

COMMITTEE ON FINANCE JOINTLY WITH COMMITTEE ON AGING
JOINTLY WITH COMMITTEE ON HEALTH JOINTLY WITH
COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION 1
CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

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

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HELD AT: COUNCIL CHAMBERS - CITY HALL

B E F O R E: Justin L. Brannan, Finance
Committee Chairperson

Crystal Hudson, Aging Committee
Chairperson

Lynn C. Schulman, Health Committee
Chairperson

Linda Lee, Mental Health,
Disabilities and Addiction
Committee Chairperson

FINANCE COMMITTEE COUNCIL MEMBERS:

Charles Barron
Gale A. Brewer
Selvena N. Brooks-Powers
David M. Carr
Amanda Farías

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JOINTLY WITH COMMITTEE ON HEALTH JOINTLY WITH
COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION 2

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A P P E A R A N C E S

Lorraine Cortes-Vazquez, Commissioner of New
York City Department for the Aging

Jose Mercado, Chief Financial Officer of New
York City Department for the Aging

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

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

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

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

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2 SERGEANT-AT-ARMS: This is a sound check
3 for the Commission on Finance joint with Aging and
4 Mental Health and Disabilities and Addiction. Today's
5 date is May 15, 2023, being recorded by Danny Huang
6 in the Chambers.

7 SERGEANT-AT-ARMS: Good morning and
8 welcome to today's New York City Council Executive
9 Budget hearing on Finance joint with Aging and Mental
10 Health and Health.

11 At this time, please silence all
12 electronic devices.

13 Just a friendly reminder, no one may
14 approach the dais at any point during this hearing.

15 Chairs, we are ready to begin.

16 CO-CHAIRPERSON BRANNAN: Thank you,
17 Sergeant. [GAVEL]

18 Okay, good morning and welcome to the
19 fifth day of the FY24 Executive Budget hearings.
20 We'll be starting today with the Department for the
21 Aging. I'm Council Member Justin Brannan. I Chair the
22 Committee on Finance, and I'm pleased to be joined
23 today by my friend and Colleague and Co-Chair for
24 this hearing, Council Member Crystal Hudson, Chair of
25 the Committee on Aging.

We've been joined so far today by Council
Members Louis, Moya, Brooks-Powers, Marte, and Lee.

Welcome Commissioner Cortes-Vasquez and
your team. Thank you for joining us today to answer
our questions.

Just to set the table, on April 26, 2023,
the Administration released the Executive Financial
Plan for FY23 to FY27 with a proposed Fiscal '24
budget of 106.7 billion dollars. DFTA's proposed FY24
budget of 469 million represents less than 1 percent
of the Administration's proposed FY24 budget in the
Executive Plan. This is an increase of 2.4 million or
0.5 percent from the 466.7 million originally
budgeted in the FY24 Preliminary Plan. This net
increase is mostly due to 1.2 million in additional
personal services funding for the DC37 collective
bargaining agreement, 15.3 million in federal
pandemic stimulus funds for the Home Delivered Meals
program, and 18.9-million-dollar reduction for the
federal community development block grant funding.
DFTA also projects a head count increase of 15
positions since adoption of the FY23 budget last
year.

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2 My questions today will largely focus on
3 the Home Delivered Meals programs and the impact of
4 federal funding changes on services. My District is
5 home to a NORC, and I can personally testify how the
6 City's senior population is on the upswing, but these
7 New Yorkers who built our city and grew New York have
8 unique exposure to the challenges facing our City
9 such as food insecurity as well as worsening heat
10 waves from climate change. I look forward to hearing
11 from you, Commissioner, on how the Department will
12 help our seniors through these challenges now and in
13 the years to come.

14 I now want to turn to my Co-Chair for
15 this hearing, Council Member Hudson, for her opening
16 statements.

17 CO-CHAIRPERSON HUDSON: Thank you so much,
18 Chair Brannan, and good morning. I'm Crystal Hudson,
19 Chair of the Committee on Aging.

20 We'll now hold the Committees' joint
21 hearing on the Fiscal 2024 Executive Plan for the
22 DFTA or NYC Aging.

23 Thank you to Finance Chair Brannan for
24 his leadership and partnership throughout this budget
25 process and during these hearings.

A reminder to those watching, members of the public are invited to testify on Wednesday, May 24th, and you may visit the Council's website, council.nyc.gov, to learn more.

Welcome back to Commissioner Cortes-Vazquez. Our work continues to make New York City the best place in the country to age and to ensure that every older adult can age with dignity no matter what ZIP code they live in or where they came from. Older adults are the fastest growing cohort of the City's population, and we must keep pace with a strategic plan and targeted investments to accommodate that growth.

NYC Aging's Fiscal 2024 Executive Budget is 469 million, an increase of 2.4 million or 0.5 percent from the preliminary budget. However, serving almost a fifth of the City's population, the Department's budget continues to account for less than 1/2 of 1 percent of the City's overall budget. By 2040, the City's older adult population is projected to increase to 1.86 million, which represents a 48.5 percent increase from 2000. Yet, this population is served by the agency with one of the smallest operating budgets of any City agency.

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2 Following a Program to Eliminate the Gap or a PEG in
3 the preliminary plan that eliminated eight vacancies.
4 The Executive Plan further includes disappointing
5 initiatives to save 12 million dollars in Fiscal 2024
6 and 10.6 million in each of the outyears. The PEGs
7 include a baseline reduction of 5 million dollars for
8 the Home Delivered Meals program starting in Fiscal
9 2024 and a reduction of 7 million dollars in Fiscal
10 2024 and 5.6 million dollars in each of the outyears
11 for older adult center meals. Amid such challenging
12 times of high food inflation and economic
13 uncertainty, many seniors who are COVID-19 vulnerable
14 are still not fully comfortable in congregate
15 settings, making these cuts on meals extremely
16 concerning. I want to ensure that the PEGs do not
17 impact programs and services provided by NYC Aging
18 and would like to hear the Administration's plan to
19 assist affected older adults to ensure their benefits
20 are continued.

21 Key questions for today's hearing address
22 the PEGs on meals and combatting older adult food
23 insecurity. I look forward to hearing updates on the
24 current level of need, how NYC Aging will ensure that
25

no older adult misses a meal, and the level of
funding that should be added by adoption.

I was disappointed to see that none of
the investments for older adults the Council called
for in its preliminary budget response were included
in the Executive Plan. The Council's preliminary
budget response called for a range of investments in
services and supports that will help older adults age
in place and recover from the COVID-19 pandemic. In
addition to 18 million dollars in funding for Home
Delivered Meals, these proposals included 51 million
dollars for senior centers, 3 million dollars for
technology, and new funding for homecare services.
There were 233 eligible older adults awaiting
homecare and 955 awaiting case management as of May
1, 2023. However, the Executive Plan adds no funding
to clear the homecare and case management waitlist.

It's a new day for older adults as we
emerge from the pandemic. The Council's vision in the
budget response lays out a strategy for an equitable
recovery for older adults.

I look forward to the ongoing partnership
with the Administration to match the Council's
commitment and meet the needs of every older New York

1 City resident. I hope NYC Aging takes a page from the
2 Mayor's playbook and really gets stuff done this
3 summer.
4

5 I kindly request the Commissioner please
6 keep her testimony to 10 minutes so we can allow time
7 for Council Member's questions.

8 I'd like to thank the Committee Staff who
9 have helped prepare this hearing, Austrid Chan,
10 Financial Analyst, Julia Haramis, Unit Head,
11 Christopher Pepe, Senior Legislative Counsel, Chloe
12 Rivera, Senior Policy Analyst, and my Chief-of-Staff
13 Casie Addison and Senior Director of Policy and
14 Budget Initiatives Andrew Wright.

15 I will now pass it back to the Finance
16 Counsel to continue our hearing. Thank you.

17 CO-CHAIRPERSON BRANNAN: Thank you, Chair.
18 We've also been joined by Council Members Barron,
19 Schulman, Caban, and Richardson Jordan.

20 Before we get started, I also want to
21 extend my thanks to Austrid Chan and Danielle Glants
22 from Council Finance for preparing for today's
23 hearing, my Committee Counsel Mike Twomey, and my
24 Senior Advisor John Yedin, and all the Finance
25 Analysts and Support Staff who work super hard behind

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2 the scenes this time of year to make these hearings
3 possible.

4 I will now turn it over to Committee
5 Counsel Mike Twomey to swear in the witnesses, and we
6 can begin.

7 COMMITTEE COUNSEL TWOMEY: Good morning.
8 Raise your hands, please.

9 Do you affirm that your testimony will be
10 truthful to the best of your knowledge, information,
11 and belief and you will honestly and faithfully
12 answer Council Member questions? Commissioner Cortes-
13 Vazquez.

14 COMMISSIONER CORTES-VAZQUEZ: I do.

15 COMMITTEE COUNSEL TWOMEY: Chief Financial
16 Officer Mercado.

17 CHIEF FINANCIAL OFFICER MERCADO: I do.

18 COMMITTEE COUNSEL TWOMEY: Thank you. You
19 may begin.

20 COMMISSIONER CORTES-VAZQUEZ: Good
21 morning. I'm going to take the liberty and ad lib
22 here. We always get things done at NYC Aging,
23 Chairperson.

24 Good morning, Chair Hudson, Chair
25 Brannan, and the Members of the Aging and Finance

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2 Committees. As you know, I am Commissioner Cortes-
3 Vazquez, and I am joined this afternoon by Jose
4 Mercado, our Chief Financial Officer. Thank you for
5 this opportunity to discuss the New York City
6 Department for the Aging's, as we now call it NYC
7 Aging, Executive Budget for Fiscal Year 2024.

8 New York City Aging administers a wide
9 range of programs that enhance the independence and
10 quality of life of older adult population in this
11 city. Our services include, as you know, older adult
12 clubs (OACs), home delivered meals (HDMS), case
13 management, homecare services, transportation
14 services, caregiving services, geriatric mental
15 health, workforce development, and an array of other
16 programs.

17 The Fiscal Year 2024 Executive Budget
18 supports operating expenses of 469 million, of which
19 302.1 million are City funds. In addition, the
20 Department's 10-Year Capital Plan includes
21 discretionary dollars from the Council at the tune of
22 83 million.

23 NYC Aging's Fiscal Year 2024 Executive
24 Budget addresses the challenges faced by New York
25 City's aging population during the post-pandemic

2 period and lays important foundations for the future.
3 Our partnership with the City Council ensures that we
4 can build on essential service needs through the
5 ongoing funding support of the City Council. In FY23,
6 NYC Aging was awarded over 43.2 million dollars in
7 discretionary funds, allowing us to make even greater
8 investments in communities. Uplifting and supporting
9 our city's older growing adult population is a key
10 priority for this Administration. As we all know, in
11 the Executive Budget, nearly every agency had to
12 achieve savings in response to this unprecedented
13 fiscal and economic condition, including a projected
14 4.3-billion-dollar spend by next year to support over
15 60,000 asylum seekers, along with the need to support
16 our City workforce while managing the reality of
17 slowing growth in tax revenue.

18 All of the savings NYC Aging has achieved
19 in this round were due to underspending in essential
20 services, and this was underspending by our contract
21 services. As you know, most of our services are
22 contracted out. That will not affect the department's
23 current service capability. Our goal is to ensure
24 that we can serve as many older adults as possible,
25 primarily those who are in the community and

2 historically have been underfunded and underserved.

3 Given the current financial strains and the request

4 to help address this financial situation, NYC Aging

5 found savings with a careful review of programs and

6 proposed to meet the 4 percent reduction in areas

7 where client participation was below contracted

8 levels and therefore would not result in significant

9 service reductions to older adults.

10 Despite these fiscal realities, we are

11 proud of the work that NYC Aging continues to address

12 the essential needs of older New Yorkers while

13 continuously advocating and innovating and upgrading

14 services approaches. I am happy at this time to share

15 some recent successes at this time, and they include

16 the launching of the New York City Cabinet for Older

17 New Yorkers which we hope to give you a fuller

18 presentation at one of the next hearings. We are

19 fortunate that the Mayor is committed to an age-

20 inclusive city and supports the continued development

21 of an interagency collaboration that which promotes

22 government efficiency and further help to serve the

23 needs of older adults. We are proud of the work and

24 projects that 20 city agencies are completing through

25 the subcommittees of the Cabinet such as Health,

2 Intergenerational, Transportation, and Housing. This
3 work has included developing training for
4 professionals in the City's Public Health Corps so
5 that partner agencies are able to effectively refer
6 older adults to the city agencies that they need.

7 Additionally, the Cabinet has established an
8 Intergenerational Relationship Building program
9 within NYCHA communities connecting older adults and
10 high school students to create understanding and
11 trust while fighting ageism. The whole goal there is
12 long-term public safety and community building. We
13 are excited for the work coming out of the Cabinet,
14 and I looking forward to sharing these with you in
15 detailed update in the near future. The thing about
16 the Cabinet is that this is taking and identifying
17 gaps in services and making sure that we have a
18 collaborative effort.

19 In fall 2022, New York City Aging
20 launched the Join Us campaign, a multi-media public
21 service announcement encouraging older adults to
22 return to their local OACs following the isolation
23 experienced during the COVID-19 pandemic. Daily News
24 wrote about that this weekend in great detail. We are
25 happy to share that this campaign resulted in a 1,859

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2 increase in website traffic at NYC Aging, and we have
3 seen an uptick in Older Adult Club participation.
4 While some older adults are still hesitant to return
5 to congregate settings for meals or programming, we
6 are seeing steady increases for in-person
7 participation. We were pleased to see the ad in a few
8 subways just this past week, and we thank the MTA for
9 their continued partnership.

10 Lastly, in June 2020 we launched Silver
11 Stars, a work program for retired City municipal
12 employees who can return to work at City agencies and
13 support business needs while still receiving income
14 from their City pensions. They are placed in 16
15 agencies or elected official's offices, and we have
16 developed about 100 positions. I want to thank the
17 participating agencies, including the Office of the
18 New York City Comptroller for their commitment to
19 employing Silver Star participants, and I ask every
20 Council Member here to consider hiring a Silver Star
21 worker in your local office. Not only will you be
22 modelling an age-inclusive workforce, but you will be
23 also showcasing the value and assets of the older
24 worker, and you too will be helping us combat ageism

1
2 by your actions and creating an upward trend and an
3 age-inclusive workplace.

4 I'm going to go by each one of our
5 agencies and give a description of them.

6 Case Management Agencies connect
7 homebound older adults to resources and benefits so
8 that they may continue to live independently and
9 safely in their homes. Case Management is the
10 gatekeeper for NYC Aging-funded in-home services such
11 as Home Delivered Meals, homecare, and Friendly
12 Visiting. Case managers provide assessments to
13 identify the strengths and needs of the older person
14 and to work with the clients to plan and coordinate
15 services. Many older adults are referred to Case
16 Management providers from older adult centers, from
17 meal providers, from hospitals, community-based
18 social service agencies, healthcare agencies, or
19 through New York City Aging Connect, our in-house
20 helpline. We know the need is always greater than the
21 resources available, you've heard me say that often,
22 and we continue to experience a waitlist for these
23 resources. Other than the need for Home Delivered
24 Meals which is addressed immediately, we have an
25 assessment and they may be waiting for other

2 services. I am proud to say that we have developed
3 several strategies with the case management providers
4 to continuously review and mitigate the waitlist. In
5 2024, 44.1 million dollars will support case
6 management services for approximately 35,000 clients
7 annually.

8 OACs and NORCs, which Council Member
9 Brannan had spoken about earlier. In 2021, we
10 completed the OAC RFP and the NORC, the Naturally
11 Occurring Retiring Community, which added 31 new
12 sites to our network. Currently, our OAC network
13 includes 311 centers and our NORC network has 36 NYC
14 Aging-funded sites and an additional 17 sites which
15 are funded through the Council's discretionary
16 dollars. Recently, NYC Aging participated in the
17 grand opening of a new center, the CPC Brooklyn Older
18 Adult Center, as well as other recently opened or
19 expanded centers. The continuing construction of new
20 centers bolsters New York City's commitment to older
21 adults and increases their ability to access vital
22 services.

23 Home Delivered Meals, the program is
24 vital component in NYC Aging's network of services.
25 Home Delivered Meals not only provide sustenance to

2 homebound older adults across the five boroughs, the
3 interaction with the delivery person, which for many
4 of our clients may be the only direct human
5 interaction of the day, supports our ongoing effort
6 to combat social isolation. As you know, social
7 isolation, and I think I'm going to quote Beth
8 Finkel, one of the studies shows that social
9 isolation can be as damaging to you as smoking 15
10 cigarettes a day. This program continues to meet our
11 criteria, and social isolation is increasingly bad.

12 Over 85 percent of case management
13 clients benefit from home-delivered meals services
14 five to seven days a week. NYC Aging contracts with
15 community-based providers to provide these nutritious
16 meals to these homebound older adults, and their
17 dependents if they have a disability. Participants
18 can choose if they would like a frozen, a fresh-
19 chilled, or a hot meal as well as from a variety of
20 cultural and religious needs. In FY 2024, 55 million
21 will support 4.8 million home delivered meals.

22 Our Geriatric Mental Health program has
23 been expanded to 88 sites across the city. We know
24 that access to mental health services has a positive
25 impact on the individual and their family and other

relationships. We are currently in the process of making awards for the Geriatric Mental Health RFP new contract providers which will begin in July 2023. The RFP recently closed on March 9, and we look forward to completing the awards for providers across select catchment areas in the five boroughs and adding new members to that team.

Through this program, licensed mental health clinicians use engagement and workshops on mental health topics to de-stigmatize mental health, screen participants for depression and anxiety, and provide on-site counseling and give referrals.

Overall, participation in this program has led to self-reported reductions in depression and anxiety. The Fiscal Year 2024 budget for this program is 6.4 million.

Caregivers. This pandemic has been challenging for everyone, and the strain on caregivers has been significant. NYC Aging's Caregiver Support program offers support groups, counseling, trainings, outreach, information, and services to unpaid caregivers as well as respite. Many older adults are caretakers for their aging parent. Many caregivers are also full-time employees.

2 The program aims to educate, supply, or connect them
3 to a wide range of supports. The caregiver program
4 also offers opportunities for respite care through
5 home care or participation in social adult day care.
6 Both you and I, Chairwoman Hudson, know the strains
7 of caregiving on an individual, particularly a
8 working individual. We have personal experience with
9 that. Caregiver supports not only allow the older
10 adult to remain safely in their home, but they are
11 also significantly less expensive with higher
12 positive outcomes than institutionalization. We know
13 that the cost of maintaining an older adult in
14 institutionalized care is far higher when compared to
15 the cost of community-based care options such as
16 supporting caregivers. Not only is it more beneficial
17 for the long-term health and well-being of the older
18 adult to remain at home and to age in place, but it
19 makes financial sense as well. It costs, on average,
20 160,980 dollars to house an older adult person in an
21 institution, whereas the average cost of homecare
22 services is roughly anywhere between 32,000 to 50,000
23 dollars per person per year, a major savings. In
24 FY24, funding for the caregiver program is currently
25 8.1 million. Caregiver supports positively impact the

2 health and wellbeing of older adults while aligning
3 with the cultural background of the individual. As
4 aging populations continue to diversify and age in
5 place, investments in caregiver supports are
6 important but they're also beneficial. This too is a
7 priority service area for FY24.

8 In conclusion, I say I continue to be
9 proud of the great work that New York City Aging and
10 our providers accomplish with the resources that we
11 have. The last few years have highlighted the
12 resiliency of older adults as well as the system gaps
13 that should be strengthened to fully allow people to
14 live in their communities as they desire.

15 I look forward to continuing to explore
16 ways to match services to the increased demands. We
17 are excited to continue to innovate services and
18 respond to the changing needs of our city and the
19 changing demographic needs of our city. The last year
20 has challenged us to do more with existing resources,
21 but I continue to be proud of the work that we have
22 done included in partnerships with our network of
23 providers who provide dedicated services daily.

24 As always, I'm grateful to the Chairs of
25 the Committees and for your advocacy, your continued

1
2 partnership, your strong, strong advocacy in this
3 arena and looking forward, maybe not, looking forward
4 to answer all your questions.

5 CO-CHAIRPERSON BRANNAN: We've also been
6 joined by Council Members Dinowitz and Carr.

7 Thank you, Commissioner. I'll jump right
8 into it with regard to federal funding for the Home
9 Delivered Meals and the older adult centers. The
10 Executive Plan includes additional federal funding
11 for the Home Delivered Meals program, 4.4 million in
12 FY23 and 15.3 million in FY24. Could you tell us
13 where this federal funding would go, would it be used
14 to cover part of the HDM PEG?

15 COMMISSIONER CORTES-VAZQUEZ: The federal
16 funding is part of our overall funding for HDM.

17 CHIEF FINANCIAL OFFICER MERCADO: Sorry.
18 This is Jose Mercado. It's actually ARPA money, one-
19 time ARPA money that we're using for the..

20 COMMISSIONER CORTES-VAZQUEZ: Oh, is this
21 the stimulus dollars?

22 CHIEF FINANCIAL OFFICER MERCADO: Yes, the
23 stimulus money, yes. The 15 and the 4 for those..

COMMISSIONER CORTES-VAZQUEZ: I thought
you were talking about Older American Act's money.
Sorry.

CO-CHAIRPERSON BRANNAN: So would the ARPA
money be used to cover the PEG there?

CHIEF FINANCIAL OFFICER MERCADO:
Actually, it's a funding shift for the previous.

CO-CHAIRPERSON BRANNAN: Okay, whatever
you want to call it.

How many more meals or clients would
benefit from this funding?

CHIEF FINANCIAL OFFICER MERCADO:
Currently, it's just basically the same funding that
we have now.

CO-CHAIRPERSON BRANNAN: So it's basically
a wash?

CHIEF FINANCIAL OFFICER MERCADO: It's a
wash, yes.

CO-CHAIRPERSON BRANNAN: Okay. The
Executive Plan includes a reduction in funding from
the community development block grants, 1.9 million
reduction starting in FY24. We understand part of the
reduced funding would affect the senior centers and
meals program area. Could you tell us what the impact

2 of the decreased CDBG funding on the older adult
3 centers and Home Delivered Meals programs would be?

4 CHIEF FINANCIAL OFFICER MERCADO: The CDBG
5 funds are normally used for the older adult centers,
6 and that's for renovations. Unfortunately, during the
7 pandemic, we could not take advantage of those funds
8 so it would be just basically trying to deal with the
9 current renovations going forward. Right now, those
10 funds will be eliminated. I think they're eliminated
11 throughout the whole City.

12 CO-CHAIRPERSON BRANNAN: Do we know how
13 the Administration plans to use City funds to
14 backfill those expenses?

15 CHIEF FINANCIAL OFFICER MERCADO: Part of
16 this will be to look at the capital funds as a way to
17 kind of offset the reduction.

18 CO-CHAIRPERSON BRANNAN: What's your
19 overall total PEG, the last three PEGs, what's the
20 total number?

21 CHIEF FINANCIAL OFFICER MERCADO: I'll get
22 you that number. I don't have it off the top of my
23 head in terms of total three years.

24 CO-CHAIRPERSON BRANNAN: You don't have a
25 total PEG number at a budget hearing?

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2 CHIEF FINANCIAL OFFICER MERCADO: Right
3 now, for example, we know how much the PEG is. It's 4
4 percent for this Executive Plan...

5 CO-CHAIRPERSON BRANNAN: Right, but do you
6 have a dollar amount?

7 CHIEF FINANCIAL OFFICER MERCADO: Yeah.
8 It's the 5 and the 7, that's 12 million dollars.

9 CO-CHAIRPERSON BRANNAN: And that's for
10 all three of them?

11 CHIEF FINANCIAL OFFICER MERCADO: For
12 three, sorry?

13 CO-CHAIRPERSON BRANNAN: All three PEGs?

14 COMMISSIONER CORTES-VAZQUEZ: All of the
15 PEGs?

16 CHIEF FINANCIAL OFFICER MERCADO: It's
17 basically the two PEGs which is basic OAC and HDM.

18 CO-CHAIRPERSON BRANNAN: Okay.

19 CHIEF FINANCIAL OFFICER MERCADO: There's
20 a slight reduction in administrative as well which is
21 400,000 dollars.

22 CO-CHAIRPERSON BRANNAN: Okay, so we've
23 learned that due to a Medicaid rule change, any
24 Medicaid-eligible clients will no longer be able to
25 receive Home Delivered Meals. Is that correct?

COMMISSIONER CORTES-VAZQUEZ: Yes, that is correct.

CO-CHAIRPERSON BRANNAN: Okay.

COMMISSIONER CORTES-VAZQUEZ: What we've done is we have always provided meals to anyone found food insecure for Home Delivered Meals, we've done that always, and so currently we're no longer allowed to do that so beginning I believe it's July 1st we will discontinue that practice.

CO-CHAIRPERSON BRANNAN: Do we know how many older adults who fit that description would be impacted by that policy change?

COMMISSIONER CORTES-VAZQUEZ: The number fluctuates, but the number that we're talking about is about anywhere between 6,000 to 7,000 individuals.

CO-CHAIRPERSON BRANNAN: 67 or 6 to 7?

COMMISSIONER CORTES-VAZQUEZ: 6,000 to 7,000.

CO-CHAIRPERSON BRANNAN: Okay.

COMMISSIONER CORTES-VAZQUEZ: My Bronx accent, sorry.

CO-CHAIRPERSON BRANNAN: Does the Administration have a plan to ensure that those folks still get meals?

1
2 COMMISSIONER CORTES-VAZQUEZ: We are
3 waiting for the State, this is a regulation imposed
4 on us by the State.

5 CO-CHAIRPERSON BRANNAN: No, I know.

6 COMMISSIONER CORTES-VAZQUEZ: So we are
7 asking for the State firms to grandfather in those
8 currently involved and, if not, then we have to an
9 extensive two-year process of weaning people off, but
10 we're waiting for the State to give us a final
11 determination.

