CITY COUNCIL CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FINANCE

Jointly with

COMMITTEE ON ECONOMIC DEVELOPMENT,

COMMITTEE ON SMALL BUSINESS,

COMMITTEE ON HEALTH, &

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES

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May 9, 2017 Start: 10:27 a.m. Recess: 4:26 p.m.

HELD AT: Council Chambers - City Hall

B E F O R E: Julissa Ferreras-Copeland Chairperson

> Daniel R. Garodnick Chairperson

Robert E. Cornegy, Jr. Chairperson

Corey D. Johnson Chairperson

World Wide Dictation 545 Saw Mill River Road – Suite 2C, Ardsley, NY 10502 Phone: 914-964-8500 * 800-442-5993 * Fax: 914-964-8470 www.WorldWideDictation.com

Andrew Cohen Chairperson

COUNCIL MEMBERS: Ydanis A. Rodriguez James G. Van Bramer Vanessa L. Gibson Laurie A. Cumbo Mark Levine I Daneek Miller Helen K. Rosenthal Steven Matteo Vincent J. Gentile Karen Koslowitz Ruben Wills Donovan J. Richards Inez D. Barron Joseph C. Borelli Mathieu Eugene Peter A. Koo Carlos Menchaca Paul A. Vallone Bill Perkins Eric A. Ulrich Rosie Mendez James G. Van Bramer Rafael Espinal, Jr. Elizabeth S. Crowley Barry S. Grodenchik

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

Gregg Bishop SBS Commissioner

James Patchett President of NYCEDC

Jackie Mallon First Deputy Commissioner at NYCEDC

Stanley Brezenoff Interim President of NYC Health + Hospitals

P.V. Anatharam Chief Financial Officer at NYC H+H

Machelle Allen Chief Medical Officer at NYC H+H

Mary T. Bassett NYC Department of Health and Mental Hygiene Commissioner

Sandy Rozza Deputy Commissioner for Finance at DOHMH

Hillary Kunins Assistant Commissioner for Bureau of Alcohol and Drug Use

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2	CHAIRPERSON FERRERAS-COPELAND: Good
3	morning and welcome to today's Finance Committee
4	hearing. My name is Julissa Ferreras-Copeland. I'm
5	the Chair of the Committee. I want to begin by
6	thanking my Co-Chairs, Council Member Robert Cornegy
7	and Dan Garodnick, and the members of the Small
8	Business and Economic Development Communities for
9	joining us. I also want to acknowledge the members
10	of the Finance Committee and actually all of our
11	committees who are here today, Minority Leader
12	Matteo, Council Member Richards, Council Member
13	Vallone, Koslowitz, Borelli, and Wills. This
14	morning, the Committee continues its look at the
15	Mayor's Fiscal 2018 Executive Budget with the
16	Department of Small Business Services, SBS, and the
17	Economic Development Corporation, EDC. We will hear
18	from SBS Commissioner Gregg Bishop and EDC President
19	and CEO James Patchett. I'll begin with a brief
20	overview of the agency's budget. The Fiscal 2018
21	Executive Budget for SBS totals 191.7 million dollars
22	or approximately 44.7 million, or 19 percent less
23	than the Department's Fiscal 2017 Adopted Budget.
24	This is largely due to a decrease in city and federal
25	funds for the business development and neighborhood

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 development in contract services program areas, funds 3 that are not yet reflected in the agency's budget. 4 SBS budget includes 41.2 million for EDC. EDC also 5 receives 3.2 billion as a part of the City's 10-Year Capital Strategy. The majority of this is for 6 7 neighborhood revitalization, infrastructure, investments to support economic development, and 8 affordable housing efforts. I want to highlight two 9 items that despite the Council's call to baseline in 10 11 our budget response were not included by the Administration in this budget. The first was the 12 13 843,000 in fees that SBS receives to support the work of the Council's small because and workforce 14 15 development initiative. Aside from SBS, no other 16 city agencies charges for those types of costs. I'm 17 going to read that again. Aside from SBS, no other 18 city agencies charges for these types of cost. We hope that the Administration will create parody 19 between SS and all other agencies when it comes to 20 21 these funding. Second, the Administration failed to 2.2 baseline funding for the Council's Small Business Job 23 Development Financial Literacy Initiative. Since Fiscal 2007, this initiative has provided individuals 24 25 across the City a vital assistance in developing and

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 7
2	expanding their business. However, ensuring that
3	these services will be available of New Yorkers in
4	the coming fiscal year continues to fall on the
5	Council. As we move towards budget adoption, I look
6	forward to continuing the conversation on these
7	Council Priorities. Additionally, I hope to receive
8	more detail today on the Mayor's goal of creating
9	100,000 permanent jobs in the city over the next 10
10	years, an initiative announced in his State of the
11	City speech this year and an important component of
12	this includes in SBS' budget is 12.8 million for
13	Green Jobs Corps Program that promises to retain
14	3,000 workers over the next three years. Today, I
15	want to explore agency's vision for this program
16	whether SBS believes it could serve as a model for
17	other job training programs and how it will measure
18	progress coming years. And while the broader goal
19	of creating 100,000 well-paying jobs is certainly one
20	that ti think all of us can get behind, we need to
21	hear from both SBS and EDC about concrete steps the
22	Mayor is taking to achieve it. I look forward to
23	hearing about these issues and many more at today's
24	hearing. I will now turn it over to my Co-Chairs for

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2	their opening remarks. We'll have Council Member
3	Cornegy followed by Council Member Garodnick.
4	CHAIRPERSON CORNEGY: Thank you, Madam
5	Chair, and good morning, Co-Chairs. Good morning,
6	Commissioner. So, I want to start by thanking my
7	awesome staff, Keegan Sheehan [sp?], for while I ask
8	for larger font, this is what he gave me. So, this
9	is borderline embarrassing that I need font to be
10	this big. I just want for the record, I need to
11	state that I don't need my font to be this big.
12	Thank you, though, Keegan. Good morning. I'm
13	Council Member Robert Cornegy, Chair of the Committee
14	on Small Business. Today, the committee will be
15	presiding over the Fiscal 2018 Executive Budget for
16	the Department of Small Business Services. This
17	hearing is being held jointly with the Committees on
18	Finance and Economic Development. We've been joined
19	today by Commissioner of the Department of Small
20	Business Services. So, thank you so much,
21	Commissioner Bishop, for coming. Before we begin, I
22	think it's already been acknowledge the members of
23	the committees that are here. The Fiscal 2018
24	Executive Budget for the Department of Small Business
25	Services is 191.7 million. That's a little

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2	ABUSE, AND DISABILITY SERVICES 9 disappointing because this represents less than half
З	a percent of the City's proposed Fiscal 2018 budget
4	and its 44 million or 19 percent less than the Fiscal
5	2017 Adopted Budget of 236.4 million. The Executive
6	Budget supports an overall headcount of 371 full-time
7	and full-time equivalent positions. This committee is
8	interested in learning more about how the agency
9	intends to utilize funding from the proposed budget
10	for the benefit of the City's of city small
11	businesses and for and especially for workforce
12	development. In particular we're hoping the
13	Commissioner will give us details about the Green Job
14	Corps Program which is being funded for close to 13
15	million over the next three fiscal years. We'd like
16	to learn more about the trainings that will be
17	provided through the program and how they will
18	translate to jobs for residents of the City. Also,
19	the Executive Plan included a total of 32.6 million
20	in Fiscal 2017 and Fiscal 2018 to fund the School Bus
21	Grant Program, a program that supports the employment
22	of experienced school bus drivers who were impacted
23	by the changes in the Department of Education
24	contracts. I'm sure that my colleague Dan Garodnick
25	will have plenty of questions about that. This

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2	committee is hoping to get specifics on how this
3	funding will be utilized. I'm hopeful that the
4	Commissioner is prepared to answer most if not all of
5	our questions today. After we hear from the
6	Department of Small Business Services members of the
7	public will have the opportunity to provide
8	testimony. As always, I'd like to thank my staff and
9	the committee staff for working hard to put this
10	hearing together. Thank you, and I just thought I
11	could say, "Let's get ready to rumble," but it's not
12	that kind of morning. So, thank you.
13	CHAIRPERSON GARODNICK: Thank you very
13 14	CHAIRPERSON GARODNICK: Thank you very much, Chair Ferreras-Copeland and Chair Cornegy. I'm
14	much, Chair Ferreras-Copeland and Chair Cornegy. I'm
14 15	much, Chair Ferreras-Copeland and Chair Cornegy. I'm very pleased to be here, a Co-Chair in this hearing
14 15 16	much, Chair Ferreras-Copeland and Chair Cornegy. I'm very pleased to be here, a Co-Chair in this hearing toddy with you, and as you've heard, we're going to
14 15 16 17	much, Chair Ferreras-Copeland and Chair Cornegy. I'm very pleased to be here, a Co-Chair in this hearing toddy with you, and as you've heard, we're going to be hearing from among others the Economic Development
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14 15 16 17 18 19 20 21 22 23	much, Chair Ferreras-Copeland and Chair Cornegy. I'm very pleased to be here, a Co-Chair in this hearing toddy with you, and as you've heard, we're going to be hearing from among others the Economic Development Corporation today. I have the privilege of chairing of the Committee on Economic Development for the Council, and at our Preliminary hearing in March we discussed a handful of the City's capital project including the now launched Citywide Ferry Service, the Made in New York Center, the Life Sciences

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 11 2 EDC's and the Mayo's plan to create 100,000 good 3 paying jobs over the next 10 years. While we had 4 productive preliminary hearing in March we continue to have little clarity on the sources of jobs and the 5 Mayor's job plan. It is clear that the plan was not 6 7 developed at the time of the Mayor's State of the 8 City speech, and now that two months have passed since the preliminary hearing, we hope to get more 9 We also want to dive deeper into the 10 answers. 11 Mayor's plan for the Garment Center which has grown 12 entirely complicated in recent months. The plan includes 142.4 million dollars for a Made in New York 13 campus at Bush Terminal as the City looks to shift 14 15 the industry from Midtown Manhattan to Brooklyn. This plan would allow for more modernized 16 17 manufacturing facilities for the garment industry and 18 would help property owners in the Garment District get their buildings up to code. A rezoning of the 19 20 Garment District, however, may uproot an economic 21 ecosystem that has thrived for nearly a century, 2.2 potentially displacing thousands of workers. It will 23 require middle class employees, many of them older adults to commute to the far away Brooklyn waterfront 24 25 rather than the transit-rich heart of midtown

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2	Manhattan. With so many livelihoods in at one of
3	Manhattan's iconic industries hanging in the balance,
4	it has raised concerns for a number of people
5	including local representatives on both sides of the
6	river, and we need to make sure that we get this
7	right. All in all, the Fiscal 2018 Executive Capital
8	Commitment Plan for EDC includes more than four
9	billion dollars through Fiscal Year 2021. That's
10	over 450 million dollars more than what was in the
11	Preliminary Plan and represents approximately 5.2
12	percent of the City's total 78 billion dollars
13	Executive Plan for Fiscal Years 2017 to 2021. There
14	are also hundreds of millions of dollars set out for
15	the housing fund, the neighborhood fund, 442 million
16	and 400 million dollars respectively. These are
17	extremely large figures with nearly unlimited
18	discretion for the mayor. We need a clearer idea of
19	how the City intends to spend this money, project by
20	project, community by community. Right now, there is
21	little transparency as to how these funds intend to
22	be used. We also have questions for the Department
23	of Small Business Services which Chair Cornegy will
24	take the lead on. As he noted, I am still concerned
25	with SBS' school bus driver program, particularly as

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 13 2 it is set to receive additional funding in this 3 Executive Plan. Let us not forget this was meant to 4 be only a one-time appropriation. Yet, here we are 5 about to make our third appropriation, one in my view violates the Constitution of the State of New York. 6 7 I did not believe that SBS had the authority in November 2015 to perpetuate the program without the 8 consent of the Council, and I don't believe that it 9 has the authority to do so again this year. 10 Βv 11 extending the grant program that supplements the wags of school bus drivers outside of any existing 12 13 contract or local law, the de Blasio Administration 14 has turned the procurement process on its head. The 15 action is an affront to tax payers, to the 16 competitive bidding system and to the independent 17 law-making powers of the City Council. We intend to 18 explore with SBS the status of this program and its continuing budgetary implications. I want to thank 19 President James Patchett who is by now a seasoned 20 veteran and Commissioner Greqq Bishop for being here 21 2.2 today and testifying. I also want to thank both my 23 staff and the staff of the Finance Division for their help in preparing for this hearing. I know that I 24 have many questions for EDC, and I'm sure that many 25

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2	of my colleagues do, and with that, I turn the
3	microphone back to the Finance Chair Ferreras-
4	Copeland. Thank you.
5	CHAIRPERSON FERRERAS-COPELAND: Thank
6	you, Chairs. I also want to acknowledge the Finance
7	Staff that helped prepare this hearing, Crillean
8	Francisco [sp?], William Charimatine [sp?], Davis
9	Winslow, and Eric Bernstein. Before we begin, I'd
10	like to remind my colleagues that each Council Member
11	will get five minutes for their first round of
12	questions and three minutes for the second. We will
13	now hear from Commissioner Bishop and President
14	Patchett after my counsel swears you in.
15	COMMITTEE COUNSEL: Do you affirm to tell
16	the truth, the whole truth and nothing but the truth
17	in your testimony before the committee today and to
18	respond honestly to Council Member questions?
19	JAMES PATCHETT: Seasoned veteran,
20	indeed. Thanks, Dan. Good afternoon, Chairs
21	Ferreras-Copeland, Garodnick and Cornegy, and members
22	of the Committees on Finance, Economic Development
23	and Small Business. My name is James Patchett, and
24	I serve as President of the New York City Economic
25	Development Corporation. I am pleased to join
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COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 15 2 Department of Small Business Services Commissioner 3 Gregg Bishop in testifying before you today as well as my incredible staff who will join me shortly to 4 5 answer any questions you might have. I would like to take this opportunity to speak briefly about some of 6 7 the larger capital allocations in EDC's FY18 Executive Budget with a focus on a few items that are 8 new since we last met. But first, I would like to 9 give updates on some of the items I discussed in my 10 11 Preliminary Budget hearing earlier this year. After 12 two years of planning and imagining, last week EDC 13 launched the first phase of our new ferry service. The roll-out included a new route from the Rockaways 14 15 to Pier 11 Wall Street and officially integrated the existing East River route into our new ferry system 16 17 now, for just \$2.75 per ride. So far the public 18 response has been incredible with more than 49,000 riders in the first week. In June, we will debut our 19 South Brooklyn route and later this summer the 20 21 Astoria Route. In 2018 we will launch the Lower East 2.2 Side and the Sound View [sic] routes. When complete, 23 the full NYC ferry network will consist of 20 vessels and landings as well as a homeport facility at the 24 25 Brooklyn Navy Yard. In order to execute this

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2	ambitious project, we set a Capital Budget at 59
3	million dollars for the construction of barges and
4	other capital infrastructure needs. We also budgeted
5	96 million dollars for the purchase of new vessels
6	and maintenance and upgrades to the existing East
7	River ferry vessels. Finally, we have allotted 41
8	million dollars for our homeport facility at the
9	Brooklyn Navy Yard. Last week's successful launch is
10	a testament to the work our team has done in so many
11	communities across the City over the past few years.
12	We hosted over 250 outreach meetings with elected
13	officials, federal, city, and state agencies,
14	Community Boards and civic organizations. We engaged
15	second graders across the City to source creative
16	names for our brand new ferry boats with our vessel
17	naming contest. At this point I'm sure you've all
18	heard about my personal favorite, "The Lunchbox." In
19	my testimony in March, I spent some time discussing
20	the tools and industries the City will focus on to
21	create 100,000 good-paying jobs over the next decade.
22	Our team has been hard at work on a detailed plan and
23	the methodology we will need to ensure job quality.
24	As I have said before, we are evaluating several
25	different strategies to create these jobs. We will

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 17 2 continue to activate city-owned sites like the 3 Brooklyn Army Terminal and Bush Terminal to grow 4 industrial and manufacturing jobs. We are also 5 looking for ways to invest in the jobs of the future through incentive programs that catalyze business 6 7 growth and sector-based investments in promising industries like tech and life sciences. In addition 8 to these updates, there are few new Executive Budget 9 items that I would like to discuss. One of our 10 11 longstanding priorities at EDC is improving access to 12 our City's waterfront. We firmly believe that this 13 mission is a critical part of our work to strengthen neighborhoods and improve New Yorker's quality of 14 15 life. That is why projects like Inwood NYC are so critical. We are ensuring the neighborhood remains 16 17 affordable for working families by creating new 18 affordable housing and reconnecting the community to 19 the waterfront. As you know, last month, the Mayor announced inclusion of 100 million dollars in the 20 Capital Budget for a section of the Manhattan 21 Waterfront Greenway which will connect 53rd to 61st 2.2 23 Street. As part of that allocation, EDC will undertake an additional five million dollar study to 24 25 identify opportunities to complete the entire

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2	greenway. This investment will help close the
3	funding gap for a critical portion of the long-
4	imagined contiguous 32-mile waterfront pedestrian
5	esplanade. We anticipate the design phase of this
6	project will begin this year. Construction will
7	follow by 2019, and completion in 2022. We are also
8	making significant investments in our creative
9	economy, including a brand new Made in New York
10	Campus at Bush Terminal that will provide state-of-
11	the-art facilities for garment manufacturing, film
12	and media production. We have identified 142 million
13	dollars in our Executive Budget for necessary upgrade
14	to the campus including major renovations to existing
15	and underutilized facilities, new construction and
16	investments in utilities and circulation. We expect
17	that these investments will revitalize the campus and
18	make it an effective location for fashion
19	manufacturers struggling with high rent in other
20	parts of the City. After decades of decline, we are
21	seeing the industrial and manufacturing sector
22	stabilize, and we're even seeing growth in some
23	subsectors. To help spur that growth, this
24	Administration has invested over 150 million dollars
25	to renovate the Brooklyn Army Terminal. To date,

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 renovations at BAT have included public realm [sic] 3 improvements, capital improvements such as boilers, 4 elevators and resiliency improvements, and a newly 5 outfitted annex building built specifically for food manufacturing. That is an important source of 6 7 industrial employment for the City. As a result of our investments in the facility, we have reached 93 8 percent occupancy for the more than 3.1 million 9 square feet of affordable, leasable space currently 10 11 online. That has over 100 tenants that range from a 12 chocolate factory to jewelry and furniture 13 manufacturers, all of which employ a total of more than 3,700 New Yorkers. To build on this success, we 14 15 have 8.5 million dollars in our FY18 budget for elevator and boiler upgrades to continue our efforts 16 17 to turn BAT into a world-class industrial campus. 18 Finally, we've included 1.8 million dollars in our FY18 budget for our Clean NYC program. This 19 initiative removes blight from sidewalks in city's--20 in the City's commercial corridors and industrial 21 2.2 business zones through New York City's five boroughs. 23 To date, the program has successfully completed power washing nearly 1.6 million square feet of sidewalk. 24 25 In order to ensure Clean NYC has access to the most

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 20 2 efficient equipment with the most up-to-date 3 environmentally-friendly technology, EDC is moving 4 forward with a public RFP to source specially designed truck. Our FY18 allotment will allow for 5 the purchase of 14 customized truck-mounted high 6 7 pressure cleaning systems for concrete services that include a water recovery and recycling system. 8 Once all 14 trucks are on the road, we anticipate cleaning 9 half a million square feet per day, allowing us to 10 11 beautify NYC's commercial corridors and encourage 12 even more business activity. To conclude, in all of 13 our efforts, we at EDC remain committed to supporting equitable growth across all corners of the City. 14 I 15 look forward to continuing to work with all of you 16 and keep you updated as these exciting projects 17 Thank you for your attention. I am happy to evolve. 18 take any questions. Thank you. 19 COMMISSIONER BISHOP: Good morning, Chair 20 Garodnick, Chair Cornegy and Chair Ferreras-Copeland 21 and the members of the Committees on Finance, 2.2 Economic Development and Small Business. My name is 23 Gregg Bishop and I'm the Commissioner of the New York City Department of Small Business Services. I'm 24

pleased to join President James Patchett and my

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 colleagues at the New York City Economic Development 3 Corporation to testify today. I'm joined by SBS 4 First Deputy Commissioner Jackie Mallon and my Senior Leadership Team. At SBS we aim to unlock economic 5 potential and create economic security for all New 6 7 Yorkers by connecting New Yorkers to quality jobs, building stronger businesses and fostering vibrant 8 neighborhoods across the five boroughs. Today, I 9 want to share an update on our efforts over the last 10 year to strengthen the City's support for job 11 12 seekers, small businesses and commercial corridors in 13 neighborhoods around the City. After my testimony I'm happy to take your questions. I will start by 14 15 providing an overview of our agency budget. From 16 there we'll outline the services made possible by this funding. SBS FY18 Executive Budget is 191.7 17 18 million with a headcount of 332 employees. The Executive Budget includes pass-through funding for 19 20 other financial needs within city government including 41.2 million for EDC, 21.2 million for New 21 2.2 York City and Company and 17.5 million for Governor's 23 The remaining 110.4 million of the FY18 Island. Executive Budget is allocated for SBS's program. 24 Now I'm going to focus on how this funding supports SBS's 25

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 mission. At SBS we help New Yorkers to find jobs by 3 training local residents and connecting job seekers 4 to employers in need of talent. Through our network of 20 Workforce One Career Centers, SBS provides 5 recruitment expertise, industry knowledge, and skill-6 7 building workshops to match candidates to jobs. Annually, we successfully connect more than 25,000 8 New Yorkers with quality employment and 4,000 New 9 Yorkers with the training needed to advance their 10 11 careers. As part of our efforts to connect New 12 Yorkers to quality jobs, SBS will administer the 13 Mayor's Green Job Corps program in partnership with the Mayor's Office of Sustainability and Climate 14 15 Policy. This three-year initiative aims to train 16 3,000 individuals through a variety of trainings 17 including pre-apprenticeships. We will recruit for 18 the program through our Workforce One Career Centers beginning in June, and welcome your help with raising 19 awareness about this opportunity. SBS is leveraging 20 the City's industry partnerships in key economic 21 2.2 sectors to design training programs that meet 23 employers' needs and help New Yorkers to enter and advance in sectors that are driving New York City's 24 economy. 25 Training programs have launched in the

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2	construction, healthcare, food service and
3	hospitality, and technology sectors. SBS is working
4	to create better jobs for New Yorkers through our
5	healthcare industry partnerships. New York Alliance
6	for Careers in Healthcare, NYACH, recently recently
7	NYACH input [sic] informed the certified recovery
8	peer advocate training program, a first of its kind
9	program that will fill the growing need for peer
10	support services, its substance use treatment in
11	alignment with the City's Thrive NYC initiative. The
12	program will train 200 peer support workers with
13	experience in substance use per year, with the first
14	cohort graduating this June. The bilingual medical
15	Assistant Training program is another NYACH-informed
16	initiative that provides tailored training to
17	immigrant New Yorkers with limited English
18	proficiency, supporting access to higher wages and a
19	career path as a medical assistant. Small businesses
20	provide opportunities for individuals to strengthen
21	their own economic security and provide jobs for
22	members of their communities. We have seven NYC
23	Business Solution Centers across the five boroughs
24	that provide free accessible services to local
25	businesses including securing financing and access in

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 24
2	City benefits. Over the last year, SBS served over
3	15,000 small businesses. To serve industrial and
4	manufacturing businesses, SBS also operates eight
5	industrial business services providers. To ensure
6	that small businesses remain an essential part of the
7	character of New York City neighborhoods, we recently
8	launched Love Your Local, a public engagement
9	campaign and business operational support program.
10	This new initiative celebrates and promotes a diverse
11	independent small businesses that enrich
12	neighborhoods across New York City and encourages New
13	Yorkers to share their favorite businesses on an
14	interactive online map. Eligible businesses will be
15	able to apply for business advisory services and a
16	share of 1.8 million in business assistance support.
17	Since the launch on Valentine's Day, we have seen
18	over 1,700 businesses added to the map, and I would
19	encourage you all to visit nyc.gov/loveyourlocal.
20	SBS offers commercial lease education workshops to
21	help business owners better understand the components
22	and implications of signing a commercial lease.
23	After developing an understanding of lease
24	negotiations, businesses in the process of signing a
25	lease and utilize this SBS Legal Assistant Services.

