up with the market and service funding is too low to provide adequate supports or to pay social workers and other direct service staff acceptable wages, contributing to that staffing crisis that we’ve all seen and discontinuity of care.

Lastly, there’s simply not enough supportive housing to go around and we need to make efforts to bring on more units. Just as well-funded supportive housing really does benefit all New Yorkers, inadequate funding harms us all. It leads to an increased reliance on already-stretched crisis systems, like individual cycling to our emergency departments, and police, as a first line of response.

Increasing the human and financial costs of the homelessness and mental health crisis.

I will be submitting written testimony with more details but I do want to highlight a few of the recommendations that we would like to speak to today. We respectfully ask this Committee to invest in the health of the most vulnerable New Yorkers through the following recommendations: The first is investing in the New York 1515 program, so the providers are able to provide quality services and keep up with increased rent. So, that's increases in both the service and the rental subsidy portions of that program.

The second recommendation is reallocating funding that is already in the New York 1515 budget.

SERGEANT AT ARMS: Time expired.

EMILY MELNICK: To develop and preserve. Just one moment to finish the thought.

CHAIRPERSON SCHULMAN: Sure.

EMILY MELNICK: To develop and preserve more congregate units, rather than the scattered site units, which we know are not as effective. And the last pieces around increasing funding for Justice Involved Supportive Housing or the JISH program to

get those units online so people can come home safely. Thank you so much for your time.

CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: Thank you. At this time, if you would like to testify and you have not heard your name called, please indicate that you would like to testify using the Zoom raise hand function.

Alright, seeing none, just a reminder that you can submit testimony up to 72 hours after the hearing. Turning it back to the Chairs for closing remarks.

CHAIRPERSON SCHULMAN: Thank you very much. I want to thank everyone who participated in this lengthy hearing. It was very important to hear from the Department of Health and Mental Hygiene and the Office of the Chief Medical Examiner and all of the wonderful advocates and individuals and New Yorkers that were here today, both in person and via Zoom. We really appreciate everything that you had to say and we look forward to having a robust conversation with the Administration around the budget and we heard everything that you said and I want to again thank everyone.

And I particularly want to thank the staff that hung in there today and my colleague Chair Lee, who I will hand it off to to make final closing remarks.

CHAIRPERSON LEE: Thank you Chair Schulman. Actually, you said it perfectly well. I just wanted to thank especially all the advocates that came and testified today. We hear you and you know believe me when I say that the Committee Staff looks at every word of the testimonies that are submitted. So, if you have not submitted the testimonies, please make sure to do so to the email address because we do take that into consideration when we're trying to figure out our priorities and you know, there's a lot of work we definitely need to do on the mental health front for sure. So, I look forward to working with all of you and I just want to thank you for staying on with us as well. So, thank you.

CHAIRPERSON SCHULMAN: With that, the Budget Hearing for the Department of Health and Mental Hygiene for Fiscal Year 2024 is now adjourned. [GAVEL].

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date APRIL 15, 2023