12 CO-CHAIRPERSON BRANNAN: Okay. What's the
13 plan for communicating to older adults about this
14 policy change?

15 COMMISSIONER CORTES-VAZQUEZ: The plan is
16 to work with the case management agency who would be
17 turning on the Home Delivered Meals for Medicaid-
18 eligible clients so the plan is to work with the case
19 management agency to ensure that we no longer enroll
20 anyone. I don't know that there is a plan to
21 communicate with the older adult themselves as they
22 will not be directly affected.

23 CO-CHAIRPERSON BRANNAN: Okay, I know back
24 in the hearing we had in April you had mentioned that
25 you're working with the case management programs to

1
2 redirect clients if they need meals, either through a
3 different program or through OAC or other programs
4 through Medicaid. Do you think OACs will have the
5 capacity to prepare for this change with the
6 decreased funding?

7 COMMISSIONER CORTES-VAZQUEZ: I believe
8 so. You're talking about Recovery Meals?

9 CO-CHAIRPERSON BRANNAN: Yeah.

10 COMMISSIONER CORTES-VAZQUEZ: Everyone on
11 Recovery Meals already basically chose, they were
12 given the five options of what to do. We were able to
13 accommodate most individuals. There is no one without
14 food from the Recovery Meals that we know of. 1,200
15 enrolled in HDM. 3,800 were referred to case
16 management agencies, and almost 2,500 of them deemed
17 that they were able to continue their own services.
18 398 were the ones that were transitioned to OACs, and
19 I believe that those can be absorbed. Another 600 or
20 so said family members would continue to support them
21 in purchasing meals and shopping for them.

22 CO-CHAIRPERSON BRANNAN: What impact has
23 the end of the federal health public emergency had so
24 far on your programs?

1
2 COMMISSIONER CORTES-VAZQUEZ: That's a
3 great question.

4 CO-CHAIRPERSON BRANNAN: Thank you.

5 COMMISSIONER CORTES-VAZQUEZ: I didn't say
6 thank you for the question, Council Member Barron. I
7 will never, you'll never hear me say that.

8 I think there were two things that it
9 gave us that I think were significant and that I
10 would love to see continued in the future. One of
11 them was the fungibility between funding sources that
12 we were able so if we saw a need for Home Delivered
13 Meals we could switch money there, and I think that
14 was a great need. It also allowed us to have
15 fungibility with other in-home services. That was a
16 clear opportunity. The fact that we can turn on
17 something like a Recovery Meal program if there was
18 such an emergency again was a great opportunity. I
19 don't know that we have that luxury in the future.

20 CO-CHAIRPERSON BRANNAN: Was there any
21 concern that there were any permanent programs that
22 were set up with temporary money?

23 COMMISSIONER CORTES-VAZQUEZ: No.

24 CO-CHAIRPERSON BRANNAN: No? It's just we
25 can just serve less people now?

COMMISSIONER CORTES-VAZQUEZ: We will
serve the current state that we have.

CO-CHAIRPERSON BRANNAN: Okay. Last
question, for providers that don't have a HDM
contract, we're hearing that they're obviously
worried about the influx of folks because of this
policy change, the Medicaid change. Does your
Department know how this change would affect other
providers in the city?

COMMISSIONER CORTES-VAZQUEZ: For our HDM,
I'm sorry, I got lost in the question. Are you saying
that the Medicaid policy, the impact on HDM?

CO-CHAIRPERSON BRANNAN: Yeah.

COMMISSIONER CORTES-VAZQUEZ: If the State
does not allow us to grandfather in, we will not let
7,000 people go without meals, and so we would have
to figure out a way of transitioning them in to the
Home Delivered Meals contracts as we can. From what
we know from our contracting levels, there is some
ability to absorb some of those clients, but then we
have the competing demand of inflationary costs and
so it's one of those clearly processes that we have
to be very careful about because the main goal is to

1
2 make sure that the 6,000 to 7,000 people are not left
3 without food.

4 CO-CHAIRPERSON BRANNAN: Last question for
5 me and then I'll pass it to Chair Hudson...

6 COMMISSIONER CORTES-VAZQUEZ: The other
7 thing about it is that the case management agencies
8 will work very closely to make sure that if they're
9 on Medicaid and have long-term care Medicaid that
10 those services are being provided elsewhere.

11 CO-CHAIRPERSON BRANNAN: Is there a dollar
12 amount, for the 6,000 to 7,000 folks who hang in the
13 balance, is there a dollar amount to cover them?

14 COMMISSIONER CORTES-VAZQUEZ: We do have
15 that dollar amount, but I'll have to get that to you.
16 I don't have it with me right now.

17 CO-CHAIRPERSON BRANNAN: We'd like to
18 fight with you, but in order to do that we need to
19 know how much we're fighting for.

20 COMMISSIONER CORTES-VAZQUEZ: I will get
21 you that money so you can fight with us.

22 CO-CHAIRPERSON BRANNAN: Okay. Thank you.
23 I'm going to turn it over to Chair Hudson.

24 CO-CHAIRPERSON HUDSON: Thank you so much.
25 Some of these questions will be a little repetitive.

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2 COMMISSIONER CORTES-VAZQUEZ: That's okay.

3 CO-CHAIRPERSON HUDSON: In the Executive
4 Plan, 15 positions are added in Fiscal 2023 only. A
5 baselined vacancy reduction of eight positions was
6 included in the Fiscal 2024 preliminary plan and a
7 baselined vacancy reduction of 12 positions was
8 included in the Fiscal 2023 preliminary plan. Are any
9 of the 15 additional positions the same as the 20
10 positions that were eliminated in the Fiscal 2023 and
11 2024 preliminary plans?

12 COMMISSIONER CORTES-VAZQUEZ: Yes, this is
13 a replacement of those positions.

14 CO-CHAIRPERSON HUDSON: Okay, so it's not
15 adding new jobs.

16 COMMISSIONER CORTES-VAZQUEZ: No, it's not
17 adding new heads.

18 CO-CHAIRPERSON HUDSON: Okay.

19 COMMISSIONER CORTES-VAZQUEZ: It's
20 replacing for those essential services.

21 CO-CHAIRPERSON HUDSON: Okay, and for the
22 five remaining that are not restored, what are their
23 titles and roles and in which program areas do they
24 reside?

25

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1 ADDICTION 34

2 COMMISSIONER CORTES-VAZQUEZ: It'll be in
3 the program of the Bureau of Community Services or
4 the Bureau of Direct Services. Primarily, it will be
5 in the Bureau of Community Services, program officers
6 or nutritionists and one or two administrative
7 positions.

8 CO-CHAIRPERSON HUDSON: Okay, thank you.
9 There are six weeks left for Fiscal 2023. How is NYC
10 Aging going to fill those positions so quickly?

11 COMMISSIONER CORTES-VAZQUEZ: We are
12 working very hard on it. It's been a challenge, but
13 we're on it daily.

14 CO-CHAIRPERSON HUDSON: Where would you
15 say you are in the process?

16 COMMISSIONER CORTES-VAZQUEZ: I do have
17 that number. Hold on a minute.

18 CO-CHAIRPERSON HUDSON: Okay.

19 COMMISSIONER CORTES-VAZQUEZ: I believe
20 they are 14 of the 36, and we have 8 of those, I
21 believe that there about 8.

22 CO-CHAIRPERSON HUDSON: Eight?

23 COMMISSIONER CORTES-VAZQUEZ: Yes.
24
25

1
2 CO-CHAIRPERSON HUDSON: So where would you
3 say you are in the process? Have you interviewed
4 folks?

5 COMMISSIONER CORTES-VAZQUEZ: We're at all
6 stages of the recruitment through interview to final
7 decision process.

8 CO-CHAIRPERSON HUDSON: Okay.

9 COMMISSIONER CORTES-VAZQUEZ: These
10 positions are very key to us so they're program
11 officers and they manage the contracts.

12 CO-CHAIRPERSON HUDSON: Do you feel
13 confident that you'll have these positions in place
14 by July 1?

15 COMMISSIONER CORTES-VAZQUEZ: I feel
16 confident that I'll have most of them. I'm not
17 confident that I can have all of them.

18 CO-CHAIRPERSON HUDSON: Okay, and these
19 additional positions are for Fiscal 2023 only so what
20 is NYC Aging planning to do for Fiscal 2024 and the
21 outyears if the positions are filled?

22 COMMISSIONER CORTES-VAZQUEZ: If the
23 positions are filled, I believe it'll become part of
24 our budget.

1
2 We'll negotiate with OMB and ask for
3 additional monies to support those positions.

4 CO-CHAIRPERSON HUDSON: Okay. In the
5 Executive Plan, a baselined PEG of 5 million dollars
6 is included for the Home Delivered Meals program
7 starting at Fiscal 2024. How are these savings
8 calculated and what do they relate to?

9 COMMISSIONER CORTES-VAZQUEZ: In
10 anticipation of Recovery Meals and the anticipated
11 influx that we were expecting in Home Delivered
12 Meals, that number did not get realized, and so it
13 was that additional capacity that we built in that
14 was not realized, and that is how we were able to
15 address this PEG.

16 CO-CHAIRPERSON HUDSON: Do you have a
17 theory for why those numbers weren't realized?

18 COMMISSIONER CORTES-VAZQUEZ: The demand
19 wasn't as great as we had anticipated.

20 CO-CHAIRPERSON HUDSON: Right, but do you
21 know why demand or can you speculate on why demand
22 wasn't as high?

23 COMMISSIONER CORTES-VAZQUEZ: No, I can't
24 speculate on that. We know the impact of COVID, we
25 anticipated many more older adults would be required

1
2 to be homebound, and that did not materialize
3 fortunately.

4 CO-CHAIRPERSON HUDSON: Okay. How many
5 older adults received meals through the Get Food
6 Recovery Meals program?

7 COMMISSIONER CORTES-VAZQUEZ: Altogether,
8 when we started out with Get Food, there was upwards
9 of 40,000, and then when we went to Recovery Meals it
10 was about 11,000.

11 CO-CHAIRPERSON HUDSON: How many clients
12 was NYC Aging expecting would transfer from the Get
13 Food Recovery program to the Home Delivered Meals
14 program?

15 COMMISSIONER CORTES-VAZQUEZ: We had
16 expected about 3,000, and only 1,300 were transferred
17 over.

18 CO-CHAIRPERSON HUDSON: What happened to
19 the remaining roughly 8,000 then? Were they all
20 screened for SNAP or other services?

21 COMMISSIONER CORTES-VAZQUEZ: There were.
22 They were then distributed as I indicated earlier.
23 Some went to OACs, some felt that they could shop and
24 continue their lives without services. Others were

1 dependent on families and felt that they could do
2 well. That's basically how they...

3
4 CO-CHAIRPERSON HUDSON: But you heard
5 directly from those 8,000 people citing those
6 reasons?

7 COMMISSIONER CORTES-VAZQUEZ: I believe
8 that under Michael Ognibene that Recovery Meal
9 transition program was one of the most effective
10 transition programs I've ever seen, which is why I
11 was a little confident, not happy but confident about
12 the Medicaid dollars. We contacted every individual
13 about eight times through a variety of ways to ensure
14 that they knew what was going on and that they would
15 get the services that they needed, and we did not
16 stop the process until everybody was at least
17 accounted for and indicated a preference of how they
18 were going to continue their meals because food
19 insecurity is so important to us.

20 CO-CHAIRPERSON HUDSON: Thank you. In the
21 Fiscal 2023 Executive Plan, NYC Aging added 8.8
22 million dollars to the baseline starting in Fiscal
23 2023 for clients transitioning from Get Food Recovery
24 Meals to the Home Delivered Meals program. How did
25 NYC Aging estimate the number of clients expected to

2 transition from Get Food Recovery to Home Delivered
3 Meals and was it based on Get Food's enrollment data?

4 COMMISSIONER CORTES-VAZQUEZ: It was based
5 on enrollment data, it was based on client
6 information, and then determination of food
7 insecurity, it was based on case management agencies'
8 input, and that's how we arrived at the 3,000.

9 CO-CHAIRPERSON HUDSON: Okay. Of those
10 3,000, I think you mentioned this before but just
11 help me out here, of the 3,000 clients expected to
12 transition to the Home Delivered Meals program, how
13 many of them actually transferred?

14 COMMISSIONER CORTES-VAZQUEZ: 1,295, or
15 1,300.

16 CO-CHAIRPERSON HUDSON: Okay. Thank you.
17 What happened to the other clients who were
18 previously enrolled in Get Food Recovery meals and
19 expected to transfer but did not transfer?

20 COMMISSIONER CORTES-VAZQUEZ: The 3,000
21 was an estimate and then when we...

22 CO-CHAIRPERSON HUDSON: Sorry. It was or
23 was not an estimate?

24 COMMISSIONER CORTES-VAZQUEZ: It was an
25 estimate of the 11,000, and then when we did all of

1 the surveys of the 11,000, this is what we determined
2 to be accurate, or this is the result.

3
4 CO-CHAIRPERSON HUDSON: Okay. Sorry, so
5 for the 1,700 remaining, what happened?

6 COMMISSIONER CORTES-VAZQUEZ: It was an
7 estimate so those weren't actual individuals. They
8 did not materialize.

9 CO-CHAIRPERSON HUDSON: Sorry. I'm just,
10 if it's an estimated number but not actual
11 individuals then do we have the number of actual
12 individuals?

13 COMMISSIONER CORTES-VAZQUEZ: The actual
14 individuals who were on Recovery Meals who
15 transitioned to Home Delivered Meals was 1,295. When
16 we were looking at...

17 CO-CHAIRPERSON HUDSON: I see.

18 COMMISSIONER CORTES-VAZQUEZ: The universe
19 of people post-COVID, we were determining that about
20 3,000 people...

21 CO-CHAIRPERSON HUDSON: Would transfer?

22 COMMISSIONER CORTES-VAZQUEZ: Right.

23 CO-CHAIRPERSON HUDSON: Gotcha. Okay.

24 COMMISSIONER CORTES-VAZQUEZ: Would need
25 Home Delivered Meals, and then when we looked at the

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1 ADDICTION 41

2 11,000 we started looking at real people with real
3 (INAUDIBLE) with real needs, it came down to 1,295.

4 CO-CHAIRPERSON HUDSON: Okay, thank you.
5 Sorry.

6 COMMISSIONER CORTES-VAZQUEZ: No, no.
7 Please.

8 CO-CHAIRPERSON HUDSON: I needed to
9 clarify that.

10 COMMISSIONER CORTES-VAZQUEZ: It's all
11 jumbled up in there.

12 CO-CHAIRPERSON HUDSON: Okay. Sorry, just
13 bear with me one second.

14 Okay, sorry. What will the service impact
15 or program change on the Home Delivered Meals program
16 be if NYC Aging does not have this funding restored
17 at adoption?

18 COMMISSIONER CORTES-VAZQUEZ: Currently,
19 the resources that we have are meeting the demand.
20 Should that demand increase, we will have to have a
21 conversation with OMB and say that demands have
22 increased far beyond the providers' current resource
23 capacity.

24

25

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1 ADDICTION 42

2 CO-CHAIRPERSON HUDSON: Okay. I'm going to
3 come back to some of my questions, but I'll throw it
4 over to some Colleagues.

5 CO-CHAIRPERSON BRANNAN: We've also been
6 joined by Council Member Sanchez.

7 Now, we're going to start questions with
8 Brooks-Powers followed by Caban.

9 COUNCIL MEMBER BROOKS-POWERS: Thank you,
10 Chairs, and hello, Commissioner, good to see you.

11 First, I wanted to talk about something
12 that we discussed when I was on the Aging Committee
13 during the pandemic and the RFP went out and I was
14 concerned about what the impact would be during COVID
15 in terms of looking for the centers to submit the RFP
16 and be successful. Robert Couch in my District
17 unfortunately had technology challenges during that
18 time, and this was in transition, as you know,
19 because they went through about three Directors at
20 the time, two of which that passed during COVID, and
21 as a result they have been very vulnerable to
22 reducing services such as providing meals to our
23 seniors. It's one of our largest programs in
24 Southeast Queens that services not only my District
25 but the Speaker's District as well as Council Member

1
2 Willams and as a result it's created a gap of about
3 150,000 dollars. I'm sure this is not the only center
4 that's been met with this challenge. I want to know
5 how DFTA has been working with these entities to make
6 sure that services are not cut, especially in
7 communities like the community that Robert Couch
8 services which is largely a community of color and,
9 again, one of our largest programs in Southeast
10 Queens.

11 Also, DFTA contracts with many non-
12 profits to deliver services to our older adults. As
13 you know, so many non-profits have not received
14 payment on time in recent years. How is DFTA helping
15 to ensure that more non-profits are paid in a timely
16 fashion and how does this budget help DFTA to do this
17 better?

18 COMMISSIONER CORTES-VAZQUEZ: I'm going to
19 start with Robert Couch.

20 COUNCIL MEMBER BROOKS-POWERS: Please.

21 COMMISSIONER CORTES-VAZQUEZ: It's a
22 center that I've visited. Particularly after we had
23 our conversation, I visited it with the Borough
24 President and the Council Member so it's...

25 COUNCIL MEMBER BROOKS-POWERS: Not me.

COMMISSIONER CORTES-VAZQUEZ: No, it
wasn't you, but we visited there often and it is
something that we're monitoring, and there was a
particular situation where we addressed...

We did restore that money. We gave them
100,000 dollars to help fill that gap at Robert
Couch.

COUNCIL MEMBER BROOKS-POWERS: Is the
funding that you gave a one-time fix because the RFP
covers several years?

COMMISSIONER CORTES-VAZQUEZ: It's
baselined.

COUNCIL MEMBER BROOKS-POWERS: It's
baselined? Okay, and then what about the balance of
that because you said it's 100,000 you gave?

COMMISSIONER CORTES-VAZQUEZ: It was
100,000...

COUNCIL MEMBER BROOKS-POWERS: And the gap
is 150,000?

COMMISSIONER CORTES-VAZQUEZ: And they
claim that the gap is 150,000. We'll work with them
and we'll continue monitoring them as we do with all
the programs.

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1
2 COUNCIL MEMBER BROOKS-POWERS: Okay, and
3 then in terms of the on-time payments?

4 COMMISSIONER CORTES-VAZQUEZ: Oh, in terms
5 of on-time payments. I am very proud to say that
6 there is a rule of 30 days and NYC Aging pays for
7 those contractors who submit invoices. If you submit
8 an invoice, between 7 to 10 days your invoice is paid
9 so we have an incredible record in terms of on-time
10 payment.

11 COUNCIL MEMBER BROOKS-POWERS: One last
12 question, Chair, if that's okay.

13 CO-CHAIRPERSON BRANNAN: Of course.

14 COUNCIL MEMBER BROOKS-POWERS: In our
15 budget response, the Council called for restoration
16 of baselining of funding for IT education for
17 seniors. I know that during the pandemic so many
18 seniors in my District benefited from the computer
19 and technology classes that helped them stay
20 connected to family and community. Why wasn't the
21 Council's request accepted by the Administration and
22 how does this budget help improve technological
23 fluency among older adults?

24 COMMISSIONER CORTES-VAZQUEZ: Is this the
25 new proposal submitted by IT-655? Is that the bill

1 that we're talking about? I just want to be able to
2 be clear that currently we provide IT services and
3 training for older adults at 25 locations. As you
4 said, Council Member, virtual programming turned to
5 be a lifesaver and an incredible innovation during
6 the pandemic and will continue. We support in concept
7 IT-665. However, having a mandate to have it in all
8 Districts without corresponding funding is an
9 impossibility. You've said, everyone here has
10 testified that our budget is as limited as it is so
11 extending it beyond the 25 would require a minimum of
12 a 2-million-dollar investment to have one in every
13 community district.
14

15 COUNCIL MEMBER BROOKS-POWERS: That's what
16 we're trying to understand. Why did the
17 Administration not accept this request from the
18 Council? What was the reason that the Administration
19 didn't decide to pick this up? Is it that it's not
20 necessarily high on the priority list, like what is
21 the reason?

22 COMMISSIONER CORTES-VAZQUEZ: I believe
23 that it is an unfunded mandate because we are
24 currently providing those services. To extend it to
25 67 additional locations requires additional funding.

1
2 COUNCIL MEMBER BROOKS-POWERS: No, and we
3 requested the additional funding from the
4 Administration so why did the Administration not
5 provide that in the Executive Budget?

6 COMMISSIONER CORTES-VAZQUEZ: We're in
7 constant negotiations with OMB on all of these
8 issues, but I also want to say that to the extent
9 that some legislation is provided and if it
10 represents itself as an unfunded mandate, it puts a
11 particular challenge and pressure on an agency such
12 as NYC Aging.

13 COUNCIL MEMBER BROOKS-POWERS: Then to my
14 last question I had asked that wasn't answered yet,
15 how does this budget help improve the technological
16 fluency among our older adults. I understand 25 are
17 covered, but how does this budget set up for the
18 older New Yorker population to be more fluent in
19 terms of technology?

20 COMMISSIONER CORTES-VAZQUEZ: We gave out
21 20,000 tablets to ensure that we are working, our
22 CTO, the Chief Technology Officer, of the City is
23 ensuring, which is one of the biggest barriers is
24 internet access and is ensuring an accessible city
25 for all, particularly in low-income communities so I

1 think that there's a variety of ways that we're
2 addressing the access to technology as much as
3 possible. If there are programs that want additional
4 training, it's something that we at NYC Aging will
5 always negotiate with the individual centers, but the
6 thing is that this is a broader issue. It's about
7 internet access and constantly making the equipment
8 available, and we've done that in key areas.

10 COUNCIL MEMBER BROOKS-POWERS: Thank you.

11 COMMISSIONER CORTES-VAZQUEZ: Thank you.

12 CO-CHAIRPERSON BRANNAN: Now we have
13 Council Member Caban followed by Schulman.

14 COUNCIL MEMBER CABAN: Thank you. Good
15 morning.

16 COMMISSIONER CORTES-VAZQUEZ: Good
17 morning.

18 COUNCIL MEMBER CABAN: Nice to see you.

19 COMMISSIONER CORTES-VAZQUEZ: Good to see
20 you again.

21 COUNCIL MEMBER CABAN: To sort of set up
22 my question with proposed cuts across the board a
23 major concern is what communities that are most
24 likely to fall through the cracks, for example, we
25 know that LGBTQIA+ elders and other communities who

1
2 have faced historic systemic discrimination are more
3 likely to be in need of services while also being
4 more likely to be distrustful of services. Because of
5 this dynamic, high turnover, vacancies, and lack of
6 resources are more likely to affect them so in the
7 context of the proposed Executive Budget, do you have
8 any update on NYC Aging's position on Intro. 564 to
9 establish a Commissioner on LGBTQIA+ older adults
10 within the Department?

11 COMMISSIONER CORTES-VAZQUEZ: I think
12 we've discussed this before. We do have an advisory
13 council at the Department for the Aging, and the City
14 Council has about I think about eight positions on
15 that advisory council, many of which are standing
16 vacant, and we believe in age integration. We also
17 believe in inclusion. What we would love to do is to
18 make sure that the advisory council that already
19 advised NYC Aging is as inclusive as possible and to
20 have the members represented within that council.
21 Would we object to another commission? No. That
22 requires staffing, that requires additional
23 resources, so if we have an integrated approach so
24 that we can look at older people as a total community
25 and make sure that all of their needs are met, I

1 think, in my estimation, that would be the most
2 appropriate or a solution to making sure that that
3 voice is not lost.
4

5 COUNCIL MEMBER CABAN: I would say I think
6 that many of us would agree that we want y'all to
7 have way more resources than you currently do, money,
8 staffing, all the things, and I'll just end by saying
9 that there are human service providers such as SAGE,
10 Queens Community House, so many others that are doing
11 great work to support queer elders and that the
12 Council also supports these providers with
13 discretionary funding, but the fact that we have
14 strong relationships with community-based
15 organizations doing this work in our communities I
16 think doesn't mean that we should not find
17 institutional ways to better support the unique needs
18 of LGBTQIA+ elders, and so it's encouraging to hear
19 you say that you're not opposed to it and certainly I
20 know that a lot of us will keep fighting to make sure
21 you have the resources to do it.

22 COMMISSIONER CORTES-VAZQUEZ: NYC Aging
23 took a lead in making sure that we had training for
24 LGBTQ sensitivity and informational training at all
25 of the centers, and that was started several years

ago in partnership with SAGE. As a matter of fact, as
a result of the hearing last year, we reinforced that
and started that process to go back to those centers
that might not have had it so it is an issue that is
very, very important to us, and making sure that that
is not only isolated centers but that all centers are
acceptable and open to all communities, including the
LGBTQI community. You're welcome.

CO-CHAIRPERSON BRANNAN: We've also been
joined by Council Members Brewer and Farias. Now, we
have questions from Council Member Schulman followed
by Barron.

COUNCIL MEMBER SCHULMAN: Thank you,
Chairs. Good morning, Commissioner.

COMMISSIONER CORTES-VAZQUEZ: Good
morning.

COUNCIL MEMBER SCHULMAN: A couple of
things. One is when you talked about the individuals,
the 6,000 to 7,000 individuals that would not be able
to get meals, right, in terms of the Medicaid.

COMMISSIONER CORTES-VAZQUEZ: There is a
question at the State.

COUNCIL MEMBER SCHULMAN: All right,
there's a question at the State. If that's not done,

1
2 you talked about people who are food-insecure would
3 continue to get meals or not in terms of that 6,000
4 to 7,000 that are in question?

5 COMMISSIONER CORTES-VAZQUEZ: Let me just
6 start with the larger statement.

7 COUNCIL MEMBER SCHULMAN: A little
8 confusing.

9 COMMISSIONER CORTES-VAZQUEZ: Yeah. Food
10 insecurity is a top priority of ours which is why the
11 7,000 people are on the program. That being said, if
12 the State does not grandfather these in, that's a
13 concern for us as we have to figure out a transition
14 program.

15 COUNCIL MEMBER SCHULMAN: Separate from
16 that, there are folks that are not food insecure but
17 can't fend for themselves. For example, I visited
18 somebody getting Meals on Wheels recently who is 100
19 years old and obviously can't get around all of that
20 so I'm concerned about older adults in that category
21 that are not necessarily food insecure because they
22 have means a little bit but they just can't get food
23 for themselves so I want to ask what happens to those
24 individuals?