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES This initiative connects business owners with pro-2 bono attorneys who will review the lease and point 3 out any concerns that should be addressed. SBS has 4 5 released an RFP to expand our commercial legal services to support Chairman Cornegy's commercial 6 7 tenant harassment law which gave essential legal protections to commercial tenants who previously 8 lacked these protections. To ensure that the city's 9 procurement reflects the diversity of our city and 10 11 business owners, SBS plays a key role in the City's 12 minority and women-owned business enterprise program. 13 Mayor de Blasio has made a significant commitment to the City's MWBE firms, creating the Mayor's Office of 14 15 MWBEs and announcing a bold new vision for the City's 16 MWBE program which includes a goal of awarding at 17 least 30 percent of the dollar amount of city 18 contracts to MWBEs by 2021, and a goal of doubling the number of certified MWBEs to 9,000 by 2019. 19 SBS is working with the Mayor's Office to support the 20 City's commitment hitting a record high of more than 21 2.2 4,500 city-certified MWBEs in FY16, a 23 percent 23 increase since the start of Mayor de Blasio's Administration. The Mayor's investments have allowed 24 25 SBS to add additional staff capacity to our

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 certification outreach and capacity building teams. We will also use these investments to increase and 3 deepen our capacity building programs. Out of the 4 MWBEs who have won contracts nearly two-third have 5 used our services and we hope to increase that number 6 7 this year. We are proud to have recently announced the contract financing loan fund which allows MWBEs 8 to apply for low interest contract financing loans of 9 up to half a million dollars. The loans from this 10 11 revolving fund are capped at a three percent interest Simultaneously, SBS has made the MWBE 12 rate. 13 certification application more user-friendly and created an application for sole proprietors. We are 14 15 also launching a 10 million dollar bond fund this 16 summer to help MWBEs secure bonding or increase their 17 bond capacity. Every year, SBS brings together 18 MWBE's firms and city agencies with contracting 19 opportunities for our MWBE procurement fair. Our upcoming 11th annual citywide procurement fair is an 20 21 excellent opportunity to see our efforts and connect 2.2 with MWBEs with procurement opportunities with the 23 city, state and federal agencies. We encourage you to invite the MWBEs in your district to join us at 24 this event on June 21st at BNY Mellon for another 25

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2	great fair. Immigrant-owned businesses make up half
3	of the City's small businesses and paly an essential
4	role in strengthening our economy, uplifting
5	communities, and defining the unique business
6	character of New York City. Our immigrant business
7	initiative offers targeted support to immigrant
8	entrepreneurs through free business courses in
9	Spanish, Chinese, Haitian Creole, Russian, Korean,
10	and Bengali. The program recently published a step-
11	by-step guide for immigrant entrepreneurs. The
12	guide, Building Your Business in New York, a Guide
13	for Immigrant Entrepreneurs, covers topics such as
14	signing a commercial lease, navigating government and
15	understanding the rights of immigrant New Yorkers.
16	Developed by SBS in partnership with city community
17	development, the guide will be available in six
18	languages. We also partner with the New York Public
19	Library, Brooklyn Public Library and Queens Public
20	Library systems to better reach entrepreneurs in
21	immigrant communities. Since the start of the de
22	Blasio Administration, SBS has provided more than
23	12,000 services to foreign-born New Yorkers. Another
24	initiative to expand the reach of our services to
25	more New Yorkers the Childcare Business Pathways

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 Program, developed in partnership with NYCHA and City 3 Community Development. The program works directly 4 with NYCHA entrepreneurs to launch and grow their homebased childcare business. In April the first 5 quarter of 18 entrepreneurs completed 42 hours of 6 7 business education programming and 13 hours of specialized childcare training to become licensed 8 childcare providers. SBS offers a number of service-9 - of programs to address critical business compliance 10 11 and regulatory needs. Through Small Business First, 12 a multi-agency initiative to reduce the regulatory 13 burden of small businesses and increase compliance, compliance advisors guide business owners through 14 15 government processes such as inspections and 16 violations, helping these owners avoid costly fines 17 and penalties. Since the programs launched a year 18 ago. We have provided more than 1,500 compliance 19 services helping businesses to correct violations 20 that could have resulted in fines of more than 1.2 21 million dollars. Compliance consultations are 2.2 available free of charge and allows small business 23 owners to receive direct onsite guidance from the City. Finally, SBS works with community-based 24 25 organizations to build vibrant neighborhoods where

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2	New Yorkers can work, shop and live. Through
3	Neighborhood 360, SBS invests in community-based
4	organizations to support revitalization projects in
5	our City's commercial corridors. SBS published six
6	commercial district needs assessments of Downtown
7	Flushing, Downtown Staten Island, East Harlem, East
8	New York, Inwood, and Jerome Avenue. These reports
9	identified the needs and opportunities for local
10	neighborhood revitalization with recommendations from
11	merchant organizing, public programming and other
12	quality of life improvements. The next round of
13	CDNA's is currently being conducted in partnership
14	with community organizations in Bushwick, Coney
15	Island, Corona, and Long Wood Crotona Park East.
16	Community-based organizations have paramount
17	expertise about their neighborhoods, but can struggle
18	with capacity issues when implementing projects. The
19	Neighborhood 360 Fellows program pairs neighborhood
20	development professionals with community-based
21	organization to provide full-time support. The first
22	cohort graduated this March and the second cohort of
23	10 fellows was just selected and will begin their
24	placements in June. The Neighborhood 360 grants
25	allow organizations to tap into approximately three

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2	million in annual program grants to develop develop
3	and staff revitalization projects that address needs
4	identified in the CDNA's. Eleven community-based
5	organizations representing six neighborhoods across
6	every borough were awarded nearly nine million
7	dollars over three years to fund Catali [sic]
8	economic development projects. The Avenue NYC Grant
9	Program funded through federal CDBG investments
10	supports organizations in low to moderate income
11	areas to implement commercial varietization [sic]
12	activities that benefit businesses and local
13	residents. In April, one million dollars in grants
14	were awarded to fund 34 unique neighborhood
15	development projects across the City. SBS recently
16	relaunched our Neighborhood Challenge Program in
17	partnership with EDC to bring tech companies and
18	nonprofits together to enhance commercial districts.
19	Neighborhood Challenge will make awards of up to
20	100,000 dollars to fund innovative ideas that use
21	data-driven capacity building solutions to improve
22	operations, target services, or address local public
23	policy changes. Since launching, Neighborhood
24	Challenge has awarded 26 organizations, nearly 1.7
25	million, and SBS looks forward to seeing the

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 inventive solutions that will be created through the 3 program's new partnership structure. In addition to 4 supporting new initiatives to improve commercial 5 corridors, SBS oversees the largest network of business improvement districts in the country with 74 6 7 bids that deliver more than a 134 million in services this year alone. Each day, our network of bids 8 9 delivers services that support more than 85,000 small business. In the past year we've quided several bid 10 11 expansions and new bid formations through local 12 organizing and he legislative process such as the 13 Greater JFK industrial bid in Queens and a Newdorp 14 bid in Staten Island. Our annual bid trends report illustrates the contributions bids make to local 15 16 businesses and our communities including holding over 17 4,000 public event that are tracked 10.5 million 18 attendees and log in 1.4 million hours of 19 supplemental sanitation services. We look forward to 20 working with Council in the year head. Thank you, 21 and I would be happy to take your questions. 2.2 CHAIRPERSON FERRERAS-COPELAND: Thank vou 23 very much bot to the Commissioner and the President. Commissioner, you read that rather quickly. So we 24 25 had to-- thank God we have your note, your

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 presentation to follow. So, we are going to go back 3 and forth, EDC/SBS questions. I'm sure you are already used to this. So whoever thinks it more 4 5 appropriate to answer, you can. So I wanted to talk about specifically job growth. OMB as well as Council 6 7 Finance forecast a stalling of job growth over the course of this financial plan. How does EDC see its 8 role in generating stronger job growth, and what 9 indicators does EDC use internally to measure the 10 11 impact on the City's broader economy, and how might that look different in periods of strong versus weak 12 13 growth?

Thanks for the question, 14 JAMES PATCHETT: 15 Council Member. So, right now the City has a four 16 percent unemployment rate which is the lowest in 17 recorded history and we've created over 300,00 jobs 18 in the last three years. So, broadly speaking that's fantastic news. We're very focused on our tremendous 19 success and we're thrilled with where we are. But I 20 would say two things. The first is that it's still 21 2.2 not good enough, and the reason it's still not good 23 enough is because there are still many New Yorkers who are being left behind, and if we look across our 24 25 neighborhoods and you look at the unemployment rates

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 by neighborhood, there's still significant areas, the 3 patient low-income areas that have higher 4 unemployment rates, significantly higher unemployment 5 rates which suggests to us no matter what you read in 6 the paper that we are not at full employment, at 7 least as far as I am concerned. And the second thing that it requires is it requires us continue to focus 8 on being thoughtful about the way that our economy is 9 going to grow and change. In particular, I'm very 10 11 focused on changes in automation and the way the 12 technology is changing. It is going to change our 13 workforce. Think actually the two reasons that I've identified are why were' so focused on our 100,000 14 15 jobs plan. I think some people would say it's crazy to talk about jobs right now when you're at the 16 17 lowest unemployment rate and you're reading in the 18 newspaper that we're at full employment, but what I say to that is clearly we have issues in our city as 19 it relates to inequality and we need to continue to 20 21 focus on that and get more and more New Yorkers into 2.2 career pathways for jobs. And secondly, I would say 23 we have to focus on being ahead of the curve so that as we deal with issues like automation, we have more 24 25 and more people who are getting put out of work by

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 34 2 things like self-checkout at grocery stores, 3 artificial intelligence, way that robotics are going 4 to replace humans in terms of actual manufacturing. We need to make sure that those machines are built 5 and operated here in New York City so it's not just 6 7 that people are losing jobs, but that rather there are opportunities for New Yorkers to build and 8 operate those machines which could even be higher 9 paying jobs. So that is my focus area. To your 10 11 question about the next 10 years, I remain very 12 focused on our overall tax revenue so that we have a 13 sufficient amount to fund the government. That's something we're closely with OMB, and obviously on 14 15 the issues as it relates to inequality income growth 16 and this particular experience in different 17 neighborhoods. 18 CHAIRPERSON FERRERAS-COPELAND: So, as we 19 talk about, and you know, this is something that as

20 colleagues we all, you know, we hear the one-- the 21 four percent, and we understand that it's the lowest, 22 you know, the percentage is very low for many of our 23 communities that you stated. It's not necessarily 24 reflected in that way. So, while we see the-- you 25 know, I acknowledge that you say about automation and

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2	the challenges that we'll be facing moving forward.
3	How do you see ED what is EDC's role in preparing
4	our constituents that are currently one, either
5	unemployed, or under-skilled for the jobs that you're
6	planning to build in the future?
7	COMMISSIONER BISHOP: So, if you don't
8	mind if I jump into that. I think we work very
9	closely with EDC in terms of identifying the sectors
10	that are growing, and we have switched. Since the
11	Mayor came into office he announced the Career
12	Pathways Program which identified the sectors that
13	are growing, and as President Patchett indicated,
14	some of those sectors like technology, healthcare,
15	food and beverage, construction are all sectors that
16	are fast-growing in the City and have not only, you
17	know, quality jobs, but jobs that we think we can
18	actually connect some of the constituents you were
19	talking about, some of those constituents who are out
20	of school, out of work, youth and certainly
21	underemployed individuals. So, through our industry
22	partnerships we work with the sector. We identify
23	their forecast in terms of the type of skillsets that
24	they're looking for, and that information is then
25	shared not only to influence our training programs,

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 36 but also the sectors that we work with. So we have a
3	lot of partners that also provide workforce training
4	programs that we share that information with. They
5	have agreed to change their curriculum. We also work
6	with academic institutions. A perfect example is
7	that, you know, the tech sector has sat down with
8	academic, the academic institutions, and indicated
9	that curriculum needs to change and that was through
10	our initiative through tech, tile and pipeline. So
11	we have a number of ways, and of course, using our
12	infrastructure, the Workforce One system, we are
13	embedded in those communities that have, you know,
14	either a high concentration of out of school/out of
15	work youth or have a high concentration of
16	underemployed immigrants. For example, to really
17	connect them into, you know, quality jobs that we are
18	focused on.
19	CHAIRPERSON FERRERAS-COPELAND: Okay.
20	We're going to follow up as a committee because we'd
21	like to see the numbers on, you know, how you're
22	measuring this, because
23	COMMISSIONER BISHOP: [interposing]
24	Absolutely.
25	

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 37 CHAIRPERSON FERRERAS-COPELAND: often
3	times, and I've been through two Administrations now.
4	We've proposed great programming, but at the end of
5	the day is who was able to get the training, get a
6	job and still has the job, right? So those are like
7	the three stages. We don't want people to be trained
8	for a job that they can't get at the end of the day
9	or that they can't keep.
10	COMMISSIONER BISHOP: And that's our
11	goal.
12	CHAIRPERSON FERRERAS-COPELAND: Right.
13	Wanted to talk about SBS and the administrative fees
14	to oversee the Council's initiative. No other agency
15	does this. We always feel that our Council
16	initiatives are to enhance or to support, and in some
17	cases, unfortunately, to fund core programming, and
18	the reality is that you are the only ones that charge
19	us an administrative fee at 840,000 dollars.
20	COMMISSIONER BISHOP: So, thank so,
21	thank you for that question.
22	CHAIRPERSON FERRERAS-COPELAND: Oh, you're
23	welcome.
24	COMMISSIONER BISHOP: And I
25	[laughter]

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2	ABUSE, AND DISABILITY SERVICES 38 COMMISSIONER BISHOP: You know, I think
3	the fact that we are a small agency reflects the need
4	for additional support from Council. We have a
5	number of the reason why I was leaning over, we
6	have a number of contracts that we have to administer
7	through Council across all divisions, and I think we
8	were one of the smallest. It's over 100
9	discretionary contracts, and this funding actually
10	helps us with capacity. I think without this funding
11	we would not be able to do an effective job, and
12	certainly I appreciate you working with us to help us
13	not only manage those contracts efficiently but also
14	deliver the work that you expect out of the
15	organizations that you're funding. Frankly, without
16	this funding I don't think we'll be able to do that.
17	CHAIRPERSON FERRERAS-COPELAND: Yeah, I
18	mean, like I said, the funding is for a lot of
19	initiatives that help support the outreach that you
20	you know, it helps you be a better agency essentially
21	at 14.6 million dollars. But we will be pushing,
22	because we just believe that the administrative cost
23	that we give you to fund core programming should be
24	covered and should be baselined. So that's something
25	that we find very important because essentially we

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2	could be giving you an additional support as opposed
3	to just covering the administrative costs. So, I
4	think we kind of agree. We're just trying to push
5	OMB to be able to baseline this administrative costs.
6	COMMISSIONER BISHOP: I think the
7	challenge is on the baseline. Every given year that
8	number fluctuates. So I'm happy to discuss with you,
9	you know, a strategy moving forward.
10	CHAIRPERSON FERRERAS-COPELAND: Okay, very
11	good. EDC and the Department of Design and
12	Construction, this is something that's been very
13	important to us, in particular in this fiscal year as
14	we talk about capital, the cost of building things in
15	our city, but more challenging that the cost is often
16	ballooned by the lag or the time that it takes with
17	DDC to complete projects. So, you know, building a
18	library, they give you a quote at four million.
19	Thirteen years later the library is 16 million
20	dollars, and that's, you know, I'm giving you an
21	example in my district. And I think everyone can
22	speak to something similar or even more egregious.
23	So can you give me some background on how their role,
24	projects they manage differs from EDC? Because there
25	are those that would believe that you just do it more

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2	efficiently. And I don't want to put one agency
3	against another. You're not an agency, but I don't
4	want to pin you against each other, but clearly, as
5	we're studying how to make this agency more
6	efficient, there are things or mechanisms that you
7	have that you're able to move projects a lot quicker
8	than the than DDC. So, can you tell me what the
9	differing points are?
10	JAMES PATCHETT: Absolutely. Thank you.
11	No, thank you for the praise. Efficient and quick is
12	something we pride ourselves on. So, thank you.
13	CHAIRPERSON FERRERAS-COPELAND: We
14	probably won't say that after this question.
15	JAMES PATCHETT: No? Okay, alright.
16	Okay. So, I think very quickly the you know, I
17	don't want to cast any dispersions on DDC because
18	they obvi I think one major distinction between DDC
19	and EDC is EDC has a very focused capital
20	construction effort, specifically on economic
21	development projects. And I think the obvious reason
22	for them being economically developed, economic
23	development projects, is because that's what's
24	provided for under our bylaws in the City Charter
25	when we were initially created because DDC really is

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 41 ABUSE, AND DISABILITY SERVICES 2 intended to be the capital construction agency for 3 the City. And as a result, I think frankly part of it is just that we have a smaller capital 4 construction portfolio. DDC is building sewers and 5 roads across the entire city. Whereas we have this 6 7 focused portfolio only on economic development. And a second thing that I would say is there are some 8 structural reasons that benefit EDC in terms of our 9 part not being an actually city agencies that allow 10 11 us to move more quickly in terms of procurement that DDC does not benefit form, and you know, we'd be 12 13 happy to discuss those with you in more detail, you 14 know, as a follow-up. 15 CHAIRPERSON FERRERAS-COPELAND: Okay. Ι 16 mean, I guess someone can say we're building economic 17 development and we're building a community which is 18 essentially a lot of what you do when you think about future and visioning that building a library or, you 19 know, enhancing a hospital, a library, a school--20 well, School Construction Authority is separate, but 21 2.2 that that could potentially be considered economic development. So, what would keep-- if-- what would 23 keep you from being able to do a construction of a 24 25 library, let's say?

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2	JAMES PATCHETT: Well, we're not
3	precluded from doing construction of a library. I
4	just think I think my broader point is just that I
5	think one of our greatest advantages that we have is
6	much significantly smaller capital portfolio. Just
7	to be honest, it's much easier to do a focused
8	limited set of things than it is to provide capital
9	construction
10	CHAIRPERSON FERRERAS-COPELAND:
11	[interposing] Right.
12	JAMES PATCHETT: for the entire city.
13	So, I'm not saying there's anything, you know, any
14	given library if there's an economic development
15	nexus it is conceivable that EDC could participate
16	and we'd be happy to o talk about that with you.
17	CHAIRPERSON FERRERAS-COPELAND: I just
18	feel like you're going to get a lot of libraries with
19	economic nexuses.
20	JAMES PATCHETT: I no, I see that.
21	CHAIRPERSON FERRERAS-COPELAND: And we
22	just state that because
23	JAMES PATCHETT: [interposing] Yeah, but I
24	think
25	

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2	CHAIRPERSON FERRERAS-COPELAND: of the
3	timeline issue for members.
4	JAMES PATCHETT: No, I understand. I
5	think again my point is just to the is your run the
6	significant risk of deluding the benefits that you
7	see for the specific projects to the extent that our
8	portfolio expands. As it is, our capital budget has
9	already increased significantly, and I think we're
10	concerned to the extent it continues to increase
11	meaningfully that it could put real we could really
12	hamper our ability to continue to provide the kind of
13	efficient and quick construction progress that you
14	had noted earlier.
15	CHAIRPERSON FERRERAS-COPELAND: Okay.
16	Well, we'll continue the conversation and seeing
17	potential opportunities, because on the other side,
18	because the you know, you do smaller projects and
19	less of them or different types of projects, right?
20	JAMES PATCHETT: Yes.
21	CHAIRPERSON FERRERAS-COPELAND: EDC has
22	these huge projects, so then the Council funded
23	projects are tiny to them.
24	JAMES PATCHETT: Yeah.
25	

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2	CHAIRPERSON FERRERAS-COPELAND: And they
3	end up getting or what we're trying to figure out.
4	They almost get lost between the sewer mains and the
5	street, you know, repaving and so on and so forth,
6	but we'll follow up. You talked about the sidewalk
7	in cluck [sic] sorry and cleaning trucks.
8	JAMES PATCHETT: Clean like [sic].
9	CHAIRPERSON FERRERAS-COPELAND: Executive
10	Capital Commitment Plan includes 1.8 million for 14
11	new sidewalk cleaning trucks. Why is EDC in charge
12	of this program rather than Sanitation, right?
13	Because we would think if you're cleaning the City of
14	New York, why wouldn't sanitation be responsible for
15	that?
16	JAMES PATCHETT: Sure. There's two
17	reasons for that. The first is that EDC has for years
18	managed the Graffiti Free NYC program which is about-
19	- a similar concept about cleaning areas of the City.
20	So, this was very natural for us to do. It was a
21	good fit with that program. We had existing
22	infrastructure, and frankly, it's an extension of the
23	same team that does that work. So there was a lot of
24	reason for it. And the second is that it is
25	specifically focused on cleaning commercial

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 45 2 corridors, and specifically business improvement 3 districts which are an area of commercial growth and economic development which is why it makes sense for 4 EDC to do. 5 CHAIRPERSON FERRERAS-COPELAND: So, but 6 in the-- are these commercial corridors-- sanitation 7 picks up garbage in these commercial corridors or are 8 9 they all bids where they have private--JAMES PATCHETT: [interposing] They are 10 11 all bids. 12 CHAIRPERSON FERRERAS-COPELAND: They are 13 all bids, okay. COMMISSIONER BISHOP: But I also want to 14 15 jump in, that bids provide supplemental sanitation 16 service. Sanitation--17 CHAIRPERSON FERRERAS-COPELAND: 18 [interposing] Right, well that's what I was trying to 19 see if it would--20 COMMISSIONER BISHOP: [interposing] Sanitation still picks up a bid. 21 2.2 CHAIRPERSON FERRERAS-COPELAND: Okav. 23 COMMISSIONER BISHOP: So, I just want to make sure I clarify that. 24 25

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 46 CHAIRPERSON FERRERAS-COPELAND: Okay.
3	Oh. And I'm going to ask one last question before we
4	come back in a second round. The Trump
5	Administration released its Preliminary 2018 budget
6	proposals in March. Among various things, the
7	Administration is proposing a complete elimination of
8	the community development block grants. In the
9	current Fiscal 2017's budget, 86 million or 25
10	percent of SBS total funding comes from CDBG funding.
11	Of that amount, only 9.5 million or 11 percent goes
12	to fund SBS program. The remaining 89 percent goes
13	to EDC. If the program is eliminated, how would the
14	impact how would this impact both the agency and
15	EDC in terms of programming and headcount, and what
16	is your agency or Administration as a whole doing to
17	prepare for these potential cuts.
18	COMMISSIONER BISHOP: So, our exposure to
19	CDBG is actually pretty limited in terms of it funds
20	our Avenue NYC program which I talked about in our
21	testimony. That program provides grants to local
22	organizations to provide opportunities to revitalize
23	a commercial corridor. Certainly we are monitoring
24	the progress of the budget, the federal budget. We
25	have you know, we just recently awarded a million

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2	dollars to organizations. We want to highlight the
3	work that this funding actually has accomplished
4	over, you know, the past decades that we've been
5	awarding organizations. And certainly, you know, the
6	Mayor and our budget dean has said that the City will
7	not sort of allow cuts to happen without a fight. So
8	we are monitoring, but certainly we have not made any
9	sort of drastic changes until we actually see a
10	budget from the Federal Government.
11	CHAIRPERSON FERRERAS-COPELAND: So, have
12	you planned and I'm going I'd like for you to
13	answer, but have either one of you planned for
14	begun to do contingency planning in the event? Have
15	you been asked to do that?
16	COMMISSIONER BISHOP: So, I think it's
17	too early for us. you know, certainly as you can
18	as you saw with the recent budget that was passed,
19	the budget continuation, a lot of the programs that
20	the President said would be cut wasn't, and actually
21	some was actually funded more. So, again, it is a
22	lot of talk that's happening right now, and we are
23	just progressing with implementing our programs, and
24	I think when we actually see a budget that will come-
25	

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES - a final budget, we will start making plans at that 2 3 point. JAMES PATCHETT: So from EDC's 4 5 perspective, we-- almost exclusively the CDBG funding we receive is disaster recovery funding which is not 6 7 as I understand have been proposed to be cut as part of the Trump Administration's budget. So, it's-- as 8 far as that concern that you articulated, fortunately 9 EDC is not at risk right now. That being said, as a 10 11 city, and I know the Council shares these concerns, 12 we are extremely concerned about the proposals across 13 the City. I mean, as far as economic development is concerned, the two things I would highlight are CDBG 14 15 and other funds for affordable housing. Without 16 affordable housing funding in our city the ability to 17 continue to have a diverse workforce and people 18 continue to live in the city is really at risk, and we're very concerned about that. And secondly, I'm 19 extremely concerned about the terrorism funding that 20 21 the Trump Administration proposed to cut, over 100 2.2 million dollars from the City's NYPD for bomb-23 sniffing dogs, anti-biological terror attacks. It's stunning to me that an Administration who says that 24 25

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2	they care about business and security would even
3	suggest cutting programs like that.
4	CHAIRPERSON FERRERAS-COPELAND: Thank
5	you. We will now hear We hear from Chair
6	Garodnick followed by Chair Cornegy. We've been
7	joined by Council Members Menchaca, Gentile, Eugene,
8	and Rodriguez, and then we will hear after the Chairs
9	for Minority Leader Matteo followed by Richards.
10	CHAIRPERSON GARODNICK: Thank you very
11	much, Madam Chair.
12	CHAIRPERSON FERRERAS-COPELAND: Oh, and
13	Council Member Perkins.
14	CHAIRPERSON GARODNICK: I'm going to
15	focus my questions to EDC for the moment, and I know
16	that colleagues have questions for everybody, but I
17	wanted to start on the various funds, these
18	significant funds, industrial fund at 320 million
19	dollars, neighborhood fund at 400 million dollars,
20	and housing funds at 442 million dollars through
21	Fiscal Year 2021, much of which appears to be
22	dedicated for neighborhood revitalization. I wanted
23	to see if you could give us a little more clarity as
24	to the point of these funds and what they have to-
25	date been used for and to the extent that you have

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2	known projects that you intend to allocate these
3	monies toward what they are.
4	JAMES PATCHETT: Sure. So, I'll start
5	with the Neighborhood Development Fund. So the
6	Neighborhood Development Fund is approximately 700
7	million dollar fund, and this was a out over the
8	next 10 years, and the real goal of this was at the
9	outset of the Administration I think the Council had
10	been concerned about and the Administration shared
11	the Council's concern that there had been a series of
12	commitments made in the previous Administration
13	attached to rezonings, but there had been no capital
14	commitment associated with those. So, for example,
15	the Bushwick Inwood Park commitment that was made as
16	a part of the Greenpoint Williamsburg transa
17	rezoning in the 2000's, never came to fruition, and
18	it was a result of the fact that there was not an
19	adequate capital allocation associated with it. And
20	so looking which this Administration later came
21	through on because we thought it was important to
22	keep our commitment to the communities even if it was
23	made by a previous Administration. So, taking that
24	into account, we decided to establish the
25	Neighborhood Development Fund associated with our

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2	efforts to rezone across the City, and the way that
3	it functions is that as we go through each rezoning,
4	we work closely with the Council to develop community
5	priorities and identify specific funds that can be
6	used as a part of that. In the case of the East New
7	York rezoning, which was the first rezoning to pass,
8	there was approximately 70 million dollars allocated
9	out of the 700 million for specific projects that
10	were worked through with the local Council Member.
11	In addition to that, we continue to work through a
12	series of additional rezonings including Inwood MIC
13	which I alluded to earlier, Downtown Far Rockaway
14	which I'm sure Council Member Richards will ask about
15	later, as well as in Bay Street Staten Island. All
16	three of those are, you know, moving forward at this
17	time and anticipate to see the Neighborhood
18	Development Fund supporting those as well. As it
19	relates to the Industrial Development Fund, that
20	includes about 41 million dollars in city capital,
21	and I'm pleased to report that we have announced the
22	first project, the Greenpoint Manu sorry GMDC
23	project, Greenpoint Manufacturing Design Center?
24	UNIDENTIFIED: Design Center.
25	

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 52 JAMES PATCHETT: Design Center. GMDC is
3	how I know it, I'm sorry. So we announced it as a
4	first project. That is a 41 million dollar project,
5	and it includes approximately 24 million dollars of
6	total funding from EDC, and the Industrial
7	Development Fund was really critical in closing the
8	gap on this project. and finally, the Housing
9	Infrastructure Fund which includes approximately 500
10	million dollars, this was the part of the City's
11	efforts around the housing plan and was focused on
12	unlocking sites that are primarily private public
13	sites that otherwise would not be available to be
14	used for housing construction. So, in particular
15	right now, we have focused on the Seaview [sic]
16	project in Staten Island which is a large project
17	that is intended to be mixed-wellness community and
18	include housing as a part of it. There are
19	significant infrastructure needs that were a part of
20	that. And then more sp it has literally no
21	infrastructure at this time, and so we need to make
22	the infrastructure available in order to provide that
23	site for housing and other things that that campus is
24	going to provide to the community.
25	

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2	CHAIRPERSON GARODNICK: Thank you.
3	There's a rezoning that is coming down the pike in
4	ULURP now in East Midtown for which there's been some
5	concern raised about lack of specific investment for
6	public realm improvements. So you have a rezoning
7	plan with a need for public improvements. Would we
8	be looking at presumably the Neighborhood Development
9	Fund as opposed to either of the other funds for
10	support for that rezoning?
11	JAMES PATCHETT: So, it's an interesting
12	question. The Neighborhood Development Fund was
13	specifically targeted towards housing rezonings, not
14	commercial rezonings. You know, as I'm not easy
15	[sic] is not especially involved at this moment in
16	the day-to-day on the East Midtown Rezoning, but I
17	will say it obviously important to us from a
18	commercial perspective. We think it's a fantastic
19	effort, and your leadership there has been extremely
20	important. Obviously, the City recognizes the need
21	for infrastructure investment as a part of that
22	rezoning. In particular, you know, that's obviously
23	why I know you worked with the community and so
24	closely with the City to advocate for an adequate
25	level of pricing associated with the sale of air