25

COMMISSIONER CORTES-VAZQUEZ: If those individuals are assessed by a case management agency, they will find an appropriate resource for those individuals. They might not be eligible for our Home Delivered Meals program, although everyone is, it's not a means-tested benefit. There is no wrong door when it comes to food insecurity.

COUNCIL MEMBER SCHULMAN: Okay. Let me take a different tack. You basically have, if I understand correctly from all of the testimony, that you have resources right now or funding to take care of those that are already in programs and everything else currently?

COMMISSIONER CORTES-VAZQUEZ: We were able to make the savings and meet the PEG through underutilization.

COUNCIL MEMBER SCHULMAN: So 13 percent approximately of New York City's population consists of older adults, which is about 1.1 million, so that's going to grow, not shrink, so the demand is going to be a lot. Older adults are actually, at one point I saw AARP put something out that there's going to be more older adults than younger adults at some point...

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2 COMMISSIONER CORTES-VAZQUEZ: By 2030.

3 COUNCIL MEMBER SCHULMAN: Okay, so how are
4 we going to get the resources and funding for them?
5 Is that something that OMB is looking at or...

6 COMMISSIONER CORTES-VAZQUEZ: It is
7 something that we are constantly in partnership with
8 OMB about where if we are not able to meet the need
9 with our current resources, we're in constant
10 communication with them about that.

11 COUNCIL MEMBER SCHULMAN: All right.
12 Recruitment and retention issues are challenging for
13 the non-profit, could I just finish my...

14 CO-CHAIRPERSON BRANNAN: Yeah.

15 COUNCIL MEMBER SCHULMAN: Thank you.
16 Recruitment and retention issues are challenging for
17 the non-profit workforce serving older adults today,
18 which is due in large part to low salaries that stem
19 from inadequately funded contracts. Advocates are
20 calling for a 6.5 percent COLA for human services
21 workers as part of the Just Pay campaign. Given
22 recent inflation and economic uncertainty, is NYC
23 Aging closely accessing the needs of the non-profit
24 workforce that serves older adults and how to be
25 support them?

COMMISSIONER CORTES-VAZQUEZ: NYC Aging is committed to salary parity, which is why we negotiated with the State when the State gave homecare workers on Medicaid an increase and not those on the EISEP program. We were the ones that brought it to their attention and were saying that they were not having pay equity, and, as a result, the State then restored money for homecare workers under the EISEP program, which is the homecare program that NYC Aging runs. We're constantly considering and very sensitive to pay parity.

The other thing is that as a result of looking at pay parity, NYC Aging also increased the salaries or came up with a base salary for case workers. In the previous administration under the Chair Margaret Chin, there was also a study done to look at parity for kitchen staff, which are mostly people of color, and we wanted to make sure that there was pay parity with market so it's something that we're constantly looking at and making sure that we can elevate salaries where possible.

COUNCIL MEMBER SCHULMAN: The last question, what is NYC Aging doing to assist providers with hiring, especially as it relates to staff who

1 speak multiple languages. I have a big reason for
2 asking that too because my District now is changing
3 so I'm getting a large part of Richmond Hill, a lot
4 of South Asians, Punjabi, Hindu, Guyanese, etc., and
5 who I've been meeting with who say that they just
6 don't have enough services in their languages so I
7 just wanted to ask you about that.

9 COMMISSIONER CORTES-VAZQUEZ: If you
10 recall, Council Member, we put in our contract that
11 the cultural and language and religious needs of a
12 community need to be addressed by those providers,
13 and so that is, again, one of those values that we
14 hold and we value.

15 COUNCIL MEMBER SCHULMAN: Thank you very
16 much, Commissioner.

17 CO-CHAIRPERSON BRANNAN: We've also been
18 joined by Council Member Velazquez.

19 Now, we have questions from Council
20 Member Barron followed by Brewer.

21 COUNCIL MEMBER BARRON: Thank you very
22 much, Commissioner. I always like to share my
23 opinions with the Commissioners on the Commissioners'
24 thinking that the 4.3 billion dollars that the Mayor
25 inaccurately is pushing on you is the reason why you

1
2 have to do 4 percent cuts in the agency. First of
3 all, Commissioner, I just want to get the language
4 right. PEGs, that's a cute name for cuts, Program to
5 Eliminate the Gap, cuts. Savings, cuts. Medicaid
6 redesign, a failure, was about cuts. When I was in
7 the State Assembly, then Governor Cuomo had the
8 unmitigated gall to write a book on how great he did
9 during the pandemic when in fact he cut 2.6 billion
10 from Medicaid during the pandemic. I'm just sharing
11 that with you to say that that 4.3 billion to some of
12 us isn't real. IBO has another figure, 3.1 billion,
13 is getting a billion from the State, that cuts it
14 down to 2 billion, probably will get 800 million from
15 the Feds, that cuts it down to about 1.2 billion, but
16 he has you thinking that you have to make cuts, and
17 many of the Commissioners are saying that this won't
18 hurt services, these are underutilized or not
19 utilized program, you know we need an enhancement for
20 the Department for the Aging, not these cuts. I just
21 wanted to share that with you and not get you in
22 trouble so don't respond because I want you to keep
23 your position and keep your job, but the Mayor is
24 just unconscionably and has a budget that's
25 unacceptable when we, in fact, have a surplus on a

1 lot of things, 8.3 billion in a reserve account, 4.4
2 billion in unexpected revenue, he has enough money to
3 take care of asylum-seekers, the contracts with the
4 unions without agency cuts. When you see him again,
5 just have a little conversation with him.

6
7 I want to ask you also about a lot of
8 seniors are having challenges to say the least with
9 prescription drugs, the cost of prescription drugs.
10 How are we addressing that? A lot of seniors are also
11 having housing issues and very serious issues around
12 housing so how will we address that? Everybody's
13 bringing up the 6,000 to 7,000 food.. When the State
14 has a regulation, if you came up with a figure and we
15 said, okay, we can give you that money, would that
16 regulation stop us from using that money to take care
17 of the 6,000 to 7,000 food insecurity folks?

18 COMMISSIONER CORTES-VAZQUEZ: Do you want
19 me to answer that one?

20 COUNCIL MEMBER BARRON: Sure.

21 COMMISSIONER CORTES-VAZQUEZ: Okay. We
22 have to do a two-prong advocacy. We need to ensure
23 that older adults are not part of that provision so
24 when I ask them to grandfather in the existing ones,
25 I am also asking them to reconsider that particular

1
2 policy or standard that they have for older adults so
3 right now I'm focusing on the 7,000 because we cannot
4 have them food-insecure, but it's a two-prong
5 approach. That's the advocacy. Because what precisely
6 what you're saying could eventually happen. That's
7 the one for that.

8 In terms of health costs and prescription
9 costs, we have a program called HIICAP. Don't ask me
10 what that acronym means, but basically it's a health
11 insurance information program, that we run throughout
12 the year. I can get you the actual name for that
13 acronym. What that does is it helps individuals look
14 at health insurance plans to see which one is the one
15 that's best for them. We are not paid by any
16 insurance company so we don't have a horse in the
17 game, but what we do is look at the person's
18 situation, their economic situation, their
19 preferences, and then help them select the plan that
20 will cover as much of their medical needs as
21 possible, and in many cases cover all of them, so
22 that is a program that is year-round. Obviously, our
23 highest peak period is during the open enrollment
24 period, but we do it throughout the year, and we also

1
2 will go to any community and provide information as
3 necessary.

4 In terms of housing, it is the biggest
5 challenge that we as a City face. The New York City
6 Cabinet that has been created has really strengthened
7 the relationship between HPD and NYC Aging so we're
8 looking at things to try to mitigate as much as
9 possible. We were very successful in that we got the
10 SCRIE benefit, income-eligibility guideline increased
11 so we're constantly looking at things to how is it
12 that we can address this. So we looked at SCRIE and
13 we looked at DRIE. We're also looking at a universal
14 application. We're looking to work with the State to
15 see if we don't have to renew because one of the
16 biggest drops for older adults in the SCRIE process
17 is the renewal process so we're looking for all kinds
18 of ways to just not make people home-insecure once
19 you have a home but for additional housing. As a
20 City, we're having a challenge.

21 COUNCIL MEMBER BARRON: Right. We have a
22 real challenge on that. That's why we are encouraging
23 all of our Council Members when we deal with housing
24 in our Districts set-asides should be for seniors so
25 that we can seriously address that issue.

2 Finally, what role does...

3 COMMISSIONER CORTES-VAZQUEZ: Oh, wait.

4 I'm going to give you the answer.

5 COUNCIL MEMBER BARRON: Go ahead.

6 COMMISSIONER CORTES-VAZQUEZ: It's Health
7 Insurance Information Counseling and Assistance
8 Program, which is why I like calling it HIICAP.

9 COUNCIL MEMBER BARRON: Okay. What role
10 does Medicare play in this, in the Medicaid, does
11 Medicare in terms of the 7,000 and some of the other
12 issues...

13 COMMISSIONER CORTES-VAZQUEZ: No.

14 COUNCIL MEMBER BARRON: No role
15 whatsoever?

16 COMMISSIONER CORTES-VAZQUEZ: It's a
17 Medicaid...

18 COUNCIL MEMBER BARRON: Straight up
19 Medicaid.

20 COMMISSIONER CORTES-VAZQUEZ: It's a
21 straight Medicaid issue.

22 COUNCIL MEMBER BARRON: Medicare can't be
23 used any kind of way?

24 COMMISSIONER CORTES-VAZQUEZ: No.

25 COUNCIL MEMBER BARRON: At all?

COMMISSIONER CORTES-VAZQUEZ: Medicare is strictly health insurance. Medicaid has services in addition to health insurance.

COUNCIL MEMBER BARRON: Thank you.

COMMISSIONER CORTES-VAZQUEZ: Thank you. I have to do it. Thank you for the question, Council Member Barron.

COUNCIL MEMBER BARRON: See, you were doing well, you were doing well. Now you're going to get me all excited and you should've left well-enough alone, Commissioner.

COMMISSIONER CORTES-VAZQUEZ: I couldn't.

COUNCIL MEMBER BARRON: You went to that Commissioner school where they tell you how to say thank you for the question.

CO-CHAIRPERSON HUDSON: Okay. Thank you. I'm going to jump in with a few more questions.

In the Executive Plan, a PEG of 7 million dollars was included for OAC meals in Fiscal 2024, and a 5.6-million baselined PEG is included in Fiscal 2025 and in the outyears. How are the savings calculated, what do they relate to, and what specifically will be reduced, for example, raw food or program staff?

1

CHIEF FINANCIAL OFFICER MERCADO:

2

(INAUDIBLE) to your point, we looked at basically
underspending in food.

3

CO-CHAIRPERSON HUDSON: Underspending?

4

CHIEF FINANCIAL OFFICER MERCADO: Yeah.

5

COMMISSIONER CORTES-VAZQUEZ: Yeah.

6

CO-CHAIRPERSON HUDSON: Who's

7

underspending on food?

8

CHIEF FINANCIAL OFFICER MERCADO: In

9

general, for example, again, we're underutilized in
certain programs and so we calculated based on
underspending in food.

10

COMMISSIONER CORTES-VAZQUEZ: If you

11

recall, Council Member, I've raised this issue before
that we have had historical underspending in OACs,
which was a concern because people weren't invoicing
in enough time and then that money could not be
repurposed so we looked at some patterns, and that's
how we determined what the savings would be.

12

CO-CHAIRPERSON HUDSON: Okay, so I don't

13

know that I would classify that as underutilization
versus...

14

COMMISSIONER CORTES-VAZQUEZ: It is.

15

1
2 CO-CHAIRPERSON HUDSON: You're saying that
3 it's, for lack of a better way to put it, delayed
4 invoicing?

5 COMMISSIONER CORTES-VAZQUEZ: No. It's a
6 combination of delayed invoicing and also not
7 spending the dollars allocated to you in the
8 contract. It's a combination of both. It could be a
9 combination.

10 CO-CHAIRPERSON HUDSON: You are drawing a
11 correlation or a direct relation from not spending
12 money in a contract to underutilization? That's a
13 question.

14 COMMISSIONER CORTES-VAZQUEZ: Yes, because
15 the spending would be based on service in our case.
16 There's a correlation between spending and service
17 units so we would see underutilization and
18 underspending go hand in hand in our contracts, and
19 so it's based on that historical pattern. I mean we
20 have had years where we've seen upwards of 15 million
21 dollars left on the table, and it's so late that I
22 can't repurpose it for other programs or shift it to
23 the program that has greater services and so..

24 CO-CHAIRPERSON HUDSON: I guess what I'm
25 trying to get at is if a service provider is not

1
2 spending the money on the services, is the only
3 because of underutilization or could there be other
4 reasons?

5 COMMISSIONER CORTES-VAZQUEZ: I can't
6 think of any other reason why someone would not be
7 spending their contract other than they're not
8 providing the service. I can't, I mean efficiencies
9 can only take you so far so there's a correlation
10 between spending and service levels.

11 CO-CHAIRPERSON HUDSON: Okay. What's the
12 utilization rate of OACs and OAC meals pre- and post-
13 pandemic?

14 COMMISSIONER CORTES-VAZQUEZ: Pre-
15 pandemic, we were at 100 percent because we were at
16 about 26,000 a day, anywhere between 24,000 to 26,000
17 a day, for OACs, and we have been steadily
18 increasing, but right now we're at 78 percent
19 utilization for meals. That's the average.

20 CO-CHAIRPERSON HUDSON: Right.

21 COMMISSIONER CORTES-VAZQUEZ: But there's
22 some programs that are serving very, very few...

23 CO-CHAIRPERSON HUDSON: You're saying 78
24 percent and growing?

25

COMMISSIONER CORTES-VAZQUEZ: 78 percent and growing, right, but within that average there is a great disparity, and it's something that I've raised with providers every month at the provider meeting because it's a great concern for us. Twofold, it's a great concern for us, one, because we knew that there would be a time when that money would be thought of as extra money, number one, but the most important is that there are older adults out there still experiencing social isolation, and we really want them back at those centers.

CO-CHAIRPERSON HUDSON: Understood. How much funding was allocated for the Join Us campaign?

COMMISSIONER CORTES-VAZQUEZ: The Join Us campaign? 500,000, half a million dollars, and it was a multimedia campaign.

CO-CHAIRPERSON HUDSON: Right. Was there any outreach specifically outside of the Join Us campaign specifically related to the return or encouraging older adults to return to OACs?

COMMISSIONER CORTES-VAZQUEZ: In the RFP, and this came, one of you suggested this when we issued the RFP, that we needed to build in outreach dollars for each community to do their outreach and

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2 through their own methods and through their own local
3 groups, and we built in money for outreach in every
4 contract so in addition to our, it might've been you,
5 in addition to the campaign, each program, each
6 contract has money in there so that they can do local
7 outreach.

8 CO-CHAIRPERSON HUDSON: Do you know how
9 much?

10 COMMISSIONER CORTES-VAZQUEZ: The outreach
11 campaign was how much?

12 CHIEF FINANCIAL OFFICER MERCADO: I
13 thought she said each individual..

14 COMMISSIONER CORTES-VAZQUEZ: How much for
15 each individual provider?

16 CO-CHAIRPERSON HUDSON: Or just a total
17 number?

18 COMMISSIONER CORTES-VAZQUEZ: A total
19 number.

20 CHIEF FINANCIAL OFFICER MERCADO: We'll
21 get back to you on that.

22 CO-CHAIRPERSON HUDSON: Okay. You
23 mentioned in your opening remarks about the Join Us
24 campaign and how successful it's been and it's
25 increased web traffic and all of that, which has been

1
2 great, but why do we think older adults are still not
3 returning to OACs?

4 COMMISSIONER CORTES-VAZQUEZ: Every time
5 there is a new statement about a new pandemic, every
6 time there is about a new vaccine whether it's
7 related to COVID or not, each one of those, people
8 are making their decisions, and we also have family
9 members which are discouraging older adults from
10 going to older adult centers. I think it's a constant
11 re-education process that we have to all engage in.

12 CO-CHAIRPERSON HUDSON: Okay. I think,
13 based on that, it's understood that due to the
14 ongoing concerns regarding COVID-19, older adults may
15 not be comfortable with congregate settings, but
16 they're still in need of food. Has NYC Aging
17 considered diverting some of the OAC meal budget to
18 the HDM program to distribute meals to seniors?

19 COMMISSIONER CORTES-VAZQUEZ: HDM is a
20 very different client profile than older adult clubs
21 so no, it would not be that. We did that through the
22 recovery period, and we anticipated many more would
23 fall under that category. It's two separate kinds of
24 client profiles and client needs. What we have been
25 doing, and it's part of this innovation, we just got

1 a grant from the federal government for 2 million or
2 maybe 5 million, I don't know, we just got a grant to
3 start looking at alternatives, looking at food
4 coupons for restaurants, looking at different kinds
5 of innovation so that's the kind of thing that we are
6 looking at. We're talking to the food truck industry
7 to see if we can come up with an alternative because
8 people may be making those decisions that we need to
9 plan for the future, and it might not be an OAC club,
10 and we're also looking at, it'll be interesting to
11 see the reaction from the City Council on this in the
12 future, looking at just having programs that provide
13 meals and then having programs that are like the Y,
14 where it's all recreational and so we're looking at
15 all of those to see how is it that we could really
16 meet the needs of the older adults today, the
17 diversity of the older adults, but also the post-
18 COVID mindset that many of us are facing.

19
20 CO-CHAIRPERSON HUDSON: Yeah, I think I
21 would make the argument that that client profile that
22 you're referring to has changed, right, it's shifted,
23 and I'm glad to hear about this new contract. I don't
24 know how long that's going to take then to now do an
25 assessment and figure out new programs...

COMMISSIONER CORTES-VAZQUEZ: I think it's
a three-year contract so it will give us enough time.

CO-CHAIRPERSON HUDSON: What I believe the
need is now and today is older adults are hungry, and
we know that they're hungry, and if they don't fit
into the very stringent client profile for Home
Delivered Meals and they don't feel comfortable going
to congregate settings then where are they left and
where are they getting their food from, and I think
we have to be more creative and broad in thinking
about who should qualify or who might qualify for
certain services and programs in trying to...

COMMISSIONER CORTES-VAZQUEZ: Yeah, I
think that's really fascinating, and we are in
contract with agencies for a particular service
model. What we could do is probably negotiate with
certain agencies who are interested within their
current contract to see if we could come up with some
pilots and start looking at those. That's the
approach that we can do right now because we are in a
contract.

CO-CHAIRPERSON HUDSON: Okay. I'm going to
ask one more questions and go back to Members and

1 then hopefully maybe I'll come back for a couple more
2 but we'll see timing-wise as we're just about out.

3
4 Combatting food insecurity continues to
5 be a key Council priority, it sounds like it's also
6 one for you, however, weekend and holiday Home
7 Delivered Meals remain unfunded by NYC Aging at an
8 estimated cost of 4 million dollars a year. In its
9 budget response, the Council called for the
10 Administration to add funding for weekend and holiday
11 meals as well as an additional 14 million dollars to
12 address rising costs. Was anything added to the
13 Executive Plan to address this proposal from the
14 Council?

15 COMMISSIONER CORTES-VAZQUEZ: No.

16 CO-CHAIRPERSON HUDSON: Why not?

17 COMMISSIONER CORTES-VAZQUEZ: City Meals
18 on Wheels is a great partner, and we provide them 1
19 million dollars so that they can do fundraising and
20 have administrative costs so that we can continue to
21 support those weekend meals, but I just want to
22 remind all of us that those weekend meals are
23 provided by the network of Home Delivered Meals
24 contractors, so the infrastructure that is being used
25

1
2 is the infrastructure of the Home Delivered Meals
3 providers.

4 CO-CHAIRPERSON HUDSON: It seems like the
5 actual cost though is higher than whatever, the
6 million dollars, that's not the cost. I know you said
7 that's for fundraising and administration and stuff
8 like that. Have you ever given thought to increasing
9 funding for that the weekend and holiday meals?

10 COMMISSIONER CORTES-VAZQUEZ: City Meals
11 raises 40 million dollars to support that initiative,
12 and what we would do is to continue to support them
13 so that they can continue that. We've also looked at
14 should we be looking at Home Delivered Meals
15 providers providing that service. There's been a lot
16 of thought all the way around, but right now the
17 partnership with City Meals on Wheels is a
18 partnership where they raise private dollars to
19 support that initiative. That's how it started. That
20 was its original premise was to make sure that it was
21 a public/private partnership, always was, and so that
22 is why we provide administrative support so that they
23 can continue to do their very successful fundraising
24 to provide this service.

1
2 CO-CHAIRPERSON HUDSON: Yeah. I guess with
3 increased cost for food, inflation, so forth and so
4 on, and also there isn't an unlimited pool of private
5 dollars so I think anything that you can consider as
6 far as increasing so that they can continue to do the
7 very good and successful work that they've done.

8 COMMISSIONER CORTES-VAZQUEZ: For your
9 information, we just did an assessment with our Home
10 Delivered Meals providers to look at where they were
11 falling short and supporting their costs to increase
12 their meal costs and so we're looking at that right
13 now.

14 CO-CHAIRPERSON HUDSON: Okay. Is there any
15 funding for new meal delivery vans in the expense or
16 capital budget?

17 COMMISSIONER CORTES-VAZQUEZ: We're
18 grateful for the money that you gave us last year,
19 and we do not have any so we would hope that our
20 partnership continues and we could get new vans
21 through City Council support. I would be remiss and I
22 wouldn't be Lorraine if I didn't see that there is 5
23 million dollars from last year that we did not get
24 from the savings that we created because we absorbed
25 a lot of the discretionary grant programs into the

OAC as baselined contracts and so there was 8 million dollars. We used 4 million of that for vans so there's still this 5 million dollars that was out there, but we would welcome the partnership to continue that with the City Council.

CO-CHAIRPERSON HUDSON: And I wouldn't be Crystal if I didn't say that you're commending the partnership that you have with us and the partnership that you have with organizations like City Meals on Wheels, I think it would be even better if the Administration itself was giving you the funding that you need to actually provide all these services and do the work so that you wouldn't have to rely on partnerships so that's just my little piece.

I believe Council Member Brewer.

CO-CHAIRPERSON BRANNAN: We have Brewer followed by Louis.

COMMISSIONER CORTES-VAZQUEZ: Touché, Council Member.

COUNCIL MEMBER BREWER: Thank you very much. I agree with the Chair.

Loneliness, I know that you talked about it, it's been in the papers a lot, I just would like

2 to hear a little bit about what you think we can all
3 do together because that is a huge issue.

4 Number two, home-sharing. Everybody needs
5 a home. I understand the home-sharing program was
6 cut. I think it should be continued. So far, the
7 numbers are low, I know that, but it seems to me, as
8 the Mayor said, everything is on the table so that
9 should be on the table, and it should be funded.

10 On food, you and I know Lenox Hill
11 scratch food is delicious. They show up in multitude
12 so the answer to the food problem is scratch cooking.
13 I feel very strongly about it. You smell it. Lenox
14 Hill is delicious so that would end, I don't know if
15 plant-based, I know who likes plant-based, I'm not a
16 fan of plant-based unless it's fresh to be honest
17 with you, so my seniors are complaining about plant-
18 based just so you know so I'd like to hear an update
19 on what the hell is going on with plant-based.

20 On case management, I know it's always a
21 challenge, I'm very familiar with it so I want to
22 know what the waitlist is. We said in the City
23 Council we need 3 million. I worry constantly because
24 some of these older adult whatever the hell they're
25 called, they have months before somebody can see a

caseworker because of the long wait, and then I want to know what we're doing on age-friendly. Those are my questions. Loneliness first. It's a hard issue, but it's so real.

COMMISSIONER CORTES-VAZQUEZ: With the social isolation, we hope to come back to the older adult clubs.

COUNCIL MEMBER BREWER: All right, I agree.

COMMISSIONER CORTES-VAZQUEZ: The other thing is that many older adult clubs have Telephone Reassurance for those individuals that are not coming to the center, that they have a crew of people that call them. We also have Friendly Voices, and that's what I would encourage every New Yorker to be involved in. We had a campaign during the epidemic, call your neighbor, check in with your neighbor...

COUNCIL MEMBER BREWER: I think people are doing that, but it could be more, I agree, but that was a very revealing study.

COMMISSIONER CORTES-VAZQUEZ: I think it is a community-wide issue that should be addressed. Plus, it also would combat ageism and make us a more age-inclusive city.

1
2 COUNCIL MEMBER BREWER: I think the Mayor
3 could say more about it. I would suggest that. I know
4 there are many issues to be addressed, but I do think
5 saying something, during the pandemic, there was more
6 focus, it's been lost to be honest with you, we all
7 do it, I'm sure here, I know I call my neighbors, but
8 it needs more attention.

9 COMMISSIONER CORTES-VAZQUEZ: Right.

10 COUNCIL MEMBER BREWER: From up above.

11 COMMISSIONER CORTES-VAZQUEZ: Yeah. Got
12 it, although I must say the Mayor has asked people to
13 volunteer and to give an hour of their time and so I
14 think in that I would include that as part of it.

15 COUNCIL MEMBER BREWER: Home-sharing,
16 where's my contract for home-sharing?

17 COMMISSIONER CORTES-VAZQUEZ: Your
18 contract with home-sharing will be discontinued
19 because it is an extremely high-cost contract per
20 placement. It's a great OT program, but it is far too
21 expensive for the kind of returns that we get. We get
22 less than 25 matches. We can't continue to give
23 400,000 dollars.

24 COUNCIL MEMBER BREWER: I know, but I'm
25 saying if we have empty spaces in apartments with

1
2 asylum-seeking individuals needing space, I think we
3 should think about it, maybe with different kinds of
4 funding, etc., but if people have room it should be
5 utilized. I think it should be reviewed.

6 COMMISSIONER CORTES-VAZQUEZ: Right, and
7 we've been funding it for many years.

8 COUNCIL MEMBER BREWER: I'm aware.

9 COMMISSIONER CORTES-VAZQUEZ: We tried to
10 scale it up. We gave it a million dollars, and we
11 were just not getting the results and so..