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES rights as part of the district. More broadly, I now 2 3 that the City would be happy to discuss, you know, 4 the ways to ensure that that project -- that that is adequately funded in order to ensure that 5 infrastructure projects are provided to the 6 7 community. 8 CHAIRPERSON GARODNICK: Thank you. Let's 9 talk about the jobs plan for a second. At our last hearing we spent some time talking about the 10 11 announcement of 100,000 jobs over 10 years. You 12 know, we went and identified some what we thought was 13 23,000 or so of the jobs that had been heretofore identified. We got a letter from EDC today which 14 15 said that you're working on a plan that will dive 16 deeper into the industries that you intend to focus 17 on. In your testimony today you said that your team 18 is hard at work on a detailed plan. So, the question here is when should we expect to see the more 19 detailed plan that will fill out the rest of this 20 21 proposal? JAMES PATCHETT: 2.2 We expect to have the 23 plan very shortly. 24 25

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2	CHAIRPERSON GARODNICK: So, can you put
3	a can you put up a little finer point on that? Is
4	very shortly two months, or is it six months?
5	JAMES PATCHETT: I think it's definitely
6	less than six months, hopefully significantly sooner.
7	I do expect to have it very shortly.
8	CHAIRPERSON GARODNICK: Okay. Are you
9	targeting less than three months for this plan to be
10	finished?
11	JAMES PATCHETT: I would be very happy to
12	have it come out in less than three months for sure.
13	Certainly, I would love to see it come by the end of
14	the summer, hopefully sooner.
15	CHAIRPERSON GARODNICK: The absence of
16	detail on the plan has raised the question about the
17	number itself as to whether you know as a concept,
18	obviously, 100,000 is a nice round number to target.
19	It could have been 150,000 or 200,000 or 50,000. How
20	should we feel comfortable that this is the right
21	aspirational number for you to be moving toward?
22	JAMES PATCHETT: Right. Well, I mean, I
23	think I think you're right to ask for the plan. I
24	think when you see it it'll be you'll be able to
25	better judge that. Broadly speaking, the 100,000
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2	jobs target, this is focused on specific ways that
3	the City is actually encouraging job growth as
4	opposed to more broadly in the economy. As I
5	mentioned, you know, we created the economy created
6	almost 300,000 jobs over the last three years. So,
7	but we're not talking about that. We're talking
8	about narrow ways in which the City is investing
9	specifically around the two issues I outlined in my
10	response to Council Member Ferreras-Copeland's
11	question which is how can we make sure that more New
12	Yorkers are connected to these jobs especially
13	dealing with the inequality crisis, and more broadly,
14	how can we ensure that we're thinking about the
15	future? So with those two in mind, we looked at the
16	pipeline of jobs that we already knew we had coming
17	and just thought it was a realistic stretch goal for
18	the City to achieve across the 10 years, targeting
19	those two goals.
20	CHAIRPERSON GARODNICK: Is the plan that
21	you put out, is it going to total 100,000, or is it
22	JAMES PATCHETT: [interposing] Yes.
23	CHAIRPERSON GARODNICK: I mean, when you
24	come out it's going to say it's going to actually
25	hit with that's the number. You're going to it's

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 57 going to say we have the following initiatives that
3	the City will take, and with this initiative we're
4	going to create 7,200 jobs, with this initiative
5	we're going to create 15,700 jobs. What should we
6	expect? I hear your point that you're working as
7	quickly as possible and that you're looking to do it
8	sometimes in the next several months, although we
9	won't hold you to a precise date here, but what is it
10	going to look like?
11	JAMES PATCHETT: And I think what we're
12	not we're not going to identify every sub-
13	initiative of like 17 jobs here and 14 jobs there,
14	because it's over the next 10 years, and I think as I
15	alluded to earlier, we need to be aware of the fact
16	that the plan will change and the economy will change
17	over time. But we are going to go sector by sector
18	and talk about specific job targets and a series of
19	specific initiatives that we can announce right away
20	that will make up a significant portion of those
21	jobs.
22	CHAIRPERSON GARODNICK: Okay. We'll look
23	forward to seeing that. Let me move on to the
24	Garment Center. We talked last time about the future
25	of the garment industry in New York City. Since that

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 time, EDC has announced a 51.3 million dollar package 3 to support the sector. Can you give us a little more sense of how that money is going to be spent? 4 5 JAMES PATCHETT: Absolutely. So, the 51 million dollars specifically includes a relocation--6 7 funds for relocation, funds for training, funds for new investments in technology, and it is a joint 8 effort between the City and the local business 9 improvement district. Broadly speaking, obviously, 10 11 we are concern-- we are focused on two things. One 12 is rethinking the way that the garment has been 13 experienced in Manhattan in spite of the zoning restrictions there. We have lost almost 60 percent 14 15 employment over the last 10 to 15 years in garment 16 manufacturing, and the City considers that 17 unacceptable, and at the same time we are investing in Sunset Park to ensure that we have a place where 18 we know we can guarantee long-term affordable rents 19 because those will be in city-owned assets, the only 20 place where we can guarantee that there will be a 21 2.2 long-term affordable lease. CHAIRPERSON GARODNICK: Of the 51 million 23 dollars, how much of that goes toward relocation? 24 25

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2	JAMES PATCHETT: It's not it hasn't
3	been specifically laid out, right? We're working
4	with the, you know, the local community to determine
5	how to best allocate it. And that you know, we're
6	having a conversation with them. We understand there
7	have been some concerns about the speed of the
8	process, so we want to make sure we're working
9	closely with the local community to ensure that we
10	have a thoughtful plan that addresses the needs of
11	Manhattan as well as Brooklyn.
12	CHAIRPERSON GARODNICK: Well, I think
13	that's right. I mean, I think one of the issues has
14	been the fact that the initial effort it appeared was
15	to change the rules in the garment sector center even
16	before the Made in New York Campus was complete and
17	not necessarily ready to receive the garment
18	businesses. Is it your hope and expectation now that
19	the Made in New York Campus would be open before the
20	rezoning actually takes place?
21	JAMES PATCHETT: I wouldn't say that. I
22	mean, I think the short answer is we can't afford to
23	wait to find a solution for the Garment Center,
24	because as I said, every day that goes by we're
25	losing more garment manufacturing jobs in the Garment

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 60 Center. So we want to work quickly to find a
3	solution, and I would also add, you know, the Made in
4	New York Campus will not be available for a few
5	years, but EDC is delivering half a million square
6	feet of available space at the Brooklyn Army
7	Terminal, which is absolutely targeted to
8	manufacturing uses this fall. So we do we'll have
9	half a million square feet of space available this
10	fall, and there are millions of square feet available
11	otherwise in Sunset Park today. So, I don't think
12	the Made in New York Campus is an essential precursor
13	to efforts in the Garment Center, but obviously it's
14	an important piece of a broader plan.
15	CHAIRPERSON GARODNICK: So, is the
16	thought to move businesses on an interim basis to BAT
17	in that 500,000 square feet, or is it that you view
18	Sunset Park as a whole as the development of a brand
19	new potential ecosystem over there?
20	JAMES PATCHETT: Sure. So, I guess I'd
21	say first of all, the our goal is not to just "move
22	the Garment Center from Manhattan to Sunset Park." I
23	would say our goals are two-fold, to look hard at
24	Manhattan with the community and the memb the
25	ecosystem there to determine what are the tools that

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2	we can use in the Garment Center to ensure that it
3	works, because it's clearly not working today, and
4	separately acknowledging that the best tools we have
5	are in city-owned assets that therefore to also
6	invest in Sunset Park simultaneously. That we
7	wouldn't if we moved folks to the Brooklyn Army
8	Terminal, they would be for long-term leases and for
9	affordable rents. It's not as though we intend the
10	Made in New York Campus to be the only answer in
11	Sunset Park. And the other thing I would say is that
12	Sunset Park is already naturally the second largest
13	occurring garment manufacturing area in the City. So
14	really, this is just building on the investments
15	there with our own assets to ensure that it can
16	continue to grow and also be sustainable in the long
17	run.
18	CHAIRPERSON GARODNICK: Did EDC consider
19	any possibility of both upgrading the zoning rules in
20	the Garment District today while also taking steps to
21	allow manufacturers who are there already in
22	Manhattan to either buy or lease their own space and
23	stay put?
24	JAMES PATCHETT: Yeah, those are some of
25	the ideas that we're talking with the community about

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 62
2	right now, and we're, you know, obviously we're very
3	concerned about what we're hearing from them, and we
4	just want to make sure that we have the best tools
5	available, but also to be realistic about the effect
6	the zoning regulations have had which are quite
7	limited.
8	CHAIRPERSON GARODNICK: I think there's no
9	question about that from any source.
10	JAMES PATCHETT: Yeah.
11	CHAIRPERSON GARODNICK: So, is it fair to
12	say that you're going to slow this down a little bit
13	and, you know, develop a plan for a little more
14	community input before moving forward?
15	JAMES PATCHETT: I wouldn't say that we're
16	going to slow it down, but we are going to
17	acknowledge we're acknowledging the community's
18	concerns and want to make sure we have a fulsome
19	conversation with them before we certify into ULURP.
20	CHAIRPERSON GARODNICK: Well, I look
21	forward to a
22	JAMES PATCHETT: [interposing] Yep.
23	CHAIRPERSON GARODNICK: useful helping
24	participating
25	JAMES PATCHETT: [interposing] Thank you.

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2	CHAIRPERSON GARODNICK: if appropriate.
3	Citywide Ferry Service, and then I'm going to I
4	have more but I want to be consider my colleagues
5	here, but on Citywide Ferry Service, congratulations
6	on the roll-out. There is a 30 million dollar
7	commitment the city has made per year over six years.
8	JAMES PATCHETT: Yeah.
9	CHAIRPERSON GARODNICK: Jut lay this out
10	for us in terms of the cost per year versus what our
11	commitment is per year and how you expect that to
12	proceed over six years and whether in year seven we
13	will be making continued subsidizing commitments and
14	at what level. So, just if you could take a minute
15	and break that out for us to the extent that you have
16	that.
17	JAMES PATCHETT: Sure. I'll do my best.
18	Let me know if I do a good enough job. So, yeah, our
19	expectation based on our contract with Hornblower is
20	that we will provide approximately 30 million dollars
21	a year to subsidize the service, and based on our
22	annual ridership estimate of four and a half million
23	passengers, that breaks down to about six dollars and
24	60 cents per ride. That is less than the cost of an
25	express bus or commuter rail, but more than the cost

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 64
2	of subsidizing the subway system. So we think that,
3	you know, that's just the reality of the amount that
4	it costs these days to subsidize new public transit,
5	and we think it's a great investment, and we think
6	it'll be realized, and that will be demonstrated. As
7	I mentioned, we've had 49,000 riders in the first
8	week, which is well in excess of what we projected.
9	On the Rockaway route alone we were projecting 1,500
10	passengers per week, and we had almost 2,000 on the
11	first day. So, obviously it's been successful. So,
12	but I think it's obviously, at that being said, too
13	early to tell where ridership will shake out overall.
14	Our \$6.60 is based on the four and a half million
15	dollars our four and a half million passengers per
16	year.
17	CHAIRPERSON GARODNICK: So, does the
18	City I'm sorry. The City's total commitment per
19	year here is 30 million dollars. If we ended up at
20	a higher level of the number of passengers, so
21	instead of four and a half million we end up at five
22	million. The subsidy the six dollars and 60 cents
23	is then paid
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COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 65 ABUSE, AND DISABILITY SERVICES 2 JAMES PATCHETT: [interposing] Well, 3 there's then more riders. So the subsidy for ride is 4 lower. 5 CHAIRPERSON GARODNICK: The subsidy per ride is lower. 6 7 JAMES PATCHETT: Lower because you have more riders. Numerator/denominator. 8 CHAIRPERSON GARODNICK: Okay. And the 9 goal here after six, after six years. 10 11 JAMES PATCHETT: Yeah, the goal here 12 after six years, I mean, you know, the Mayor has said 13 that he intends this service to be permanent. 14 Obviously, you know, the Mayor won't be in office six 15 years from now unless there's a third term, but you know, it's our intent to make sure this service is 16 17 successful so that it's something that the City 18 continues to fund. But I think if the ridership is obviously extremely high, we would be, you know, -- it 19 would bring down the cost per ride significantly, and 20 21 that's what we're going to wait to see. It's 2.2 obviously too early to tell. 23 CHAIRPERSON GARODNICK: But what is the goal and expectation? Is the expectation that in 24 25

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 66
2	seven years the city will continue to be spending 30
3	million dollars a year? What is the
4	JAMES PATCHETT: [interposing] I think
5	well, I mean, the I think it's our hope that it
6	would be, I mean, on an inflation adjusted basis
7	lower than that, because I think we hope that
8	ridership will be higher, and then over time we'll
9	build ridership. Certainly from what we've seen
10	today what we've seen so far, again, I don't want
11	to overstate because we're so early, but if ridership
12	continues along the trends that we're currently on,
13	it's reasonable to assume that it could be lower.
14	The other thing I would say is just the fact that the
15	service will have been up and running will likely
16	make the cost continue to operate lower because we'll
17	have more certainty around it. And so when our
18	initial round of bidding, we were partially bidding
19	into a system that was uncertain. No one knew what
20	it would be like to operate this service. So we
21	should have less risk, more certainty, and therefore
22	it should cost less going forward.
23	CHAIRPERSON GARODNICK: Okay. Last
24	question relates to the BQX. Since our last hearing
25	there was a memo that surfaced in the press

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 describing some of the challenges of the BQX project, 3 specific concern included uncertainty over budget and 4 timelines of the project and the potential that the 5 value capture model that had been conceived might not provide sufficient revenue. The memo described three 6 7 approaches to the project depending on timing and 8 implementation. There was one approach. That was the "go fast" approach, which would have -- was 9 described as requiring city funds in Fiscal Year 2018 10 11 of 30 to 35 million dollars, but there's no funding 12 in this budget for the BQX at this point. So, can we 13 assume that you have decided against the "go fast" approach on the BQX, or are you planning on adding 14 15 funds here somewhere in this process before adoption? JAMES PATCHETT: So, I mean, I think the 16 17 memo that I saw was a draft, and so it wasn't 18 complete. I think that was an over-simplification of the way that the analysis was being completed. 19 Ι don't-- I mean, I wouldn't say that that framework is 20 21 one that necessarily stood up. I think that the--2.2 where we are right now is that we recognize that we 23 really need a better sense of the cost and a better sense of the potential value capture before we, you 24 25 know, begin spending significant monies on design.

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2	That was always the intent, and the work we're doing
3	right now is to ensure that we know what the route
4	is, and we also have a good sense of what is in the
5	ground, because one of the greatest uncertainties
6	associated with the cost is the level of the
7	utilities under the ground, and so that has impacted-
8	- impacts the route, because if you go over sections
9	of street that have substantial utilities that might
10	need to be relocated, then that could be extremely
11	expensive. However if you route it in different
12	places you can avoid those costs to a large extent.
13	So we literally right now we have as we are going
14	around the City evaluating every potential route
15	location and doing LIDR [sic] test of what is
16	actually under the test, because although we have
17	maps of utilities, they're often quite outdated, and
18	we just need to make sure we know what is under the
19	streets before we have a better sense of the cost.
20	CHAIRPERSON GARODNICK: So, the memo,
21	while perhaps in draft form or not, I don't know, it
22	had noted that there was going to be a report maybe
23	to answer some of the questions that you're
24	describing now. That was going to be completed by
25	

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 the end of March. Do you know where that report is 3 or when we might expect to see it? JAMES PATCHETT: Yeah, we will definitely 4 5 have another report this year, for sure. CHAIRPERSON GARODNICK: In the calendar 6 7 year--8 JAMES PATCHETT: [interposing] In Calendar 9 Year 2017. CHAIRPERSON GARODNICK: 2017? 10 11 JAMES PATCHETT: Yes. 12 CHAIRPERSON GARODNICK: But we are not 13 allocating the 30 to 35 million dollars in this fiscal year 2018 budget for this project, is that 14 15 accurate? 16 JAMES PATCHETT: That is accurate. 17 CHAIRPERSON GARODNICK: Okay. Thank you. 18 We'll go to Chair Cornegy. 19 CHAIRPERSON CORNEGY: Thank you, Chair Garodnick. So, I am going to limit my questions so 20 21 that my colleagues can get in before they have to go 2.2 to other hearings, but what I'd like to ask primarily 23 about is the MWBE Bond Surety and Loan Program which you referenced in your testimony. Well, my first 24 25 question would be, I understand that the launch was

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 scheduled initially for the summer and you moved it 3 up to spring. I'm sorry. It was scheduled for 4 spring and you moved it to summer. What was the 5 reason for the change? COMMISSIONER BISHOP: So, there's two 6 7 funds that we have, and I think that there may be a 8 conflation between our contract financing which we did launch in March, and I believe you were there at 9 the Brooklyn Historical Society where the First Lady 10 11 and Deputy Mayor Richard Buery announced the 12 applications were available. We did say that the 13 bond fund was-- we had a RFP on the street at that time. We have selected a vendor, and we expect to 14 15 have that program up and running early summer. So, and we have utilization with our contract financing 16 17 fund already. So, we're pretty excited about that 18 program. CHAIRPERSON CORNEGY: So, my initial 19 question actually was for you to-- before I heard 20 21 that in your testimony, it was to get a guick update 2.2 on the MWBE Bond Fund and MWBE loan programs, 23 respectively, for which the Administration added a total of 20 million. So a lot of the advocates and 24 25 people who work in the MWBE sphere were very excited

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2	about, about that. If you can just give me an
3	update.
4	COMMISSIONER BISHOP: Sure. We've had a
5	terrific response as you could imagine. These
6	programs were built based on the feedback that we had
7	not only from the advocates but also from MWBE's in
8	terms of the barriers that were impacting their
9	ability to not only grow their capacity but compete
10	on city contracts. Since launching in March we've
11	actually awarded over half a million dollars, about
12	687,000 dollars to MWBEs working on city contracts.
13	This money, as you know, is at a three percent
14	interest rate which the community recognized as one
15	of the lowest in terms of financing products, and
16	this funding helps them actually either mobilize on
17	an early part of their contract, either with supplies
18	or people, and certainly allows them if they are
19	bidding, and we constantly and would love the help of
20	Council to help build awareness of the program. If
21	MWBEs are even thinking about bidding, this, the pre-
22	approval for this fund will actually help them in
23	terms of the responsibility determination. So we
24	want to make sure that we work with as many
25	individuals as possible, Council, etcetera to bring

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2	awareness of this program. Our Bond Fund, we expect-
3	- we have a seasoned operator for this program. The
4	organization has a tremendous history in the bond
5	field, and we expect to have, and we expect to have
6	the same utilization in terms of once we have
7	applications available, we'll see an uptick in terms
8	of individuals actually applying for that because we
9	know bonding is also another area where MWBEs have a
10	barrier in terms of having the financial capability
11	to actually get that bond.
12	CHAIRPERSON CORNEGY: Do you do you
13	know to date how much of the Bond Fund, how much of
14	the 10 million has been utilized?
15	COMMISSIONER BISHOP: So, the Bond Fund,
16	the application will be opened. We're still so we
17	just selected the company that's going to manage the
18	program. The program is not open yet, so
19	applications are not available until we're pushing
20	for early summer, and once applications are opened
21	then we'll, you know, we'll have to see what
22	utilization. With contract financing we were
23	actually pretty impressed with the fact that as soon
24	as the applications were opened, we had individuals
25	

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2	applying, and so far the utilization for the contract
3	financing is 687,000 dollars.
4	CHAIRPERSON CORNEGY: Thank you. So, I'm
5	going to save the remainder of my questions for
6	well before I do that, I'm sticking with that theme.
7	You mentioned support from the Council in and around
8	those programs. What type of outreach has been done
9	to MWBEs to make them aware of both programs?
10	COMMISSIONER BISHOP: So, we continue
11	as you know, one of the things that I have said with
12	the agency is that we had a lot of great services and
13	a lot of businesses, especially MWBEs, may not have
14	been aware of our services, and of course, thank you
15	for your continued support with Chamber on the Go.
16	That has been tremendously helpful, and it actually
17	contributed to our ability to serve over 15,000
18	businesses. So, we continue to do the outreach in
19	terms of for this program, we have additional
20	resources from the Mayor's Office of MWBE and the
21	Mayor in terms of running an aggressive marketing
22	campaign. Those campaigns we've showed you at the
23	last hearing. We ran some in not only on digital,
24	email and also subways, etcetera, and ethnic press.
25	We plan to do another round again, and of course so

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 that is the traditional marketing, but we also are 3 doing grassroots marketing. So we're working with all the advocates and leadership associations to 4 ensure that they also let their MWBEs know. We ae 5 working with the agencies. So when MWBEs are 6 7 submitting or are actually appear for a pre-bid meeting. Agencies are letting MWBEs know about this 8 program. We're also working with private 9 contractors, because if you are a subcontractor with 10 a prime on a city contract, you're eligible for this 11 12 program as well. So we're working with prime 13 contractors. So we're hitting all bases in terms of 14 trying to make sure that we do everything possible to 15 get the word out. And certainly, if we could do 16 anything more, I'm happy to work with you on that. 17 CHAIRPERSON CORNEGY: I would just like 18 to probably go offline and speak to you about the use 19 of ethnic media in outreach. The City has made a commitment to do that. We just want to make sure 20 that all the agencies are utilizing the ethnic media, 21 2.2 and especially obviously in this circumstance it 23 would be probably essential. 24 COMMISSIONER BISHOP: We agree. 25

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2	CHAIRPERSON CORNEGY: Essential pipeline
3	[sic].
4	COMMISSIONER BISHOP: Yep.
5	CHAIRPERSON CORNEGY: Thank you.
6	CHAIRPERSON FERRERAS-COPELAND: Thank
7	you, Chairs, and now we'll begin with our colleagues.
8	We've been joined by Council Members Barron and
9	Ulrich. Minority Leader Matteo followed by Council
10	Member Richards followed by Council Member Wills.
11	COUNCIL MEMBER MATTEO: Thank you, Madam
12	Chair. Commissioner Bishop, I want to thank you for
13	your work and your staff's work on the creation of
14	the Newdorp bid, and the one quick question I have
15	for you, just my concern going forward with bids. I
16	have another corridor that's we're going to be
17	looking to create on Victory [sic] Boulevard [sic]
18	I know my colleague Joe Borelli in the Southshore has
19	some. So, I just want to make sure that we're not
20	concerned that diminished budget is going to reduce
21	our ability to push forward the bid, and you know,
22	your staff does a lot of ground work and going, so I
23	know it's involved. I just want to make sure that as
24	we move forward that the budget's not going to hurt
25	our ability to create bids.

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 76 COMMISSIONER BISHOP: Yeah, and we are
3	certainly looking at, you know, our staff capacity
4	and assure you that we want to make sure that we
5	continue delivering the services, and you know, thank
6	you for, you know, working with you, and happy to
7	continue working with you on other areas. You know,
8	and thank you for your support of Business
9	Improvement Districts.
10	COUNCIL MEMBER MATTEO: I appreciate that,
11	because, you know, getting the community behind it is
12	one thing, but it helps when we have the adequate SBS
13	staff to go around to actually explain the bid and
14	it's all the good things that come with it. So, it's
15	important. I just wanted to make sure we were
16	COMMISSIONER BISHOP: [interposing] Sure.
17	COUNCIL MEMBER MATTEO: [cross-talk]
18	COMMISSIONER BISHOP: And of course that
19	process works best when we have a strong steering
20	committee as well, because they obviously will become
21	the engine that gets the process through.
22	COUNCIL MEMBER MATTEO: I agree. Thank
23	you. President Patchett, I want to talk about the 14
24	trucks that you mentioned in your testimony.
25	JAMES PATCHETT: Sure.

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2	ABUSE, AND DISABILITY SERVICES 77 COUNCIL MEMBER MATTEO: How many trucks do
3	you have now? Do you have any for the Clean NYC
4	program?
5	JAMES PATCHETT: We don't have any
6	specific trucks for the Clean NYC program.
7	COUNCIL MEMBER MATTEO: Okay, so these
8	are
9	JAMES PATCHETT: [interposing] We have
10	trucks for we have graffiti trucks, but we don't
11	have any trucks specific for the graffiti program.
12	The system we've been using to-date has been
13	primarily power washing, so going around with power
14	washers and actually having people clean the
15	commercial districts. We found that that was not as
16	effective as we had wanted it to be.
17	COUNCIL MEMBER MATTEO: Right.
18	JAMES PATCHETT: It took sometimes quite a
19	while to get a piece of gum off the street. So we
20	actually are looking for new technology that will
21	the truck itself will clean the street as opposed to
22	it being manual.
23	COUNCIL MEMBER MATTEO: So, you put out
24	an RFP? That's
25	

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2	JAMES PATCHETT: [interposing] We will be
3	putting out an RFP with this budget allocation, yes.
4	COUNCIL MEMBER MATTEO: So, when do you
5	what's the procurement process? Will it be what,
6	do you think you will have it within a year if it we
7	get
8	JAMES PATCHETT: [interposing] We will put
9	out the procurement, absolutely, this summer.
10	COUNCIL MEMBER MATTEO: Okay. And how do
11	you expect to use the 14 trucks throughout the City?
12	You plan on putting some in each borough? Are they
13	coming out of a central location? I mean, for us in
14	Staten Island, a truck has to come from somewhere
15	far. It takes away time and doesn't get to as many
16	of the corridors as we need. So, I'd like to know
17	if, you know, where you're going to where you're
18	going to actually have the trucks, and will each
19	borough have a certain amount?
20	JAMES PATCHETT: Right. I mean, I don't
21	know that we're at that level of detail yet, but we
22	should get together to talk about how we can make
23	sure that your borough is being adequately served
24	[sic].
25	

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 COUNCIL MEMBER MATTEO: No, I appreciate 3 that, because we-- our Clean Team that we use through the Council initiative has been very successful. 4 5 JAMES PATCHETT: Great. COUNCIL MEMBER MATTEO: But getting a 6 7 truck that could-- helps us through the graffiti and 8 the cleaning would be extremely beneficial. I had some questions on the Citywide Ferry. I'm going to 9 defer them to my colleague Council Member Borelli. 10 Ι 11 know he has some specific questions. I'm just going 12 to say that the Citywide Ferry is not-- service is 13 not citywide ferry service if it doesn't include Staten Island. I'm going to end it at that and let 14 15 my colleague ask his specific questions when he's up. CHAIRPERSON FERRERAS-COPELAND: 16 Thank 17 you, Minority Leader. Council Member Richards 18 followed by Council Member Wills followed by Council Member Menchaca. 19 20 COUNCIL MEMBER RICHARDS: Thank you, Chairs, and greetings to both of you. So, I had a 21 2.2 question on, I guess more directed to SBS, on 23 training and jobs. So, can you speak to job retention? So, I know you mentioned a specific 24 25 number of I think 25,000 people hired through the SBS

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2	centers. Can you speak to what job retention looks
3	like at these sites? And also on the question of
4	training, so you've trained 4,000 people. I'm
5	interested in knowing what are your plans to ensure
6	that that training is reaching low-income New Yorkers
7	more so than anything, and we always have this
8	conversation on what training looks like, how do we
9	bring training to local neighborhoods. So, has the
10	strategy adjusted a little bit differently this year
11	than in past years to bring that training directly
12	into local communities that are in need of it the
13	most?
14	COMMISSIONER BISHOP: Sure. So, let me
15	take your last question first. And certainly, you
16	know, for those, you know, the training is important
17	to me because, you know, my background. I actually
18	started off in technology without a college degree
19	and actually developed a career there. So, I
20	understand the importance of actually training
21	individuals in careers that are in-demand and
22	developing a skillset which is why the industry
23	partnership is so important to us as a city, and
24	certainly we have leverage. The relationship that
25	we've had with the private sector to understand what

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 skillsets that they're looking for to ensure that not 3 only our training programs, but you know, the 4 community-based organizations that are training individuals that speak to your question about making 5 sure that, you know, individuals from low-income 6 7 areas actually have the right training. Those organizations along with us, we do a lot of 8 9 recruitment in certain neighborhoods to make sure that they also are training individuals in their 10 11 skills that are in-demand. So, we have built out a 12 network of organizations that we work with. We have 13 readjusted our training. We've done a lot of outreach. So, for example, Tech Talent Pipeline, we 14 15 had a huge campaign in subways, etcetera, to really 16 reach, and we targeted specific lines that run 17 through low to moderate income areas to ensure that 18 we had the outreach that's there. COUNCIL MEMBER RICHARDS: So, coding and 19 20 emerging industries, how are we-- so we're 21 connecting? 2.2 COMMISSIONER BISHOP: Right. So, it's web 23 development. It's coding. It's what the industry is looking for, and they -- and we've brought them to the 24 table with academic institutions as well. But 25

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 82 healthcare is also a big sector that's growing. You
3	know, the food and beverage industry employs over
4	250,000 New Yorkers, and I'm not talking about fast
5	food. I'm talking about, you know, restaurants that-
6	- fine dining restaurants that are looking for lien
7	cooks, etcetera, and those careers, those jobs lead
8	to careers where you end up being, you know, the
9	actual executive chef. So those are the careers that
10	we want people to actually know about, and in
11	industrial manufacturing we have a whole maritime
12	industry that we want to activate and let people know
13	that, you know, there's a maritime career that could
14	be possible in New York City.
15	COUNCIL MEMBER RICHARDS: And then on job
16	retention, how are you tracking that? And if you can
17	be very quick because I have one-thirty left.
18	COMMISSIONER BISHOP: Sorry, I get
19	passionate about that.
20	COUNCIL MEMBER RICHARDS: So very clear
21	and concise would be great.
22	DEPUTY COMMISSIONER MALLON: Super quick.
23	We do not we do not really have a systematic way of
24	tracking retention person by person. We rely on the
25	state who's our partner on that to do an aggregate.

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2	COUNCIL MEMBER RICHARDS: You said you
3	rely on the state?
4	DEPUTY COMMISSIONER MALLON: We have to.
5	We're they're our oversight for the majority of our
6	funds which are WEO [sic] funds, federal funds, and
7	we just don't have an ability
8	COUNCIL MEMBER RICHARDS: [interposing] So
9	when I go to Workforce One Center and I get hired,
10	you don't track in the long term whether
11	DEPUTY COMMISSIONER MALLON: We have no
12	systematic way of tracking that. The state does
13	because they get wage reporting data, and they can do
14	it at an aggregate level, but we never know person by
15	person, and it's part of our joint metrics for the
16	federal funding for people to stay in jobs a certain
17	amount of time.
18	COUNCIL MEMBER RICHARDS: Okay I'll speak
19	to you on that a different day. Made in New York,
20	how much is being spent on movies versus fashion and
21	other industries, and I wanted to know how does the
22	program measure its impacts? And is the data
23	available to indicate that the program is truly
24	incentivizing a movie production?
25	

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 COMMISSIONER BISHOP: You're-- so you're 3 asking SBS or EDC? 4 COUNCIL MEMBER RICHARDS: EDC. 5 JAMES PATCHETT: You're not talking about 6 the--7 COUNCIL MEMBER RICHARDS: [interposing] And then lastly, last question because I have 11 8 9 seconds left. On small business solutions, especially in rapidly gentrifying areas where a lot 10 11 of small businesses are being pushed out, I know we 12 have Small Business Solutions. Are there plans to 13 expand it? How are you really ensuring that in these areas outreach is happening as neighborhoods changed 14 15 and--16 COMMISSIONER BISHOP: [interposing] Right, 17 so--COUNCIL MEMBER RICHARDS: the pressure has 18 19 come in? 20 COMMISSIONER BISHOP: [interposing] 21 Right. So, it's not just neighborhoods. You know, 2.2 consumer spending is changing. You know, if you ask 23 anyone in this room when last you actually bought something off of Amazon, I'm sure somebody will say 24 25 recently, and that is affecting our local mom and

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2	pops. So we want to make sure that our local mom and
3	pops remain competitive. One of the campaigns that
4	we're running right now, Love Your Local speaks to
5	that. You know, what we want to test is really what
6	interventions we can make to really help mom and pops
7	adjust to the changing environment.
8	COUNCIL MEMBER RICHARDS: And are you
9	setting up shop in these neighborhoods, more
10	importantly, and what is the strategy to make sure
11	that you are?
12	COMMISSIONER BISHOP: So, in terms of
13	actual location, I mean, we have a team at the
14	different centers that actually work with, for
15	example, local libraries, etcetera to actually
16	penetrate those neighborhoods. So, and one of the
17	biggest I think boosts for us was our support and he
18	entire Council's support of Chamber on the Go which
19	actually delivers services to businesses. So we
20	actually go to those businesses. We just launched
21	our Compliance Advisor. So we are going to different
22	corridors, you know, ensuring that we target specific
23	necessary that we know that are changing to make
24	those business owners aware of our services, and we
25	actually, you know, follow up with those business

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 owners to ensure that they actually take advantage of 3 our services. 4 COUNCIL MEMBER RICHARDS: So, no answer on Made in New York? 5 JAMES PATCHETT: Oh, sorry. Well, the 6 7 Made in-- are you talking about the Made in New York Campus or campaign? 8 9 COUNCIL MEMBER RICHARDS: Campaign. JAMES PATCHETT: Campaign, the campaign is 10 11 run by the Mayor's Office of Media Entertainment, so 12 I don't think we can speak to that. 13 COUNCIL MEMBER RICHARDS: Okay, if we can have them reach out. 14 15 JAMES PATCHETT: Yeah, thanks, we'll make 16 sure they follow up. 17 COUNCIL MEMBER RICHARDS: Okay. 18 CHAIRPERSON FERRERAS-COPELAND: Thank you, Council Member. Council Member Wills followed 19 20 by Council Member Menchaca followed by Council Member 21 Rodriguez, and we've been joined by Council Member 2.2 Koo. 23 COUNCIL MEMBER WILLS: Good morning. Ι have a couple of questions. So, Chair Ferreras has 24 25 already gone into the fact that our communities, or

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2	minority communities, or low-income communities are
3	not enjoying this historically low unemployment
4	rates, and Council Member Richards just asked about
5	the drill-down on making sure those jobs are going
6	into it, but a couple of things that I wanted to ask
7	about was the 100,000 well-paying jobs over the next
8	decade. What is the pay scale that we're looking at
9	to define those as well-paying jobs?
10	JAMES PATCHETT: Well, the Mayor
11	essentially has said in his State of the City Address
12	announced the focus on jobs that pay more than 50,000
13	dollars per year, but it's not just jobs at [sic]
14	30,000 dollars more per year. It's primarily that,
15	but it's also jobs that put you on a career path to
16	achieving that a minimum.
17	COUNCIL MEMBER WILLS: And the money that
18	was used to renovate the Brooklyn Army Terminal, the
19	money that's identified in the 142 million and the
20	other things that you have spoken about, who is
21	actually facilitating those jobs? Are those
22	companies that you're hiring contracting companies or
23	are they high are they doing work through agencies?
24	JAMES PATCHETT: So, for the Brooklyn
25	Army Terminal it's 100 million for the renovation of

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2	500,000 square feet, and the Bush Terminal is the 142
3	million that you referenced.
4	COUNCIL MEMBER WILLS: Alright.
5	JAMES PATCHETT: So, for both of those
6	there are circumstances where EDC has long provided
7	long-term leases for tenants at affordable rents, but
8	we
9	COUNCIL MEMBER WILLS: [interposing] I'm
10	not asking about that. I'm asking about the actual
11	construction and renovation
12	JAMES PATCHETT: [interposing] Oh, sorry,
13	the construction work. Oh, alright, absolutely. So,
14	eyes, we hire contractors who in turn hire workers.
15	COUNCIL MEMBER WILLS: And how much of
16	that contracting or that, those dollars went to
17	minority firms?
18	JAMES PATCHETT: Well, across the board I
19	can't speak to those specific projects, but I can
20	tell you across the board. So we have a the City
21	just set a goal of 30 percent MWBE participation.
22	COUNCIL MEMBER WILLS: Yeah, I'm not
23	interested in the aspirational goals
24	JAMES PATCHETT: [interposing] No, I know,
25	but I can tell you specifically where EDC is.

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2	COUNCIL MEMBER WILLS: Right.
3	JAMES PATCHETT: So, City just set a goal
4	for five years from now hitting 30 percent. EDC has
5	today at approximately 29 percent. So, the goal for
6	five years from now across all of our projects, EDC
7	is essentially hitting today.
8	COUNCIL MEMBER WILLS: So, what I'm
9	asking is specifically about these monies?
10	JAMES PATCHETT: Yeah, I just don't have
11	COUNCIL MEMBER WILLS: The contracts that
12	you have already done since we've set those goals.
13	How much of that money is actually going to MWBEs,
14	what percentage of it?
15	
16	JAMES PATCHETT: At EDC, approximately 30
17	percent.
18	COUNCIL MEMBER WILLS: Approximately 30
19	percent.
20	JAMES PATCHETT: Yes.
21	COUNCIL MEMBER WILLS: Okay. SBS, just to
22	ask a couple of questions. We're dealing mostly with
23	small businesses. What are we doing with the other
24	3,000 well, the 100,000 jobs but the 3,000 jobs?
25	We spoke to the Mayor in the Preliminary Budget, and

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 90 I wanted to know, he said that a lot of those jobs
3	would be going into labor or different areas like
4	that, but what are we doing to complement a or to add
5	a small business section to that to make sure that
6	these jobs are not just going into organized labor,
7	but also the small businesses that could join
8	organized labor, but small business and middle market
9	are the
10	COMMISSIONER BISHOP: [interposing] Sure.
11	COUNCIL MEMBER WILLS: industries that are
12	adding more jobs than anybody else, really middle
13	market.
14	COMMISSIONER BISHOP: Sure.
15	COUNCIL MEMBER WILLS: So what are we
16	doing for that?
17	COMMISSIONER BISHOP: Yeah, so and we at
18	SBS even though our name says "small business
19	services" we actually help all businesses in terms of
20	helping find a workforce through our Workforce One
21	system. So, the Green Jobs initiative, Green Jobs
22	Corps is going to have a mix of that. We are
23	training individuals in a number of things including
24	pre-apprenticeship, but certainly not only organized
25	labor, but other entities could take advantage of the

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2	ABUSE, AND DISABILITY SERVICES 91 trained workforce that we are developing, and happy
3	to talk to you a little bit more about that to figure
4	out if there's a strategy you have in mind.
5	COUNCIL MEMBER WILLS: I really don't
6	believe that you have enough in your budget to
7	achieve the things that we're going to be needing.
8	The President spoke of some people think it's crazy
9	right now to go into job creation when we have such
10	historically unemployment rates, but I think that we
11	would be negligent if we didn't actually drill down
12	as Council Member Richards spoke to minority and low-
13	income communities now while we have the opportunity.
14	But in doing that, what I want to know is how can
15	with the budget that you have put forward, how can
16	you actually go into the things that these new
17	companies are going to need not just to become small
18	business successful, but middle market successful?
19	They have to deal with social media. They have to
20	deal with online commerce and different things like
21	that. I don't believe that your budget is strong
22	enough or large enough for you to actually drill down
23	on what we actually need to create an economy going
24	forward on these things. We've had these record
25	growth numbers with net revenue of private companies

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2	ABUSE, AND DISABILITY SERVICES 92 for the last five years only because of certain
3	factors like low energy costs or lower healthcare
4	costs and different things like that. These things
5	are not actually going to go forward as they have
6	robustly as they've had for the next five years. So,
7	I think that you really need more money in your
8	budget to work with small businesses to make sure
9	that they can take advantage of the things that they
10	need to go in that they're going to need to do.
11	Model disruption [sic], right? That's a big thing
12	right now, Uber, Airbnb, all of these different model
13	disruption, market disruption models. We need to
14	prepare the small businesses to do that and the
15	become middle market businesses. So, I would like to
16	sit down with you guys to see where you plan is to do
17	that and how much money you're going to allocate
18	towards it.
19	COMMISSIONER BISHOP: Sure.
20	COUNCIL MEMBER WILLS: Thank you, Madam
21	Chair.
22	CHAIRPERSON FERRERAS-COPELAND: Thank
23	you, Council Member. Council Member Menchaca
24	followed by Council Member Rodriguez followed by
25	Council Member Borelli.

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2	COUNCIL MEMBER MENCHACA: Thank you to
3	the Chairs, and I want to follow up on Chair
4	Garodnick's questions on the Made in NYC and the new
5	campus in Sunset Park. My first question is really
6	try and understand the or further understanding the
7	separation of the movies investment versus the
8	fashion, if you could give us a little bit more about
9	how maybe through dollars or how you're thinking
10	about that investment, how that's being split, and
11	then the other question is well, and actually we're
12	going to want that paper on the 136 on how it breaks
13	down to facility versus infrastructure outside. And
14	so we just want to make sure that we're going to
15	we'll get that in writing as soon as possible. Or
16	you can answer the kind of movie versus fashion.
17	JAMES PATCHETT: Sure. So, as it relates
18	to your civic [sic] question, you know we still have
19	to work with you to scope, to determine the specific
20	improvements that get made there, but broadly
21	speaking we're envisioning the two-thirds of the jobs
22	and space will be provided for manufacturing garment,
23	and about one-third of the space will be in film.
24	So, that's or at least one-third of the jobs will
25	be in film. So, broadly speaking that is our overall
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2	breakdown. I don't have a specific breakdown in
3	terms of how that allocates the capital cost, but
4	that's the broad objective of the project.
5	COUNCIL MEMBER MENCHACA: Got it. That's
6	helpful, and know we're going to want to come in with
7	some
8	JAMES PATCHETT: [interposing] Yes.
9	COUNCIL MEMBER MENCHACA: real concepts
10	from the community, which leads me to my second
11	question about the your testimony kind of spoke to
12	a kind of larger citywide impact that this hub will
13	have, and so how do you and maybe I won't leave it
14	as a question. I'm going to make it a statement.
15	JAMES PATCHETT: Okay.
16	COUNCIL MEMBER MENCHACA: We want our
17	local garment industry providers on the pri not
18	only the private, but also nonprofits that are
19	helping support, be part of the conversation. That's
20	something that we talked about before, but we want to
21	make sure that we kind of take home, take care of
22	home first before we think about the larger impact,
23	and then make sure that we have enough investment so
24	that we are able to help anything else outside of the
25	

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES Sunset Park Garment Center. And I'll leave it at--2 3 because I don't have too much time. 4 JAMES PATCHETT: Thank you. 5 COUNCIL MEMBER MENCHACA: The second question is, this is one of the first times EDC went 6 7 out and said we need more money for our Bush Terminal Park. So we want to say thank you for that. And if 8 there's any updates right now from your conversations 9 internally about where we are in that. Know that the 10 11 Council's going to be pushing for this, but where--12 how do you feel you are in your internal 13 conversations about the extra 20 million dollars that should come to our park facility right next to this 14 15 hub that we just spoke about? 16 JAMES PATCHETT: Well, you know, 17 obviously any budget conversation is a broader 18 conversation about city priorities. In addition to, you know, making sure the park has all of the 19 investment that it needs. We're also very focused on 20 getting the southern entrance open as quickly as 21 2.2 possible. I was meeting with my team about that 23 yesterday, and I can tell you the southern entrance will open in June, and I'd like to find a time to get 24

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2	a specific date so we can go out there and open it
3	together.
4	COUNCIL MEMBER MENCHACA: Great. Thank
5	you. So know that 20 million, we need that as part
6	of the park. That second entrance is going to be a
7	great beginning to a longer investment
8	JAMES PATCHETT: [interposing] Yes.
9	COUNCIL MEMBER MENCHACA: from the city
10	for that park. It's not done yet, and so we're
11	thankful that we are now in real partnership both
12	kind of publicly, but with asks as well.
13	JAMES PATCHETT: Yes.
14	COUNCIL MEMBER MENCHACA: So, again, we
15	just can't say that enough. Thank you for that.
16	JAMES PATCHETT: Thank you.
17	COUNCIL MEMBER MENCHACA: Next is,
18	there's a thirty-some million dollars for SBMT up
19	here. Can you talk to us a little bit more about
20	what that investment is and how that kind of connects
21	to the larger vision for SBMT?
22	JAMES PATCHETT: Right. SO I think the
23	critical thing about this is is it is primarily for a
24	little bit of build-out of the pier and for come
25	cranes that will operate on the pier, and that will

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2	ABUSE, AND DISABILITY SERVICES 97 be to remove containers coming on barges, and the
3	reason that we think that that is valuable is because
4	we anticipate that these investments alone can take
5	over 50,000 trucks off the street, and obviously
6	that's a big concern of our I that community, and to
7	the extent we can also utilize the rail link [sic] as
8	a part of that. It'll be even more successful.
9	COUNCIL MEMBER MENCHACA: So, just to
10	clarify, this is pure focus with a kind of container
11	support for cranes
12	JAMES PATCHETT: [interposing] Cranes for
13	supporting containers, yes.
14	COUNCIL MEMBER MENCHACA: Cranes, and so
15	what prevented this? I only have 30 seconds. If you
16	can just fill that out a little bit more about
17	JAMES PATCHETT: [interposing] Sure.
18	COUNCIL MEMBER MENCHACA: why now, why
19	not before? What changed?
20	JAMES PATCHETT: Sure.
21	COUNCIL MEMBER MENCHACA: And then the
22	second question, this is kind of SBS, EDC combo.
23	With all this investment going to BAT, Bush, SBMT,
24	there's spur in job growth. How is SBS going to take
25	that and say we're going to meet you and not wait
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1 COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 98 until we ask for it, because we've created all this job opportunity, and we want local-- a real focus on local engagement, which is an immigrant community, walk to work, working families, and so that'll be my last question.

7 JAMES PATCHETT: So, as relates to the containers, I think what we're finding is that, you 8 know, the focus traditionally has been on large 9 container ships coming in to the harbor, and what we 10 11 believe is there's a new technology. In fact-- I 12 mean, not a new technology, but it's a new trend that 13 actually works which is barging in containers. So 14 with smaller ships that aren't full container ships 15 and barging them in and there's an-- we believe that 16 we can capture the goods that are currently coming in 17 on truck from the New Jersey side of the port, coming across on these barges on cranes. They're no longer 18 19 being delivered on trucks, and it's-- again, it is a trend of the industry that is relatively new and we 20 think we want to capture it so we can reduce truck 21 2.2 travel.

COMMISSIONER BISHOP: And I totally agree with you in terms of ensuring that the workforce is available. That is one of the industry partnerships

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 00 2 that we have, industrial manufacturing. We, in 3 partnership with EDC, actually EDC funded the creation of that center. We have a very specific 4 industrial manufacturing center located in the 5 Brooklyn Army Terminal, and that center is really to 6 7 connect with all the industrial businesses in South Brooklyn to understand their needs, the skillsets 8 that they're looking for and not only connect local 9 job seekers to those jobs, but also influence the 10 11 training that we either will create or working with 12 our partners in the nonprofit sector. 13 CHAIRPERSON FERRERAS-COPELAND: Thank you, Council Member. Council Member Borelli followed 14 15 by Council Member Barron followed by Council Member 16 Koo. 17 COUNCIL MEMBER BORELLI: Good morning and 18 thanks for coming. I guess my question is to EDC. What is the total subsidy per rider for the Rockaway 19 ferry system, for a person boarding at Rockaway? 20 21 JAMES PATCHETT: I don't have the per 2.2 rider break-out for Rockaway specifically, but I can 23 tell you across the system it's six dollars and 66 per-- six dollars and 60 cents per rider 24 25

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2	COUNCIL MEMBER BORELLI: Okay. What was
3	the cost per rider when you guys operated it after
4	Sandy?
5	JAMES PATCHETT: I don't have that in
6	front of me, but I can get it to you.
7	COUNCIL MEMBER BORELLI: It was, according
8	to your agency spokesperson, it was between 25 and 30
9	dollars per person. How did you guys manage to get
10	the subsidy from 25 dollars or 30 dollars per person
11	down to the city average of six?
12	JAMES PATCHETT: Was it was by making
13	it a part of a broader network with additional stops,
14	just not solely focused on the Rockaways.
15	COUNCIL MEMBER BORELLI: So, additional
16	stops are part of the reason why it helped?
17	JAMES PATCHETT: The st yes, we focused
18	on additional stops that our studies demonstrated
19	would have the highest ridership and make it the most
20	affordable system overall.
21	COUNCIL MEMBER BORELLI: Okay. So then
22	I'm looking at the 2013 citywide ferry thing [sic],
23	and again, you just said that more stops make it more
24	competitive.
25	JAMES PATCHETT: More certain stops, yes.

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2	COUNCIL MEMBER BORELLI: Oh, certain
3	stops. Because the only of the six routes, some of
4	them have sub-routes, A versions, B versions. So I
5	guess there's how many total, one, two three, four,
6	five, six, seven, eight, nine, ten, eleven. Out of
7	11, only one of the routes you modeled has a two-stop
8	route, and only one of the models you have has a Pier
9	79 route, and that's Staten Island. Why would you
10	single out Staten Island in that respect? It was the
11	route five, St. George to Pier 79.
12	JAMES PATCHETT: Well, the study you're
13	referring to form 2013, I can't speak to that, why
14	the analysis was done the way it was because I wasn't
15	here in 2013.
16	COUNCIL MEMBER BORELLI: Okay. Do you
17	think having just two stops as opposed to having in
18	this case, route two, for example, has one, two,
19	three, four stops so, based on what you said
20	earlier, is having four stops, does that make it more
21	marketable for people?
22	JAMES PATCHETT: It really depends on the
23	particular circumstances. Weighted [sic] broadly
24	like all transportation systems, you have to balance
25	stops with the amount of with speed. So, the

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 102
2	further out you are, you need to have fewer stops in
3	order to make it competitive with alternative forms
4	of transportation. For instance, the Rockaway's
5	route only has two stops because what we've
6	determined was that if it had more than one stop
7	along the way getting into Manhattan, that it would
8	be that it would take so long that it would make it
9	not competitive with other forms of transportation.
10	So, the key is to make sure that you can have enough
11	stops to ensure adequate ridership, but at the same
12	time balance that with not making so many stops that
13	it causes the time that it takes to get to work or to
14	home so long that it makes the service not
15	competitive with alternative forms.
16	COUNCIL MEMBER BORELLI: So, by my Google
17	Earth calculation, the Rockaway stop is 20 miles from
18	its first Manhattan Central Business District stop in
19	Wall Street. Previous locations on Staten Island
20	included Great Kills Harbor, and there was a study
21	done of Stapleton. Rockaway is 20 miles. Great
22	Kills is 16, and Stapleton is six miles away from
23	Wall Street. Is that less distance than 20 miles?
24	JAMES PATCHETT: Yes.
25	

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2	COUNCIL MEMBER BORELLI: So then why
3	wouldn't a south shore ferry been studied with
4	respect to the 2013 citywide study or any subsequent
5	studies after that?
6	JAMES PATCHETT: Well, you know, I can't
7	speak to why it wasn't studied in 2013. What I can
8	tell you is that, you know, we're obviously aware of
9	the concerns about transportation in Staten Island.
10	We recognize, you know, that it is a borough that has
11	a lot of challenges with traffic and congestion and
12	needs for more transportation, and we have met with
13	the potential ferry service providers subsequent to
14	that study to try and encourage possible service on
15	the south shore. Met with them. We met with the
16	Borough President. You know, I know you've been a
17	big advocate as well on this, and we appreciate your
18	advocacy there. I think it is our broad intent once
19	we complete get with the what the Mayor has said
20	and what we intend to do is get the service up and
21	running, get it successfully up and running and then
22	evaluate the possibility of more stops including in
23	Staten Island to add to the routes after these are
24	completed.

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 104 ABUSE, AND DISABILITY SERVICES 2 COUNCIL MEMBER BORELLI: Alright. I'll 3 ask another. So, Rockaway is 130,000 people. The south shore has 165,000 people. Do you know what 4 5 population has more commuters to Manhattan? JAMES PATCHETT: I don't at this moment. 6 7 COUNCIL MEMBER BORELLI: That would be a good study. Why was there a decision to not include 8 9 the south shore as part of the 2013 or any subsequent studies? 10 11 JAMES PATCHETT: Well, you know, again, I 12 can't talk to the 2013 study. We haven't done a 13 comprehensive analysis since then. The 2013 study was the basis for determining the initial routes, and 14 15 we will conduct an additional study upon the successful roll-out of the first phase of the ferry 16 17 service. 18 COUNCIL MEMBER BORELLI: Is there a conversation about a second Rockaway stop? 19 20 JAMES PATCHETT: There's not an active 21 conversation about a second Rockaway stop any more 2.2 than there is an active conversation about stocks 23 across the entire City. We are focused on delivering the routes that we have discussed, and then for 24 25 additional stops, you know, there's additional stop

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 105 in the Rockaways or in Staten Island or in other 2 3 places. We'll have to wait until, you know, we get the service up and running successfully. 4 5 COUNCIL MEMBER BORELLI: Thanks. CHAIRPERSON FERRERAS-COPELAND: Thank 6 7 you, Council Member. Council Member Barron followed 8 by Council Member Koo followed by Council Member 9 Perkins. COUNCIL MEMBER BARRON: Thank you, Madam 10 11 Chair. Thank you to the Chairs for this hearing. 12 Thank you to the panel for coming. I do want to 13 acknowledge that my intern Janice Pollot [sp?] is here, and she's taking this session in. I just have 14 15 a few questions. You talked about 30 percent of the 16 EDC contracts are presently being awarded to the 17 MWBE's? 18 JAMES PATCHETT: Approximately 30 19 percent, just under, yes. 20 COUNCIL MEMBER BARRON: Okay, and so how 21 long -- what is the requirement to qualify to be an MWBE? 2.2 23 COMMISSIONER BISHOP: So, similar to-because EDC, we work closely with EDC, they pull 24 certified firms off of our list, the city list. So, 25

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2	Small Business Services, we certify for entire city
3	and we work closely not only with EDC but also School
4	Construction Authority and other quasi city agencies.
5	They recognize our certification. And to be eligible
6	for a city's certification, you have to be 51
7	percent, in 51 the percent owned and controlled from
8	one of the eligible groups, which is either you're a
9	woman, a black, Hispanic and Asian.
10	COUNCIL MEMBER BARRON: And is there a
11	certain income or assets that you must have in order
12	to apply?
13	COMMISSIONER BISHOP: No. We are often
14	confused with the state which has a net worth
15	requirement to certify. We just look for ownership
16	and control.
17	COUNCIL MEMBER BARRON: And how long
18	would that there's a certain length of time that
19	you have been in business before you can apply?
20	COMMISSIONER BISHOP: You have to be in
21	business for one year. There are certain exceptions
22	with professional services. For example, if you're a
23	lawyer, you are a lawyer. So we look at in
24	professional services what field you're coming from,
25	but in most cases you have to be in business for one

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2	year, because we have to make sure that you're a
3	going concern.
4	COMMISSIONER BANKS: And so how long does
5	the process take from the time that a person submits
6	their application to the vetting and all of the
7	COMMISSIONER BISHOP: [interposing] We
8	publicly say six to eight weeks. We actually
9	recently re-did our application. So we have a new
10	streamline application. We pulled out sole
11	proprietors, because we recognize that that group did
12	not need to submit as many documentation as
13	necessary. So we're doing everything possible to
14	streamline the process, but while maintaining the
15	integrity of the program.
16	COUNCIL MEMBER BARRON: Thank you. Now,
17	there's a program in your testimony that says,
18	"Building your business, a guide for immigrant
19	entrepreneurs."
20	COMMISSIONER BISHOP: That would be us,
21	yes.
22	COUNCIL MEMBER BARRON: So that is
23	applicable only to those who are an immigrant
24	community, or is that for everyone or the generic
25	parts that would be?