12 COUNCIL MEMBER BREWER: I want to say we
13 may fuss more about that one. What about my scratch
14 cooking? Are we doing plant-based or are they just
15 complaining to me (INAUDIBLE)

16 COMMISSIONER CORTES-VAZQUEZ: One of the
17 priorities this year is good food provision, right.

18 COUNCIL MEMBER BREWER: Yeah, I know what
19 that is (INAUDIBLE)

20 COMMISSIONER CORTES-VAZQUEZ: For NYC
21 Aging, good food provision is trying to get more
22 older adult clubs to cook rather than be dependent on
23 caterers...

24 COUNCIL MEMBER BREWER: That's good.
25

COMMISSIONER CORTES-VAZQUEZ: Commercial caterers, giving more training to our kitchen support staff so that they can work with more products and different kinds of products. We have always had a meatless requirement, a one-day-a-week meatless requirement, and now we're moving to a plant-based.

COUNCIL MEMBER BREWER: Okay, everything five days a week is going to be plant-based?

COMMISSIONER CORTES-VAZQUEZ: No, it is a one day a week (INAUDIBLE) However, the food standards have changed so that we could increase more vegetables.

COUNCIL MEMBER BREWER: I'm for them if they're fresh. It's when they're not fresh that nobody can eat them. The question is I'd like to know at some point how many have switched over to what I would call scratch cooking if that's what you're saying, something different in the terms of cooking as opposed to catering. Can you get back to the numbers, not now?

COMMISSIONER CORTES-VAZQUEZ: I will get you those numbers, but right now we are trying to incent that.

COMMITTEE ON FINANCE JOINTLY WITH COMMITTEE ON AGING
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2 COUNCIL MEMBER BREWER: Okay, that's a
3 good thing as far as I'm concerned.

4 COMMISSIONER CORTES-VAZQUEZ: The reason
5 we're doing that, I just want you to be aware for the
6 record, is because so many good programs are getting
7 poor ratings because of the caterers' poor
8 provisions.

9 COUNCIL MEMBER BREWER: Correct. I get
10 complaints.

11 COMMISSIONER CORTES-VAZQUEZ: Which is why
12 we also started the commissary project to see if we
13 can get more of our own older adult programs to cook
14 and serve for their Colleagues.

15 COUNCIL MEMBER BREWER: I'm 100 percent
16 for that, and we can help fund kitchens. I know
17 there's issues but...

18 COMMISSIONER CORTES-VAZQUEZ: Yeah, that's
19 what we learned during the pandemic. The more that we
20 can cook for ourselves, the less dependent we are on...

21 COUNCIL MEMBER BREWER: But sometimes you
22 need a kitchen, it's just a warm-up and not a kitchen
23 so that's what I'm saying...

24 COMMISSIONER CORTES-VAZQUEZ: Right.
25

1
2 COUNCIL MEMBER BREWER: If we can help
3 with that. I would love to see a list of they have a
4 kitchen, they're doing scratch, they'd like to do
5 scratch, they don't have a... some kind of a breakdown.
6 That would be helpful. I think you'd have more..

7 COMMISSIONER CORTES-VAZQUEZ: I can
8 provide that for you.

9 COUNCIL MEMBER BREWER: Older adults in
10 your senior communities if you have food that they
11 want to eat. People come for the food.

12 Case management, what's the waitlist?

13 COMMISSIONER CORTES-VAZQUEZ: The
14 waitlist, the last time it was about 2,000. It is now
15 down to 955.

16 COUNCIL MEMBER BREWER: Okay, and what's
17 the breakdown of case manager to client? Is there
18 like an average or is it something that...

19 COMMISSIONER CORTES-VAZQUEZ: The average
20 is about 62...

21 COUNCIL MEMBER BREWER: 62 clients? All
22 right. I'll have to check with...

23 COMMISSIONER CORTES-VAZQUEZ: Clients to a
24 caseworker.

1
2 COUNCIL MEMBER BREWER: What my friends
3 are saying.

4 What are we doing about age-friendly? I
5 know it has many different meanings for different
6 people. We do need more benches. There's no question.

7 COMMISSIONER CORTES-VAZQUEZ: Age-
8 friendly, we will never stop advocating for age-
9 friendly.

10 COUNCIL MEMBER BREWER: I know. You can
11 advocate but then you have to actually do something.

12 COMMISSIONER CORTES-VAZQUEZ: Right, and
13 so that's the work that we're doing in the Cabinet.

14 COUNCIL MEMBER BREWER: Okay.

15 COMMISSIONER CORTES-VAZQUEZ: That never
16 will stop.

17 COUNCIL MEMBER BREWER: Okay, but what are
18 we doing?

19 COMMISSIONER CORTES-VAZQUEZ: I can give
20 you the list of the programs that we're doing and
21 what we're doing (INAUDIBLE)

22 COUNCIL MEMBER BREWER: Okay, like on the
23 street, what will people see? I mean I like the
24 benches. We obviously have to do the beep-beeps for
25 the crossings. Things that are real that people can...

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1 ADDICTION 83

2 COMMISSIONER CORTES-VAZQUEZ: We have a
3 myriad of age-friendly, we've moved on and call it
4 age-inclusive, Council Member..

5 COUNCIL MEMBER BREWER: Whatever, you
6 always have new names for everything.

7 COMMISSIONER CORTES-VAZQUEZ: So what we
8 have is we've been working with DOT on pedestrian
9 safety. We're looking at working with Parks
10 Department. All of that work continues.

11 COUNCIL MEMBER BREWER: Okay, so you'll
12 give us a list at some point so we know what
13 (INAUDIBLE)

14 COMMISSIONER CORTES-VAZQUEZ: I can give
15 you a list of everything that's been done so far.

16 COUNCIL MEMBER BREWER: And (INAUDIBLE)
17 will like that list do you think or not?

18 COMMISSIONER CORTES-VAZQUEZ: I'm not sure
19 if (INAUDIBLE) will like that.

20 COUNCIL MEMBER BREWER: (INAUDIBLE) on her
21 list so that's why I'd like to see it. Thank you very
22 much.

23 COMMISSIONER CORTES-VAZQUEZ: Thank you.

24 CO-CHAIRPERSON BRANNAN: Okay, we have
25 Council Member Louis followed by Lee.

1
2 COUNCIL MEMBER LOUIS: Thank you, Chair.
3 Good morning, Commissioner. I have three questions.

4 One is on ESAP, RFPs, and NORCs so the
5 first one regarding the RFPs. I wanted to know how
6 much funds were allocated for the RFP that will be
7 starting in July of this year. This is just my
8 opinion. I think that some of the organizations that
9 became recipients have done a poor job with outreach
10 and encouraging seniors to come back into congregate
11 settings in a safe way so I wanted to know how much
12 is the RFP and, in addition to that, the criteria for
13 the RFP for July and how many organizations were
14 awarded. That's the first one. That's regarding the
15 RFP.

16 COMMISSIONER CORTES-VAZQUEZ: Which RFP
17 are we talking about?

18 COUNCIL MEMBER LOUIS: You mentioned an
19 RFP that starts July 1st of this year, of 2023, in
20 your testimony.

21 COMMISSIONER CORTES-VAZQUEZ: Oh, the RFP
22 for case management?

23 COUNCIL MEMBER LOUIS: I believe so, and
24 this was regarding mental health services?
25

1
2 COMMISSIONER CORTES-VAZQUEZ: The
3 geriatric mental health?

4 COUNCIL MEMBER LOUIS: Correct. So it
5 would be good to know that.

6 The second question is in regards to the
7 NORC network. In your testimony, you mentioned that
8 there were 36. There's an additional amount. Council
9 District 45 that I represent has the lowest amount of
10 senior centers in all 51 Districts in the City of New
11 York. Last year and the year prior to that, we've
12 asked for an additional NORC in our District, and we
13 were denied so I wanted to know of the amount of
14 NORCs that would be coming in for FY24 if one could
15 be granted to East Flatbush. Most of our seniors now
16 go to other Districts, Council Member Barron's and
17 Narcisse's Districts, which borders the Remsen
18 Village neighborhoods of Council District 45 so it's
19 unfortunate that seniors have to travel as far as
20 going to East New York or to Canarsie for services
21 and that they're always being denied.

22 Last question is in regards to the ESAP.
23 I wanted to know does NYC Aging have the percentage
24 of qualifying elderly that are currently utilizing
25

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2 ESAP and how many applicants do you currently have?

3 Those are the three questions.

4 COMMISSIONER CORTES-VAZQUEZ: I'll get you
5 the list of the providers for the geriatric mental
6 health.

7 COUNCIL MEMBER LOUIS: For the RFP?

8 COMMISSIONER CORTES-VAZQUEZ: That were
9 awarded RFPs.

10 COUNCIL MEMBER LOUIS: And how much was
11 allocated for the outreach component?

12 COMMISSIONER CORTES-VAZQUEZ: In geriatric
13 mental health, we don't have an outreach component.

14 COUNCIL MEMBER LOUIS: You don't have an,
15 so that's a problem.

16 COMMISSIONER CORTES-VAZQUEZ: That's only
17 in the older adult club contracts.

18 COUNCIL MEMBER LOUIS: Okay, so we need
19 numbers on the one that currently exists..

20 COMMISSIONER CORTES-VAZQUEZ: Okay.

21 COUNCIL MEMBER LOUIS: But then you should
22 be including on the geriatric component an outreach
23 component for that.

24

25

COMMISSIONER CORTES-VAZQUEZ: Right. We do
have an outreach component. We're just not giving
them a separate amount of money.

COUNCIL MEMBER LOUIS: Okay.

COMMISSIONER CORTES-VAZQUEZ: In terms of
the NORC, that RFP doesn't come out until 2024 for
2025 because we're under the contract now so when we
reissue that we look at all of those requests that
have come and you know that there's a whole process
to become a NORC so, by all means, that's one that
will be marked as an area, I think there were two
other areas that people were interested in.

COUNCIL MEMBER LOUIS: I think Majority
Whip Brooks-Powers mentioned the same issue that
we're addressing here.

COMMISSIONER CORTES-VAZQUEZ: Right. All
right, so we could address that during this year in
preparation for the next RFP.

COUNCIL MEMBER LOUIS: Got it.

COMMISSIONER CORTES-VAZQUEZ: In terms of...

COUNCIL MEMBER LOUIS: ESAP.

COMMISSIONER CORTES-VAZQUEZ: I don't know
what ESAP is.

1
2 COUNCIL MEMBER LOUIS: Elderly Simplified
3 Application Project so you guys don't know what that
4 is?

5 COMMISSIONER CORTES-VAZQUEZ: No.

6 COUNCIL MEMBER LOUIS: That's a problem.

7 COMMISSIONER CORTES-VAZQUEZ: I'm sorry.

8 COUNCIL MEMBER LOUIS: It's regarding SNAP
9 benefits.

10 COMMISSIONER CORTES-VAZQUEZ: That's HRA.

11 COUNCIL MEMBER LOUIS: Yeah, so I wanted
12 to know what the coordination was like with HRA, how
13 many applicants do you current..

14 COMMISSIONER CORTES-VAZQUEZ: Oh, so
15 sorry.

16 COUNCIL MEMBER LOUIS: It's okay. It's
17 been a long money.

18 COMMISSIONER CORTES-VAZQUEZ: No. What
19 we're doing with HRA as part of the Cabinet, by the
20 way, is looking at sharing data. You know that we're
21 going towards a one-city approach so that once you
22 have one benefit you can have all benefits, but what
23 we're looking at right now and we're looking at it
24 with HRA as well as with HPD is looking at data to
25 make sure if you got this benefit and you're eligible

1
2 for that one you should get that one also so it's a
3 lot of coordination to make sure that no one falls
4 between the cracks.

5 COUNCIL MEMBER LOUIS: Right. All that
6 should be grandfathered in so it'd be really good to
7 get an update on how many applicants we currently
8 have, how much we expect to have...

9 COMMISSIONER CORTES-VAZQUEZ: Yeah, and
10 I'll tell you what I'll also give you is when we're
11 planning to share the data and by when we expect that
12 data to be (INAUDIBLE)

13 COUNCIL MEMBER LOUIS: All right. Thank
14 you.

15 COMMISSIONER CORTES-VAZQUEZ: Thank you.

16 COUNCIL MEMBER LOUIS: Thank you, Chair.

17 COMMISSIONER CORTES-VAZQUEZ: I'm sorry I
18 did understand ESAP.

19 COUNCIL MEMBER LOUIS: No worries.

20 CO-CHAIRPERSON BRANNAN: We've been joined
21 by Council Member Stevens.

22 We have questions now from Council Member
23 Lee followed by Marte.

24 COUNCIL MEMBER LEE: Okay. Hi,
25 Commissioner. How are you?

2 COMMISSIONER CORTES-VAZQUEZ: Hi, how are
3 you?

4 COUNCIL MEMBER LEE: Okay, just a few
5 clarification questions. For the case management, I
6 know that you had said for FY24 it's about 35,000
7 clients annually. I'm assuming that includes the
8 6,000 to 7,000 HDM clients you were speaking of that
9 may potentially have to...

10 COMMISSIONER CORTES-VAZQUEZ: Right.

11 COUNCIL MEMBER LEE: Get readjusted. Okay.
12 I guess my question is because I know that you had
13 mentioned because this is going to be a tricky issue
14 with the State on the Medicaid so I know that you had
15 mentioned before that there may be potential for the
16 OACs to absorb those seniors but I guess my question
17 is the requirements...

18 COMMISSIONER CORTES-VAZQUEZ: No, the OAC
19 won't be able to absorb those because...

20 COUNCIL MEMBER LEE: Oh, I thought I heard
21 you say that.

22 COMMISSIONER CORTES-VAZQUEZ: Those are
23 Home Delivered Meals clients.

24 COUNCIL MEMBER LEE: Right, so then my
25 question was based off that because I thought you had

1 mentioned that but, if not, then that's totally fine
2 because the requirements I know are very different
3 from the OACs as well as the HDM clients.
4

5 COMMISSIONER CORTES-VAZQUEZ: I think what
6 I did say, I'm sorry, I just don't want to confuse
7 this any more confusing than what it is. I'm
8 perplexing. If we are allowed to continue those
9 7,000, they're already placed in Home Delivered Meals
10 so it wouldn't be an additional, right?

11 COUNCIL MEMBER LEE: Right. That I get,
12 but then I guess my question is because the HDM
13 qualifications and eligibility are different simply
14 because it is Medicaid then would the OACs, if they
15 were to let's just say change some of their
16 eligibility requirements, would they be able to maybe
17 potentially onboard some of those seniors so that
18 they're not losing meals?

19 COMMISSIONER CORTES-VAZQUEZ: I don't see
20 how...

21 COUNCIL MEMBER LEE: Okay.

22 COMMISSIONER CORTES-VAZQUEZ: Because it's
23 an HDM client, and they wouldn't be able to go pick
24 up their meal, you know what I'm saying..

25 COUNCIL MEMBER LEE: Right (INAUDIBLE)

COMMISSIONER CORTES-VAZQUEZ: I don't see
how that would be possible.

COUNCIL MEMBER LEE: Okay.

COMMISSIONER CORTES-VAZQUEZ: The issue
is, which goes back to Council Member Brannan and
Council Member Hudson, should the Home Delivered
Meals demand increase, then that's a negotiation with
OMB.

COUNCIL MEMBER LEE: Okay. I just wanted
to clarify that point because, from my understanding,
I agree that they wouldn't be able to get transferred
because they are homebound so I just wanted to
clarify that.

Also, in the testimony, it says over 85
percent of case management clients benefit from Home
Delivered Meals.

COMMISSIONER CORTES-VAZQUEZ: Yeah.

COUNCIL MEMBER LEE: So for the other 15
percent, is it just that they're receiving other
services but not necessarily the meal services..

COMMISSIONER CORTES-VAZQUEZ: Yeah. Food
insecurity is not a prevailing issue or an issue that
has elevated because the minute you found food-
insecure, we give you a home-delivered meal.

1
2 COUNCIL MEMBER LEE: Okay. The next
3 question I had was just around the mental health
4 support services. Are you all connected to NYC Well
5 at all, meaning if I'm a senior and I call NYC Well,
6 I'm not plugged into the DFTA system, then are there
7 referrals that are made from NYC Well to DFTA
8 potentially?

9 COMMISSIONER CORTES-VAZQUEZ: Yeah.

10 COUNCIL MEMBER LEE: Okay, and can you get
11 us those numbers to see...

12 COMMISSIONER CORTES-VAZQUEZ: The numbers
13 that are referred? Sure, I can give you that, but I
14 always encourage everyone to use the Aging Connect
15 number because you get a live person who can help
16 you, an aging specialist who helps people navigate.

17 COUNCIL MEMBER LEE: Yes. That I totally
18 agree, but I guess if I'm just seeing the
19 advertisements for New York City Well on TV, I may
20 call that instead, so I guess my point is I just want
21 to make sure that whichever point of contact or entry
22 they come in from they are getting plugged into you
23 guys for resources.

24

25

COMMISSIONER CORTES-VAZQUEZ: Absolutely.
I'll provide you with the numbers currently that
we're looking at as a referral.

COUNCIL MEMBER LEE: Okay. The 6.4 million
that's budgeted for the geriatric mental health
program, are those mostly just the contracted dollar
amounts that go to the outpatient clinics that are
partnering with the OACs?

COMMISSIONER CORTES-VAZQUEZ: I'm sorry. I
got distracted.

COUNCIL MEMBER LEE: No, that's fine.

COMMISSIONER CORTES-VAZQUEZ: It wasn't
you. They just passed me a note. Go ahead. I'm sorry.

COUNCIL MEMBER LEE: The 6.4 million
that's budgeted for FY 24 for the geriatric mental
health program, are those mostly dollars that are
just going towards the Article 31 clinics that are
partnering with the OACs or is it going to be both
OACs and...

COMMISSIONER CORTES-VAZQUEZ: No, no.
Article 31s, some of them will now become a geriatric
mental health program, when we've finished this RFP
process. No, the geriatric mental health is a program
outside of the Article 31s so there were programs

1 that were started for just establishing a geriatric
2 mental health service. What we then did was create
3 outlets at OACs so that they wouldn't be freestanding
4 geriatric mental health but built into the existing
5 network of services and so what we have are those
6 geriatric mental health centers have to have a site
7 in an older adult club.

8
9 COUNCIL MEMBER LEE: Right. Correct me if
10 I'm wrong, but I thought that some of those sites
11 have partnerships between the outpatient clinics as
12 well as the OACs.

13 COMMISSIONER CORTES-VAZQUEZ: Oh, yeah,
14 some of them could be a geriatric mental health
15 program funded under NYC Aging as well as an Article
16 31.

17 COUNCIL MEMBER LEE: Okay.

18 COMMISSIONER CORTES-VAZQUEZ: There's
19 several programs that have both. I think Hamilton
20 House is one of those, and I think that there's
21 several of them.

22 COUNCIL MEMBER LEE: Okay. I guess the
23 last, for time's sake, last question. In terms of
24 inflation because I know that we can technically
25 fight obviously, try to fight back the PEGs, but then

1
2 in terms of new dollars because I know that the
3 inflation costs are impacting overall food costs, gas
4 for the vans and the vehicles and things like that so
5 how has that been factored, if at all, into the
6 budget for next year?

7 COMMISSIONER CORTES-VAZQUEZ: Prior to
8 this budget process, we have looked at and, Jose, do
9 you want to talk about what we did with the HDMs?

10 CHIEF FINANCIAL OFFICER MERCADO: What we
11 did is surveyed all the HDM providers for this year
12 and figuring out where their profit/loss statements
13 are in terms of most of them are actually losing
14 money in the program and came up with an estimated
15 cost of a dollar increase in the current which right
16 now it's \$11.78 which would factor in inflationary
17 costs, just for HDM.

18 COUNCIL MEMBER LEE: What about for the
19 OACs?

20 CHIEF FINANCIAL OFFICER MERCADO: We're
21 looking at that as our next step because they're
22 different. Right now, because as we mentioned
23 earlier, there's an underutilization most of them
24 basically are covering those inflationary costs
25 because they're not spending their food money.

CO-CHAIRPERSON BRANNAN: Okay, now
questions from Council Member Dinowitz followed by
Farias.

Okay, Council Member Farias.

COUNCIL MEMBER FARIAS: Good morning,
folks. Hi, Commissioner.

COMMISSIONER CORTES-VAZQUEZ: Hi.

COUNCIL MEMBER FARIAS: Just have a quick
question regarding if you folks have any thoughts
around the nursing home sanitation services that we
have throughout our DFTA-contracted nursing homes,
both public and private, and if you have any thoughts
around if those payments that they have to do should
be allotted for or not? I have a bill in the Council
that is aiming to include private nursing homes for
free sanitation services. I'm just wondering if you
folks have any thoughts around that in terms of
service.

COMMISSIONER CORTES-VAZQUEZ: We believe
in community care and community care plan, and so we
believe that people should be in their home as long as
possible and hopefully that is, we have absolutely no
jurisdiction over nursing homes or the nursing home
operations. What we do have that was an initiative

1 started under the City Council which was the creation
2 of an ombudsman program where families who have
3 issues or concerns about the services that they're
4 receiving for the senior adult daycare centers that
5 they could come to us, but we have absolutely no
6 jurisdiction or oversight of nursing homes.
7

8 COUNCIL MEMBER FARIAS: Okay. I was just
9 wondering. Thought it might be a good time to ask.

10 I just have a quick question around how
11 is the Department working towards countering the
12 large-scale public safety, community safety
13 narratives that are out there or at least hyper-
14 locally trying to demystify or counter the narratives
15 to encourage more people to come back into our older
16 adult centers.

17 COMMISSIONER CORTES-VAZQUEZ: From a
18 public safety perspective, we're constantly
19 advertising and supporting all the work that we do
20 around elder abuse and elder crime. The one that the
21 we're doing from a public safety perspective is
22 working with these intergenerational programs in
23 NYCHA settings, basically creating community-building
24 teams between older adults and younger adults so that
25 they can have a presence and relationship within

1
2 NYCHA facilities. In terms of the other public safety
3 issue, which is pedestrian safety, which is a big
4 issue for us, we work very closely with DOT and
5 looking at those communities with high concentration
6 of older adults and making sure that we are putting
7 in as many traffic-calming and traffic safety devices
8 as possible, and there's a plan to roll that out.
9 Currently, what we're doing with DOT is doing what we
10 call community audits where they're taking older
11 adults and walking with DOT personnel and saying
12 these are the things that we need in our community
13 and they're looking at bus lanes and lights and
14 traffic-calming and all of those issues and doing an
15 audit. The other thing that we've just done with DOT,
16 again, for access and safety is we're working with
17 DOT to make sure that in front of every older adult
18 club there is a no loading sign like what you have in
19 hotels so that nobody parks there so that older
20 adults can have access easily to and from the older
21 adult club.

22 COUNCIL MEMBER FARIAS: Sorry. Just a
23 final thought on DOT. My office has been working
24 really hard with trying to push back on some of the
25 bus redesigns that have removed our bus stops that

1
2 are adjacent to some of our senior centers or older
3 adult centers or just NYCHA campuses where we know we
4 have an aging population, so I would encourage the
5 assistance for the Council Members to push on DOT to
6 reinstate some of those bus stops, even if we only
7 have a small amount of people that are riding them
8 because we know that small amount have walkers and
9 canes and need that stop, but thank you for answering
10 my questions and for coming today.

11 COMMISSIONER CORTES-VAZQUEZ: Thank you
12 always. As a Bronxite, I welcome your questions.

13 CO-CHAIRPERSON BRANNAN: Commissioner, I
14 want to just clarify something from your testimony
15 where I believe you stated that home-share would be
16 discontinued for FY24?

17 COMMISSIONER CORTES-VAZQUEZ: Yes.

18 CO-CHAIRPERSON BRANNAN: Okay. Why is
19 that?

20 COMMISSIONER CORTES-VAZQUEZ: Home-sharing
21 program is a program, it's been a very novel and
22 boutique program that we funded for many years, and
23 the amount of matches that they have developed, it's
24 a great concept, it's a great program, but the amount
25 of matches that have been made are too small and

1 they're not scalable. We scaled it up one time for a
2 million dollars, and we could never get more than 25
3 matches, and it's one of the things that we're
4 struggling with right now. Given these kinds of
5 situations, it's a small program that we just can't
6 continue. It started out with private dollars. We
7 thought we could support it with public dollars to
8 have it grow, and it just has not materialized.

10 CO-CHAIRPERSON BRANNAN: Okay. I'm going
11 to give it now to Chair Hudson to close us out with
12 some final questions.

13 CO-CHAIRPERSON HUDSON: Thank you. Just to
14 confirm, that decision has been final?

15 COMMISSIONER CORTES-VAZQUEZ: Yes.

16 CO-CHAIRPERSON HUDSON: Okay. We've
17 learned that the RFP for case management agencies has
18 recently been cancelled. Why was it cancelled?

19 COMMISSIONER CORTES-VAZQUEZ: We had made
20 provisions in that RFP to encourage the support of
21 partners in communities of color and to expand the
22 number of contractors, and we also were looking for
23 more opportunities to expand the number of
24 contractors so that they could reflect the community.
25 The response was thin, and so what we've done is

1
2 decide to extend the contracts as we have them, go
3 back and look at other ways that we could try to
4 achieve our goal of racial and ethnic parity and
5 expansion and we're going to reissue it.

6 CO-CHAIRPERSON HUDSON: Okay, when are you
7 going to reissue it?

8 COMMISSIONER CORTES-VAZQUEZ: We're hoping
9 to reissue it sometime before the end of the year.

10 CO-CHAIRPERSON HUDSON: Calendar year or
11 fiscal year?

12 COMMISSIONER CORTES-VAZQUEZ: Calendar.

13 CO-CHAIRPERSON HUDSON: Okay. Thank you.

14 COMMISSIONER CORTES-VAZQUEZ: We will have
15 to review what was in that RFP that didn't quite say
16 that as clearly as it should have and could have so
17 that we can get the response from the affected
18 communities that we're looking for.

19 CO-CHAIRPERSON HUDSON: Okay. There will
20 be a new RFP for Home Delivered Meals in Fiscal 2024.
21 Can you share the parameters or criteria for this new
22 RFP for HDM?

23 COMMISSIONER CORTES-VAZQUEZ: We're using
24 all of the knowledge and experience that we're
25 getting now in terms of HDM and some of the changes

1
2 that we've made to reflect that. We're also looking
3 at the demographics. Do the catchment areas have to
4 change, should we create new catchment areas, should
5 we create smaller catchment areas or larger catchment
6 so we're looking at the demographics across the city
7 to make sure that that is also included in the HDM.
8 We're not just issuing RFPs for the sake of issuing
9 RFPs. We're really looking at how is it that we can
10 respond to the growing and changing needs in the
11 community.

12 CO-CHAIRPERSON HUDSON: When will you
13 release that RFP?

14 COMMISSIONER CORTES-VAZQUEZ: I think
15 that's September, October. That's for the following
16 year. It takes us about six to eight months' prep.

17 CO-CHAIRPERSON HUDSON: Okay. How many
18 years will the new contracts be for?

19 COMMISSIONER CORTES-VAZQUEZ: It's a
20 three-year contract renewed every year so we built in
21 a performance provision in them.

22 CO-CHAIRPERSON HUDSON: Okay, and will
23 there be any increase in reimbursement rates given
24 high inflation?

25

1
2 COMMISSIONER CORTES-VAZQUEZ: It's one of
3 the things that we'll look at in terms of assessing
4 where we're at.

5 CO-CHAIRPERSON HUDSON: So likely?

6 COMMISSIONER CORTES-VAZQUEZ: More than
7 likely.

8 CO-CHAIRPERSON HUDSON: More than likely,
9 I'll take that.

10 COMMISSIONER CORTES-VAZQUEZ: Yeah.

11 CO-CHAIRPERSON HUDSON: Okay. I want to
12 shift slightly. We've heard that the PEG at the
13 Department of Parks and Recreation may impact
14 programs for older adults, things like discounted
15 rates and special hours. Is NYC Aging aware of a PEG
16 impacting older adults programs at Department of
17 Parks and Recreation?

18 COMMISSIONER CORTES-VAZQUEZ: We were just
19 informed of those PEGs, and Parks Department is part
20 of the Cabinet, and so we will have a discussion with
21 them and see if there are ways that we could work
22 together to ensure that services to the older adult
23 are not diminished.

24

25

1
2 CO-CHAIRPERSON HUDSON: Okay. What is your
3 assessment of the impact? Do you have an assessment
4 of the impact or...

5 COMMISSIONER CORTES-VAZQUEZ: No, I don't
6 know exactly what they are and so I won't be able to
7 opine on that.

8 CO-CHAIRPERSON HUDSON: Okay. I know you
9 said they're part of the Cabinet, but do you usually
10 work with Parks on any specific programs targeted to
11 older adults?

12 COMMISSIONER CORTES-VAZQUEZ: Sure. We
13 work with most of the agencies that impact older
14 adults, have for years. What the Cabinet does is give
15 us a structure and accelerate the support and
16 conversations.

17 CO-CHAIRPERSON HUDSON: Okay. In your
18 testimony, you mentioned 8.1 million dollars going to
19 a caregiver program. How much is going directly to
20 caregivers?

21 COMMISSIONER CORTES-VAZQUEZ: These are
22 all informal caregivers. We don't pay caregivers.

23 CO-CHAIRPERSON HUDSON: I know, but to the
24 programs and services specifically for caregivers,
25 like versus staff or...

1
2 COMMISSIONER CORTES-VAZQUEZ: I can give
3 you that information.

4 CO-CHAIRPERSON HUDSON: You said you can?

5 COMMISSIONER CORTES-VAZQUEZ: I will give
6 you that information.

7 CO-CHAIRPERSON HUDSON: Okay.

8 COMMISSIONER CORTES-VAZQUEZ: I don't have
9 it with me right now.

10 CO-CHAIRPERSON HUDSON: Okay. Give me one
11 second.

12 CO-CHAIRPERSON BRANNAN: Council Member
13 Brooks-Powers.

14 COUNCIL MEMBER BROOKS-POWERS: I just
15 wanted to clarify my comments earlier and just get
16 feedback. The RFP for Robert Couch would have called
17 for 400,000, and so in terms of this budget, going
18 back to the original question because there were
19 technology challenges from the RFP, while I know that
20 DFTA has baselined 100,000, it still leaves the
21 balance of that gap so there are senior centers that
22 are unable to sufficiently staff up as a result as
23 well as feed the seniors in these programs so I
24 wanted to know will this budget account for that to
25 make up for that gap, understanding that these senior

1
2 centers rely on the funding from DFTA to be able to
3 keep the doors open and provide those services?

4 COMMISSIONER CORTES-VAZQUEZ: We have and
5 will continue to monitor situations across all of the
6 programs. We talk to the programs regularly. If there
7 is a major gap where services are not being able to
8 be addressed, we'll work with them on that, but we
9 talk to programs all the time. Can I make a
10 commitment here that we will fund every service gap
11 that exists? No, I can't make that commitment. What I
12 do commit to is that we continue our partnership with
13 OMB to look at where the service gaps go and we look
14 at them as a whole and start trying to address those,
15 which is how we were able to address one of the
16 shortfalls at Robert Couch.

17 COUNCIL MEMBER BROOKS-POWERS: But the
18 challenge is, we spoke about this during the pandemic
19 and said that we were fearful that some of the
20 providers because we were hearing a lot of these
21 complaints and concerns throughout that process which
22 we spoke about in oversight hearings as well as
23 budget hearings, and so did DFTA not take account
24 that there could be some of these programs that fell
25 through the gap but needs to still be able to provide

1
2 these services. That's one, but, more importantly,
3 does this budget in Fiscal '24 provide enough room
4 for the agency to meet this gap need because, if not,
5 these programs will not be able to have sufficient
6 staff and will have to scale back services
7 significantly and, as the City is opening up, a lot
8 of our seniors are depending on their senior center
9 to be able to have a nourishing meal each day.

10 COMMISSIONER CORTES-VAZQUEZ: Council
11 Member, I'm not sure how I could answer that other
12 than to say that we work closely with each one of the
13 older adult clubs. We have contracts with each one of
14 those older adult clubs. Those contracts will be in
15 place for 2024 and, should there be additional needs
16 that come up during 2024, we will then look at those
17 and start addressing those with OMB. That's the
18 contracts that we have, those are the provisions that
19 we've made, and we will work closely with each one of
20 those centers. I've not heard that Robert Couch still
21 has a problem.

22 COUNCIL MEMBER BROOKS-POWERS: They do,
23 and I made sure, I went to go and reconfirm it.

24 COMMISSIONER CORTES-VAZQUEZ: Thank you. I
25 will make sure...

2 COUNCIL MEMBER BROOKS-POWERS: (INAUDIBLE)
3 significant gap.

4 COMMISSIONER CORTES-VAZQUEZ: I totally
5 respect that, and I will go make sure that we look at
6 what Robert Couch is saying what their need is, but
7 what we have right now is the contract that we have
8 and then we can always go to OMB and start saying
9 this is where we're having a real challenge.

10 COUNCIL MEMBER BROOKS-POWERS: As we
11 negotiate this budget, I implore on you in your
12 advocacy with OMB to make sure these gaps are met
13 because this is something that we foresaw was going
14 to be a problem and now we're like over two years
15 later in the game and we're faced with real
16 challenges where our seniors and communities like
17 Southeast Queens are not going to be able to get the
18 services that they need. Thank you.

19 CO-CHAIRPERSON BRANNAN: Chair Hudson.

20 CO-CHAIRPERSON HUDSON: Thank you. I just
21 wanted to make one last statement on the record as we
22 close out today's hearing.

23 First, thank you all for your time and
24 your testimony today and answering our questions.

25

1
2 I do want to just remind us that the
3 older adult population is going to increase by 25
4 percent across the state by 2040 and by 40 percent in
5 the same timeframe here in New York City, and I can't
6 say it any more plainly than we're just not doing
7 enough to support older adults. I think eliminating a
8 program like the home-share program at a time that we
9 have a housing crisis, where it's a program that
10 provides more housing opportunities and options for
11 folks, is disappointing, and the Council has
12 certainly laid out a strategy and a plan for how we
13 know we should be addressing the needs of older
14 adults. I was disappointed to see that none of those
15 investments that the Council called for were in the
16 Executive Plan, and I hope that we continue to work
17 together in really delivering for older adults in a
18 more meaningful and tangible way given the
19 anticipated increase in the population.

20 Thank you and thank you to Chair Brannan
21 and to all of my Colleagues for your questions.

22 CO-CHAIRPERSON BRANNAN: Thank you,
23 Commissioner.

24 COMMISSIONER CORTES-VAZQUEZ: Thank you.
25

CO-CHAIRPERSON BRANNAN: Okay. We're going to take a short break and then we will hear from the Department of Health and Mental Hygiene.

[GAVEL] Okay, good afternoon. Welcome to the final Executive Budget hearing for the day, day five. We're focusing on the Department of Health and Mental Hygiene.

I'm pleased to be joined by my Colleagues and Co-Chairs for this hearing, Council Member Lynn Schulman, Chair of the Committee on Health, Council Member Linda Lee, Chair of the Commissioner on Mental Health, Disabilities and Addiction.

We have been joined by Council Members Yeger, Dinowitz, Stevens, Caban, Menin, Farias, Brooks-Powers, Sanchez, Hudson, Hanif, Feliz, Bottcher, Carr, Ariola, and Abreu.

Commissioner, welcome. Thank you to you and your team for answering our questions today.

Just to set the table, on April 26, 2023, the Administration released the Executive Financial Plan for FY23 to FY27 with a proposed FY24 budget of 106.7 billion dollars. DOHMH's proposed Fiscal '24 budget of 2.01 billion represents 1.9 percent of the Administration's proposed FY24 budget in the

1
2 Executive Plan. This is an increase of 78.8 million
3 or 4.1 percent from the 1.94 billion which was
4 originally budgeted in the FY24 preliminary plan.
5 This net increase is mostly due to 30 million dollars
6 added from ARPA, the federal American Rescue Plan
7 funds adjustment, and 26.3 added for the DC37
8 collective bargaining agreement. DOHMH also projects
9 a head count reduction of 212 positions since the
10 adoption of the FY23 budget.

11 My questions today will largely focus on
12 the DOHMH's PPE stockpile, it's telehealth
13 capabilities, and the impact of the Title 42
14 expiration on agency operations as well as
15 involuntary removals under Mayor Adams' mental health
16 plan.

17 It's irrefutable that we are in a mental
18 health crisis as a City and the longer that we don't
19 devote the proper resources to get people the care
20 that they need to build the systems necessary for
21 delivering that care the longer we lock ourselves
22 into one tragedy after another hitting our families
23 and our communities as a whole.

24 I want to commend my Co-Chair today,
25 Council Member Linda Lee, Speaker Adams, Majority

1
2 Whip Brooks-Powers, and Majority Leader Powers, and
3 everyone involved in putting together the Council's
4 Mental Health Roadmap, and we welcome the
5 Department's response.

6 I now want to turn to my Co-Chairs for
7 this hearing, Council Member Schulman followed by
8 Council Member Lee for their opening statements.

9 CO-CHAIRPERSON SCHULMAN: Thank you, Chair
10 Brannan. Good afternoon. I am Council Member Lynn
11 Schulman, Chair of the New York City Council's
12 Committee on Health.

13 At today's hearing, we will be reviewing
14 the Fiscal Year 2024 Executive Budget and
15 specifically the funds allocated to the New York City
16 Department of Health and Mental Hygiene. DOHMH is the
17 primary agency responsible for protecting and
18 promoting the health of all New Yorkers. The City's
19 budget plays a vital role in ensuring that New
20 Yorkers have access to quality healthcare and public
21 health services. As we all know, New York City, like
22 many other urban centers, faces significant health
23 challenges, especially these past few years. While
24 the City has made significant strides in improving
25 public health over the past couple of decades, there

1
2 is still a lot more work that needs to be done. That
3 is why I am particularly concerned about the
4 reductions to DOHMH funding in the Executive Budget,
5 specifically related to disease prevention and
6 treatment and early intervention services as well as
7 the elimination of DOHMH positions, considering that
8 most, if not all, City agencies are experiencing a
9 staffing crisis.

10 In the coming Fiscal Year, we must
11 prioritize access to quality preventive and primary
12 healthcare for all New York City communities and, in
13 order to do that, we need to make the necessary
14 investments so that agencies are fully equipped to
15 address the myriad of public health concerns still
16 present in our city.

17 For one, funding community-based health
18 services is a crucial and proven strategy for
19 improving health outcomes in New York City, and these
20 services are often better equipped to address the
21 unique needs of local populations by providing
22 culturally sensitive care. By investing in community-
23 based health services, New York City can improve
24 access to care for underserved communities and reduce
25 health disparities, but to do so we must ensure that

our community-based partners are adequately funded
and staffed to carry out their vital work.

Diabetes also remains a major health
concern in New York City with more than 770,000
adults estimated to have the condition. The
prevalence of diabetes is higher among certain groups
including communities of color and those of lower
economic means. Despite efforts to address this
issue, diabetes continues to contribute to
significant health disparities throughout New York
City. We have taken one crucial steps towards
addressing this crisis by passing my bill, Local Law
52, which requires DOHMH to develop and implement a
Citywide Diabetes Incidents and Impact Reduction
Plan, but we must ensure that DOHMH is adequately
funded to complete this plan and implement it in the
most effective and expeditious way possible.

The DOHMH Executive Budget is of vital
importance, especially in light of the recent report
on life expectancy in New York City. According to
DOHMH, the life expectancy dropped 4.6 years in 2020,
something that has not been seen in nearly 200 years.
This drop has not been felt evenly. For white New
Yorkers, average life expectancy dropped by three

1 years while life expectancy of black New Yorkers
2 dropped about five years and for Hispanic New Yorkers
3 the drop was six years. The ripple effect of chronic
4 diseases from the pandemic from mental illness to
5 diabetes have gone unmanaged for many, and we cannot
6 allow this trend to continue. Addressing these
7 disparities is critical for ensuring that all New
8 Yorkers have the opportunity to live long, healthy
9 lives.
10

11 Adequately funding DOHMH is essential to
12 protecting and promoting the health of all New
13 Yorkers. The agency plays a critical role in
14 protecting the health and safety of the City's
15 residents including vulnerable groups such as
16 children, older adults, LGBTQIA+ New Yorkers, and
17 individuals with chronic health conditions and
18 disabilities. Funding allows the agency to provide a
19 wide range of essential public health services
20 including disease surveillance, health inspections,
21 emergency preparedness and response, as well as
22 developing and implementing effective public health
23 interventions including vaccination campaigns and
24 community education programs. As I mentioned, many
25 communities in the city face significant health

1
2 disparities including disparities in access to
3 healthcare, environmental exposures, and social
4 determinants of health. Adequate funding will allow
5 DOHMH to implement targeted interventions and
6 programs to address these disparities and promote
7 health equity.

8 As Chair of the Council's Committee on
9 Health, it is my job to ensure the DOHMH funds will
10 be appropriately invested in programs and services
11 that need it most.

12 In closing, I will reiterate what I have
13 said previously that healthcare is a human right.
14 This budget hearing is a vital step to ensuring that
15 everyone in New York City can access quality
16 healthcare. I look forward to hearing from
17 Commissioner Vasan and his staff on DOHMH's Executive
18 Budget for Fiscal Year 2024.

19 I want to thank the Commissioner and
20 DOHMH for being here to testify and answer our
21 questions. I also want to thank Members of the
22 Finance Team, Crilhien Francisco and Danielle Glants,
23 and our Committee Staff, Senior Counsel Christopher
24 Pepe, Legislative Counsel Sarah Sucher, Policy
25 Analyst Mahnoor Butt for their work on this hearing.

1
2 I also want to thank my Chief-of-Staff Jonathan
3 Boucher and my Legislative Director Kevin McAleer.

4 I will now turn the mic to Chair Lee to
5 give her opening statement.

6 CO-CHAIRPERSON LEE: Thank you, Chairs
7 Schulman and Brannan.

8 Good morning. I'm Linda Lee, Chair of the
9 Committee of Mental Health, Disabilities and
10 Addiction.

11 At today's hearing, we're going to be
12 reviewing DOHMH's FY24 Executive Plan which also
13 includes 738 million for mental health services. As
14 we all know, we are in a mental health crisis and
15 have been for some time which is why Speaker Adams
16 and I announced last month the release of the
17 Council's Mental Health Roadmap, which outlined
18 specific legislation, budget requests, and State
19 advocacy related to strengthening our existing mental
20 health care infrastructure, especially when it comes
21 to treatment and prevention services. As we all know,
22 preventative services are crucial, which is why I'm
23 very concerned that the prevention services do not
24 seem properly represented in this budget. We need to
25 make sure that all the groups on the ground that are

1 providing these services get the adequate funding
2 that they need, especially the COLAs which I know
3 many organizations, not just the human health
4 providers but many organizations across the city are
5 relying on an increase in the COLA. The requested is
6 a minimum of 6.5 percent, and, instead, the State is
7 giving 4 percent which is still too low to properly
8 support these groups. For services provided for our
9 City agencies, it's difficult to understand how these
10 agencies can carry out their work when there are
11 literally hundreds of vacancies. That is why the
12 constant and chronic vacancy reduction PEGs are so
13 concerning, and these PEGs will apparently only cut
14 positions that have been vacant for a long time or
15 were never filled but, considering the high number of
16 vacancies across all City agencies, I'm deeply
17 concerned that this reduction of nonessential
18 positions will actually further affect the provision
19 of services over time.
20

21 Finally, I'd like to address the increase
22 in funding for the B-HEARD program, which is our
23 favorite topic, in the Executive Budget. B-HEARD was
24 allocated 27 million to provide expanded services in
25 the Bronx and other high need neighborhoods despite

1
2 pushback from many non-profits and organizations that
3 argue that this program is not effective in helping
4 New Yorkers undergoing an acute mental health crisis,
5 and one out of four are not adequately answered by B-
6 HEARD teams, and that is why I look forward to
7 questioning the Administration on where in this
8 program the increase in funds will be allocated to
9 considering that there is much concern over the fact
10 that many of these calls end up being routed just to
11 police. Also, I know that in the past it was due to
12 vacancies in the positions which is why it wasn't at
13 full capacity, and I know that in the previous
14 hearings you've said that the hiring has ramped up so
15 we look forward to hearing more about that today as
16 well.

17 In closing, I'd like to reiterate my
18 earlier point that (INAUDIBLE) justice mental health
19 crisis our City needs to invest in our existing
20 infrastructure of mental healthcare whether it be
21 expanding capacity in number of crisis respite
22 centers or increasing the number of IMT and ACT teams
23 operating in New York City.

24 I want to thank Commissioner Vasan and
25 your team for being here today and also want to thank

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

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our Finance Team, Crilhien Francisco, Danielle
Glants, and Alisha Miranda (phonetic) as well as our
Committee Staff, Legislative Counsel Sarah Sucher and
Senior Policy Analyst Christy Dwyer, both of whom
have awesome and very knowledgeable experience in
this area.

I will now turn it back to Committee
Counsel to administer the oath.

CO-CHAIRPERSON BRANNAN: Thank you, Chair
Lee. I'm now going to turn it over to Mike Twomey to
swear in our witnesses.

COMMITTEE COUNSEL TWOMEY: Good afternoon.
Raise your right hands, please.

Do you affirm that your testimony will be
truthful to the best of your knowledge, information,
and belief and you will honestly and faithfully
answer Council Member questions? Commissioner Vasan.

COMMISSIONER VASAN: Yes.

COMMITTEE COUNSEL TWOMEY: Chief Financial
Officer Anderson.

CHIEF FINANCIAL OFFICER ANDERSON: Yes.

COMMITTEE COUNSEL TWOMEY: Thank you. You
may begin.

25

COMMISSIONER VASAN: Good afternoon,
Chairs Brannan, Schulman, and Lee, and Members of
the Committees. I am Dr. Ashwin Vasana,
Commissioner of the New York City Department of
Health and Mental Hygiene, joined today by our
Chief Financial Officer, Aaron Anderson, and
members of my senior leadership team. Thank you so
much for the opportunity to testify today on the
Department's Executive Budget for Fiscal Year
2024.

Before I turn to the Department's FY24
Executive Budget, I want to acknowledge that last
week marked the end of the federal Public Health
Emergency for COVID-19. Despite the end of the
emergency declaration, COVID-19 is indeed here to
stay, and I want to ask for your help in ensuring
that your communities know how to continue to
access the tools that will keep us out of the
hospital and safe from severe COVID-19
complications and outcomes. These include how to
get tested and access treatment if you test
positive, when to wear a mask, and where to get
vaccinated so you can stay up to date with the
best protection from COVID-19 available. My team

1
2 will be sharing a social media toolkit with your
3 offices in the coming days, and I would greatly
4 appreciate your support in amplifying these
5 messages to our fellow New Yorkers.

6 The end of the Public Health Emergency
7 also highlights the lack of sustained, stable
8 resources for public health infrastructure. Over
9 the last three years, the City received billions
10 of dollars from the Federal Emergency Management
11 Agency and through supplemental grant funding from
12 the Centers for Disease Control and Prevention to
13 the Health Department. This money enabled the City
14 to set up public health clinics in all five
15 boroughs, establish the largest contact tracing
16 program in the country, and enhance our disease
17 surveillance system including establishing a
18 wastewater surveillance program, and provide
19 vaccination and other support to congregate
20 settings including nursing homes. Some of the
21 funding streams to support this work have already
22 ended, and the remainder will expire over the next
23 two years. We are assessing the implications this
24 will have on services New Yorkers have come to
25 expect from the Health Department and from our

1 City, and we will continue to advocate for the
2 federal government to invest in the public health
3 infrastructure of this country including
4 localities to meet these elevated expectations.
5 Moving forward, we must give local health
6 departments like ours, our first lines of defense,
7 everything they need to protect and care for people
8 so that our city is a healthier place for all and
9 more resilient for future public health
10 emergencies, and, in the absence of additional
11 federal support approved by Congress, the
12 expiration of the emergency support raises the
13 questions of what will states and cities do to
14 continue to support our core public health
15 infrastructure for the next health emergency.
16

17 The end of the Public Health Emergency
18 also does not mean that we are returning to the
19 status quo prior to COVID-19. The pandemic only
20 exacerbated existing health inequalities, and we
21 are seeing a very concerning drop in life
22 expectancy in New York City, not only because of
23 COVID-19. The Health Department is leading the City's
24 response by developing evidence-based strategies and
25 directing resources to equitably address health

1 challenges that are leading to shorter, lower
2 quality lives and deeper health inequities.

3
4 Turning to the Department's FY24
5 Executive Budget. The Department has approximately
6 7,000 employees and an operating budget of 2 billion
7 dollars for fiscal year 2024, of which 933 million is
8 City tax levy. The Executive Budget added about 21
9 million in CTL to the Department's FY24 budget for
10 new needs. The Department also recognized 29 million
11 CTL in savings in the Executive Budget through
12 revenue maximization and PS and OTPS efficiencies.
13 With this Executive Budget, important investments
14 have been made in the City's Mental Health plan.
15 Access to safe and legal abortions, a personal
16 protective equipment stockpile, and the Department's
17 summer 2022 Mpox response. For the City's Mental
18 Health plan, a total of 12 million was added in FY24
19 which will grow to more than 20 million in FY25 and
20 in outyears to the Health Department alone. This
21 funding reflects a shared commitment in the City's
22 mental health system and will leverage important
23 investments made by the State in its FY24 budget as
24 well as mental health investments made across other
25 City agencies and our public hospital system. With

1 the Executive Budget, we are creating a new front
2 door to the system for young people through a digital
3 Mental Health program for NYC teens to access Mental
4 Health services more easily and quickly and that
5 links to site-based care in schools and in the
6 community as a part of a continuum of services. Since
7 we launched the Mental Health plan in March, we have
8 consulted with teenagers, community providers, and
9 other stakeholders to ensure that we're creating a
10 digital mental health model that will best serve New
11 York City teens. This service will be universally
12 accessible and offer our young people a lower barrier
13 option to quickly connect with a mental health
14 professional when they need support. This service
15 will not be a replacement for therapy should someone
16 need higher level support, an important request that
17 was raised by the teenagers we consulted themselves.
18 We are underway in identifying a service provider and
19 on track to roll out this program next school year.

21 Additionally, for the Mental Health plan,
22 new investments are being made to support New Yorkers
23 with serious mental illness. In coordination with the
24 State Office of Mental Health, we are developing an
25 Access Hub, which will break down in plain language

1
2 the array of mental health support options and
3 referral sources for people with SMI and their
4 families and providers. We are also expanding the
5 capacity of our clubhouses, one stop facilities for
6 rehabilitation, treatment, and other services, to
7 provide safe and supportive communities for people
8 with SMI that can reduce hospitalizations,
9 homelessness, and criminal legal system contact,
10 while expanding employment and educational
11 opportunities and improving health and wellness.
12 During fiscal years 2022 and 2023, NYC clubhouses
13 have enrolled more than 1,000 new members, and this
14 ongoing growth demonstrates a clear demand for these
15 services as a key pillar of our community mental
16 health system for people with SMI.

17 Finally, as part of the new investments
18 in mental health, the Department will be developing a
19 new initiative to address maternal mental health
20 during pregnancy and after childbirth for residents
21 in the City's Taskforce for Racial Inclusion and
22 Equity neighborhoods. This important investment
23 focuses on two of the Department's key priorities:
24 Black maternal mortality and mental health.

1
2 The Executive Budget also allocates 4.2
3 million to continue the Health Department's work in
4 ensuring access to safe and legal abortion care for
5 New Yorkers and anyone else who needs access to this
6 vital reproductive healthcare. With this funding, we
7 will continue to provide medication abortions at the
8 Department's Sexual Health Clinics and operate the
9 New York City Abortion Access Hub, which will provide
10 confidential help in finding an abortion provider,
11 scheduling an appointment, getting financial
12 assistance, and finding transparency and lodging, and
13 marketing these services in New York City and in
14 other jurisdictions.