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2	COMMISSIONER BISHOP: So we have programs
3	for all small business owners. This guide was
4	specifically targeted to immigrant entrepreneurs for
5	a number of reasons. One, you know, immigrant
6	entrepreneurs, foreign-born New Yorkers make up one-
7	third of the city's population, but over half they
8	own over half of small business, and that population
9	tend to be a vulnerable population in terms of not
10	necessarily knowing, you know, their rights in terms
11	of signing a lease, getting access to capital, even
12	navigating government. So we wanted to make sure
13	that we provided information for that particular
14	population. Now, there's some information in that
15	guide that certainly any small business owners can
16	take advantage of.
17	COUNCIL MEMBER BARRON: You mentioned the
18	11 th Annual Citywide Procurement Fair, is that open
19	to anyone who would be interested, and how do they
20	need to register?
21	COMMISSIONER BISHOP: Membership has it's
22	privileges. It's only open to city certified firms.
23	So, if you know of any firm that has not been
24	certified, they should submit their application as
25	

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2	quickly as possible so we can get them certified so
3	they can participate in the procurement.
4	COUNCIL MEMBER BARRON: How long would it
5	take for someone who has not already done it, because
6	the fair is June 11 th , I think?
7	COMMISSIONER BISHOP: We will certainly
8	work to expedite the application process, and
9	certainly if they have a contract we will to expedite
10	that process as well.
11	COUNCIL MEMBER BARRON: For EDC you talk
12	about your capital commitment, I think you have it
13	four billion dollars?
14	JAMES PATCHETT: Uh-hm.
15	COUNCIL MEMBER BARRON: How are
16	communities reflected? Can you give us a report on
17	how that money has been allocated in the past,
18	particularly by zip code or community district,
19	Community Boards or neighborhoods?
20	JAMES PATCHETT: We'd be happy to follow
21	up with you on a breakdown by I don't know if we
22	have it by neighborhood, but we certainly provide it
23	by borough.
24	COUNCIL MEMBER BARRON: Okay. Because
25	there's one of the advocate groups that has a table

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2	that they printed out, and I couldn't locate it and
3	bring it, but certainly some communities are much
4	more represented in terms of receiving those funds
5	than others, and I represent East New York, and we're
6	at the bottom in terms of getting support from EDC to
7	have businesses expand and grow and improve. And
8	lastly, I think it's the SBS that talked about a
9	community district needs assessment, and you indicate
10	that East New York was one of the areas that you
11	studied. So now that you've done the study, what are
12	you going to be able to do? You know the commercial
13	that said, "Okay, you monitor it. Now what are you
14	going to do?"
15	COMMISSIONER BISHOP: So, you'd be happy
16	to know that the Administration actually put forward,
17	not only the Administration, but we also work through
18	the private sector, about nine million dollars and
19	organizations that actually worked with us on that
20	CDNA were awarded 1.5 million. There are
21	organizations that we work closely with, Cypress
22	Hill, LDC, and I believe, East New York, East New
23	York LDC, also were recipients of those grants, and
24	again, you are correct. We highlighted the
25	opportunities in East New York, and now we are

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2	putting the money into these organizations to
3	actually take advantage of those to actually deliver
4	on some of the recommendations in that group. I just
5	wanted to point out really quickly, I would love to
6	work with you in terms of figuring out ways to
7	increase the Mayor's set a target of 9,000
8	certified firms for us. we certainly want to make
9	sure that we have a certified base that's reflective
10	of New York City, and I've been working closely with
11	a lot of sororities to really fraternities and
12	sororities to really increase the amount of not only
13	black-owned certified firms, but black-owned firms in
14	areas where, for example, engineering where we see
15	some of the work that where EDC would actually need,
16	you know, engineering companies, for example, to do a
17	lot of their projects. So we'd love to work with you
18	on that.
19	COUNCIL MEMBER BARRON: Thank you very
20	much. Thank you, Madam Chair.
21	CHAIRPERSON FERRERAS-COPELAND: Thank
22	you, Council Member. Council Member Koo followed by
23	Council Member Perkins.
24	COUNCIL MEMBER KOO: Thank you. One more
25	time. Thank you. Thank you all the commissioners

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2	here. Small business is, you know, a critical
3	juncture in the home [sic] because of rents, or for
4	the technology, and internet, and all these other
5	robots [sic], all these things, self-driving cars.
6	So, I really appreciate your leadership in small
7	business and EDC. But meanwhile, and I suppose more
8	business complaining about the difficulty in doing
9	business, small business, big business. Even big
10	business have [inaudible] Rena Bolo [sic] closed
11	their headquarter someone in the 5 th Avenue which is
12	a big corporation. They closed their store there.
13	Small business suffer the same thing because of the
14	competition from Amazon and all those big developers,
15	big box places. So, my question is, how does SBS
16	help small business to be more effective in
17	management, manage their resources? Because right
18	now small business are an even playing field, right?
19	Small business, they always get fines, right? They
20	get inspections. Meanwhile, at the same time, the
21	vendors on the streets, they don't fines. They don't
22	get inspections. They can do anyone can put a
23	vendor any vendor can put some business in front of
24	a business, and meanwhile very little enforcement.
25	So, I know this is not your role. I mean, this is
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2	police work, but I want you like to be more
3	promoting, more advocating on a even I'm not saying
4	even inspections. If you want to inspect a store,
5	you inspect the guy on the streets, too, right? Make
6	sure they have license. Make sure they're in the
7	right location. But usually police, they don't want
8	to do those things. They want to go chase crimes and
9	murders, no? Homicides, those things. When you
10	report on the quality of life issues to them, it's
11	their last priority. So, I want small business
12	[inaudible] I mean, small business, you to be an
13	advocacy for small business owners in terms of
14	fighting for even enforcement issues. That's number
15	one. Number two, we all know that in New York there
16	are some streets that cost zero something, zero
17	sidewalk display [sic] or Zero Vision streets which
18	is
19	COMMISSIONER BISHOP: [interposing] You're
20	talking about Vision Zero?
21	COUNCIL MEMBER KOO: Not the traffic one,
22	but no, you can on those streets you're not
23	supposed to have like vendors.
24	COMMISSIONER BISHOP: Oh.
25	

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 114 ABUSE, AND DISABILITY SERVICES 2 COUNCIL MEMBER KOO: Yeah. So, can you 3 give me a list of streets that fall into that 4 category? Because for the past few years, I haven't had time to find out which streets are zero sidewalk 5 6 display. 7 COMMISSIONER BISHOP: So--COUNCIL MEMBER KOO: [interposing] And 8 9 then once you give me the list, I want the criteria, you know, what's the definition of it. Who can put 10 11 [inaudible] because some stores when we call SBS they 12 want to sell some -- have [inaudible] or they say you 13 cannot do it, because this is a zero disability, zero 14 sidewalk space [sic] street. But meanwhile, anyone 15 could put a lot of busi-- sell flowers or batteries 16 in front of them. So, what's the use of this 17 definition? You cannot -- legal business cannot do 18 business. Illegal business can do business. So, these are reverse. Like, we lost over-- I'm sorry, I 19 lost I quess I lost [inaudible] so can you like tell 20 21 me that [inaudible], the list of streets in New York 2.2 City increased, especially in Flushing. The rich 23 [sic] streets are zero [inaudible] sidewalks, and this is fall into that category. What can they do? 24 25 Or what can they do?

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2	COMMISSIONER BISHOP: Sure. So the follow
3	up on your two, we'll follow up on the streets. I
4	think you're hitting on the point of enforcement, an
5	certainly as you know there's a conversation
6	happening right now between the Administration and
7	City Hall and Council in terms of just overall
8	strategy for vending. As you know, you know, the
9	vending community tend to be largely immigrant
10	entrepreneurs, and certainly as an agency we support
11	entrepreneurs on both sides of brick and mortar and
12	vendors. So certainly we'll follow up with you on the
13	list of streets, but just know there's a conversation
14	going on in terms of, you know, what can we do in
15	terms of enforcement. Just on your first point, I
16	just want to for the record indicate that since the
17	Administration started, you know, fines against small
18	businesses have been reduced by 40 percent, and I
19	think to your point we want to make sure that we are
20	more proactive in helping business owners know what
21	they don't know and help them operate in compliance,
22	and certainly that's one of the reasons why we
23	launched our compliance advisors to really be more
24	proactive and to really go out to businesses and help
25	

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2	them understand what they are supposed to be doing in
3	order to operate to prevent fines.
4	COUNCIL MEMBER KOO: One more quick thing
5	to say. I want you to advocate for the for a
6	moratorium of the property tax and commercial tax,
7	yeah. This is critical. Small business suffering
8	because when there's more business in addition to pay
9	high rent, they pay a higher tax because the landlord
10	always pass the property tax to tenants.
11	COMMISSIONER BISHOP: So, I think but
12	you're talking about, and that's one of the reasons
13	why we are making huge investments in our commercial
14	leasing services, because we want to educate business
15	owners before they sign a lease, you know, some of
16	the stipulation in that lease. A lot of business
17	owners, they see a location and they just sign a
18	lease blind, and that's when they get into the
19	situation where they're in a triple-net lease and
20	when the property tax goes up that's passed through
21	to their lease. So, certainly we want to make sure
22	that business owners are empowered, and I'm happy to
23	talk to you about how we can actually, you know, get
24	a head of that in terms of making sure that business
25	

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2	owners know they can take advantage of this free
3	service.
4	COUNCIL MEMBER KOO: No, this is common
5	practice. Landlords always pass the property tax to
6	commercial tenants. It's not that you can negotiate,
7	you know. [inaudible] some like undesirable areas,
8	no? You know, all good areas, most commercial
9	tenants, they have to pay the property tax. So
10	that's important as agency head helped the business
11	owner to advocate the city to have a moratorium of
12	the commercial tax increase. That's really important.
13	COMMISSIONER BISHOP: So, I have a number
14	of conversations.
15	COUNCIL MEMBER KOO: I don't know how
16	they could do it.
17	COMMISSIONER BISHOP: Yeah.
18	COUNCIL MEMBER KOO: But I would like you
19	to at least on the surface advocate for them.
20	COMMISSIONER BISHOP: Sure.
21	COUNCIL MEMBER KOO: Thank you.
22	CHAIRPERSON FERRERAS-COPELAND: Thank
23	you. Council Member Perkins?
24	COUNCIL MEMBER PERKINS: Thank you very
25	much. Would you I have a few things. But would

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 118 2 you explain what the new route will be, and like the 3 East River route begins on the northern end of 4 Manhattan where? Or ends on the northern Manhattan 5 where? However you look at it. JAMES PATCHETT: Yes, absolutely. 6 So, 7 the East River Ferry does not stop in northern 8 Manhattan. The furthest north stop is makes is on 9 34th Street, but next year we'll be opening the Sound View line which will run to the Bronx as well as 10 11 Upper Manhattan and then down the East die. 12 COUNCIL MEMBER PERKINS: Okay, so it will 13 run into the Bronx? JAMES PATCHETT: To the Bronx--14 15 COUNCIL MEMBER PERKINS: [interposing] And 16 towards that --17 JAMES PATCHETT: [interposing] It starts 18 at Bronx--19 COUNCIL MEMBER PERKINS: [interposing] 20 And towards that --21 JAMES PATCHETT: [interposing] down to--2.2 COUNCIL MEMBER PERKINS: [cross-talk] 23 upper Manhattan? JAMES PATCHETT: towards upper Manhattan 24 25 and down to lower Manhattan.

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 119 ABUSE, AND DISABILITY SERVICES 2 COUNCIL MEMBER PERKINS: What-- how far 3 into the Bronx does it go to? 4 JAMES PATCHETT: Sound View. 5 COUNCIL MEMBER PERKINS: Sound view, 6 okay. Thank you. The MWBE do you have a retort on 7 the con-- MWBE contracts that are a part of your operation? Do you have a -- that you can provide us 8 9 with? JAMES PATCHETT: Which--10 11 COUNCIL MEMBER PERKINS: [interposing] 12 You have MWBE contracts you mentioned. 13 JAMES PATCHETT: Yes, EDC definitely had 14 contacts with MW-- that include MWBEs, yes. 15 COUNCIL MEMBER PERKINS: Can we get a 16 copy? Can I get a copy of the list of such 17 contracts? 18 JAMES PATCHETT: WE can-- I'm not-- we'll 19 be happy to provide you with some follow-up 20 information about the specific--21 COUNCIL MEMBER PERKINS: [interposing] I'm 2.2 sorry--23 JAMES PATCHETT: ways that we--24 COUNCIL MEMBER PERKINS: I'm having a 25 little hard time hearing.

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 120 ABUSE, AND DISABILITY SERVICES 2 JAMES PATCHETT: OH, sorry. I said we'd 3 be happy to provide specific follow-up about the way that we use MWBEs across our contracts. 4 5 COUNCIL MEMBER PERKINS: So you're going to describe for me how you use the MWBE contacts in 6 7 particular? And at the same time, give me somewhat of a listing or number of how many such contracts are 8 9 available for using. JAMES PATCHETT: I want to make sure I 10 11 understand your request and that we address it. We 12 can follow up to make sure we're addressing, 13 providing the information that you're looking for. 14 COUNCIL MEMBER PERKINS: You mentioned 15 something about MWBE contracts. 16 JAMES PATCHETT: Yes. 17 COUNCIL MEMBER PERKINS: I just want to 18 know what are they for ad how many of such are there 19 that are in contract? 20 JAMES PATCHETT: Right, no, I understand. 21 I just-- I just don't-- I 'm not sure of the exact 2.2 level of detail that we have that we can provide, but 23 we'll be happy. We'll provide you with as much information that we can to address your issue. 24 25

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2	COUNCIL MEMBER PERKINS: Okay, whatever
3	you
4	JAMES PATCHETT: [interposing] I
5	understand where you're you're trying to understand
6	the scope of our MWBE and where we're using them, and
7	I think we can give you a sense of that in our
8	response.
9	COUNCIL MEMBER PERKINS: Yes, exactly.
10	JAMES PATCHETT: Yeah.
11	COUNCIL MEMBER PERKINS: If you can
12	provide that, that'll be useful.
13	JAMES PATCHETT: Okay, understood.
14	COUNCIL MEMBER PERKINS: And how are the
15	potential contractors informed, contacted? DO you
16	have a somewhat of a
17	JAMES PATCHETT: [interposing] Well, we
18	have I mean, I guess from the were you talking
19	about EDC? Well, I mean, I would say SBS does broad
20	outreach to MWBEs across the city. I'll just speak
21	specifically to EDC, some of the programs that we
22	have. I think probably the most significant one is
23	one we just announced which was construct NYC which
24	has a combination of training and outreach associated
25	with it, and it's specifically targeted towards both

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2	construction management firms who are MWBEs
3	themselves, like McKissack [sp?]and McKissack and
4	Noble and Armond. So we awarded 80 million dollars I
5	construction management to them just now, but then
6	separately it's not just about them, it's also about
7	the subs who work the subcontractors who work for
8	them. So what we've done is we've worked with these
9	as a part of this program to break up the contracts
10	into individual opportunities that are a million
11	dollars and under, because what we find is that a lot
12	of the MWBEs frequently don't have the capacity to
13	bid for the larger subcontracts, and so by breaking
14	them up we're able to target them successfully
15	towards MWBEs, and as a part of that program we're
16	hoping by the end of the year to award 25 million
17	dollars in individual contracts to MWBEs.
18	COUNCIL MEMBER PERKINS: And towards that
19	25 million dollars how many sort of contracts do you
20	think that might entail?
21	JAMES PATCHETT: Well, certainly I
22	mean, this is just in the context of the Construction
23	NYC program. So certainly we'll award many more than
24	this, but just from that alone, we'd certainly expect
25	it to be more than 25.

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2	COUNCIL MEMBER PERKINS: Okay. And I
3	assume that there's some sort of way in which
4	potential contractors are informed?
5	COMMISSIONER BISHOP: Yeah, so and
6	President Patchett alluded to it. So, at SBS we and
7	working with the Mayor's Office of Contract Services-
8	- Mayor's Office of MWBE and actually the Mayor's
9	Office of Contract Services, we ensure that MWBEs are
10	included in a lot of outreach events for the specific
11	agencies. So we work closely with agencies to have
12	what we call MWBE fairs where all their buyers meet
13	MWBEs. We help with the marketing of those programs,
14	and certainly our biggest program will be the
15	procurement in June that I mentioned in my testimony
16	where we have over 80 agencies, including EDC. All
17	our city agencies and our state agencies will be in
18	one room. Our MWBEs can not only meet the buyers and
19	sort of network, but also learn about opportunities,
20	and we've seen a number of MWBEs from previous
21	procurement fairs actually win contracts just by
22	attending.
23	COUNCIL MEMBER PERKINS: So, you obvious-
24	- you seem to have a listing of some MWBEs that you
25	

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2	ABUSE, AND DISABILITY SERVICES 124 have been in touch with and have been more or less
3	providing contracts
4	COMMISSIONER BISHOP: [interposing] So we
5	have over 4,500 certified firms, and that is the
6	mailing list that we use to invite MWBEs, the
7	certified firms
8	COUNCIL MEMBER PERKINS: [interposing] Is
9	that the MWBE list or is that just a general list in
10	which
11	COMMISSIONER BISHOP: [interposing] That
12	is a MWBE list.
13	COUNCIL MEMBER PERKINS: Okay.
14	COMMISSIONER BISHOP: And only those
15	firms are invited to the procurement fairs, and
16	anytime we're doing an event with an agency, we use
17	that list to let MWBEs know. One of the things the
18	Mayor wanted us to do is not just have this one even
19	in the City, but we've been moving around all the
20	different boroughs from Staten Island to the Bronx,
21	to Queens, to Brooklyn, and even in upper Manhattan
22	we've had events where we invited MWBEs, local MWBEs
23	to come out and meet the agency buyers.
24	COUNCIL MEMBER PERKINS: Are there any
25	scheduled in this near future or anything like that?
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1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 125
2	COMMISSIONER BISHOP: Yes, and we'd be
3	happy to send you the dates.
4	COUNCIL MEMBER PERKINS: By all means, and
5	if you can even share some of those MWBEs that you
6	have on your list, so to speak, it would be helpful.
7	COMMISSIONER BISHOP: Sure.
8	COUNCIL MEMBER PERKINS: Thank you.
9	CHAIRPERSON FERRERAS-COPELAND: Thank
10	you, Council Member. Both Chairs have just some
11	quick wrap-up, probably me more quick [sic] than
12	Chair Garodnick. Wrap-up questions. So, one is the
13	hiring freeze that the Mayor discussed. We didn't
14	get much detail. Have you been engaged in
15	conversations of the potential that the hiring freeze
16	that was included in Executive Budget that would be a
17	partial hiring freeze affecting certain managerial
18	and administrative staff, and how will this impact
19	both EDC and SBS in your positions?
20	COMMISSIONER BISHOP: SO, on the SBS side
21	we are certainly looking internally at our staffing
22	levels and awaiting guidance from the Administration
23	and OMB in terms of how this hiring freeze would be
24	enacted. Until then, we just continue to do our
25	work.

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2	ABUSE, AND DISABILITY SERVICES 126 JAMES PATCHETT: And from EDC, which I
3	did [sic], I spoke to the budget director about this
4	yesterday. We're obviously focused on, you know,
5	making sure we meet citywide objectives and are
6	budget conscious, but at the same time can ensure
7	that our projects continue to get delivered and the
8	timelines that you're expecting, the reasons you
9	alluded to earlier. So, I mean, I'm speaking to him
10	about that on a regular basis, and that will be our
11	objective.
12	CHAIRPERSON FERRERAS-COPELAND: Okay.
13	Are any of your vacancies, if you any of your do
14	you have any vacancies in your agency, in either one?
15	COMMISSIONER BISHOP: Yes.
16	JAMES PATCHETT: Yes.
17	CHAIRPERSON FERRERAS-COPELAND: Okay, and
18	you do. So I would think that if any of they are
19	administrative or managerial that that might be a
20	potential place that the Administration may be
21	looking.
22	COMMISSIONER BISHOP: Correct.
23	CHAIRPERSON FERRERAS-COPELAND: Okay,
24	thank you. Green jobs, the Executive Budget includes
25	a total funding of 12.8 million over the three fiscal

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 127 ABUSE, AND DISABILITY SERVICES 2 years for Green Jobs Corps, a program that will 3 provide 3,000 workers. Can you tell us more about 4 the programs and such as how it will work and the 5 types of training it can provide? And what is your target population for the program? 6 7 COMMISSIONER BISHOP: So, again, you know, the Green Jobs Corps is focused on leveraging the 8 9 Workforce One System and again, similar to Council Member Richards and some of the questions Council 10 11 Member Wills had. You know, at SBS we're really 12 focused on tackling, you know, underemployed, 13 immigrant under-employment, and also out of school/out of work youth, and individuals who are 14 15 looking to get retrained. So, certainly the 16 neighborhoods that you are thinking about, 17 neighborhoods in low income areas, neighborhoods that President Patchett talked about in terms of where 18 there's high employment even though the City has a 19 20 low-- is enjoying [sic] a low unemployment rate, 21 those are the areas that we focus our Workforce One 2.2 recruitment system. So we work with community 23 partners. They could be anything from a church to a social agency as a pipeline to funnel job-seekers 24 25 into our system, and that network is what will be

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2	ABUSE, AND DISABILITY SERVICES 128 used to actually recruit for this Green Jobs Corps.
3	You know, we have organizations that we're going to
4	be working with, for example, Helmets or Hardhats,
5	Building Works, for example. That will have the
6	ability to train them into either a pre-
7	apprenticeship or other work that we think other
8	skills that we think that will be focused on that
9	particular sector.
10	CHAIRPERSON FERRERAS-COPELAND: Then,
11	when will training commence, and how will you be
12	measuring outcomes?
13	COMMISSIONER BISHOP: So, we're going to
14	start July 1 st , and of course similar to whenever we
15	do a retraining we look at retention. So, how many
16	people actually graduate out of the training program,
17	how many people we actually place into those jobs,
18	and as First Deputy Jackie Mallon alluded to, the
19	retention is really a joint effort between the state
20	and the city.
21	CHAIRPERSON FERRERAS-COPELAND: Do you
22	so you measure retention in the program, not
23	necessarily how long the person stayed at the job?
24	DEPUTY COMMISSIONER MALLON: Yes. We
25	don't really have a systematic ability to collect the
	n

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 129 ABUSE, AND DISABILITY SERVICES proper evidence to be sure that an individual stays 2 3 in the job. We're measured in an aggregate level 4 through our state partner because they have access to 5 the data. Does that make sense, the way I said that? CHAIRPERSON FERRERAS-COPELAND: Yeah, it 6 7 makes sense. I just think we could probably-- if 8 it's a population of 3,000, let's say you do a 9 research of 1,000 or 500, you keep in contact with them, and you say, "Hey--10 DEPUTY COMMISSIONER MALLON: Yeah. 11 12 CHAIRPERSON FERRERAS-COPELAND: still 13 have a job?" 14 DEPUTY COMMISSIONER MALLON: Yeah, no, 15 we-- absolutely. We do make those kinds of efforts, 16 but it's hard for us to sort of stand behind that 17 number for the 25-30,000 people--18 CHAIRPERSON FERRERAS-COPELAND: [interposing] I just think that moving forward 19 especially, you know, with these initiatives that we 20 want to be supportive of, if you're able to kind of 21 2.2 share that data with us, it would be great. 23 DEPUTY COMMISSIONER MALLON: Absolutely. CHAIRPERSON FERRERAS-COPELAND: Because we 24 25 know a lot of our constituents that have been through

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2	several trainings, and they complete the trainings,
3	and it doesn't necessarily if they get the job,
4	they're only kept there on that job because it's a
5	project, right?
6	DEPUTY COMMISSIONER MALLON: Yeah.
7	CHAIRPERSON FERRERAS-COPELAND: And has a
8	beginning and an end date. That doesn't mean that
9	they're going to be available for the next project.
10	So, I think if we're trying to learn how to more
11	efficiently get people well-paying long-term jobs,
12	then we have to stay connected with the population
13	that we're working with.
14	COMMISSIONER BISHOP: So, yeah, we agree.
15	CHAIRPERSON FERRERAS-COPELAND: Okay.
16	That was easy. And
17	COMMISSIONER BISHOP: [interposing] That
18	wasn't in details, but we'll talk about that.
19	CHAIRPERSON FERRERAS-COPELAND: We're
20	going to follow up. So, I've been asking every
21	agency or at least trying to ask every agency about
22	SYEP. It is our Council's priority. The Department
23	of Youth and Community Development has had, you know,
24	an issue with placement. We'd like to know do you
25	currently have Summer Youth Employment? I

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2	currently have Summer Youth at your agency, and do
3	you have capacity for more?
4	COMMISSIONER BISHOP: So, as someone who
5	actually went through the SYEP program
6	CHAIRPERSON FERRERAS-COPELAND:
7	[interposing] Oh, look at that.
8	COMMISSIONER BISHOP: I was actually
9	placed at the Police Academy in Gramercy Park, I
10	think. Well, anyway, so yes, we I'm certainly
11	I'm a strong believer in SYEP, and we do have slots
12	this year to actually host an intern, and certainly
13	we've been working with DYCD to also find
14	opportunities either through our network. One of the
15	things that I know it's easy to think that because
16	small businesses, we should open up the flood gates.
17	Our small business have, you know, five or less
18	employees, and sometimes an intern is actually not
19	beneficial for a small business, but we try to find
20	areas where we
21	CHAIRPERSON FERRERAS-COPELAND:
22	[interposing] But your bids are. They're
23	COMMISSIONER BISHOP: [interposing] So we
24	try to find for ex so, certain bids because
25	certain bids as you know have a budget where it's

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 132 only two or three individuals. So, they have the
3	same issues where onboarding an intern is actually
4	not necessarily helpful. So we certainly look for
5	organizations that we work with that have the
6	capacity. So, some of the larger bids that have a
7	budget, to encourage them to also support SYEP.
8	CHAIRPERSON FERRERAS-COPELAND: Well, I
9	mean, the cost is covered by DYCD. So, I would think
10	that they would want more support. It's free
11	assistance.
12	COMMISSIONER BISHOP: But you do have to-
13	- when you bring on an intern, it's not the cost
14	that's the issue. It's really the person who's
15	running the business, and you know small businesses
16	CHAIRPERSON FERRERAS-COPELAND:
17	[interposing] Right.
18	COMMISSIONER BISHOP: That person tends
19	to be the cook, the dishwasher, and
20	CHAIRPERSON FERRERAS-COPELAND:
21	[interposing] Right.
22	COMMISSIONER BISHOP: everything. To stop
23	doing that
24	
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2	CHAIRPERSON FERRERAS-COPELAND:
3	[interposing] SO, it's the supervision part that
4	you're saying.
5	COMMISSIONER BISHOP: Correct, right.
6	CHAIRPERSON FERRERAS-COPELAND: Gotcha.
7	COMMISSIONER BISHOP: Yeah.
8	CHAIRPERSON FERRERAS-COPELAND: Okay,
9	EDC, you shouldn't' have this problem at all.
10	JAMES PATCHETT: Which problem.
11	JAMES PATCHETT: That you're too small or
12	that, you know, the chef also is the person who is
13	the waiter, and I think your agency has capacity.
14	JAMES PATCHETT: So I actually I'm
15	going to have to get back to you on the specifics of
16	our participation in the program. I think this year
17	we've largely filled out our intern class, but I hear
18	you, it's an important it's an program that gets
19	it's a great one.
20	CHAIRPERSON FERRERAS-COPELAND:
21	[inaudible] okay.
22	JAMES PATCHETT: And it's a great point.
23	We'll look into it and get back to you, just have a
24	conversation to make sure we're participating in an
25	adequate level.