15 As we transition out of the emergency
16 phase of the COVID-19 pandemic, the Health Department
17 is focused on ensuring that we are response-ready for
18 whatever may come next, whether it be responding to
19 an isolated outbreak or a larger citywide incident.
20 This means ensuring that the City maintains rapid
21 unfettered access to ventilators and critical hard-
22 to-source PPE for our healthcare partners in times of
23 emergency and reducing our overall dependency on
24 external partners who were unable to provide these
25 resources New York City needed in the early weeks of

COVID-19. Included in this broad effort is purchasing medications for first responders in the event of a bioterrorist attack and increasing the City's capacity to receive and distribute medical supplies from our State and Federal partners. The Executive Budget invests 2.4 million in FY24 in the creation of this program and 1.5 million in outyears to maintain it into the future.

Finally, the Executive Budget allocates 33 million dollars to reimburse the Health Department for the costs that were incurred during the 2022 Mpox response.

Moving to the State FY24 Enacted Budget, I'm extremely frustrated and disappointed that the Governor and State Legislature did not restore the State's contribution to public health funding in New York City, also known as Article 6. As discussed at our preliminary budget hearing, this is a loss of 90 million dollars in State revenue that would directly benefit the health of New York City residents. It continues to trouble me that at a time when we should be investing more, not less, in our public health infrastructure that the State has chosen not to give back tens of millions of dollars in support to

1
2 New York City's communities that would make our
3 city a healthier place to live for all. The State
4 has an obligation to support the health of all
5 New Yorkers, and that includes people who live
6 in the five boroughs. I will continue to make
7 this argument in Albany, and I hope that you all
8 will use your platforms to do the same.

9 As I wrap up, I want to thank the staff
10 at the Health Department for their steadfast
11 commitment to the health of this city. I am
12 confident that we have the team and the tenacity
13 to make this city healthier. I also want to thank
14 Mayor Adams for the resources dedicated to the
15 Department in his Executive Budget and for his
16 continued commitment to public health.

17 Thanks to the Speaker, Chairs, and
18 Members of the Committees for your partnership and
19 dedication to the health and well-being of all New
20 Yorkers, and I am happy to take your questions.

21 CO-CHAIRPERSON BRANNAN: Thank you,
22 Commissioner. Just a note, we have also been joined
23 by Council Members Brewer, Krishnan, Narcisse, and
24 Powers.

2 I want to be quick because we have a lot
3 of Members here including the Chairs who want to
4 ask questions.

5 First about the PPE stockpile. The FY24
6 Executive Plan included 3 million dollars in 2024
7 and 1.8 million in 2025 and the outyears for a
8 citywide effort to ensure the PPE necessary for any
9 future health emergencies. In February, there were
10 several articles published revealing that there's
11 about 225 million dollars' worth of COVID-19
12 protective gear including ventilators and face
13 masks that were never used and were ultimately
14 auctioned off for 500,000 dollars. What's the plan
15 going forward so that doesn't happen again, and
16 what did we learn during COVID to do it better,
17 hopefully there won't be a next time, but if there
18 is a next time?

19 COMMISSIONER VASAN: Yeah, thank you for
20 the question, Chair.

21 We absolutely are learning the lessons
22 from COVID, and part of that lesson is that a
23 static stockpile of commodities that we just
24 accumulate and left sitting on the shelf isn't the
25 way to go about creating a permanent stockpile.

1
2 Rather, this is about forming contractual
3 relationships with suppliers in advance to ensure
4 that New York City is prioritized in the creation
5 and distribution of key supplies, whether it be N95
6 masks, gloves, meds, vents, the next time, if there
7 is a next time there is a public health emergency
8 of different kinds. This also includes prioritizing
9 medications for first responders, another thing
10 that was really challenging in the early days of
11 COVID and continued throughout so this is less of
12 us purchasing a large volume of commodities that
13 then run the risk of expiry and rather how do we
14 from the a priori agreements, mechanisms, funding,
15 and contractual vehicles so that we can move
16 quickly and rapidly the next time we have to scale
17 this up. It's also about dedicating space to do so.

18 CO-CHAIRPERSON BRANNAN: That makes
19 sense.

20 Telehealth, a million dollars was
21 allocated to DHS, Department of Homeless Services,
22 as a new need for our mental health telehealth
23 services for children and family shelters. Could
24 you tell us what role DOHMH is playing in those
25 services?

1
2 COMMISSIONER VASAN: Thanks for the
3 question. This program was included in our citywide
4 Mental Health plan, and it is a program run by DHS
5 exclusively so I can't really speak to the vagaries
6 of the program itself, but connecting families in
7 shelter to a wider continuum of care, whether it be
8 in communities in our public healthcare system or
9 otherwise is crucial to connecting the dots, and we
10 know that the disproportionate burden that families
11 in shelter face, particularly children in shelter
12 face, from their circumstances of houselessness so
13 we think this is a great program to get off the
14 ground. I can defer to my Colleagues in DHS about
15 the specific operations, but we are very focused on
16 ensuring that it's not siloed but rather well-
17 connected into our community systems.

18 CO-CHAIRPERSON BRANNAN: There is an
19 additional 9 million allocated in the Executive
20 Budget to launch a school telehealth mental health
21 program. Is that all part of the same program or is
22 that separate?

23 COMMISSIONER VASAN: It's a separate
24 program for us to work with a vendor to create a
25 digital front door for young people to access low-

1 barrier, low-touch care on demand so without an
2 adult mediating the relationship. What can they do
3 in a digitally native way to get access to care,
4 and then if they need higher level care to reach a
5 provider that says okay, maybe you need to have
6 someone see you inside your school or in a
7 community-based setting similar to the DHS program
8 links to those same community providers so it's all
9 a part of an ecosystem. It's just a question of
10 where we are contacting the person first and what's
11 their front door to the system.
12

13 CO-CHAIRPERSON BRANNAN: I want to ask
14 what we think the 9 million is expected to yield,
15 but I think the larger question is has there been
16 discussion around how to quantify results on mental
17 health programs? It's not filling potholes where
18 you can say okay, that person is cured. It's an
19 ongoing thing so how do we quantify if we're
20 putting millions or billions into mental health
21 that it's actually working, that we're getting
22 results?

23 COMMISSIONER VASAN: It's a great
24 question, Council Member. Number one, there are
25 approximately 350,000 high-school-age teenagers in

1 New York City. The point of this digital mental
2 health hub is to ensure that every single one of
3 them, should they need it, has access on their
4 terms so that it's really creating a digital
5 universal access front door, and then some subset
6 of those young people will need care, maybe even
7 higher level care, and to ensure that it's well-
8 connected so some of the ways we track metrics are
9 initial uptake, satisfaction with the interaction
10 if it occurs in a closed loop, or referrals to
11 higher level care, but I will say this, there are
12 programs like this launching all across the
13 country. The State of California just signed up for
14 a massive 120-million-dollar implementation of
15 digital mental health for high-school-age kids. The
16 evidence base is growing, and we are learning. Why
17 are we doing it this way? Because the need is
18 immense, and we've never faced a youth mental
19 health crisis like we've had so we're learning as
20 we go.

21
22 CO-CHAIRPERSON BRANNAN: I don't think
23 you'll find anyone that disagrees. I just think
24 it's important that we have some sort of metric to
25 quantify our results.

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I have two more things then I want to turn it over to Chair Schulman. Title 42, can you tell us with the COVID federal emergency ending last week I guess, May 11, what specific services, the last week of hearings we're hearing basically there isn't an agency in the city that isn't somehow touching the asylum-seekers right now. Can you give us a breakdown of what DOHMH is involved in and how much money is being spent?

COMMISSIONER VASAN: Thanks for the question. For the finances, I'll kick it over to my CFO Aaron Anderson, but at a high level our work with asylum-seekers really focuses on four main domains. Number one is communicable disease surveillance, number two is immunizations, number three is connections into care so for eligible asylum-seekers enrollment into insurance and appointments, and mental health supports whether on-site or at community clinics so that's been our engagement, but, as you alluded to in your question, this is really all hands on deck. Every single City agency is doing something to support this unprecedented influx of new New Yorkers who need our help and because we see no sign of this

1
2 stopping we're going to have to continue to mount a
3 response, and the Public Health Department is doing
4 its part in coordination with a whole host of other
5 agencies.

6 Aaron, do you want to talk about our
7 budget?

8 CHIEF FINANCIAL OFFICER ANDERSON: Yeah,
9 sure. Spending to-date has been about 3.2 million
10 so far for the suite of asylum initiatives that
11 he's talked about.

12 CO-CHAIRPERSON BRANNAN: 3.2 million
13 since when?

14 CHIEF FINANCIAL OFFICER ANDERSON: Over
15 the last months, since the crisis began and we've
16 been involved.

17 CO-CHAIRPERSON BRANNAN: So last year?
18 Okay, and could you tell us, one of the agencies, I
19 think it might've been HRA, I don't remember now,
20 last week was a bit of a blur, but we were
21 concerned because it seemed that the initial
22 information that we have about the asylees is
23 coming from whatever info they're giving at the
24 border so once asylees are here in the city, as
25 soon as an asylee lands in New York, how does DOH

1
2 get involved? Is there a health screening? What
3 happens?

4 COMMISSIONER VASAN: Thanks for the
5 question. There are a number of screenings that
6 occur either at the Navigation Center, at shelters
7 themselves where we have on-site workers doing
8 appointments and health screenings, and that
9 ranges, right, it ranges from baseline health
10 needs, assessments of immunization status, active
11 health symptoms, often we see a lot of families
12 traveling with small children so needs for the
13 child, and mental health, of course, and so these
14 screenings are happening, whether it's at our
15 HERRCs through Health and Hospitals, at our DHS
16 shelters, Department of Health staff is involved in
17 some of that work, or the Navigation Center,
18 involved in those screenings. It's either done by
19 our staff or done by partner agency staff.

20 CO-CHAIRPERSON BRANNAN: Okay, my last
21 question with regards to the Mayor's Mental Health
22 plan that was released last November, one major
23 factor was the involuntary hospitalization of folks
24 who were experiencing mental illness. I guess my
25 question, and I asked HRA and DHS this as well, is

1 there, and if there isn't do you believe there
2 should be, an inherent amount of times that an
3 outreach team engages with an individual before
4 they would engage in an involuntary removal because
5 we hear stories about outreach teams going out to
6 folks dozens of times, hundreds of times, whatever
7 it is. At what point do you say okay, it's time for
8 a removal?
9

10 COMMISSIONER VASAN: Thanks for the
11 question, and I think you're getting to something
12 that's kind of the embodiment of why this work is
13 so difficult. Building trust, engaging people over
14 time, coming back and coming back and coming back,
15 never leaving is extraordinarily difficult work. It
16 requires extraordinarily special people who want to
17 do that every single day. We're lucky in this city
18 to have hundreds of people who want to do this
19 work, if not more. I can't answer your question
20 precisely because I think it's so variable based on
21 each situation. The number of times someone should
22 be contacted before removal, that's an
23 extraordinarily hard question to ask, but I can say
24 this, in the effort to launch a concerted subway
25 outreach program, to focus in on the needs of

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2 people experiencing street homelessness and mental
3 illness, we've seen the number of people
4 voluntarily leaving our system, going either into
5 shelter or hospital, care of other kinds, respite,
6 increase dramatically, and that is a testament less
7 to whether it's some mandate about enforcing State
8 law but more a testament to the fact that this
9 Administration and the Mayor has said from the
10 beginning we're not going to walk away, and that's
11 I think is a hard but wonderful thing to say we're
12 not going to walk away, and it leads you to these
13 very tough choices.

14 CO-CHAIRPERSON BRANNAN: Last question,
15 do you think that there should be an amount of
16 times?

17 COMMISSIONER VASAN: Like I said, I think
18 it's really difficult to put a number, a cut point.
19 I think it's down to what the clinician, the
20 outreach worker, and the team is seeing in the
21 field at the moment, and no one can really be in
22 their shoes as they're witnessing someone in need.
23 All we can do as legislators, as administrators to
24 give the best guidance and support possible to
25 ensure that they have everything they need to do

1
2 their jobs well and then to also collect their
3 experiences from the field and use it to improve
4 our programs.

5 CO-CHAIRPERSON BRANNAN: Okay. Thank you,
6 Commissioner. I'm going to turn it over to Chair
7 Schulman.

8 We've also been joined by Council Member
9 Osse on Zoom and Council Member Velazquez.

10 CO-CHAIRPERSON SCHULMAN: Thank you,
11 Chair Brannan. Thank you, Commissioner, for
12 everything that you do, and I know that you're very
13 deeply engaged and involved with the care of New
14 Yorkers and it's difficult.

15 One, I just want to go back very
16 quickly. Thank you for acknowledging that COVID is
17 not yet over like we're going to be living with it.
18 One quick question that I wanted to ask, in your
19 testimony you talked about the social media kit
20 where people can get tested and everything else.
21 Are you talking about free tests and free vaccines?
22 You didn't say free in your remarks. That's why I'm
23 asking the question.

24 COMMISSIONER VASAN: Understood. Thanks
25 for the question and good to see you.

1
2 I think with commercialization of
3 vaccines, tests, treatments over time, not
4 immediately but over time we are going to ask New
5 Yorkers and Americans to rely more on the routine
6 health system, and the routine health system has
7 its challenges for people in particular who don't
8 have insurance. It's why we were so forceful in our
9 advocacy to expand the State's Essential Plan under
10 the 1332 Waiver which would've covered almost
11 200,000 New York City residents who currently don't
12 have insurance or would lose insurance. That said,
13 our safety net systems, our public hospital system,
14 our federally qualified health centers, our
15 community health centers provide that free or
16 extremely low-cost safety net that New Yorkers rely
17 on for so many health conditions, and the
18 Department is committed to ensuring that those
19 services continue to be accessible, but I'd be
20 remiss if I said it would look and feel exactly as
21 it has over the last three years because we have
22 fundamental flaws in our healthcare system and the
23 way we deliver healthcare in this country.

24 CO-CHAIRPERSON SCHULMAN: Thank you for
25 that. I do want to say that in the social media

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2 kits and the education campaign that we make it
3 clear where people can at least get free or low-
4 cost because I've had constituents call me to tell
5 me that they've been charged 1,200 dollars to get a
6 COVID test, not at a public facility but at a
7 private facility, and that's something that's not
8 sustainable, and it's an issue for New Yorkers and
9 especially if we want to keep down anything that
10 comes up later on so that's one.

11 The other, I want to ask you, I know you
12 spoke about Article 6. You just mentioned the 1332
13 Waiver. Do you want to just explain what happened
14 in the State and how that affects the budget for
15 DOHMH?

16 COMMISSIONER VASAN: Yeah, I'll start
17 with Article 6. Article 6, as you know, is a State-
18 funded match for core public health services,
19 things like naloxone distribution, STI screening,
20 reproductive healthcare services, so on and so
21 forth, our Mpox response was included in that.
22 Several years ago, the past Governor made a
23 decision to reduce New York City's match from the
24 36 percent that every county in this state gets,
25 crucial, to 20 percent, and that was a decision

1
2 made prior to COVID. Throughout COVID, we didn't
3 get that match either. Now, emerging out of COVID,
4 out of the pandemic, the emergency, at a time when
5 everyone's talking about public health
6 infrastructure being underfunded, the State has
7 failed to restore that cut which results in 90
8 million dollars that isn't coming to the City that
9 could go to those services I described and allows
10 us also to liberate more funds to apply to other
11 non-Article 6 eligible services like mental
12 healthcare and so forth so it's an extremely
13 disappointing thing that the State has chosen not
14 to restore that cut.

15 With the 1332 Waiver, this is simply an
16 authorization to use surplus dollars that already
17 exist in our Executive Plan Trust Fund to cover
18 care for the undocumented and uninsured. This costs
19 the State nothing. This is money that the State
20 already has and is actually paying for already,
21 over 200 million dollars a year, on emergency
22 Medicaid which covers just a subset of basic
23 healthcare so this really feels like a no-brainer
24 to us at the Health Department and here at the

1 City, and it's disappointing that it wasn't
2 authorized in the State budget.

3
4 CO-CHAIRPERSON SCHULMAN: Moving on to
5 some things that the federal stimulus money paid
6 for, also a little bit related to COVID and other
7 diseases that could come up. One, I want to ask
8 you, wastewater surveillance and outbreak
9 surveillance are two federally funded health
10 programs that recently received a reduction in
11 funding. Can you elaborate more on their current
12 operating budget as well as how large the cuts were
13 and how that affects our ability to oversee some of
14 these issues including, when we had COVID, that was
15 one of the major ways that we were able to figure
16 out where it was in the City in terms of how it
17 affects people.

18 COMMISSIONER VASAN: We agree. We are
19 very committed to wastewater surveillance. We think
20 it's a new tool developed during the pandemic that
21 we'd like to see as a permanent part of our public
22 health infrastructure in New York City, and right
23 now we have funding through federal grants to
24 continue this work. I'll kick it to Aaron for
25 specifics on the finances, but it does raise the

1 question of what happens in a couple of years when
2 that federal fund expires, when those grants
3 expire, who is going to pay for wastewater
4 surveillance in an ongoing way. I think it's a
5 really important question and a point of advocacy
6 to our federal partners, but it's also an open
7 question for our State and our City is who's going
8 to pay for core public health assets that have been
9 built up during the pandemic that New Yorkers have
10 come to expect. I'll kick it to Aaron for the
11 details.
12

13 CHIEF FINANCIAL OFFICER ANDERSON: Sure.
14 The current grant amount is 415,000.

15 CO-CHAIRPERSON SCHULMAN: How is it being
16 cut, how much, or it's all being cut?

17 COMMISSIONER VASAN: There's actually no
18 reduction to it. The difference you're seeing in
19 funding is just the function of pro rating it because
20 it crosses Fiscal Years so there's no reduction in
21 the actual funding.

22 CO-CHAIRPERSON SCHULMAN: Okay, thank you.
23 I also have a question, so does the Department of
24 Health and Mental Hygiene have the resources to both
25 do what its core function is and also to provide

1
2 extra attention to those who are seeking asylum in
3 New York? For example, you know we talked at one
4 point about public health in general and how we had
5 polio, we had Mpox, we had COVID, I just saw the CDC
6 flagged ringworm which was discovered in New York
7 City recently, a very contagious, drug-resistant form
8 of it, and so these are things that your core mission
9 is in focusing on so how do we do that and then
10 provide services to the asylum-seekers? Do you have
11 the resources and the funding under the Executive
12 Budget that was announced by the Mayor to do all of
13 this?

14 COMMISSIONER VASAN: Thank you for the
15 question and it's a great question. For our asylum-
16 seeker effort, this is an unprecedented moment. The
17 City is facing just a tremendous influx of need, and
18 some of those needs are health and public health
19 related. We are committed to doing what we can to
20 address all of those needs. Obviously, we need help.
21 The Mayor has been very clear that the amount of help
22 we wanted, we made a request to the federal
23 government, we only received 10 percent of that
24 funding that we requested, and, as you can see, we're
25 putting forth a suite of services, shelter, care,

1 immunizations, social supports, nutrition supports
2 that has made New York City in some ways a
3 destination because they know that we treat people
4 with dignity here and as we should continue, but that
5 requires support and we must call on our federal
6 partners again to maximize the aid that they can
7 provide the City, and we appreciate all of your
8 continued advocacy to make that case as well.

9
10 CO-CHAIRPERSON SCHULMAN: I'm going to ask
11 like two or three more questions and then I'm going
12 to go to Chair Lee because we have a lot of folks
13 today.

14 Very quickly, at the end of April, there
15 was a media article that said that New York City
16 plans a 100-million-dollar public health call center
17 so I just wanted to know what that is and where we're
18 getting the money for that.

19 COMMISSIONER VASAN: It's a great
20 question. Thank you, Council Member. It speaks to
21 exactly this question around readiness and
22 preparedness for the next emergency. The article
23 itself was a little bit of a mis-report, but what it
24 is is a concept paper for a call center that we can
25 stand up in the next emergency when there are

1
2 emergency funds available, how do we create the
3 fiscal, administrative, and contracting vehicle in
4 advance, much like we discussed with the PPE center
5 so that the next time there's a health emergency we
6 don't have to worry about those things and we've got
7 a vendor and a partner on demand and a place to put
8 federal resources so we can stand up the kind of
9 high-touch, low-barrier service that New Yorkers came
10 to expect during COVID and should be the hallmark
11 feature of all disease responses in...

12 CO-CHAIRPERSON SCHULMAN: So is that
13 funded or it's not yet funded?

14 COMMISSIONER VASAN: The price tag that
15 was reported in the press is not a funded amount.
16 It's a ceiling for emergency funds to come into.

17 CO-CHAIRPERSON SCHULMAN: Okay. Groceries
18 to go is a new program contracted through DOHMH that
19 gives monthly credits of 140 or 300 dollars depending
20 on household size to low-income New Yorkers with
21 diabetes and hypertension to purchase fresh produce
22 and groceries from their local small businesses
23 online. Currently, the Groceries to Go program is
24 funded to serve up to a cap of 5,000 New Yorkers.
25 With the public health emergency lifting, many New

1
2 Yorkers have suffered cuts to their SNAP benefits and
3 will need programs like Groceries to Go to address
4 the growing demand in food insecurity. What are the
5 City's plans, if any, to expand the Groceries to Go
6 program to serve even more New Yorkers, and I just
7 want to note that the FY24 Executive Budget excludes
8 the 10 million dollars that was given to the program
9 in FY23.

10 COMMISSIONER VASAN: Thanks for the
11 question, and I know your focus on diabetes and all
12 diet-related diseases remains a crucial priority for
13 this Health Department which is why we built
14 Groceries to Go in the first place. Nutrition
15 security, nutrition access, affordability, and
16 quality of fresh healthy foods is paramount to
17 addressing diet-related diseases. I see this in my
18 own primary care practice where diabetes rarely lives
19 alone. It almost always co-occurs with hypertension,
20 high cholesterol, and weight management issues as
21 well so we have a real issue when it comes to
22 nutrition support, which is why we're committed to
23 this program, and I'll kick it to Aaron for
24 discussion of the finances, but we're committed to
25 this model because we know, especially in high-need

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2 neighborhoods and people who are left behind, which
3 is why we focus on enrolling people with known
4 diagnoses of diabetes, hypertension, and heart
5 disease as well as eligibility for NYC Care because
6 we want to really drill down on the most vulnerable
7 New Yorkers.

8 CHIEF FINANCIAL OFFICER ANDERSON: Thanks.
9 There was underspending in the program this year,
10 about 4.4 million. That's being rolled to FY24, and
11 we're in discussions with OMB about the possibility
12 of making the program whole for the next Fiscal Year.

13 CO-CHAIRPERSON SCHULMAN: Okay, because we
14 want to push on that. I think, one, it's a very
15 important program and also in terms of the
16 underfunding, what's the reason for the underfunding
17 because usually when we hear underfunding it means
18 that we didn't promote it well enough so people
19 didn't take advantage of it, but what's your
20 assessment of it?

21 COMMISSIONER VASAN: I'll kick it to Aaron
22 for specifics on the spending side.

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

of that, but I think the commitment to rolling what's there is a great start.

CO-CHAIRPERSON SCHULMAN: Thank you. We've discussed this at the preliminary budget hearing, but in FY24 the Executive Budget includes 1.5 billion dollars in additional reductions across City agencies through the Mayor's Program to Eliminate the Gap and DOHMH has a 30-million-dollar reduction for FY24. How will this reduction affect the provision of services by DOHMH, especially in light of the persistent staffing shortages?

COMMISSIONER VASAN: Thanks for the question. Because of the questions you're raising around direct service provision, we have taken a lot of pain to really ensure that the reductions requested through the PEG exercise does not have an impact on any existing city services. We've done that in a few ways. Number one, focusing in on revenue maximization opportunities, taking an agency-wide approach. Number two, looking agency-wide for particular inefficiencies and efficiencies we could find rather than wholesale program changes and looking at underspending and other inefficiencies around overhead and administrative costs. We're also

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2 looking at how needs and priorities have shifted
3 coming out of the emergency. Of course, on head
4 count, we have really focused in on staff that have
5 been hard to recruit even prior to the pandemic where
6 salary competitiveness is an issue and so forth, and
7 so that's been our major approach but with the
8 expressed goal of ensuring that existing Department
9 of Health services are not cut in ways that New
10 Yorkers will experience.

11 CO-CHAIRPERSON SCHULMAN: You mentioned at
12 the preliminary budget hearing that OMB signs off on
13 the hires that you make. Is that still the case?

14 COMMISSIONER VASAN: Yes.

15 CO-CHAIRPERSON SCHULMAN: Okay. Thank you.
16 I'm going to turn it back over to Chair Brannan so
17 that he can...

18 CO-CHAIRPERSON BRANNAN: I'm going to turn
19 it to Chair Lee.

20 CO-CHAIRPERSON LEE: Hello. I'm going to
21 start off first with a maternal mental health
22 question. So 1.9 million was added to FY24 and so
23 what are some of the specific mental health services
24 that will be provided with the funding and then also
25 are there plans to include doula services as well?

1
2 COMMISSIONER VASAN: Thanks for the
3 question. This is a focus of us because we know that
4 maternal mental health is a big driver of maternal
5 mortality, which as we know in particular affects
6 black and brown women in this city disproportionately
7 so a focus on perinatal mood disorders, anxiety
8 disorders in particular, as drivers of worsening
9 health and even increased suicide risk is a really
10 important focus of this program writ large. We're
11 still working on the operational details, but you
12 mentioned doulas. Amongst other programs, our Newborn
13 Home Visiting Program, our Citywide Doula Initiative,
14 and the Nurse Family Partnership, the focus of this
15 effort is really ensuring that those programs are
16 specifically geared towards and connected to birthing
17 people and expecting mothers in our city and
18 particularly in populations and communities of
19 greatest need who experience the greatest inequities
20 in maternal health outcomes. More to come.

21 CO-CHAIRPERSON LEE: Thank you. That
22 sounds awesome. How do you plan on doing the outreach
23 for that because I know that all those services are
24 not necessarily explained to you, it depends on who

1 your provider is, which hospital you're at, and so
2 just wondering how that's going to get coordinated.