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2	CHAIRPERSON FERRERAS-COPELAND: Yeah, I
3	think it would be great, and I do believe that this
4	is a lot of pipeline opportunities for many of our
5	young people.
6	JAMES PATCHETT: Yeah.
7	CHAIRPERSON FERRERAS-COPELAND: How great
8	would it be to have a summer job with, you know, the
9	people that are really supporting our city?
10	JAMES PATCHETT: There's no greater honor
11	than working with me personally, I think.
12	[laughter]
13	CHAIRPERSON FERRERAS-COPELAND: And we
14	will now give it to Council Member Koo who would like
15	to make a clarification, and then we will have Chair
16	Garodnick.
17	COUNCIL MEMBER KOO: Thank you, Chair. I
18	just want to make my clarifications. I am not
19	against street vending, no. I understand street
20	vending is a pathway to successful entrepreneurship.
21	I, myself, seen a lot of millionaires [sic] in my
22	area. They were street vendors before. My main
23	concern is the street vendor in the busy transit
24	area, especially on Main Street between a few blocks,
25	because when we have too many vendors in the streets,
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1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 135
2	the pedestrian have a hard time to navigate on the
3	street. They have to go outside the sidewalk. To
4	walk on the street is really dangerous. So, that's
5	my main concern. I'm not criticizing anyone. I
6	mean, I understand you have a difficult position, but
7	I just want you to advocates, even police enforcement
8	on certain busy corridors and transportation hubs,
9	because otherwise, you know, pedestrians always have
10	a complaint. They say New York City's not doing
11	anything. This is [inaudible] third world country.
12	[inaudible] all around on the streets. So, my main
13	concern is that. As long as they're doing it on a
14	really busy pedestrian area, it's okay. So, that's
15	my clarification. Thank you.
16	CHAIRPERSON GARODNICK: Thank you again,
17	Madam Chair. I just want to finish up with a couple
18	questions for EDC and then a couple for SBS. So,
19	President Patchett, back on the ferries for one
20	second.
21	JAMES PATCHETT: Sure.
22	CHAIRPERSON GARODNICK: In our
23	conversation before you were dividing out the per-
24	passenger expected subsidy based on a ridership of
25	four and a half million. I really was most

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 136 2 interested in the top line number of 30 million dollars a year. Is there anything that affects that 3 4 number for the City--JAMES PATCHETT: [interposing] Sure. 5 CHAIRPERSON GARODNICK: if ridership is up 6 7 beyond, you know, those numbers? Does anything 8 change for us, or in the alternative, if ridership instead of being 4.5 million is, you know, one 9 million, what happens then? 10 11 JAMES PATCHETT: Right. So, we-- the 12 contract is structured to provide us with downside 13 protection, but also some upside opportunities to a degree. So over the next six-- it is as you pointed 14 15 out earlier, a six-year contract. So this is only for the duration of the contract, and you go forward 16 17 basis we have a better sense of the ridership we 18 should be able to be more precise, but what we've done is provided a range so that as long as the 19 20 ridership is, I believe, between three and a half and 21 five and a half, there's no benefit or cost to the 2.2 City. So, that is to say as long as it's near four 23 and a half million we won't have to pay more and we won't have to pay less. That being said, if we 24 25 significantly exceed our estimates, we should be able

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 137 to benefit financially, and it should cost us less.
3	That was there was a decision to a combination of
4	mitigating our risk because we wanted the bar at the
5	bottom to be low enough that we didn't think there
6	was a possibility that we would go below it, and at
7	the same time have the bar at the top high enough
8	that we thought there was a possibility as the
9	service is up and running that we could potentially
10	get beyond it. So there was really more from our
11	perspective upside than downside.
12	CHAIRPERSON GARODNICK: So what then
13	happens if you were if we go above five and a half
14	million rider?
15	JAMES PATCHETT: There's an adjustment to
16	the level of payment because it becomes offset by
17	fares.
18	CHAIRPERSON GARODNICK: Okay, so the
19	amount that the City would pay is reduced by
20	JAMES PATCHETT: [interposing] Yeah.
21	CHAIRPERSON GARODNICK: the additional
22	fares, is that correct?
23	JAMES PATCHETT: Correct, yeah.
24	CHAIRPERSON GARODNICK: And if it is if
25	the ridership is below three and a half million?

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2	JAMES PATCHETT: Similarly, to a degree we
3	have to make up the loss fare, an element of the lost
4	fare revenue to the degree its below.
5	CHAIRPERSON GARODNICK: Is there any
6	maximum amount of funds that the City would have to
7	make up if ridership is at a much lower
8	JAMES PATCHETT: [interposing] Yeah, there
9	is. I would just say I mean, again, the thing
10	about it this time, the way it was structured is this
11	is on EDC. So we're not going to be looking to the
12	City to come up with this fund. It was structured to
13	that it was EDC's responsibility to manage the
14	contract and handle the up and downside. We wouldn't
15	be coming back to the City, to the City Council or
16	the Administration looking for more funds if the
17	ridership were lower.
18	CHAIRPERSON GARODNICK: I've got it, but
19	I've noticed that there is some level of connection
20	between EDC's funds and the City's funds which is why
21	I'm asking the question
22	JAMES PATCHETT: [interposing] Yeah, no.
23	CHAIRPERSON GARODNICK: as to whether or
24	not there is any limit to the amount that EDC then
25	would have to make up on the downside.
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2	JAMES PATCHETT: Yeah, there is a limit.
3	CHAIRPERSON GARODNICK: There is a limit?
4	JAMES PATCHETT: Yeah.
5	CHAIRPERSON GARODNICK: Which is what?
6	JAMES PATCHETT: I don't have it in front
7	of me, but we can
8	CHAIRPERSON GARODNICK: [interposing]
9	Okay. Alright. Let's talk about Sunnyside Yards for
10	a second. The Executive Capital Commitment Plan
11	includes 55 million dollars for preliminary
12	infrastructure to support Sunnyside Yards for future
13	development. The Preliminary Budget included a six
14	million dollars for a study for alternative designs.
15	So, question one is which fund is this money coming
16	from, if it is from one of those funds that we
17	discussed earlier.
18	JAMES PATCHETT: It's not.
19	CHAIRPERSON GARODNICK: It is not.
20	JAMES PATCHETT: No.
21	CHAIRPERSON GARODNICK: So this is
22	separate and apart
23	JAMES PATCHETT: [interposing] Yes.
24	CHAIRPERSON GARODNICK: from Neighborhood
25	Revitalization Funds?

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 140 ABUSE, AND DISABILITY SERVICES 2 JAMES PATCHETT: Yes. 3 CHAIRPERSON GARODNICK: What 4 infrastructure support is this being used for? 5 JAMES PATCHETT: This is specifically-we've talked about it with Amtrak, the fact that they 6 7 are redesigning their high-speed rail shed unrelated 8 to anything that the City is doing. And so they were going through that process, and it's in the middle of 9 Sunnyside Yard, and we talked to them, and it's a 10 11 space that we believe in the long run might provide 12 an open space for the community and so rather than 13 allowing -- above the rail shed at some point in time. And so we didn't-- we decided since they were 14 15 redesigning it, we wanted to redesign it, make sure 16 that they designed it and constructed it in a way 17 such that it would provide for the construction of an 18 open space over the top of it at some future stage rather than missing that opportunity, because if they 19 build it in a way that does not support that, in 20 theory, if you ever wanted to build that open space 21 2.2 you'd have to tear down the entire shed and start 23 from beginning, which it's a much larger-- it's a hundreds of million dollar capital projects. 24 The 25 concept was evaluate the design and see if there was

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2	a way to integrate the elements in construction that
3	would permit us to build the open space. We're in
4	that design process right now. Ultimately, whether we
5	proceed with it will be dependent on whether it is
6	possible to construct a facility that supports the
7	open space over the top for a reasonable cost figure.
8	CHAIRPERSON GARODNICK: So, am I to
9	understand that there's going to be a certain amount
10	of time or money spent to assess whether or not this
11	is viable before
12	JAMES PATCHETT: [interposing] That's the
13	six million dollars, yes.
14	CHAIRPERSON GARODNICK: So, if it is if
15	you all conclude that it's not a viable option, then
16	that's the that's the total of the expenditure
17	here, is that right?
18	JAMES PATCHETT: That's yeah, that's
19	correct, yeah.
20	CHAIRPERSON GARODNICK: And if it were
21	viable, 55 million dollars is the cost that the City
22	would, that EDC would
23	JAMES PATCHETT: [interposing] This is
24	City, yeah, in this case.
25	CHAIRPERSON GARODNICK: Okay.

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2	JAMES PATCHETT: This is City capital as
3	opposed to.
4	CHAIRPERSON GARODNICK: The City capital
5	dollars would go into would the City be doing the
6	work to address the shed
7	JAMES PATCHETT: [interposing] Yeah, I
8	think it would be an agreement to Amtrak. Amtrak is
9	doing the overall construction work. So the way it
10	would be structured would be we essentially a
11	contribution to Amtrak's overall capital construction
12	to fill the gap in the cost of construction and
13	building that did not provide for a build an over
14	build of open space versus construction that did
15	provide for it.
16	CHAIRPERSON GARODNICK: At this stage of
17	the game, does Amtrak believe that this will be
18	viable so as to allow for that joint project to
19	exist?
20	JAMES PATCHETT: Well, it's a joint design
21	effort. They, you know, we've been discussing with
22	them. We're in conversation with them. We're doing
23	the design together. So, I think neither we nor
24	Amtrak have the answer to that. We certainly think
25	it's in the range of viability that we wouldn't be
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2	spending the funds if we didn't. But jointly, we
3	think it's a po I mean, they have a long-term
4	interest in making sure that, you know, that doesn't
5	remain an open-cut rail yard forever, and they're
6	supportive of the efforts to ultimately make open
7	space on that particular parcel, and so it's a joint
8	effort, and we certainly are optimistic. But we want
9	to, again, we want to, to your point, make sure we
10	take a thoughtful step on design before we go ahead
11	and spend a ton of money building something that
12	might not actually be supportive.
13	CHAIRPERSON GARODNICK: Okay. On the
14	Manhattan Greenway
15	JAMES PATCHETT: [interposing] Yes.
16	CHAIRPERSON GARODNICK: First of all,
17	this is a great development for city and certainly
18	for the continuity of a greenway around Manhattan,
19	and so we thank you for your leadership and continued
20	partnership on that issue. You noted on your
21	testimony that a portion it was a five million
22	dollars. I wasn't sure if you were saying that it
23	was five million of the 100 million that would go
24	toward designing the what will continue to be an
25	

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2	existing gap between 41^{st} and 53^{rd} Street or if that's
3	an additional allocation for study.
4	JAMES PATCHETT: Sure. So, there's a 100
5	million dollars which is specifically allocated for
6	the construction, the full design and construction of
7	the segment of the Manhattan Greenway that you're
8	referring to going up to 61 st Street. There is a
9	separate five million dollars that OMB allocated in
10	design and analysis funds to look at the entire
11	greenway which includes the segment south of 53 rd
12	Street to look at what will be necessary there and
13	what will be necessary across the entire greenway,
14	because broadly the Mayor is committed to ensuring
15	that we actually successfully have a vision for
16	completing the greenway as opposed to just around
17	all of Manhattan including the segment further south
18	behind the UN as well as some elements in Northern
19	Manhattan that currently are incomplete. For
20	instance, if you get north of the George Washington
21	Bridge on the west side, there's a large area that
22	requires steps to go up. On the east side in Inwood
23	there's an element that's incomplete. There are some
24	segments across the city that are really not in the
25	level of completion that we would like to see. So

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 145 this is a separate simultaneous analysis to create a 2 3 path for us to really finalize the Manhattan 4 Greenway. 5 CHAIRPERSON GARODNICK: That's great, and we look forward to working with you. 6 7 JAMES PATCHETT: Great. CHAIRPERSON GARODNICK: I will note that I 8 9 went as part of the great saunter this weekend and walked all the way around the borough of Manhattan--10 11 JAMES PATCHETT: [interposing] Okay. 12 CHAIRPERSON GARODNICK: and experienced 13 what you're talking about. There are some obvious 14 challenges and gaps. The west side is looking great. 15 JAMES PATCHETT: Up to George Washington 16 Bridge it's great. 17 CHAIRPERSON GARODNICK: And it is just 18 great. It is a wonderful resource, and then when you 19 come back around and you hit the east side the 20 challenges are significant, and so we appreciate this 21 investment. 2.2 JAMES PATCHETT: Yeah, I've done it 23 myself. I know what you mean. CHAIRPERSON GARODNICK: Okay. 24 Now, Commissioner Bishop, two questions for you. One of 25

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2	them obviously is going to be on our favorite subject
3	about school buses, but let's just talk for a second
4	about commercial rent tax. You know, there's a
5	legislative proposal that is pending in the City
6	Council right now to give some relief to smaller
7	businesses who are paying the commercial rent tax in
8	Manhattan only south of 96 th Street only. The
9	proposal would increase an exemption that exists
10	today for small businesses. Right now, it's set at
11	250,000 dollars and below. If you pay less than that
12	you're exempt from this tax. If you pay more than
13	that, you are not exempt from this tax. What has
14	happened over recent years is that more and more
15	businesses because of the rents have gone over the
16	exemption level. In fact, some 62 percent of
17	there's been 62 percent growth between 2013 and 2015
18	in the number of businesses that are now covered by
19	this tax because they're just over that 250,000
20	dollar threshold. So we have a proposal that would
21	for the first time in 16 years increase the exemption
22	amount from 250,000 to 500,000 dollars a year. We
23	would help 3,400 of the smaller businesses in
24	Manhattan while only affecting six percent of the
25	overall revenue that's generated from this tax. I

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 147 ABUSE, AND DISABILITY SERVICES want to see if you had any thoughts or feelings on 2 3 this subject. I noted that revenue changes were not included in the Executive Budget, but I wanted to see 4 5 if you had any feeling about that initiative. 6 COMMISSIONER BISHOP: So, you know, just 7 based on our conversation in the past and of course all the work that we've done to get and support small 8 businesses, we of course are looking for ways to 9 reduce the cost for small businesses to operate in 10 11 New York City. I think the commercial rent tax is, 12 you know, one of those conversations that has to 13 happen in terms of not only looking at it, but then also looking at the broader context of how it will 14 15 impact the budget, and I believe that is the 16 conversation that is happening right now, and 17 certainly, you know, I encourage that conversation to continue. 18 19 CHAIRPERSON GARODNICK: Okay. Thank you. I won't push you further, but we look forward to 20 21 hopefully your advocacy within the Administration to 2.2 help support small businesses which right now, you 23 know, -- these folks were not really intended to be captured by this tax. They are now being captured by 24

this tax just by virtue of our inaction. So, I would

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1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 148 appreciate your support on that. Last thing is on
3	the school bus program, don't intend to go back and
4	forth on the merits or legality of this, but I do
5	want to talk about the allocation, how much money has
6	been spent to-date on the grant program. Over the
7	past, to the extent you can tell us, over the past
8	three fiscal years we'd like to know where we are.
9	The Executive Budget adds 31.5 million dollars in
10	fiscal year 2017 for the school bus program, but tell
11	us where this what we have allocated and what has
12	been spent over the last three years.
13	COMMISSIONER BISHOP: So, in the first
14	year, 28 million, and in the second year, 32.8
15	million.
16	CHAIRPERSON GARODNICK: Okay, and this
17	year
18	COMMISSIONER BISHOP: [interposing] We're
19	projecting 31.5.
20	CHAIRPERSON GARODNICK: You know how many
21	bus drivers have benefited from that allocation in
22	each of those years?
23	COMMISSIONER BISHOP: Hold on one second.
24	So, it's about 1,200 to 1,400, and it's not only
25	drivers, it's mechanics and attendants.
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1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 149 CHAIRPERSON GARODNICK: Twelve-hundred to
3	fourteen-hundred in each, each year. Presumably it
4	was rough
5	COMMISSIONER BISHOP: [interposing] Yeah.
6	CHAIRPERSON GARODNICK: Probably the same
7	people, I would
8	COMMISSIONER BISHOP: [interposing] Yeah,
9	so as you know, we are just administering the
10	program, but DOE looks at sort of the employees to
11	make sure they're eligible for reimbursement. So, at
12	any given time some employees may drop off or add on.
13	CHAIRPERSON GARODNICK: Why is there such
14	a range between the actual number here of people who
15	have benefitted? I mean, 12,000 to 14, that's a
16	pretty big gap. Is there why is there a range as
17	opposed to a specific number of workers?
18	COMMISSIONER BISHOP: I mean, some I
19	mean, some workers may leave a company, so that might
20	be one of the reasons.
21	CHAIRPERSON GARODNICK: No, no, I guess
22	I'm really asking how many people have gotten extra
23	money on top of their existing paycheck from the City
24	of New York by virtue of this program. That's a
25	that should be a fixed number.

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2	COMMISSIONER BISHOP: Yeah, we'll get back
3	to you on that.
4	CHAIRPERSON GARODNICK: Okay, alright.
5	Thank you, Madam Chair.
6	CHAIRPERSON FERRERAS-COPELAND: Thank
7	you, Chair, and that concludes the first part of
8	today's budget hearing. We are going to be sending
9	you additional questions. I ask that you respond to
10	them expeditiously, because we will need them before
11	adoption. I want to thank Commissioner Bishop and
12	President Patchett for testifying. I also want to
13	again thanks Chairs Cornegy and Garodnick and their
14	committees. As a reminder, the public will be
15	invited to testify on Thursday, May 25 th , the last
16	day of Budget hearings at approximately 1:00 p.m. in
17	this room. For any member of the public who wishes
18	to testify but cannot make it to the hearing, you can
19	submit your testimony to the Finance Division on the
20	Council's website:
21	www.council.nyc.gov/budget/testimony, and the staff
22	will make it a part of the official record. We will
23	now take a five-minute break before we hear from the
24	New York City's Health + Hospitals. Thank you.
25	[break]

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 151 CHAIRPERSON FERRERAS-COPELAND: [gave] We
3	will now continue the fourth day of budget hearings
4	with the testimony for interim President and CEO
5	Stanley Brezenoff of New York City's Health +
6	Hospitals. The Finance Committee is joined this
7	morning by my Co-Chairs, Council Member Corey Johnson
8	and Andy Cohen, and the Committees on Health and
9	Mental Health, Developmental Disabilities,
10	Alcoholism, Substance Abuse, and Disability Services.
11	New York City's Health + Hospitals System, the
12	largest municipal health system in the country has
13	long served as a critical safety-net for low-income
14	New Yorkers those served by the City's public
15	hospitals include hundreds of thousands of residents
16	without insurance and many immigrant patients who
17	would have nowhere else to turn. Unfortunately, as
18	we all know, the system's financial instability in
19	recent years has put these essential services at
20	risk. To address this, the Mayor announced a plan to
21	transform the Health + Hospitals last year. This
22	transformational plan aimed to remodel the way the
23	system provided services, encourage greater
24	operational efficiencies and expand access to
25	community-based care. This is designed to ensure
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COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 that H+H's finances would be stabilized in the long-3 term so that patients can continue to rely on quality 4 affordable care. This year, H+H's transformation plan includes an 820 million dollar revenue 5 generating initiative and 387 million in expense 6 7 reducing initiatives, a total of 1.2 billion for Fiscal 2018. Furthermore, the Fiscal 2018 Financial 8 Plan represents undeniable progress over Fiscal 2017 9 in addressing the system's financial well-being. 10 11 However, I would urge the Administration to continue 12 to plan carefully as it addresses this significant 13 challenge, particularly given the current political situation in Washington. Although the President's 14 15 healthcare plan has only passed one House of Congress at this point, it would have a substantial impact on 16 17 our city were it to become law, potentially throwing 18 large numbers of New Yorkers off health insurance and cutting billions from Medicaid. This could very well 19 reverse the progress that we've been making with H+H. 20 With that being said, I look forward to hearing more 21 2.2 today about the Administration's transformation plan 23 in particular, and I hope to explore how H+H anticipates generating and sustaining the projected 24 25 savings it has laid out in the finance plan. I also

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 152 ABUSE, AND DISABILITY SERVICES 2 want to discuss the assumptions about future federal and state support that are reflected in the plan. If 3 H+H is to be the world class municipal health system 4 5 New Yorkers deserve, it must be able to withstand future challenges as it continues to reform in the 6 7 coming years. I'd like to turn it over now to Chair of the Health Committee, Council Member Chair--8 Council Member and Chair Johnson for his opening 9 remarks. 10

11 CHAIRPERSON JOHNSON: Thank you, Chair 12 Ferreras-Copeland and good afternoon. I'm Council 13 Member Corey Johnson, Chair of the City Council's Committee on Health. During today's hearing we will 14 15 review New York City Health + Hospitals' 7.6 billion 16 dollar Fiscal 2018 Executive Budget plan, including 17 issues related to correctional health services. First, I would like to commend Health + Hospitals 18 Interim President and CEO Stanley Brezenoff on the 19 substantial improvements outlined in H+H Fiscal 2018 20 plan. While the Fiscal 2017 Adopted Financial Plan 21 2.2 projected an operating loss of 1.3 billion dollars--23 let me repeat that, 1.3 billion dollars. In Fiscal 2018, H+H now projects an operating income of 64 24 million dollars. Furthermore, the Financial Plan now 25

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 154
2	projects fiscal year losses in the tens of millions
3	of dollars rather than the hundreds of millions of
4	dollars. Clearly, significant work remains in order
5	to ensure a financially sound municipal healthcare
6	system, but you and your team's progress is very
7	laudable. I would now like to address the current
8	political climate as it relates to healthcare. As
9	the Finance Chair stated, the federal and state
10	government present significant threats and challenges
11	to Health + Hospitals' fiscal health, notably by
12	Fiscal Year 2019. Medicaid waiver programs and
13	federal and state charity care total 852 million
14	dollars in H+H's transformation plan, representing 25
15	percent of the revenue generating initiatives
16	outlines. However, these funding streams prove more
17	precarious than ever. The American Healthcare Act,
18	the misnomer, immoral American Healthcare Act
19	recently passed by the House of Representatives would
20	dramatically cut federal funding from Medicaid, would
21	eliminate federal funding for New York State's
22	essential health plan and would disrupt the state's
23	non-group insurance market. Ultimately, the
24	legislation would jeopardize coverage for hundreds of
25	thousands of New Yorkers, a significant concern for

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2	the City's single largest provider to Medicaid
3	patients and the uninsured. As more people
4	experience barriers to healthcare coverage and
5	services, H+H will continue to serve as a lifeline
6	for the City's most vulnerable populations. I look
7	forward to working with you throughout these changes
8	to ensure that H+H is able to deliver affordable,
9	high-quality care to every New Yorker regardless of
10	income or immigration status. I would like to thank
11	the Committee Staff, Finance Analyst, Jeanette
12	Merrill, Policy Analyst, Crystal Pond, Committee
13	Counsel, David Sietzer, as well as my Deputy Chief of
14	Staff, Louis Choldon-Brown, and I look forward to
15	hearing your testimony and asking some questions
16	after the Finance Chair asks hers. Thank you very
17	much.
18	CHAIRPERSON FERRERAS-COPELAND: Thank you
19	very much, Chair Johnson. I also want to acknowledge
20	the Finance Staff who helped prepare this hearing,
21	Crillian [sp?] Francisco, Jeanette Merrill and Eric
22	Bernstein. We will now hear from the President, and
23	after my we will hear your testimony. I should be
24	clear. Not Trump. President Brezenoff after my

25 Counsel swears him in.

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 156 ABUSE, AND DISABILITY SERVICES 2 COMMITTEE COUNSEL: Do you affirm to tell 3 the truth, the whole truth and nothing but the truth in your testimony before the Committee today and to 4 5 respond honestly to Council Member questions? PRESIDENT BREZENOFF: Is it on? Now it's 6 7 on. Good afternoon, again, Chairpersons Ferreras-Copeland, Johnson and Cohen and the members of the 8 three committees. As noted, I'm Stan Brezenoff. 9 Interim President and Chief Executive Officer of the 10 11 NYC Health + Hospitals. I am joined by P.V. 12 Anantharam, our Chief Financial Officer, Doctor 13 Machelle Allen, our Chief Medical Officer, and John Jurenko, our Vice President for Government and 14 15 Community Relations; as well as leadership from 16 Health + Hospitals. Thank you for the opportunity to 17 share our thoughts on the FY18 Executive Budget as 18 well as other programmatic initiatives. Health + Hospitals is the safety net provider for all New 19 Yorkers. We serve nearly 1.2 million people, of 20 which more than 425,000 are uninsured. In 2016, 21 2.2 there were 4.5 million outpatient visits, and 23 approximately 1.2 million emergency room visits, which is approximately 30 percent of the City's 24 emergency department visits. There were 195,000 25

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2	patient discharges, including 18,000 newborn
3	deliveries. Our commitment to the patients and
4	communities we serve is unwavering, and we will
5	continue to uphold our mission of providing high
6	quality, affordable, culturally responsive health
7	care to all regardless of their ability to pay or
8	immigration status. But as you noted, the stark
9	reality is that we are facing a fiscal cliff. We
10	have a large budget gap, which we will also describe
11	how we are going to attack, of \$1.1 billion in FY18,
12	which is increasing to \$1.9 billion by FY21. This is
13	brought on by higher costs, some inefficiencies in
14	our system, and reimbursement policy changes at the
15	federal and state levels that have yielded severe
16	shortfalls associated with being the City's single
17	largest provider of care to Medicaid and uninsured
18	patients. We have busy emergency departments, some
19	of the busiest in the country, with low admission
20	rates, which indicate patient needs could be better
21	addressed in lower-cost, lower acuity settings. We
22	also have excess inpatient bed capacity, as do other
23	hospitals across New York City, reflecting in part
24	the success of strategies to better serve patients in
25	their communities before intensive inpatient care is

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 158 And as always, we need greater investment in 2 needed. 3 outpatient, post-acute care and integrated social 4 services. Hence the need to transform into a high-5 performing, competitive, and financially sustainable community-based system. As you know, we have 6 7 developed an ambitious plan to address these dual challenges of financial stress and the imperative of 8 better serving our communities. The transformation 9 plan, a combination of savings initiatives, revenue 10 11 enhancements, and targeted investments in the long term transformation of our system, will meet its 12 13 financial targets this fiscal year. Next year the plan will be more challenging, as some of our 14 15 expectations around enhanced federal support, as you 16 noted, will probably not be met. We continue to 17 innovate and look for new ways to enhance the 18 effectiveness of our services while meeting those stiff financial challenges in front of us. So, let's 19 talk about the FY18 gap closing initiatives. While 20 we are transforming public healthcare delivery in 21 2.2 response to structural changes to the national and 23 local health care landscape, especially in the midst of our financial crisis, we are also making strategic 24 25 changes to meet our budget gap-closing targets.