3
4 COMMISSIONER VASAN: Yeah, more to come on
5 details, but I can say, number one, it's about
6 looking at people who are currently served by those
7 programs and whether there are birthing people and
8 pregnant women in those cohorts and then also really
9 partnering with our community health providers, our
10 obstetrician gynecologists, our reproductive health
11 providers to ensure that when someone becomes
12 pregnant that they're immediately connected into this
13 suite of services where mental health is prioritized.

14 CO-CHAIRPERSON LEE: Nice. Next, over to
15 clubhouses, which I know you're familiar with. The
16 Executive Plan adds 2 million to open additional
17 clubhouses in the city. There are 17 clubhouses open,
18 six in Brooklyn, four in Manhattan, three in the
19 Bronx, three in Queens, and one in Staten Island.
20 What's the breakdown for how the funds will be used
21 because we've heard also from advocates that they
22 don't think 2 million is enough and how are you going
23 to prioritize that in terms of boroughs and
24 neighborhoods, distributing that across the city?

2 COMMISSIONER VASAN: Thanks for the
3 question, and I'll kick it to Aaron to speak to the
4 specifics on the finances, but I'll say this at a top
5 line. Number one, this year it's a 2-million-dollar
6 investment, but it grows to 7 million in outyears,
7 and this is just the beginning of an expansion. We've
8 set an ambitious goal of tripling enrollment from
9 5,000 to 15,000 over the first term, and that's going
10 to require resources from the City as well as State
11 as well as non-governmental partners, and we're in
12 active conversations with philanthropy and the real
13 estate community about finding the space to expand
14 these services. Our commitment is to not only look at
15 the existing sites and see where we can pull out more
16 and grow those programs but also to go to communities
17 that have been hardest hit by the mental health
18 crisis and serious mental illness in particular and
19 build new clubhouse programs so we're focusing
20 especially on our TRIE neighborhoods and
21 neighborhoods with the highest proportion of mental
22 health crisis calls. On the numbers, I'll kick it to
23 Aaron.

24
25

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2 CHIEF FINANCIAL OFFICER ANDERSON: I think
3 you summarized well the growth that leads up to 7
4 million in the next couple of years.

5 CO-CHAIRPERSON LEE: Sorry. How many
6 Fiscal Years is that over, the next two or?

7 COMMISSIONER VASAN: I believe that number
8 is baselined so that will be baselined at 7 million,
9 but we can get back to you to confirm.

10 CO-CHAIRPERSON LEE: Okay.

11 CHIEF FINANCIAL OFFICER ANDERSON: That's
12 right. It's baselined at 7 million beginning in FY25.

13 CO-CHAIRPERSON LEE: 25? Okay. Awesome,
14 got it. You actually answered a few of my other
15 questions so I'll skip those.

16 For the future clubhouses, is it going to
17 be the similar programs that are currently available
18 for folks with SMI?

19 COMMISSIONER VASAN: I think that's part
20 of what we're working on now is to look at the range
21 of services offered throughout our clubhouse programs
22 and develop a standard package. There is a standard
23 model, but some programs are very small, they serve
24 maybe 50, 60 clients a day, and then you have others
25 that serve thousands and really finding that balance,

1
2 we are looking in particular at a bit of a hub and
3 spoke model where you have stronger, bigger
4 clubhouses really partnering with smaller ones.

5 CO-CHAIRPERSON LEE: Awesome. Okay. Next,
6 moving on to a few questions around B-HEARD which I
7 know is in conjunction with you as well as OCMH so I
8 know that there's probably some data that may not be
9 available, but I'll just ask for the record anyway.
10 What is the total amount of expenses for B-HEARD's
11 operations including training for 9-1-1 dispatchers,
12 EMS call-takers, EMS field units, and social work
13 field units?

14 COMMISSIONER VASAN: B-HEARD of course, as
15 you know, is a part of the citywide commitment to
16 mental health services and certainly I and we as the
17 Health Department are committed to supporting health-
18 first responses to crisis calls and to ensuring that
19 we have a totally different front door to the system
20 which is why we're really investing our time in the
21 growth of 9-8-8 as an alternative to 9-1-1, but this
22 is not a program that is run by the Health
23 Department. It is actually run out of the Mayor's
24 Office of Commissioner Mental Health and delivered by
25 our partners at H and H and the Fire Department

2 through their EMS services so operational questions,
3 budgetary questions, and financial questions are best
4 suited for them.

5 CO-CHAIRPERSON LEE: Okay, so which
6 portion of the B-HEARD program do you all oversee
7 then?

8 COMMISSIONER VASAN: We do not oversee any
9 portion of the B-HEARD program?

10 CO-CHAIRPERSON LEE: None? Okay.

11 COMMISSIONER VASAN: This was a decision
12 taken by the prior administration.

13 CO-CHAIRPERSON LEE: Okay. Do you all have
14 a say, for example, I know that for this year's
15 budget the B-HEARD is funded for an additional 27
16 million to basically expand services to cover the
17 entirety of the Bronx in addition to other high-need
18 neighborhoods, and, as you mentioned, just working on
19 rerouting the calls to 9-8-8 and having that outreach
20 there is something that I know we're trying to push,
21 but do you have any sort of say or part of the
22 conversations that sort of are figuring out where the
23 under-performance is happening and also where some of
24 these programs are going to be distributed in terms
25 of which neighborhoods to cover?

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COMMISSIONER VASAN: Thanks for the question. We're very lucky to work very closely with our partners at B-HEARD and the agencies that lead it. As I said, we don't have any role in directing it. I do know, of course, on behalf of the Mayor that this is a priority for him to create more health-first responses to crisis response through, in particular, our 9-1-1 system that is existing, but as far as specific operations and scale and decisions around those, those are not ones that I can speak to.

CO-CHAIRPERSON LEE: Okay. I guess from your hat then as Commissioner of DOHMH, because I know that B-HEARD technically is only active for 16 hours a day instead of 24 so is this something that you would be able to help push in terms of advocacy for making it 24/7 because I know obviously a lot of these incidents happen at any time of day?

COMMISSIONER VASAN: Two things. One is while a lot of the focus has been on expansion of B-HEARD, I know that there's a real commitment to improving it as well, and the first pilot has revealed a number of areas for strengthening.

Number two is that we have a broad and diverse crisis response system with a whole host of

1
2 different teams and responses depending on the
3 situation and also depending on the front door where
4 a person calls and who's calling, if it's 9-1-1
5 versus 9-8-8, NYC Well versus a referral so we work a
6 lot on how our teams run out of the Health Department
7 and partners can complement the B-HEARD teams that
8 are out in the field so we have a more coherent
9 mental health crisis response system, and we have
10 work to do.

11 CO-CHAIRPERSON LEE: Thank you. Speaking
12 of the other teams, I wanted to transition to the IMT
13 teams and the other teams that you all do oversee as
14 well, supportive housing, so the Mayor announced five
15 additional IMT teams which would be added in March
16 but we have not seen funding in the budget associated
17 with these so are they planning to still get rolled
18 and funded and, if so, how and when?

19 COMMISSIONER VASAN: Thanks for the
20 question. I'll actually call up our Executive Deputy
21 Commissioner Deepa Avula to speak to that, but the
22 top line is that IMT is a New York City program as
23 developed by this Health Department, we're very, very
24 committed to it, and in the Governor's budget or the
25 State budget there is funding for the expansion of

1 slots under IMT as well as complementary teams like
2 ACT and FACT. The major differences between those two
3 teams are how they're paid for. One is eligible for
4 Medicaid reimbursement and the other is not, and that
5 has natural effects on the continuity and quality of
6 care.
7

8 CO-CHAIRPERSON BRANNAN: Just need to
9 swear you in.

10 EXECUTIVE DEPUTY COMMISSIONER AVULA:
11 Thank you. As for the...

12 CO-CHAIRPERSON BRANNAN: Hang on. We just
13 have to swear you in.

14 COMMITTEE COUNSEL TWOMEY: Can you just
15 give your name, please?

16 EXECUTIVE DEPUTY COMMISSIONER AVULA:
17 Deepa Avula.

18 COMMITTEE COUNSEL TWOMEY: Do you affirm
19 that your testimony will be truthful to the best of
20 your knowledge, information, and belief and you will
21 honestly and faithfully answer Council Member
22 questions?

23 EXECUTIVE DEPUTY COMMISSIONER AVULA: Yes.

24 COMMITTEE COUNSEL TWOMEY: Thank you.
25

EXECUTIVE DEPUTY COMMISSIONER AVULA: For the question regarding the start of the five teams, we are actually in the process of working to procure those teams right now. They should be announced relatively soon, and we are able to say that the clients will be starting to be served by each of those five teams by the end of this year.

CO-CHAIRPERSON LEE: Okay. Thank you. Now, I'm transitioning to the mental health clinics in the schools. What is the current level of funding and scope for mental health clinics in the schools and what plans are there to expand and strengthen the services?

COMMISSIONER VASAN: Thanks for the question, and I'll also kick it to Deepa as well for this, but top line is that most of the mental health programming in schools is funded through school-based mental health centers which are a State-run program. We are very pleased to see the work in the State budget to increase reimbursement for our school-based mental health centers because deflated reimbursement compared to general community-based care has been a real limitation on expansion, and so that's a real commitment of ours.

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2 EXECUTIVE DEPUTY COMMISSIONER AVULA: The
3 only thing I will add to what the Commissioner noted
4 is that the State has also made a real commitment to
5 expand school-based mental health services, and we
6 are working very closely with our State partners as
7 well.

8 CO-CHAIRPERSON LEE: Where are we in terms
9 of, because I heard a number from one of the
10 oversight hearing through DOE, and I'm just curious
11 to know where are we in relation to the recommended
12 one social worker for every 250 students? Do you know
13 where we're at in terms of if we've met that goal
14 because according to them it seemed like we had, and
15 I'm just confused if there's discrepancy there.

16 COMMISSIONER VASAN: I don't know that
17 that's a goal that we have stated explicitly at the
18 Health Department so I would refer you to my
19 Colleagues at DOE for progress against it, but I know
20 that we do, of course, work with partner and employee
21 social workers in New York City schools for a range
22 of programs.

23 CO-CHAIRPERSON LEE: I know that you all
24 are supportive of the mental health continuum which
25 is definitely, it's an innovative evidence-based

1
2 model for supporting students by integrating direct
3 services and developing partnerships between schools
4 and mental health providers and clinics so just
5 wanted to know because these strong partnerships and
6 collaborations, they should be moving in for all
7 mental health services but yet it's not funded in the
8 Mayor's Executive Budget so what's your value of this
9 model and what is lost by not funding it because I
10 don't think the continuum of care is currently in the
11 budget?

12 COMMISSIONER VASAN: Thanks for the
13 question. I believe you're referring to the mental
14 health continuum that was developed years ago under
15 the last administration. I'll let Deepa speak to any
16 specifics around that, but I know that as you can see
17 in the budget and also just in the range of things
18 that the Health Department and partners do to support
19 school-based and school-adjacent mental healthcare
20 that we're very much committed to ensuring that there
21 are no gaps in the system. Even with our Digital
22 Mental Health plan, you can see that while we're
23 creating a low-touch barrier to care, we're ensuring
24 that young people with higher needs get connected

1 into a continuum services, but I'll kick it to Deepa
2 for more.

3
4 EXECUTIVE DEPUTY COMMISSIONER AVULA: Yes,
5 that particular program was a collaboration between H
6 and H, DOHMH, and the Department of Education, and we
7 are all still working together closely to identify
8 ways that we can expand those types of services
9 within the school system.

10 CO-CHAIRPERSON LEE: Okay. Going to the
11 ACT teams, the sort of community-treatment teams, I
12 believe the State budget as you mentioned is
13 providing funding to expand the teams and so how will
14 this funding allow the City to expand these teams and
15 what plans are there to dedicate City funding towards
16 additional teams that can have more flexibility than
17 the State's guidelines?

18 COMMISSIONER VASAN: I'll pass it to Deepa
19 for more.

20 EXECUTIVE DEPUTY COMMISSIONER AVULA:
21 Currently, we have 53 active ACT teams. The vast
22 majority of those are actually City-led teams so a
23 little bit over, I believe 41 of those teams are
24 City-specific teams. The State is adding additional
25 teams on the ground which will enable us to have

1
2 approximately 650 to 680 more people that we can
3 serve via those teams.

4 CO-CHAIRPERSON LEE: Okay. Now
5 transitioning to the supportive housing unit,
6 supportive housing is definitely one of the
7 cornerstones for mental health, and the New York City
8 15/15 Supportive Housing Plan requires an additional
9 45 million dollars to meet the funding needs for its
10 remaining units. Given that DOHMH is party to New
11 York City 15/15, what steps are you taking to ensure
12 the funding gap is closed so that the units help
13 ensure these supportive housing units are completed
14 to help advance mental health?

15 COMMISSIONER VASAN: Thanks for the
16 question. Top line is that we're actually very
17 excited about the State's commitment to expansion of
18 supportive housing. Of the billion dollars that the
19 Governor committed to in the State budget, almost 90
20 percent of that goes to expansion of supportive
21 housing, and that couldn't be more critical than for
22 people living with chronic behavioral health needs,
23 and so I think we're off to a good start on that
24 front. With regard to the specific funding gap, I'll
25 kick it to Deepa for more.

2 EXECUTIVE DEPUTY COMMISSIONER AVULA: As
3 the Commissioner noted, we've made some real progress
4 on this issue by a sustained focus on it so over the
5 past year we've actually increased slots by 1,000 so
6 currently we have 11,200 slots. We expect to have an
7 additional 1,000 slots by 2025, which will bring us
8 to 12,200, and, again, supportive housing is one
9 element of our continuum, but we are really focused
10 on ensuring that individuals who are not housed are
11 gaining access to the housing and supports they need
12 because we know how critical that is to addressing
13 serious mental illness overall.

14 CO-CHAIRPERSON LEE: Thank you. One quick
15 question on that is how many of those supportive
16 housing units are dedicated towards youth because my
17 Colleague, Council Member Althea Stevens, and I went
18 to visit Covenant House recently and I know that
19 there's different needs based on youth versus adult
20 population, and so have any of them been carved out
21 for the youth population specifically?

22 COMMISSIONER VASAN: I'll pass it to the
23 Executive Deputy Commissioner.

24 EXECUTIVE DEPUTY COMMISSIONER AVULA:
25 Yeah, we will have to get back to you on that exact

1
2 number. Primarily, our supportive housing is for
3 adults.

4 CO-CHAIRPERSON LEE: Okay. The last
5 question on this is the justice-involved supportive
6 housing units, which target a small group of people
7 with the highest level of need who cycle between
8 jail, prison, and shelters the most and are
9 contracted through DOHMH. There were part of the
10 Close Rikers point of agreement, and it is our
11 understanding that 12.8 million is needed to get the
12 380 units that the City committed to up and running.
13 That funding is also absent in the Mayor's Executive
14 Budget so how does DOHMH intend to close this gap
15 that is critical to public safety without the funding
16 allocated?

17 COMMISSIONER VASAN: We certainly share
18 your commitment to the JISH program you're
19 describing, Justice-Involved Supportive Housing. The
20 Health Department is very proud of the work that we
21 do for this extraordinarily high need and often
22 complex population. As far as funding, we're actively
23 discussing with OMB now, and we're happy to get back
24 to you.

COMMITTEE ON FINANCE JOINTLY WITH COMMITTEE ON AGING
JOINTLY WITH COMMITTEE ON HEALTH JOINTLY WITH
COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
ADDICTION 170

CO-CHAIRPERSON LEE: Okay, thank you. For the COLAs, I know that the requested amount was 6.5, but the organizations were only granted 4 percent so do you have any plans on covering the rest of the COLA amounts to further aid the organizations and how would this directly affect services in the city?

COMMISSIONER VASAN: Thanks for the question. The Council knows that as a former operator of a human service and community health organization, this hits home. An increase in the COLA is long overdue. We're pleased that the State budget had a 5.4 percent increase which was higher than the Governor's initial proposal though not what was requested, the full 8 percent. It is not an agency-by-agency decision on whether to fill those funding gaps. It is a citywide decision in part because we're all working with human service agencies and often multiple agencies are working with the same human service agency so that's really handled centrally by OMB to ensure consistency and equity.

CO-CHAIRPERSON LEE: Okay. Are there any other grants or scholarship programs through DOHMH aside from the COLAs that would provide organizations the ability to raise their employee salaries?

COMMITTEE ON FINANCE JOINTLY WITH COMMITTEE ON AGING
JOINTLY WITH COMMITTEE ON HEALTH JOINTLY WITH
COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
ADDICTION 171

COMMISSIONER VASAN: Currently, the Health Department alone does not offer any additional grants to organizations for salary support. Again, that's a centrally managed process and, as well, there are obviously union considerations to think about for many of our community-based organization partners.

CO-CHAIRPERSON LEE: Okay. My final question is the Executive Plan adds 2.4 million in Fiscal Year 2023 and 3.4 million in Fiscal 2024 for the workforce development program, specifically for disease control, so how can these funds be dispersed to employees and will this help with how many employees can be helped in terms of the funding?

COMMISSIONER VASAN: Thanks for the question. We're happy to get back to you with more details. We think you may be looking at funding that comes from a CDC grant for strengthening STI prevention and control, which is actually to fund lines for new and additional staff at our sexual health clinics and not for workforce development of existing employees, but we're happy to get back to you with more details.

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

2 COMMISSIONER VASAN: Thank you.

3 CO-CHAIRPERSON BRANNAN: We've also been
4 joined by Council Member Hanks on Zoom, and I'm going
5 to give it back to Chair Schulman to be followed by
6 Council Member Brooks-Powers.

7 CO-CHAIRPERSON SCHULMAN: I just wanted to
8 ask a couple more questions about HIV and AIDS and
9 STIs. HIV and AIDS cases have been gradually
10 increasing in New York City despite the City efforts
11 to reduce the number of new cases. Based on the
12 current trends, are there any reasons for the
13 increase in cases and what is DOHMH going to do to
14 lower the rate?

15 COMMISSIONER VASAN: Thanks for the
16 question. The publicly reported data does show that
17 HIV did increase from initial decreases in 2020, but
18 I think it's important to remember that we think that
19 decrease was largely due to a massive decrease in
20 testing during the pandemic. In fact, new HIV
21 diagnoses are down 23 percent from 2017 and 73
22 percent since 2001 so, while there was a little bit
23 of a blip with COVID, we think that overall the
24 trajectory is moving in the right direction, and we
25 need to see multiple years to assess trends. We will

1
2 be soon releasing 2022 data later in the year, and so
3 we'll have a better sense of the actual direction
4 we're moving in. We're very proud of the City's work
5 in trying to end the epidemic. As someone who started
6 his career working on global HIV/AIDS, the idea that
7 we're even saying those words 20 years from when I
8 started my career is a wonderful thing, and I know
9 that New York City has always been and will continue
10 to be at the forefront of those efforts.

11 CO-CHAIRPERSON SCHULMAN: Several health
12 clinics that have helped people with HIV and AIDS
13 have closed. How will this affect the rate of
14 infection?

15 COMMISSIONER VASAN: We are certainly
16 committed and have been committed to ensuring access
17 to care through our DOHMH sexual health clinics. As
18 you know, staffing has and remains a very difficult
19 issue across healthcare but especially for those
20 publicly funded, grant-funded health clinics, city
21 tax levy funded health clinics. We're talking
22 actively with OMB and others around salary
23 competitiveness and ways to get more people into the
24 workforce at a time when healthcare is losing and has
25 lost immense numbers of people from the workforce so

1
2 it's a very challenging environment, but we're
3 committed to the model.

4 CO-CHAIRPERSON SCHULMAN: Has the increase
5 of HIV and AIDS affected the average life expectancy
6 that we discussed earlier?

7 COMMISSIONER VASAN: Thanks for the
8 question. We don't see that as a driver in part
9 because we still believe that HIV cases are going
10 down and that the perceived increase is largely a
11 data artifact.

12 CO-CHAIRPERSON SCHULMAN: Do you have the
13 same response in terms of the increase of STIs?

14 COMMISSIONER VASAN: Similar response.
15 That increase you saw from 2020 to 2021 is largely
16 due to testing artifact. I think the big message is
17 that now that the emergency is over and people are
18 resuming their social lives and their full lives,
19 especially as summer comes and Pride comes, we want
20 to make sure that everyone is getting the care that
21 they need, go out and get tested, don't wait for test
22 results. If you visit one of our quickie lab sites at
23 our sexual health clinics you'll get immediate
24 results and we have free prophylactics and other safe
25 sex products across our sites as well.

1
2 CO-CHAIRPERSON SCHULMAN: Speaking of
3 Pride month coming, does DOHMH anticipate hiring new
4 position for Mpox-related services?

5 COMMISSIONER VASAN: Say that again. I'm
6 sorry, Council Member.

7 CO-CHAIRPERSON SCHULMAN: Does DOHMH
8 anticipate hiring new positions for Mpox-related
9 services?

10 COMMISSIONER VASAN: Thank you for the
11 question. A lot of the work that we did last year was
12 based on, again, activating our existing staff for
13 the Mpox emergency in the midst of ongoing COVID work
14 so I'm just so thankful for our dedicated team who
15 was responding to multiple crises at once.

16 Right now, we're not seeing a need to
17 mount an emergency-like response and to have
18 dedicated lines for Mpox. As you know, the WHO also
19 declared the end of the Mpox global emergency, and we
20 don't anticipate anything like last year's events,
21 and we are also out there proactively and prepared,
22 leveraging our networks of LGBTQIA- and MSM-serving
23 organizations and redoubling our efforts on
24 vaccination including launching a statewide and city-

1
2 specific campaign with the State Health Department on
3 vaccination.

4 CO-CHAIRPERSON SCHULMAN: Okay. Is the
5 federal government part of that too because I know
6 the federal government is pushing people to get their
7 vaccines, if they only got one vaccine to get the
8 second one, and if they didn't get any to get that?

9 COMMISSIONER VASAN: Absolutely. We're
10 very much in line with federal guidance and federal
11 messaging on these issues.

12 CO-CHAIRPERSON SCHULMAN: All right. We'd
13 like to work with you on that as well. Okay. Thank
14 you very much, Chair.

15 CO-CHAIRPERSON BRANNAN: Okay, we have
16 questions from Council Member Brooks-Powers followed
17 by Brewer.

18 COUNCIL MEMBER BROOKS-POWERS: Thank you,
19 Chairs, and thank you for your testimony. I have a
20 couple of quick questions for you.

21 The first, last year, the Mayor announced
22 a plan to involuntarily commit New Yorkers
23 experiencing a mental health crisis. A number of
24 Council Members including me have expressed some of
25 our concerns with this plan and its impact on New

1
2 Yorkers in crisis including during the Council's
3 oversight hearing on this issue in February. Can you
4 provide us an update on the Administration
5 Involuntary Commitment program, and can you summarize
6 what DOHMH's role is in that plan and walk us through
7 what commitments, if any, are being made in the
8 budget specifically to the Involuntary Commitment
9 Plan?

10 Then, separately I want to talk about the
11 Mayor's Office for People with Disabilities who we've
12 had the pleasure of working with Commissioner Curry
13 who is an amazing advocate, but, despite the great
14 work of the Office and the Commissioner, the Office
15 is persistently underfunded. Its operating budget is
16 just 849,346 dollars. The Council called for a boost
17 in funding to the Office of 2.5 million dollars to
18 support MOPD's New York City At Work program that has
19 connected over 500 people with disabilities to
20 internships since 2018. Why wasn't this request taken
21 up by the Administration, does DOHMH believe MOPD has
22 the capacity to expand its operations, and how does
23 this budget help improve the City services provided
24 to people with disabilities, and I can repeat
25 whatever you need me to.

2 COMMISSIONER VASAN: Thanks for the
3 questions, Council Member. I'll take the second one
4 first. I think you highlighted it. The program you're
5 mentioning, NYC At Work, is an MOPD, Mayor's Office
6 for People with Disabilities, program. We have no
7 involvement directly or oversight or engagement on it
8 and so I can't really comment on that program
9 specifically, but, as an agency that runs significant
10 programs for people with intellectual and
11 developmental disabilities, we are always committed
12 to ensuring opportunities, services, programming, and
13 equity for people with disabilities, and so I'm very
14 supportive of Commissioner Curry and her efforts and
15 her team's efforts to expand services.

16 To your first question about the...

17 COUNCIL MEMBER BROOKS-POWERS: (INAUDIBLE)
18 before you pivot off of that, can you at least answer
19 how you feel this budget will help to improve City
20 services for people with disabilities?

21 COMMISSIONER VASAN: I can't really
22 comment on budget for another agency.

23 COUNCIL MEMBER BROOKS-POWERS: But you
24 just said that your agency also deals with the
25 population as well, right?

1
2 COMMISSIONER VASAN: Certainly. The
3 program you mentioned is not one that I have any
4 insight into about budget or operations or...

5 COUNCIL MEMBER BROOKS-POWERS: But, for
6 yours, can you just give us like a line-of-sight in
7 terms of do you feel that the budget sufficiently
8 will help your agency work with this population,
9 providing services as well?

10 COMMISSIONER VASAN: Thank you for the
11 question. We have a long history of serving people
12 with intellectual and developmental disabilities
13 through our Division of Mental Hygiene, and we're
14 excited to continue that work and to look at ways
15 with OMB to expand it.

16 COUNCIL MEMBER BROOKS-POWERS: Okay, so
17 the first question now.

18 COMMISSIONER VASAN: Okay. You asked about
19 the Mayor's announcement I believe, and you called it
20 the Involuntary Removal Program. I think that what
21 I'd like to say is that it really was never an
22 involuntary removal program. It's a subway outreach
23 program, and one area of focus was the specific
24 application of mental hygiene law around 9.58 and
25 9.41, removals, and you asked about the Health

1 Department's role in that. Our main role is in
2 developing with our State partners the trainings for
3 teams who are authorized to conduct removals, and we
4 also staff our outreach teams with nurses, clinicians
5 or otherwise, who are qualified mental health
6 professionals who can support our Department of
7 Homeless Services outreach workers who are in the
8 lead of engaging New Yorkers with serious mental
9 illness experiencing street homelessness.
10

11 I'll kick it to our Executive Deputy
12 Commissioner for anything further.

13 EXECUTIVE DEPUTY COMMISSIONER AVULA:

14 Thank you, Commissioner. As the Commissioner noted,
15 our main role is training individuals, clinicians and
16 others, who are allowed to perform 9.58 removals. One
17 of the things that we've also done is we've recently
18 refreshed that training. We now offer that training
19 monthly. We also keep the list of individuals who are
20 able to perform these removals. Every two years, that
21 certification expires so individuals have to get
22 retrained. One of the reasons we do that is to ensure
23 that individuals have the most up-to-date training
24 and are operating in a way that's very consistent in
25 the way that we want this policy to be rolled out. As

1
2 the Commissioner mentioned previously, one of the
3 great things that happened with the subway outreach
4 program is really the voluntary removals that have
5 also happened, which are significantly higher than
6 the involuntary removals.

7 COUNCIL MEMBER BROOKS-POWERS: But I was
8 also looking to understand if there have been any
9 commitments made in this budget specifically to that
10 plan or to support your role in this plan?

11 COMMISSIONER VASAN: We're happy to get
12 back to you on dollars and cents and figures, but the
13 commitments you're describing are largely commitments
14 made to the subway outreach plan, and that's...

15 COUNCIL MEMBER BROOKS-POWERS: No,
16 speaking specifically of your agency's component that
17 you just walked us through, I'd like to know if any
18 commitment has been made to fulfill that and how this
19 rollout is going, but I look forward to hearing from
20 you offline. Thank you.

21 COMMISSIONER VASAN: Thank you.

22 CO-CHAIRPERSON BRANNAN: Council Member
23 Brewer followed by Sanchez.

24 COUNCIL MEMBER BREWER: Thank you. You're
25 lucky that Ricky Wong left the private sector to join

1
2 you. All the problems I have, he solves just so you
3 know.

4 School-based health, I know you heard
5 from Chair Lee about it, but it says here and I don't
6 know, you obviously said that there's more State
7 money, I got that, is that part of the American
8 Rescue Plan that goes through the State and comes
9 here or is it something separate because I believe
10 strongly school-based health could solve, not all
11 your problems, but a whole lot of them, and it's not
12 great in many schools. There's a space issue, and
13 peer-to-peer doesn't get reimbursed, etc. I think
14 I've been to almost, in Manhattan, every one of the
15 school-based health programs so it needs more support
16 so where are we in terms of funding and every school,
17 etc.? Half your problems would go away if you had
18 good school-based, kids don't go elsewhere. They're
19 not going to go the Ryan Health Center, they're not
20 going to go to H and H. If it's not in the school,
21 they're not going.

22 COMMISSIONER VASAN: We share your
23 commitment to school-based health centers. As you
24 know, school-based health centers are built and
25 operated under strict State rules and strict State

2 rules around reimbursement so what the Governor did
3 in this budget to increase reimbursement rates under
4 Medicaid was a big step forward to creating a
5 sustainable path for funding for school-based health
6 centers and school-based mental health centers. For
7 specifics on our part of that, I'll kick it to Aaron
8 Anderson.

9 CHIEF FINANCIAL OFFICER ANDERSON: Thank
10 you. Our commitment financially to school-based
11 health centers in the city is about 7.5 million
12 dollars, and that supports about 35 schools.

13 COUNCIL MEMBER BREWER: 35 school-based
14 health centers?

15 CHIEF FINANCIAL OFFICER ANDERSON:
16 Correct.

17 COUNCIL MEMBER BREWER: Okay. Would it be
18 your job to do an evaluation to see where else
19 they're needed, blah, blah, blah, or is that nobody's
20 job? Don't tell me DOE.

21 COMMISSIONER VASAN: No, I wasn't going to
22 say DOE. We already do quite a bit of evaluation of
23 our school-based health centers with our State
24 partners, not only on quality of service but on
25 location of service. We try to make sure that we

2 ensure that our school-based health centers are
3 located in schools with the greatest needs and in
4 areas where we have relative healthcare deserts for...

5 COUNCIL MEMBER BREWER: All school need
6 them. I'll just say that.

7 Anyway, I hope that you would spend some
8 time with an analysis (INAUDIBLE) necessary, what's
9 working, what's not, and where else you need them.
10 Literally, all your problems would go away.

11 COMMISSIONER VASAN: Thanks, Council
12 Member.

13 COUNCIL MEMBER BREWER: Animal Care
14 Center, the Council asked for more money. What is the
15 funding for ACC, why wasn't funding added? I believe
16 because of all the pandemic issues and so on that
17 they have more animals to care for so I need to know
18 that also.

19 COMMISSIONER VASAN: We're very committed
20 to ACC. I'm actually going to the ground-breaking of
21 the new ACC center in the Bronx this week. I'll kick
22 it to Aaron on the specifics...

23 COUNCIL MEMBER BREWER: I don't care about
24 the Bronx. You know how I am.

25 COMMISSIONER VASAN: I know.

2 COUNCIL MEMBER BREWER: I only care about
3 Manhattan.

4 COMMISSIONER VASAN: That's okay.

5 COUNCIL MEMBER BREWER: The hell with the
6 Bronx. I want Manhattan, but I want to know about
7 more funding for them. Go ahead.

8 COMMISSIONER VASAN: Yeah, Aaron.

9 CHIEF FINANCIAL OFFICER ANDERSON: Sure.
10 The overall budget for ACC for FY24 is about 15
11 million dollars. We are actively in talks with OMB
12 about operating costs for the next Fiscal Year.

13 COUNCIL MEMBER BREWER: That's not enough
14 money. Okay, so did they ask for more money and you
15 couldn't do it? Is that the idea because I know
16 they're asking us for more money?

17 CHIEF FINANCIAL OFFICER ANDERSON: The
18 conversation is ongoing.

19 COUNCIL MEMBER BREWER: All right. The
20 other thing is COLAs. I know it was brought up, but
21 there's nothing more important, as you know from
22 Fountain House, than COLAs. Every single group that
23 is human service, I know you say it's OMB, that's a
24 horrible thing to say that OMB is in charge of
25 anything, it's always trouble, so I'm saying that all

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1 ADDICTION 186

2 of the agencies should be pushing to get more money
3 for human service agencies. Are you guys doing that
4 as Commissioners?

5 COMMISSIONER VASAN: I've certainly made
6 my views known, and you know how I feel about this
7 issue of paying our human service workers. It is
8 essentially (INAUDIBLE)

9 COUNCIL MEMBER BREWER: The number one
10 issue.

11 Finally, childcare. How much is that
12 Division allocated and are there any issues that need
13 more funding in childcare?

14 COMMISSIONER VASAN: Aaron.

15 COUNCIL MEMBER BREWER: I know you didn't
16 mention that earlier, but it is a really important
17 aspect of your agency.

18 CHIEF FINANCIAL OFFICER ANDERSON: I will
19 have to get back to you on the specific allocation
20 for childcare.

21 COUNCIL MEMBER BREWER: Okay. Do you know
22 how many centers you have under DOHMH? Ricky probably
23 knows.

24

25

COMMISSIONER VASAN: I'll kick it to
Corinne Schiff, our Deputy Commissioner for
Environmental Health.

COUNCIL MEMBER BREWER: Thank you.

COMMITTEE COUNSEL TWOMEY: Do you affirm
that your testimony will be truthful to the best of
your knowledge, information, and belief and you will
honestly and faithfully answer Council Member
questions?

DEPUTY COMMISSIONER SCHIFF: Yes.

COMMITTEE COUNSEL TWOMEY: Please.

DEPUTY COMMISSIONER SCHIFF: There are a
little over 2,000 City-regulated sites.

COUNCIL MEMBER BREWER: Okay. Do you find
that you have enough funding because obviously it
takes going there, checking it out, etc.? Is that
something that, like is there a waitlist to do that
or is it pretty much kept up to current need?

DEPUTY COMMISSIONER SCHIFF: We aim to
inspect every childcare program annually, and we are
keeping up with that target.

COUNCIL MEMBER BREWER: Okay. All right.
Thank you.

CO-CHAIRPERSON BRANNAN: Thank you.

1
2 COUNCIL MEMBER SANCHEZ: Thank you,
3 Chairs, and thank you, Commissioner, for answering
4 our questions today. Great to see the illustrious
5 team at DOHMH.

6 My question is a somber one, and it's
7 around B-HEARD. Some weeks ago in late March, Raul De
8 La Cruz was suffering a mental health emergency in my
9 neighborhood. His father called 3-1-1 for fear that
10 NYPD would hurt his son and, after a 23-minute call,
11 the emergency was routed to the NYPD. Officers were
12 sent to the scene and within 28 seconds Raul was shot
13 three times by four shots fired. Fortunately, he is
14 still alive, but in April 2019 Kawaski Trawick who
15 lived in a supportive housing facility also within my
16 District was shot and killed by the NYPD while
17 cooking in his home when the NYPD unnecessarily
18 entered, illegally breaking and entering and creating
19 a horribly tragic situation. One of the officers had
20 been "trained" just a few days before in mental
21 health crisis response. The NYPD interaction was
22 unnecessary. The FDNY had already let Kawaski back
23 into his home after a lockout and, by the way, they
24 faced the same exact situation and the FDNY did not
25 see him as a threat. The list goes on of vulnerable

1 individuals being hurt or killed by the NYPD who are
2 not equipped to respond in mental health situations
3 and are trained to see situations as threatening.
4 Advocates including the Coalition for Correct Crisis
5 Intervention have called for a number of reforms to
6 the B-HEARD program including peer-led crisis
7 response, 24/7 operation, community engagement,
8 partnership with on the ground providers, and the
9 list goes so hearing what your answers were to Chair
10 Lee just a moment ago about the administration of the
11 program but, because the Mayor's Office of Community
12 Mental Health is not here, hoping that you can answer
13 the status of the Administration's consideration of
14 these reform proposals.
15

16 COMMISSIONER VASAN: Thanks for the
17 question. I think you said it best that it is a very
18 somber question and preamble. I take all of these
19 events, and they are far too common for anyone's
20 liking, especially as a human being, as a New Yorker,
21 as the City's doctor. They are tragedies, preventable
22 tragedies, and we need to do everything we can using
23 a public health approach to prevent these tragedies.
24 This is why we are committed to B-HEARD and, as I
25 said, it's not just the expansion of B-HEARD, it's

2 the improvement of B-HEARD and improvement of
3 training as the Executive Deputy Commissioner said we
4 recertify people every couple of years to update the
5 training to ensure that we're using the best practice
6 guidance for things like involuntary removals. The
7 same is true for our crisis response system. I cannot
8 speak to the specifics of B-HEARD and its operations,
9 but I know that there is a commitment throughout this
10 Administration to not only expanding it as is but
11 really looking deeply at improving it.

12 COUNCIL MEMBER SANCHEZ: So DOHMH is not
13 involved in the program design?

14 COMMISSIONER VASAN: We are not.

15 COUNCIL MEMBER SANCHEZ: Okay. Thank you.

16 I would just end with thank you for that response,
17 and we have a bill, Council Member Schulman and I,
18 that I'm very excited to speak with the
19 Administration about which will expand testing to,
20 sorry, I'm trying to switch over and it's so heavy,
21 but Intro. 895, I look forward to talking with the
22 Administration about that and driving down STI rates
23 across the city. Thank you.

24 COMMISSIONER VASAN: Thank you.

25

2 CO-CHAIRPERSON SCHULMAN: Thank you.
3 Council Member Hanif.

4 COUNCIL MEMBER HANIF: Thank you, Chair
5 Schulman. I was also going to ask about B-HEARD, but
6 knowing what I've learned today has helped me get
7 some clarification. I will ask more specifically
8 about some of the allocations to the following
9 programs. Could you share how much is allocated to
10 the Intensive Mobile Treatment Teams?

11 COMMISSIONER VASAN: I'll kick it to Aaron
12 for specifics.

13 COUNCIL MEMBER HANIF: Thank you, and then
14 the Assertive Community Treatment, the Forensic
15 Assertive Community Treatment Teams, and Health
16 Engagement and Assessment Teams.

17 CHIEF FINANCIAL OFFICER ANDERSON: Thanks
18 for the question. IMT is budgeted at 42 million
19 dollars for FY24, and I'm sorry, which were the other
20 ones you asked about?

21 COUNCIL MEMBER HANIF: ACT, FACT, and
22 HEAT.

23 CHIEF FINANCIAL OFFICER ANDERSON: ACT is
24 15 million, HEAT and the Crisis Response Teams
25 together is about 9 million.

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2 COUNCIL MEMBER HANIF: Could you repeat
3 that one more time?

4 CHIEF FINANCIAL OFFICER ANDERSON: About 9
5 million.

6 COUNCIL MEMBER HANIF: You mentioned that
7 HEAT included the Crisis Response...

8 CHIEF FINANCIAL OFFICER ANDERSON: Crisis
9 Response Teams.

10 COUNCIL MEMBER HANIF: Response Teams.
11 FACT?

12 CHIEF FINANCIAL OFFICER ANDERSON: FACT, I
13 don't have broken out separately. That may or may not
14 be in the ACT number, but we can get back to you.

15 COUNCIL MEMBER HANIF: Got it. Does the
16 Department have any plans to open new Overdose
17 Prevention Centers?

18 COMMISSIONER VASAN: Thank you for the
19 question. Yes, very much so, committed to the model,
20 committed to working with our existing syringe
21 service providers to build the harm reduction hub
22 sites that are critical for the operation of Overdose
23 Prevention Centers, and what I mean by that is all
24 the other services around supervised consumption need
25 to be strengthened and available and consistent, and

1 that varies depending on provider to provider. We're
2 in active discussions right now about where we can
3 expand. Obviously, we're looking for State and
4 Federal leadership on the authorization piece.
5

6 COUNCIL MEMBER HANIF: Sure. Do you have
7 any specifics on how many?

8 COMMISSIONER VASAN: In our Mental Health
9 plan, we have laid out the goal of opening five new
10 Overdose Prevention Centers across New York City in
11 the first time, and so we're working actively on that
12 goal.

13 COUNCIL MEMBER HANIF: Great. Is there a
14 plan to expand the operating hours of the Overdose
15 Prevention Centers?

16 COMMISSIONER VASAN: That's something
17 that's under consideration as well because we know
18 that 24/7 operations is always ideal.

19 COUNCIL MEMBER HANIF: Great. Does the
20 Department plan to open any new Crisis Respite
21 Centers?

22 COMMISSIONER VASAN: Thanks for the
23 question. I'll kick it to Deepa Avula for more
24 details, but we're very committed to this model and
25 to expanding this model. The State has also committed

resources to expanding Crisis Respite Centers, and,
of note for the Council, our Support and Connection
Centers are essentially Crisis Respite Centers plus
healthcare on-site, and so we have an additional two
Support and Connection Centers, one in Manhattan and
South Bronx.

EXECUTIVE DEPUTY COMMISSIONER AVULA: As
noted by the Commissioner, the State has committed to
kind of re-energizing its support around Crisis
Respite Centers. In fact, in just a couple of months,
there will be another one opening in the City that is
State-funded.

COUNCIL MEMBER HANIF: That's wonderful.
Finally, I'd like to know about any specific ad
campaigns, outreach, and engagement tools that are in
place to inform and connect immigrants and
particularly asylum-seekers to their health services
available in our City. Thank you so much.

COMMISSIONER VASAN: Thank you. That is a
core aspect of our work, which is of the four things
I mentioned, connection to healthcare is a core
pillar of our work. As far as advertising goes, we
are working and have talked a lot with community and

1 ethnic media about these issues but would be happy to
2 talk about further ideas.

3
4 CHIEF FINANCIAL OFFICER ANDERSON: Council
5 Members, just to confirm that the ACT number I gave
6 you does include FACT teams as well.

7 CO-CHAIRPERSON SCHULMAN: Thank you,
8 Council Member. Council Member Hudson.

9 COUNCIL MEMBER HUDSON: Thank you so much.
10 Hello. I want to revisit some of the questions about
11 HIV and AIDS that Chair Schulman touched on earlier.
12 We know that by 2030 at least 73 percent of people
13 living with HIV will be over 50 years old and, while
14 people living with HIV are now meeting the expected
15 challenges of the natural aging process, they're also
16 facing comorbidities and isolation sooner and more
17 acutely than their peers not living with HIV. Multi-
18 morbidities between HIV and other age-related medical
19 conditions such as cancer or heart disease are
20 presenting themselves more urgently, and HIV stigma
21 which is still widespread exacerbates the isolation
22 already affecting older populations so I'm just
23 curious to know what you're doing to partner with NYC
24 Aging, if anything, to meet the needs of this
25 specific population.

1
2 COMMISSIONER VASAN: That's a great
3 question, Council Member. As far as specific
4 partnerships, we have none around HIV with NYC Aging,
5 but on every single one of the issues you mentioned,
6 whether it's the development of chronic diseases,
7 social isolation, and mental health for people who
8 are now thankfully living longer and healthier lives,
9 we both have specific partnerships between our
10 Disease Control Division and our Mental Health and
11 Chronic Disease Prevention Teams to address these
12 issues. We're also looking carefully at the impacts
13 of new generation HIV medications on the development
14 of chronic illnesses in particular because we know
15 some can lead to cholesterol issues and high blood
16 pressure issues so this is an active area of focus
17 for us.

18 COUNCIL MEMBER HUDSON: Great. Thank you
19 so much. Another question, of course, regarding older
20 adults. If an older adult calls the NYC Well hotline,
21 are they connected to resources at NYC Aging, and, if
22 so, can you talk about what that path looks like,
23 specifically in terms of connecting them directly to
24 NYC Aging?

1
2 COMMISSIONER VASAN: Thanks for the
3 question and would be very glad to get back to you
4 with details on the specific path for older adults.

5 COUNCIL MEMBER HUDSON: Okay, great. Thank
6 you.

7 COMMISSIONER VASAN: Thank you.

8 CO-CHAIRPERSON SCHULMAN: Council Member
9 Velazquez.

10 COUNCIL MEMBER VELAZQUEZ: I know I've
11 spoken a little bit about this before when it comes
12 to conditions like epilepsy, they are directly
13 impacting my daily life given my family has it, so
14 what necessarily are you all doing about this? From
15 my understanding, there has been a defunding, if you
16 will, of epilepsy foundations so what led to that
17 decision and how are you helping these services for
18 people who need it in the city?

19 COMMISSIONER VASAN: Thanks so much. In
20 large measures, conditions like epilepsy and seizure
21 disorders are dealt with principally through our
22 clinical systems, not our public health and
23 prevention systems in part because while it is a
24 condition of great concern to families, to directly
25 impacted people and their families and to communities

1 impacted, it isn't at a population level a most
2 frequent issue that the Public Health Department
3 would take on specifically, but we have very strong
4 partners in H and H who are working to make neurology
5 and epilepsy services accessible as well as through
6 screening and diagnoses in our community healthcare
7 systems and fairly qualified health systems so the
8 top line answer is it's essentially treated mostly as
9 a clinical issue which is because of the severity and
10 the impact and the specialization of knowledge needed
11 to deal with it.
12

13 COUNCIL MEMBER VELAZQUEZ: Thank you.

14 COMMISSIONER VASAN: Thank you.

15 CO-CHAIRPERSON SCHULMAN: Council Member
16 Farias.

17 COUNCIL MEMBER FARIAS: Thank you, Chair.

18 Hello, Commissioner. Hi, team at DOHMH. There are
19 nearly 500 vacancies of DOHMH Public Health school
20 nurses and 150 (INAUDIBLE) regional staff school
21 nurses. I've spoken about this issue in the past in
22 the Education Committee, and I just kind of want to
23 jump into a couple of questions for our DOHMH school
24 nurses. We have students with a variety of chronic
25 conditions that need direct services like 200,000

1
2 asthmatics including myself when I was a young
3 person, 2,000 Type 1 diabetics, 40,000 allergies,
4 mental health illness, seizure conditions, autism,
5 hypertensive, etc. What is the plan to address the
6 decades-long pay and benefits disparity between DOE
7 and DOHMH school nurses who perform the same role?

8 COMMISSIONER VASAN: Thank you for the
9 question and the importance of the questions,
10 especially given the role of school nurses in our
11 society who played a really heroic role in keeping
12 schools open during the pandemic and from whom we ask
13 a whole lot under really challenging, and one of the
14 circumstances you raised is, of course, compensation.
15 As you know, the current situation, the current
16 structure is based on an agreement that dates back to
17 the Bloomberg administration, and so we are in active
18 discussions with both OMB, our partners at DOE about
19 how to strengthen our school nurse portfolio given
20 how important we know they are.

21 COUNCIL MEMBER FARIAS: Is there an active
22 dialogue around phasing out the contracted workers
23 that we have had during the pandemic era space into
24 looking at how to phase them into and/or equal out
25

1 the pay structure where there are disparities
2 currently?

3
4 COMMISSIONER VASAN: I can't really speak
5 to the specifics of the ongoing negotiations only
6 because I think the question you raise is what is the
7 long-term future of the workforce is a central
8 question, but once that has gotten to issues of pay,
9 pay equity, an aging workforce is also an issue, and,
10 frankly, what we see across nursing systemwide and
11 healthcare systemwide which is that people are
12 fleeing the profession or they're going from
13 permanent full-time nursing jobs into part-time
14 temporary nursing work because of the hours and the
15 conditions and the pay and so this is an issue that
16 requires time, deliberation, and thoughtfulness, and
17 I'm glad to be working with people in the
18 Administration to try to address it.

19 COUNCIL MEMBER FARIAS: Thank you. That I
20 guess kind of answers my next question, but I'll ask
21 it. Given that there are nearly 500 DOHMH Public
22 Health school nurse vacancies who are the largest
23 contingent of City nurse responders, how will the
24 City staff for the next public health emergency, and
25 I know you kind of touched on this already.

2 COMMISSIONER VASAN: Yeah. We're
3 extraordinarily proud of our school nurses, DOHMH and
4 DOE. They do a heroic work. I am so proud to lead the
5 largest group of school nurses in the city, but I
6 think you're asking some really important questions
7 about long-term sustainability and financing, the
8 directive to have a nurse in every school, and the
9 challenges we face as a workforce coming out of the
10 pandemic, I think these are all really important
11 policy questions that deserve discussion.

12 COUNCIL MEMBER FARIAS: Great. Chair, I
13 have a couple more if I may.

14 CO-CHAIRPERSON BRANNAN: Sure.

15 COUNCIL MEMBER FARIAS: Thank you. I
16 recently learned about the lawsuit being settled to
17 uphold the federal mandate, do we know of this?

18 COMMISSIONER VASAN: You're referring to
19 which mandate?

20 COUNCIL MEMBER FARIAS: I believe there
21 was a diabetes lawsuit to uphold the federal mandate
22 under the American Disabilities Act to provide
23 skilled nursing services outlined in students' 504
24 plan of care, and that was recently settled which now
25 I believe means that parents get to choose where and

1
2 how students receive care in the schools, and so I
3 guess my question is how with either the PEGs or the
4 head count reductions if there were any in these
5 areas and the compounded space of 500 vacancies for
6 DOHMH school nurses, how are we going to ensure that
7 that is upheld and students that need to receive care
8 can do so in our schools?

9 COMMISSIONER VASAN: Thanks for the
10 question. I'm actually not aware of the ruling, and
11 so I will have to get back to you after analysis.

12 COUNCIL MEMBER FARIAS: Okay, that's fine.
13 Okay, I will end here. Thank you so much. Thank you.

14 COMMISSIONER VASAN: Thank you.

15 CO-CHAIRPERSON BRANNAN: Okay, now we have
16 Chair Schulman.

17 CO-CHAIRPERSON SCHULMAN: There was an
18 Intro. 506, which relates to public information and
19 outreach on Crisis Pregnancy Centers and other
20 facilities that deceptively advertise reproductive
21 health services. Now, this was a Consumer Worker
22 Protection bill, but I wanted to know if there are
23 any commitments on behalf of DOHMH funding or
24 otherwise to implement that Intro.

1
2 COMMISSIONER VASAN: Thanks for the
3 question. I'm not top of line familiar with the
4 Intro. so I'll have to get back to you with details
5 on that.

6 CO-CHAIRPERSON SCHULMAN: Thank you.

7 CO-CHAIRPERSON BRANNAN: Chair Lee.

8 CO-CHAIRPERSON LEE: Sorry. Really quick.
9 The training that you all had mentioned, is there a
10 way that we can get a copy of that for the street
11 team training that you guys said that you
12 periodically...

13 COMMISSIONER VASAN: With the State. Yeah,
14 happy to discuss that with your team further.

15 CO-CHAIRPERSON LEE: Okay. Also, just in
16 terms of, I know obviously this is a constantly
17 evolving situation with the asylum-seekers, but just
18 if you could go a little bit more into detail because
19 I know that technically there is not really any
20 funding for social service workers to support these
21 asylum-seekers but it does point to referrals and so
22 how has that been working so far with the asylum-
23 seekers that have already come?

24 COMMISSIONER VASAN: Thank you for the
25 question. I mean I think the City is doing everything

2 and all that we can muster the most dignified and
3 humane response that we can, and that requires not
4 just the City to respond but our vast network of
5 community partners, community service organizations,
6 CBOs, non-profit clinics, and we're leaning heavily
7 on them, and certainly we need more resources, we
8 need more federal resources to mount an even stronger
9 response, and we didn't get all of the resources we
10 requested and so this comes down to everyone doing
11 what they can, including this fantastic Department,
12 but we need more support to do more.

13 CO-CHAIRPERSON LEE: Okay, thank you.

14 COMMISSIONER VASAN: Thank you.

15 CO-CHAIRPERSON BRANNAN: Seeing no more
16 questions, Commissioner, thank you so much. We look
17 forward to working with you as negotiations continue.
18 Thank you.

19 COMMISSIONER VASAN: Likewise. Thank you.

20 CO-CHAIRPERSON BRANNAN: Okay. With that,
21 day five of budget hearings is concluded. Thank you.

22 [GAVEL]

23

24

25

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 May 24, 2023