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 159 2 We're taking the opportunity where we can, at the 3 management level to adopt industry standard 4 organizational models and reduce the layers of 5 management within our system to bring it more in line with other healthcare organizations. This necessary 6 7 restructuring will help us function more efficiently and yield savings to address our serious financial 8 9 challenges, and will have no impact on services or patient care, quality or safety. Six weeks ago, when 10 11 I testified before Chairman Johnson and members of the Health Committee, I outlined how we will close 12 13 our 779 million dollar gap for FY17, and how we would end the year with a cash balance of 100 million 14 15 dollars and meet our obligations with the City. I′m 16 pleased to report, six weeks later, but with the end 17 of the fiscal year in sight, we will remain on track 18 for that challenge. In FY18, I am confident that we're on a path to greater financial solvency, and 19 will build a stronger, agile, and more stable 20 21 organization. We will aggressively pursue 2.2 opportunities to close the projected 1.1 billion 23 dollar gap by pursuing 820 million dollars in revenue generating initiatives, and 387 million dollars in 24 25 expense reductions. This will be accomplished by the

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 160 2 following: On the revenue side, implementing of a Medicaid waiver program for \$483 million; pursuing 3 4 federal and state charity care funding, \$85 million; 5 implementing a range of health insurance initiatives for \$252 million. On the expense side we're 6 7 implementing supply chain and care management initiative that would achieve 137 million dollars and 8 restructuring and personnel initiative of 250 million 9 dollars. Let me describe it. The Medicaid waiver 10 11 program, those funds are primarily in programs that 12 are ongoing, such as the New York State Delivery 13 System Reform Incentive Payment known as DSRIP, or that have been implemented this year, such as Value 14 15 Based Payment Quality Incentive Program, and the Care 16 Restructuring Enhancement Pilots. Healthcare is very 17 big on long definitions and acronyms. We anticipate 18 these programs to continue, and we will continue to 19 work in partnership with both the State and Federal 20 governments to realize additional waiver opportunities. Federal and State Charity Care of \$85 21 2.2 million: We will seek approval to avert the loss of 23 Disproportionate Share Hospital funding using an existing 1115 waiver provision to convert a portion 24 of authorized Federal Supplemental Medicaid funds to 25

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 161 2 DSRIP performance based payments; and we will work 3 with stakeholders around the state to ensure an 4 equitable distribution of any DSH cuts, a very 5 important issue. On the health insurance initiative side, which we credit with \$252 million, Health + 6 7 Hospitals will pursue many efforts to improve our revenue collection, including improved documentation 8 and coding, and denials management. We will receive 9 additional revenue from enhanced Medicaid and 10 11 Medicare rates through the establishment of FQHC 12 Centers. MetroPlus is expected to deliver 13 significant additional revenue through care management of its population, achieving high-quality 14 15 scores that result in bonus funds, and increasing membership, both generating additional enrollments 16 17 and decreasing disenrollments. Lastly, through the 18 implementation of new and additional outreach and enrollment strategies, we will ensure that all 19 20 uninsured patients are evaluated for existing 21 subsidized health care programs. On the cost reduction side, we're looking at supply chain and 2.2 23 care management initiative of \$137 million. Savings will be achieved through product standardization, 24 25 contract negotiations and leveraging corporate wide

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 162 2 volumes to achieve better pricing. In addition, the 3 340B contract pharmacy program will be expanded, and 4 Health + Hospitals will expand its care management 5 program to improve patient care, thereby controlling our costs. On the restructuring and personnel 6 7 initiatives, \$250 million, Health + Hospitals is as I 8 noted earlier embarking on an organizational 9 restructuring that is based on industry best practices to create a more efficient and financially 10 11 sustainable management structure to direct resources 12 where we need them the most, at the front line of 13 patient care. This effort will assist us in functioning more efficiently and yield savings to 14 15 address our serious financial challenges. We're 16 pleased to report positive, albeit modest news out of 17 The final version of the State FY17-18 Albany. 18 budget provides 20 million dollars gross over two years in new funding for enhanced safety net 19 20 hospitals serving a high share of Medicaid and 21 uninsured individuals. Although the budget doesn't 2.2 lay out outline a methodology for funding 23 distribution, based on an internal analysis, we anticipate receiving funding for H+H in the 24 25 neighborhood of 40-50 percent of these funds. Not a

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 163 2 lot of money, but this represents an important first 3 step in recognizing the challenges in Albany facing 4 safety net hospitals around the perspective cuts. We're thankful to members of the New York State 5 Legislature for this critical funding and for our 6 7 labor and community partners and the members of the City Council for weighing in on our behalf. It's a 8 good first step. While these initiatives and new 9 State funding are promising in bringing much needed 10 11 financial and operational relief, there still remains 12 budgetary actions emanating out of Washington that 13 will have a negative impact on the system. As you know, Washington continues to roil the nation's 14 15 healthcare landscape with a revived attempt to repeal and replace the Affordable Care Act with the 16 17 Republican-sponsored American Health Care Act. We 18 will continue to oppose the AHCA, are working closely with the Mayor's Office, healthcare associations, our 19 labor partners, New York's congressional delegation, 20 21 and partners in healthcare around the country to keep 2.2 the ACA the law of the land. In light of these 23 uncertain times, I would like to remind members of the Committees that Health + Hospitals remains 24 25 committed to the health of all our patients,

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2	regardless of their immigration status. Over the
3	last months, we've implemented the following programs
4	to protect our patients. Immigrant forums along with
5	the Mayor's Office of Immigrant Affairs, the New York
6	Immigration Committee, and the New York Legal
7	Assistance Corporation, H+H has held, and is
8	continuing to hold, a series of forums at our
9	facilities aimed at informing our patients of their
10	rights, and Health + Hospitals' commitment to
11	protecting patient privacy and not inquiring about
12	immigration status. We held four of these forums in
13	March, and throughout the months of April and May
14	well, it's now May we will host three additional
15	forums. On the legal strategies, we continue to
16	pursue legal strategies with the City and the State
17	to oppose the travel ban and the damaging effect it
18	would have on immigrant communities and indeed
19	potentially on physician workforces. Educating our
20	employees, we're educating our staff on helping
21	immigrant patients in an uncertain climate, and have
22	communicated with all our staff to assuage their
23	concerns and direct them to H+H's Office for
24	Diversity and Inclusion with any questions. We've
25	done an open letter to patients in December 2016.
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COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 165 2 Again, along with the Mayor's Office of Immigrant 3 Affairs. The open letter to patients reaffirmed 4 Health + Hospitals' and the City's commitment to 5 serving the immigrant community, and protecting the privacy rights of all those we serve. We also share 6 7 the Council's concerns about immigration actions taking place at our facilities involving patients and 8 employees. This is consistent with the ICE Sensitive 9 Locations Policy that states that enforcement actions 10 11 at locations such as hospitals, places of worship, 12 and schools, generally should be avoided. Health + 13 Hospitals will exercise its right to review and challenge any document that ICE produces that seeks 14 15 to grant access to non-public areas or patient 16 information. An important aspects of H+H's moving 17 forward is the Delivery System Reform Incentive 18 Payment Program, OneCity Health. OneCity Health is Health + Hospitals' DSRIP performing provider system, 19 PPS, that is leading our system in the State's triple 20 21 aim of improving care, improving health and lowering 2.2 health care costs, by building a population health 23 and care management infrastructure to better manage the access, outcomes, and utilization of our 24 25 patients. These efforts are preparing us to shift

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 166
2	from volume-based payments to value-based
3	reimbursement from the Federal and State governments.
4	It is also in keeping with the recommendations made
5	in the One New York Health Care for Our Neighborhoods
6	report issued by the Mayor last year, and the
7	recently released Commission on Health Care for our
8	Neighborhoods issue brief on building clinical
9	partnerships. By way of background, the DSRIP
10	program is not a grant program; there is performance
11	risk associated with achieving certain health outcome
12	targets as set by the New York State Department of
13	Health. Because of this risk, on the basis of
14	analysis provided to all PPSs from the Greater New
15	York Hospital Association, we have to expect that our
16	earnings may be lower than the maximum valuation of
17	\$1.2 billion. The partnership may earn above that
18	amount by accelerating the care management efforts to
19	care for high-risk, high-needs patients with high
20	inpatient utilization and by investing in staffing
21	and other infrastructure needed to improve primary
22	care access and frontline-level population health
23	management and that has to be our priority. Some
24	highlights of OneCity Health: OneCity Health has
25	several charges, including establishing more

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 167 2 effective partnerships with organizations that care 3 for the same patients, including other health systems 4 and community based organizations; designing and implementing new interventions in the clinical, 5 emergency department and inpatient setting, intended 6 7 to reduce unnecessary utilization; developing and 8 advancing models intended to better integrate primary 9 care and behavioral health, both at Health + Hospitals and in community clinics; and supporting 10 11 capacity building to help sustain organizations 12 important to meeting social needs, including 13 community-based organizations. These goals are being implemented through many initiatives, including but 14 15 not limited to: Centralized Care Management: We're 16 supporting high-risk patients for 30 days following 17 discharge through the Care Transitions program. 18 Transition Management Teams are now in five Health + Hospital facilities, with five more beginning soon. 19 20 Over 900 patients have been followed by the team, who 21 meet the patient while in the inpatient setting and 2.2 support them in the community. Additionally, in our 23 primary care sites we are expanding the Health Home program by providing care management services to all 24 25 appropriate patients who have complex medical and

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 168 ABUSE, AND DISABILITY SERVICES 2 social needs. The primary care provider can make 3 referrals to embedded care coordinators provided by OneCity Health's Health Home lead agencies. 4 The 5 program launched at six Health + Hospital sites and four OneCity Health DSRIP community partner primary 6 7 care practices. One hundred referrals have been made in this pilot phase. In 2014, six H+H facilities 8 received a three-year grant from the Centers for 9 Medicare & Medicaid Services' Health Care Innovation 10 11 Awards Program to use a multidisciplinary team to 12 assess patients who present in the emergency room 13 with ambulatory care sensitive conditions, create a plan that would avoid unnecessary hospitalizations, 14 15 and provide support after discharge. OneCity Health is transitioning from the grant program at these six 16 17 sites, and will provide a uniform approach to 18 screening and enrolling into care management for all appropriate patients who are treated and released. 19 We're also involved in outpatient clinic based 20 improvements at five of our H+H sites and five of our 21 2.2 community partner sites. We're beginning to integrate 23 behavioral health services into primary care appointments to more effectively screen and treat 24 25 patients for depression, and provide treatment for

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 169 2 medical needs common among patients with severe 3 behavioral health needs. We're assisting 52 primary 4 care partner sites to achieve Patient-Centered 5 Medical Home recognition to ensure a larger network of high-quality primary care services, and we are 6 7 integrating palliative care into primary care appointments to better manage patients' pain or other 8 distressing symptoms. Lastly, we are referring 9 pediatric patients with frequent asthma exacerbations 10 11 to community health workers who complete an asthma 12 assessment, and conduct home visits to evaluate the 13 environment for asthma triggers. In community outreach and linkages to services, we've contracted 14 15 with 38 community non-hospital partners across four 16 boroughs to connect individuals to insurance and 17 primary care. To date, they have connected 18 approximately 2,500 people to primary care and 19 approximately 3,200 individuals to insurance. These 20 efforts are in alignment with Health + Hospitals' 21 efforts to enroll all eligible uninsured patients. 2.2 And at 55 OneCity Health partners, including five 23 Health + Hospitals sites, we are currently completing cultural competence and health literacy assessments 24 25 to better understand opportunities for improvement.

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 170 2 In infrastructure we are implementing universal 3 screening and identification of social support needs 4 using tools in our electronic health record or care 5 management platform, and training and engagement of care management and social work staff, including 6 7 access to the Mayor's Office of Operation's Worker Connect portal. This will allow social workers to 8 better identify the scope of patients' needs and 9 current services. We are expanding access to social 10 11 services of known high need patients, enlisting 12 partnership partnering with New York Legal Assistance 13 Group, which is a nonprofit organization dedicated to providing free legal services in civil law matters to 14 15 low-income New Yorkers, as well as addressing food 16 insecurity through SNAP enrollers and WIC outreach to 17 Health + Hospitals facilities. Last year, we 18 transitioned from the system's old organizational structure based on geographic networks centered 19 around hospitals to three service lines focused on 20 patient care: hospitals, ambulatory care, and post-21 acute care. 2.2 Here are some highlights of our early 23 We are in the process of developing a experience. system-wide clinical service plan that will guide us 24 in appropriately scaling our inpatient service 25

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2	capacity to meet the needs of the communities we
3	serve, and redesign the distribution of clinical
4	services across facilities to better manage the
5	access, outcomes and utilization by our patients.
6	The CEO for each hospital will be held accountable
7	for the performance of their hospital, based on a
8	hospital-specific scorecard. For ambulatory care, in
9	coordination with inpatient, post-acute, and OneCity
10	Health initiatives across the system, on the
11	outpatient side we are focused on improvements to
12	meet the needs of the community and grow our patient
13	base by increasing access and improving quality of
14	care. And, in keeping with the Mayor's Caring
15	Neighborhoods initiative, our primary care expansion
16	is well underway. Of the seven identified
17	facilities, we completed renovating three in the
18	Bronx and Brooklyn within the last six months, and
19	over the summer and fall of 2017, we expect the
20	remaining four in Brooklyn, Queens, and Staten Island
21	to be done. Expanded services at these sites will
22	now include, comprehensive primary care, and
23	specialties based on community needs, which include
24	behavioral health, cardiology, endocrinology, and
25	after-hours urgent care. On the post-acute front,

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2	each year, our post-acute care facilities provide
3	800,000 patient encounters for frail and elderly New
4	Yorkers at five skilled-nursing facilities, three
5	adult daycare centers, a home health agency, and a
6	long-term care acute care hospital. Four of our five
7	skilled nursing facilities have received a five star
8	quality rating, the highest grade given by CMS. And,
9	while we have some of the highest rated facilities in
10	the country, we are always seeking to make
11	improvements by implementing new skilled-nursing
12	facilities services and identifying ways to
13	collaborate with our managed care partners to improve
14	quality. Recently, 22 Health + Hospitals sites
15	received the designation "Leader in LGBTQ Healthcare
16	Equality" from the Human Rights Campaign Foundation
17	for 2017. This honor acknowledges hospitals,
18	community health centers and nursing homes across the
19	country that embrace LGBTQ inclusion and patient-
20	centered care. Specific accomplishments in this
21	arena: In 2011, Health + Hospitals became the first
22	public healthcare system in the United States to
23	mandate LGBT Cultural Competence Training for staff,
24	and it has continued to develop and evolve LGBTQ
25	training. In 2014, Health + Hospitals/Metropolitan

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2	was the first public hospital in New York City to
3	open an LGBTQ Health Center to help reduce barriers
4	and increase access to health care for that
5	community. Last year, the hospital expanded its
6	health services for transgender patients, including
7	gender-affirming surgeries and increased access to
8	hormone therapy. We thank the Speaker for the
9	funding. Earlier this year, the health system
10	received a multi-million dollar grant from the New
11	York State Department of Health for staff training,
12	which includes strategies for fostering diversity and
13	inclusion in the workplace related to LGBTQ issues.
14	We've partnered with the National LGBT Health
15	Education Center, a program of the Fenway Institute,
16	to optimize the health system's ability to
17	effectively serve those communities by creating a
18	certification track for physicians interested in
19	completing intensive training to increase core
20	competencies in LGBTQ health services. The pilot
21	program launched in April. Critical to Health +
22	Hospitals transformation is upgrading its information
23	technology infrastructure to support an integrated
24	patient-focused approach for care delivery and more
25	efficient operations. In the FY18 Executive Budget,
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2	Health + Hospitals received upwards of 200 million
3	dollars in capital funding for FY18-FY27 for the
4	installation of a new patient registration and
5	billing system that will integrate with the clinical
6	records system at all sites, as well as funding to
7	upgrade network infrastructure equipment and bio-
8	medical devices at multiple facilities. Below are
9	highlights of some of the capital projects that have
10	received the continued support. The renovation and
11	expansion and outfitting of the Roberto Clemente
12	clinic is complete. Patients will now have access to
13	behavioral health programs, and we want to thank
14	Council Member Rosie Mendez for her support and
15	contribution to this successful completion of this
16	project. On Staten Island, the Vanderbilt Avenue
17	site will open this fall. This new 28 million
18	dollar, 18,000 square foot ambulatory care facility
19	will offer comprehensive primary medical and mental
20	health system services for children and adults. The
21	site will also feature an after-hours urgent care
22	center to better accommodate patient needs. I want
23	to thank Council Member Debbie Rose for her
24	contribution to this project. In Queens, work is
25	underway at Elmhurst Hospital to renovate and expand

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2	its adult emergency room. The project is currently
3	in a design phase, and we expect that it will be
4	completed in 2019. We would like to thank the Queens
5	Borough President and the Queens City Council
6	delegation for their support. I also want to thank
7	Council Member Mathieu Eugene for his commitment to
8	provide funding for Kings County Hospital to replace
9	and upgrade needed medical equipment. There's been a
10	lot of activity and interaction with FEMS. In
11	addition to the aforementioned capital projects, we
12	continue to work on key projects to rectify the
13	damage caused by Hurricane Sandy and to make our
14	facilities more resilient to protect them from future
15	storms. We've been working closely with our partners
16	in the Mayor's Office of Recovery and Resiliency and
17	the New York State Economic Development Corporation
18	on these initiatives. Projects to relocate and/or
19	protect critical infrastructure equipment including
20	electrical, mechanical, heating and ventilation
21	units, as well as projects to mitigate the effects of
22	floods are underway at Bellevue, Coler, Coney Island
23	and Metropolitan. I talked earlier about information
24	technology. I want to note we're in the process of
25	implementing a new a new Epic revenue cycle, which

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 176 2 will integrate seamlessly with our EMR system that we 3 began adopting last year. This new technology will 4 standardize revenue collection in our acute care 5 facilities and across dozens of our community-based sites, and we expect it to yield up to 142 million 6 7 dollars annually in revenue, based on FY16 patient 8 The benefits of the integrated suite are volume. significant. Health + Hospitals will now experience 9 improved clinical documentation to support billed 10 11 services, reduced claims denials, and accelerated reimbursement. Providers will now have access to 12 13 consolidated and complete patient records to improve efficiency, and patients will more easily understand 14 15 the costs of their care, and be able to pay their 16 bills online. The two-year launch of the integrated 17 revenue cycle and EMR platform is expected to begin 18 by the end of 2018 and be fully completed by the end of 2020. H+H will invest 289 million dollars over 19 the next five years to fully implement the integrated 20 21 suite across the system. The City of New York has 2.2 allocated \$150 million in capital funds, and Health + 23 Hospitals will invest \$139 million from its operating costs, of course, pending approval by our Board of 24 25 Directors. Still on the technology support front, we

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 177 2 are implementing an Enterprise Resource Planning 3 Project. The project is designed to replace the 4 existing financial systems that are over 30 years 5 old. The new system will replace six existing systems into one integrated system. A single ERP 6 7 system allows for organic integration, workflow, 8 business process, and reporting, streamlining operations and reducing cost of implementation, and 9 system maintenance. Reporting is much guicker and 10 11 easier since all the information is stored in the 12 same manner and in the same place. An ERP allows for 13 increased productivity, accountability, performancebased management reporting, and dashboards using 14 15 outcome-based indicators. The goal is to implement a 16 user-friendly and fully integrated ERP application 17 with related modules, data integration, training, 18 implementation assistance, and ongoing software 19 The architecture will be highly flexible to support. 20 enable rapid change to support business needs and 21 provide access to data. First implementation, the 2.2 phase of this implementation will begin this summer, 23 which will replace the existing back office accounting systems and the core supply chain 24 25 management system so integral to our ambitious goals

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2	in supply chain. On the radiology front we're
3	implementing a new system that will increase
4	efficiency, bring about standardization to our
5	system, and improve patient outcomes and quality
6	care. H+H will realize savings by eliminating
7	duplicate hardware needs, redundant applications and
8	related resources, thus resulting in a more efficient
9	support model. The work is underway at four
10	facilities and will be completed by the end of the
11	year. No discussion of H+H is complete without
12	focusing on behavioral health. As the provider of
13	the majority of inpatient psychiatric treatment in
14	New York City, Health + Hospitals understands the
15	critical need for greater access to mental health
16	care in New York City. We continue to lead and
17	expand efforts to provide much-needed behavioral
18	health services for New Yorkers at every stage of
19	life, at our many patient care locations. We have
20	integrated universal depression screenings for adults
21	in primary care locations across the City, have
22	successfully led efforts throughout the boroughs to
23	screen all pregnant women and new mothers for
24	maternal depression. We have focused efforts to
25	promote health care services to young people at Youth

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 Health neighborhood centers, and we are very proud to 3 be expanding a pilot program established at the Bronx Family Justice Center to provide on-site behavioral 4 health services at each of the city's five FJCs, 5 which are designed to provide a comprehensive range 6 7 of services to survivors of domestic violence in each borough. And lastly, Health + Hospitals is leading 8 efforts in NYC to address the opioid epidemic that is 9 devastating many of our communities. We have begun 10 11 efforts to routinely screen and offer team-based care 12 for harmful substance use in our primary care 13 clinics. And as part of the Mayor's HealingNYC initiative, we are quadrupling the number of 14 15 providers able to treat opioid use disorder with 16 medication, and are establishing an innovative 17 addiction consult service to help care for the tens of thousands of patients we diagnose with substance 18 use disorder every year. 19 This year, 2017, marks the first year in which Correctional Health Services is 20 the direct provider of care in the city's jails. 21 We 2.2 have made and continue to make tremendous progress in 23 increasing the quality of and access to care for one of New York City's most vulnerable patient 24 25 populations. Our infrastructure has been re-

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2	ABUSE, AND DISABILITY SERVICES 180 engineered to enhance the expertise and support of
3	our providers. We continue to successfully roll out
4	our initiatives including enhanced pre-arraignment
5	health screening, expansion of PACE units, extension
6	of telehealth services, and treatment of Hepatitis C.
7	We continue to leverage the resources of H+H to
8	improve continuity and quality of care during and
9	after incarceration, including linkages with
10	Metroplus, Gotham Health and Health +
11	Hospitals/Coler, one of our skilled nursing
12	facilities. As part of the City's opioid strategy,
13	CHS is also expanding its substance use services
14	including doubling the methadone maintenance program,
15	tripling the buprenorphine program, quintupling
16	Naloxone distribution at the visit center, and
17	extending re-entry services for opioid addicted
18	patients who are at high risk of overdose death after
19	release from the jail system. Thank you for the
20	opportunity to testify and for listening, and I look
21	forward to your questions.
22	CHAIRPERSON FERRERAS-COPELAND: Thank
23	you. I feel like we should offer you some water
24	after that testimony.
25	[laughter]

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2	ABUSE, AND DISABILITY SERVICES 181 CHAIRPERSON FERRERAS-COPELAND: Thank you
3	very
4	PRESIDENT BREZENOFF: [interposing] It
5	shows, right?
6	CHAIRPERSON FERRERAS-COPELAND: Very
7	detailed testimony. We appreciate it. So, we're
8	just going to dive right in. The Fiscal plan, and I
9	know that you went into great detail over the plan.
10	I just wanted to know how sustainable are these
11	financial measures particularly given the current
12	political climate on both the Federal and State, and
13	I know you broke it down, but are you starting to
14	think about contingency plans?
15	PRESIDENT BREZENOFF: So, an interesting
16	strategic and tactical question. No, we have not
17	publicly thought about contingency plans. Our mode of
18	operation right now is focused on opposing, on
19	fighting, on not giving any indication that's what's
20	being what might be put forth is tolerable. This
21	is not to say that we don't think in alternative and
22	option terms all the time. I do think that FY18 even
23	on the revenue side is achievable. The mischief that
24	they're involved in in Washington at an early at
25	the earliest date would probably be October going

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2	into next federal fiscal year. So, I have a guarded
3	degree of confidence. We took out the immediate DSH
4	cut from our financial plans and effectively absorbed
5	it in our gap closing, our gap closing initiatives,
6	and we are prudently reaching on our expense
7	initiatives and our other revenue enhancement. I use
8	the term advisedly. They're not slam dunks, but
9	they're clear routes to achieving them, and we're
10	committed to achieving them, and we will be working
11	very hard to achieve them. So, on the revenue side
12	we're going to be vigilant, the big revenue side that
13	I think you're referring to.
14	CHAIRPERSON FERRERAS-COPELAND: Right.
15	PRESIDENT BREZENOFF: In Albany and
16	Washington we're going to be vigilant with our
17	colleagues at OMB, and be prepared to deal with what
18	might be emerging, but as of this moment, I believe
19	we're in decent shape for FY18.
20	CHAIRPERSON FERRERAS-COPELAND: And I
21	understand the Mayor has also expressed the same
22	level of, I guess, not wanting to show your hand and
23	show that we could absorb a cut, right? Like, I get
24	that strategically, but I do believe that, you know,
25	as we plan we also have to have our backup mechanisms

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2	and our contingency plans. So I know that you said
3	you publicly haven't done it, but I'm hoping that
4	privately you're, you know, you're working within
5	your leadership team to figure out in the event that
6	these things come, this is how we can absorb the
7	brunt.
8	PRESIDENT BREZENOFF: Alright, I have to
9	say yes to that.
10	CHAIRPERSON FERRERAS-COPELAND: Okay.
11	PRESIDENT BREZENOFF: It also depends on
12	how ugly that ultimately
13	CHAIRPERSON FERRERAS-COPELAND:
14	[interposing] Right, of course.
15	PRESIDENT BREZENOFF: comes, right?
16	CHAIRPERSON FERRERAS-COPELAND: Of
17	course. Understood. Last month, H+H issued a memo
18	suggesting that organizational restruction [sic]
19	re sorry, restructuring could lead to about 400 and
20	600 from 400 to 600 layoffs. Can you provide more
21	details about the proposed restructuring and how much
22	would the restructuring generate in savings, and why
23	was this not identified in the 2017 hearings that we
24	were talking about what the potential opportunities
25	were. So this wasn't reflected in last fiscal year.

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2	Is this something that you just came up with last
3	month? Is this real? Like, walk us through this.
4	PRESIDENT BREZENOFF: Well, in a sense we
5	did just come up with it. We part of that creative
6	thinking that you alluded to. We're on the watch on
7	the march for finding savings within the organization
8	that any prudent executives or managers were taking,
9	any healthcare system in any organization. So, not
10	before the last hearing chaired by Councilman
11	Johnson, but soon after that as we I think noted in
12	the testimony. We were very mindful of what we're
13	facing, and we took the approach of examining our
14	management structure throughout the organization.
15	That was a New York Post article, so not entirely
16	not entirely
17	CHAIRPERSON FERRERAS-COPELAND:
18	[interposing] Usually we're quoting the articles.
19	PRESIDENT BREZENOFF: The we set upon a
20	path of examining facility by facility our management
21	structure against industry best practice standards,
22	things that I have done in the voluntary sector
23	that's done routinely in healthcare. We're in the
24	midst of that process. The numbers were made up by
25	the post, but I expect that as a consequence of that

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 185 2 effort there will be substantial savings that will 3 contribute to that 250 million dollar number in the 4 plan. 5 CHAIRPERSON FERRERAS-COPELAND: And--PRESIDENT BREZENOFF: [interposing] I 6 7 don't have final numbers, but we will share them as 8 soon as we have them, including the numbers of 9 individuals who are affected. CHAIRPERSON FERRERAS-COPELAND: Two 10 11 hundred and fifty million. 12 PRESIDENT BREZENOFF: Is the -- in the 13 plan as the--14 CHAIRPERSON FERRERAS-COPELAND: 15 [interposing] Oh, right. Okay. And do you--16 PRESIDENT BREZENOFF: [interposing] But 17 that's not for that one thing. That's a part of it. 18 CHAIRPERSON FERRERAS-COPELAND: Okay, 19 okay. So, you'll get us the number as to what the 20 potential savings would be with these layoffs. And 21 which of the facilities will be affected by this 2.2 restructuring? 23 PRESIDENT BREZENOFF: Potentially every facility. 24 25

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 186 ABUSE, AND DISABILITY SERVICES 2 CHAIRPERSON FERRERAS-COPELAND: Every 3 facility, and is it just management titles, is that 4 what--5 PRESIDENT BREZENOFF: [interposing] Yes, and the central office. 6 7 CHAIRPERSON FERRERAS-COPELAND: Management and central office. Will any of these be 8 9 union? PRESIDENT BREZENOFF: No. 10 11 CHAIRPERSON FERRERAS-COPELAND: Okay. 12 [inaudible] Now, the transformation plan projects 55 13 million in Fiscal 2017 for restructuring and personnel incident as part of the expense reducing 14 15 initiatives increasing to 544 million by Fiscal 18. 16 Do you anticipate generating all the savings purely 17 from workforce attrition or restructuring, or do you expect non-union layoffs in the out-years also? 18 19 PRESIDENT BREZENOFF: So, those numbers 20 go back to the original plan. We're achieving the 21 same global numbers, but in not completely with 2.2 headcount reduction in FY18. So the way, the 55 23 figure that you referred to was achieved largely almost completely by attrition. 24 25 CHAIRPERSON FERRERAS-COPELAND: Okay.

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2	PRESIDENT BREZENOFF: The efforts in 18
3	are a mix of direct action, some of which we just
4	discussed around the management structures, some
5	carry-over from 17 to 18 where we're exceeding the
6	goal. So, we have both the continuing run rate and
7	the additional heads as it were that we're achieving
8	in 17 that will carry over into 18, and we have what
9	we're calling other kinds of management efficiencies
10	that we're in the early stages of developing, but
11	expect to fully develop during the course of 18
12	around sharing services across the system,
13	consolidating services, taking advantage of the size
14	and spread of our system where we would use the tools
15	of targeted attrition and redeployment to achieve the
16	savings. At the end of the day in that bucket in the
17	financial plan, which is the 250 million that I
18	referred is that's how we'll achieve it, that mix,
19	and it includes the management restructuring that we
20	just discussed.
21	CHAIRPERSON FERRERAS-COPELAND: Okay. In
22	the transformation plan you also project a
23	substantial increase in savings resulting from supply
24	chain and care management as you stated in your
25	opening statement, from 63 million in FY17 to 204

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2	million by Fiscal Year 2020. Can you provide more
3	details as to how you will sustain these projected?
4	I know that you've detailed what it'll be, but how do
5	you sustain that? Because year over year over year
6	over year you reflect savings, and usually when we
7	engage with administrations it's like one time unless
8	every machine at the hospital is duplicated and
9	you're going to do it every year. You know, how do
10	we help walk us through how you achieve this
11	savings.
12	PRESIDENT BREZENOFF: So, it's a mix of
13	one-time savings that and recurring savings. It's
14	just that we have so much room to get better in
15	revenue cycle and supply chain as examples that we
16	believe that we will be able to get these amounts of
17	savings, some of which we have a clear route to
18	already, inventory control for example, just in time
19	inventory, standardization of product lines to get
20	better pricing and to avoid one-off pricing. The
21	controlling how things are purchased within the
22	system. There's just so much there. Now, over time,
23	yes, I think it's true, though it can be when you're
24	starting from where we are it's an extended period of
25	time, there is a plateauing effect and not sort of

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2	baked in, and prices continue to go up. One of the
3	features of healthcare is that costs often go up
4	faster than revenues do and so on. So, but that is a
5	future that is a future prospect. Right now, over
6	the next several years, I anticipate that we will in
7	fact achieve this level of supply chain savings.
8	CHAIRPERSON FERRERAS-COPELAND: Okay,
9	we're going to keep an eye on it, because you know
10	PRESIDENT BREZENOFF: [interposing] Me
11	too.
12	CHAIRPERSON FERRERAS-COPELAND: Okay.
13	Well, I hope so. As part of the revenue generating
14	initiatives, since we're talking about this, the
15	transformation plan includes 100 million in Fiscal
16	2020 and in Fiscal 2021 from developmental
17	opportunities. Can you provide details? What are
18	developmental opportunities?
19	PRESIDENT BREZENOFF: I think that refers
20	to underutilized real estate that
21	CHAIRPERSON FERRERAS-COPELAND:
22	[interposing] Okay, so is that the sale of
23	underutilized real estate or the rentals, the leases?
24	
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COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 190 ABUSE, AND DISABILITY SERVICES 2 PRESIDENT BREZENOFF: I don't know if it's 3 restricted to sale. I think it is also -- allows for 4 productive re-use. 5 CHAIRPERSON FERRERAS-COPELAND: Okay. PRESIDENT BREZENOFF: I'll just use an 6 7 example. We have some buildings on the Kings County 8 campus that are not used for anything. They're just 9 sitting there now. It's not necessarily-- they're not necessarily easily susceptible to the 10 11 redevelopment or re-use, but they're there and it 12 varies within the system. So the number is a place 13 holder for those kinds of things in the system. 14 CHAIRPERSON FERRERAS-COPELAND: Okay. SO 15 potential for other. So, is it for use within the hospital, or do you envision that some of these sites 16 17 could be used for affordable housing or some of these 18 sites can be used for, I don't know, a school or a 19 li-- like--20 PRESIDENT BREZENOFF: So, when we look at it, our first look is how we might put it to 21 2.2 productive use, but there are larger forums where the 23 relative value of different approaches would be considered, but we would in those cases, and I guess 24 25 one example would be the use of Draper Hall on the

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2	Metropolitan Hospital Campus, which is now being used
3	for housing, or some portion of the Seaview campus
4	which is our RFP is being responded to there for a
5	mix of health and wellness activities and possible
6	housing. We would get credit for the money in our
7	budget
8	CHAIRPERSON FERRERAS-COPELAND:
9	[interposing] So, that's what I wanted to better
10	understand, because it's a developmental opportunity.
11	Is it that it's sold to the City, leased to the City
12	or what's the relationship? How does it become a
13	revenue-generating opportunity if it's not something
14	that is under the purview of H+H?
15	PRESIDENT BREZENOFF: So, the crediting
16	system is a bit I'm not sure it's easy to define,
17	but it can help make the case for our own capital
18	needs.
19	CHAIRPERSON FERRERAS-COPELAND: SO, it's
20	like a trade-off potentially in capital?
21	PRESIDENT BREZENOFF: Yeah, I think
22	there's a variety of ways that it's been put to use,
23	but we also in some cases have directly gotten the
24	proceeds.
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1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 192 CHAIRPERSON FERRERAS-COPELAND: Okay, so
3	we're going to ask for a joint briefing on just this
4	portion of, you know, of your developmental
5	opportunities where'd we like to see where those
6	locations are and what this trade-off that could be
7	more complicated to explain. But I think if we can
8	all sit down and you can walk us through it, it would
9	be helpful.
10	PRESIDENT BREZENOFF: Good.
11	CHAIRPERSON FERRERAS-COPELAND: Okay. My
12	last question before I open it up to the Chairs and
13	we hear from our colleagues, which have joined us,
14	Council Members Perkins, Matteo, Koo, Williams,
15	Levine, Cornegy, Vacca, Mendez, Gibson, Borelli,
16	Grodenchik, and Barron. There's multiple hearings
17	happening, so people are coming in and out. Yes, I
18	said you, Council Member Wills. The Administration
19	has promoted MetroPlus, the health insurance arm of
20	H+H to the City's nonprofit sector, suggesting the
21	Administration would increase funding for groups that
22	agreed to examine the plan. What are the specifics
23	on these negotiations between the Administration and
24	the City's nonprofit community, and how would this
25	agreement affect H+H's enrollment in MetroPlus?

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2	PRESIDENT BREZENOFF: So, the only aspect
3	of that that we have been involved in is the
4	formulation of a proposal, a plan that would provide
5	insurance to employees of those groups. We did that.
6	That is MetroPlus did that with our with H+H's
7	involvement, and that dynamic is ongoing. Our
8	proposal is in the mix. It ws designed to be
9	economical, and comprehensive for in relation to the
10	needs of the employees of the not-for-profits. It's a
11	very exciting possibility from our perspective, and
12	we bent every effort to put together a competitive
13	produce.
14	CHAIRPERSON FERRERAS-COPELAND: And how
15	much revenue could this potentially raise?
16	PRESIDENT BREZENOFF: A lot depends. In
17	this insurance game, a lot depends on who the
18	patient the members are, their experience and what
1.0	
19	the medical loss ratios turn out to be. But we
20	the medical loss ratios turn out to be. But we anticipate that assuming that what we proposed was
20	anticipate that assuming that what we proposed was
20 21	anticipate that assuming that what we proposed was accepted, and right now there's no ability to accept
20 21 22	anticipate that assuming that what we proposed was accepted, and right now there's no ability to accept that assumption. It would be several million dollars
20 21 22 23	anticipate that assuming that what we proposed was accepted, and right now there's no ability to accept that assumption. It would be several million dollars that we would get.

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 194 2 know, disclosing anybody's personal information, but 3 what percentage of H+H employees are enrolled in 4 MetroPlus? 5 PRESIDENT BREZENOFF: Actually, I don't know the answer to that. 6 7 CHAIRPERSON FERRERAS-COPELAND: Well, I think you should find out. 8 9 PRESIDENT BREZENOFF: I will. CHAIRPERSON FERRERAS-COPELAND: Yeah. 10 You 11 know, because I just think we're engaging this 12 nonprofit sector and the potential -- and of course we 13 want to give everybody priority and preference, but if we're doing it for a sector, I wonder, you know, 14 15 I'd like to know. 16 PRESIDENT BREZENOFF: So, I--17 CHAIRPERSON FERRERAS-COPELAND: [interposing] Just a guestimation [sic], nothing--18 19 PRESIDENT BREZENOFF: [interposing] So, I have the most august group in healthcare in America 20 21 here. 2.2 CHAIRPERSON FERRERAS-COPELAND: Yeah. 23 PRESIDENT BREZENOFF: So, I'm going to ask if anybody know that. I know it's a low number. 24 25 Does anybody know the answer to that? Very low, I

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 195 said that. You're not showing your augustness. A
3	little over 5,000 is the consensus [sic].
4	CHAIRPERSON FERRERAS-COPELAND: A little
5	over 5,000.
6	PRESIDENT BREZENOFF: In a number that's
7	around 45,000 overall.
8	CHAIRPERSON FERRERAS-COPELAND: Out of
9	oh, 5,000 out of 45,000.
10	PRESIDENT BREZENOFF: Roughly.
11	CHAIRPERSON FERRERAS-COPELAND: Okay,
12	well, I mean, we'll follow up off the I just think
13	that this is a produce that's important to the City,
14	and
15	PRESIDENT BREZENOFF: [interposing] So,
16	I'm going to do a commercial for my friend Bob Lin
17	[sp?] at OLR.
18	CHAIRPERSON FERRERAS-COPELAND: Okay.
19	PRESIDENT BREZENOFF: I think there's very
20	strong city interest in expanding the ability of
21	MetroPlus to serve the city workforce overhaul.
22	CHAIRPERSON FERRERAS-COPELAND: Okay.
23	PRESIDENT BREZENOFF: And to, in
24	particular, the H+H workforces strong interest in
25	doing that.
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2	CHAIRPERSON FERRERAS-COPELAND: Okay.
3	PRESIDENT BREZENOFF: As we're learning
4	from the nonprofit dialogue.
5	CHAIRPERSON FERRERAS-COPELAND: Exactly.
6	PRESIDENT BREZENOFF: Not so easy to do.
7	CHAIRPERSON FERRERAS-COPELAND: Okay.
8	Fair enough. Thank you. I'm going to come back in a
9	second round of questions, but now we will hear from
10	Chair Johnson followed by our colleagues.
11	CHAIRPERSON JOHNSON: Hi Stan.
12	PRESIDENT BREZENOFF: How you doing?
13	CHAIRPERSON JOHNSON: So, before I get
14	into some of the specifics of your testimony and over
15	the financial plan, we know you know through your
16	many decades of working in this industry and your
17	position now that healthcare is complicated, has
18	gotten more complicated, is ever-changing and
19	evolving, and I think one of the principles which
20	makes this is the largest public hospital system in
21	America, correct?
22	PRESIDENT BREZENOFF: Yes.
23	CHAIRPERSON JOHNSON: So, I think one of
24	the things that makes this public hospital system the
25	best and one of the most renowned is the fact that

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2	the ability to pay isn't a factor by in large when
3	someone needs treatment. They come in. They get the
4	services they need, and they're treated by a world-
5	class set of doctors and healthcare professionals. I
6	mean, that's basically correct.
7	PRESIDENT BREZENOFF: Absolutely.
8	CHAIRPERSON JOHNSON: SO it's really not
9	about profit in many ways. It's about, you know,
10	being able to meet your obligations to the public
11	benefit corporation, but it's not about profit here.
12	Is that right?
13	PRESIDENT BREZENOFF: Correct.
14	CHAIRPERSON JOHNSON: So, given that is
15	the case, do you support a single-payer health system
16	which takes away profit, takes away the ability for
17	health insurance companies to make decisions and is
18	really a patient-centered, patient-based program that
19	is about helping everyone regardless of their ability
20	to pay?
21	PRESIDENT BREZENOFF: Let me make up for
22	my lengthy testimony by saying absolutely, yes.
23	CHAIRPERSON JOHNSON: I feel like we made
24	news here today, Stan. You support single-payer.
25	PRESIDENT BREZENOFF: Yes, I do.
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2	CHAIRPERSON JOHNSON: You are left wing
3	radical, Stan Brezenoff.
4	[laughter]
5	PRESIDENT BREZENOFF: Others have said
6	that over the years.
7	CHAIRPERSON JOHNSON: Oh, my God. Well,
8	that's good to hear, because I think that there is
9	this weird moment that we're in with the horrible
10	things that are happening in Washington that you're
11	seeing these town halls across the country where
12	folks are standing up and saying it needs to be about
13	patient decisions, doctor's decisions and not health
14	insurance companies making decisions that aren't
15	always in our best interest that bankrupt us, that
16	determine we have a pre-existing condition that price
17	prescription drugs at an exorbitant rate, and it
18	really needs to be patient-centered, and I think
19	single-payer is about that. My colleague who
20	represents part of my district, Dick Gottfried, has a
21	bill at the state level, and I'm really happy to hear
22	that the leader of the largest public health public
23	hospital system in America supports it.
24	PRESIDENT BREZENOFF: Absolutely. Steve
25	Stafiore [sp?], Montefiore and I are as far as I know

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2	the only hospital executives in New York who do
3	support.
4	CHAIRPERSON JOHNSON: Thank you very
5	much. Okay, so now I'm going to be a little more
6	tough on you.
7	PRESIDENT BREZENOFF: Okay.
8	CHAIRPERSON JOHNSON: So, as the Chair
9	said, as Chair Ferreras-Copeland said, in 2020 and in
10	2021 there are projected hundred million dollars,
11	hundred million dollars for development
12	opportunities. Last year you had a 100 million
13	dollars in redevelopment [sic] opportunities, and it
14	wasn't you, it was Doctor Raju, and we you know, beat
15	him up a little bit by saying, "What the hell does
16	that mean?" you know you can't just throw random
17	whole large numbers into a financial plan without a
18	lot of details, explaining how you arrived at that
19	number, is that number achievable, is it just trying
20	to come here today and say you have a good sound
21	financial plan. I want to know really specifically
22	what the 100 million dollars for 2020 and 2021, how
23	you achieve that number, because it's not detailed in
24	a detailed way in the plan.
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1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 200 PRESIDENT BREZENOFF: So ,not to to get
3	to the thrust of the question. There is a fair
4	amount of property that tis underutilized, really a
5	fair amount. We where I do think it's credible and
6	prudent to expect that value can be derived from
7	those properties. New York City is a pretty complex
8	land use development environment, so things don't
9	necessarily move expeditiously, but the truth is
10	probably on most of our campuses there is available
11	and/or alternative uses for underutilized land that
12	do not in any way impact on patient care or actually
13	or potentially or de-limit us in any way. Remember,
14	we're talking about a recent history of declining
15	volumes of various kinds, significant
16	underutilization. So, I think what I can pledge to
17	do is to sit down with you, show you the parcels that
18	were are on our mind, and you can just whether how
19	much value might be derived from these under
20	different scenarios, because the thinking about these
21	sites is frankly not always highest and best use,
22	which would generate the most dollars. But
23	CHAIRPERSON JOHNSON: [interposing] How
24	many sites are we talking about?
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2	PRESIDENT BREZENOFF: Oh, wow, now I'm
3	doing it from memory. Between 10 and 13. And some
4	of them are being used. I just don't so, I
5	mentioned Draper Hall at Metropolitan, and there's no
6	Draper Two, I guess, that's going on. Seaview does.
7	Now, Seaview is an example of you're not going to do
8	high-rise there and it's not going to be a lot of
9	value that's derived from the utilization of the
10	site, but there are two examples of where value is
11	being obtained. And there's a well, Woodhole [sic]
12	is a site we're looking at, but there is the old tea
13	[sic] building in Queens that comes to mind.
14	CHAIRPERSON JOHNSON: SO
15	PRESIDENT BREZENOFF: [interposing] It's a
16	large structure.
17	CHAIRPERSON JOHNSON: But how confident
18	are we that 100 million in two different projected
19	fiscal years or 200 million dollars, how did we
20	arrive at those numbers? Did we have a people that
21	are involved in real estate come in and assess
22	property values and project what we thought it would
23	sell for? How did we arrive at those number?
24	PRESIDENT BREZENOFF: So, some of that
25	process is ongoing, and when ideas are moving along
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2	the track where development becomes a real
3	possibility, then professionals do the assessment.
4	Honestly, I think the 100 million is kind of a
5	placeholder, but not without enough roots to give
6	support to the notion that it's achievable. So, I
7	don't want to say that there's been a careful
8	calculus done; there hasn't, but I think they're
9	achievable numbers.
10	CHAIRPERSON JOHNSON: Okay, I hear you,
11	and I look forward to sitting down and getting a more
12	detailed briefing on the individual sites and how
13	we're projecting the amount of money. I just think
14	that
15	PRESIDENT BREZENOFF: [interposing] It's a
16	fair question.
17	CHAIRPERSON JOHNSON: Thank you. I just
18	think that when you're putting placeholder number at
19	100 million dollars a pop, that's a big placeholder.
20	PRESIDENT BREZENOFF: I accept it.
21	CHAIRPERSON JOHNSON: Okay. So, I think
22	Chair Ferreras-Copeland hit on this, but I also want
23	to just reiterate the fact that 78 percent of the
24	planned projections in 2018 are revenue-generating
25	initiatives, and notably two of those revenue-

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 203 2 generating initiatives, Medicaid waiver programs and 3 Federal and State Charity Care, they require state 4 and federal action. 5 PRESIDENT BREZENOFF: Yes, but there's a hi-- there's a higher degree of confidence. Some of 6 7 that parallels what happened before, their existing program. They're not subject really to the 8 depredations that might come from Washington. 9 Ι mean, I know what you're thinking. 10 CHAIRPERSON JOHNSON: Well, but how much 11 12 of this could Secretary Price determine on his own or 13 his staff could determine on their own, or the new head of CMS, that they're not going to do this 14 15 anymore? How much of it is legally what are they 16 obligated to do and what are they not obligated to 17 do? 18 PRESIDENT BREZENOFF: So, a real roques 19 gallery there. P.V., do you want to talk about that? 20 I think your question P.V. ANATHARAM: 21 refers to the fact that CMS could any point in time 2.2 deny a particular waiver or stop a program. That's a 23 lot more difficult to do for programs that have already been authorized, not unbelievably, but the 24 25 whole concept of the 18 plan is that there's more

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 certainty to these numbers than what might require a 3 new application for additional funds. 4 CHAIRPERSON JOHNSON: I am not typically 5 a pessimist. I try to be a wide-eyed eternal 6 optimist generally, or I couldn't do this job every 7 day. But I think that what the last 108 days have taught us, or whatever the number is, that we should 8 not be making assumptions that things are going to go 9 well. The standard playbook as been sort of torn up 10 11 and thrown out the window on all sorts of things that 12 we didn't expect. I mean, who would have thought 13 that they would be talking about getting rid of preexisting conditions, maternity care, all of these 14 15 things? So for us to to make assumptions based off 16 of the future fiscal health in two major revenue-17 generating sources on this, I'm just not -- I'm not 18 sure we should make these assumptions. 19 PRESIDENT BREZENOFF: So, we have I guess guarded optimism about these things. P.V.'s point 20 21 that these are authorized program where the money is 2.2 already flowing and has flowed seem less likely to 23 supper from evil inclinations in Washington. They're also subject to legal constraints. To the degree 24

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COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 205 2 that existing, authorized existing program get 3 arbitrarily a change, there's--4 CHAIRPERSON JOHNSON: [interposing] But 5 there's a new waiver that's being asked. The new waiver that's being sked for which isn't previously 6 7 authorized is for 369 million dollars. 8 PRESIDENT BREZENOFF: Right, and that's 9 the previous -- no, that's the other one. That's the 10 DSRIP one. 11 P.V. ANATHARAM: If you go back to the 12 482 million dollars that you see as the waiver 13 program, Medicaid waiver program--CHAIRPERSON JOHNSON: Yes. 14 15 P.V. ANATHARAM: About half of that has 16 already been authorized, and already in this year we 17 are seeing revenues from that. 18 CHAIRPERSON JOHNSON: SO how much has not been authorized yet out of that 483 million? 19 20 P.V. ANATHARAM: So, of that, 178 million dollars of UPL conversions have been authorized to 21 2.2 the larger aid--23 CHAIRPERSON JOHNSON: [interposing] Upper Payment Limit Conversions. 24 25

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HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 206
P.V. ANATHARAM: Yes. That sorry,
thank you. That has been authorized up to 600 million
dollars in the larger eight billion dollar wavier.
Our expectation we still have to submit the
necessary documents to convert those UPL dollars into
waivers, but given that the feds have already given
us the authorization for conversion up to 600, we
believe that it's doable. And that's the bulk of the
difference. There are there's about 33 million
dollars of conversion to DSRIP, the disproportionate
share dollars again, that also be expect to fall
within that larger 600 million dollar appropriation.
There are numbers in the out-years. We intentionally
pushed out a new waiver program that we had proposed
last year for covering the uninsured that we decided
was going to be a stretch in the current year, but
was going to be a stretch in the current year, but
was going to be a stretch in the current year, but that we shouldn't give up the advocacy for that. So
was going to be a stretch in the current year, but that we shouldn't give up the advocacy for that. So we've allocated that for about 100 million dollars in
was going to be a stretch in the current year, but that we shouldn't give up the advocacy for that. So we've allocated that for about 100 million dollars in Fiscal Year 19.
was going to be a stretch in the current year, but that we shouldn't give up the advocacy for that. So we've allocated that for about 100 million dollars in Fiscal Year 19. PRESIDENT BREZENOFF: So, if I could just

25 is except to be warry and watchful and ready to both

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 207 do combat and to come up with ways to either fend off
3	or deal with whatever mischief that they do. If we
4	can't count on this money it would be devastating,
5	and as I say, we'd have to fight it, but to try and
6	take the hit now in anticipation wouldn't make any
7	sense.
8	CHAIRPERSON JOHNSON: Have you guys been
9	talking to Center Schumer's office?
10	PRESIDENT BREZENOFF: Yes.
11	CHAIRPERSON JOHNSON: Frequently?
12	PRESIDENT BREZENOFF: Frequently.
13	CHAIRPERSON JOHNSON: And the budget that
14	was voted on a couple of weeks ago in Washington, a
15	bi-partisan budget in some ways, did it have any
16	effect on any of this or no? This is all basically
17	staff that is in the pipeline at the Department of
18	Health and Human Services. It will go through CMS
19	and the standard protocol where waivers are granted,
20	conversions are made. There was nothing in a new
21	budget that affects any of this?
22	PRESIDENT BREZENOFF: That's a correct
23	description.
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2	CHAIRPERSON JOHNSON: Okay, great. So,
3	just on the State Charity Care, why do we feel
4	optimistic?
5	PRESIDENT BREZENOFF: On the State
6	Charity Care
7	CHAIRPERSON JOHNSON: [interposing] The
8	Charity Care numbers that we're projecting additional
9	revenue coming in?
10	PRESIDENT BREZENOFF: You're referring to
11	the 85 million?
12	CHAIRPERSON JOHNSON: Yes.
13	PRESIDENT BREZENOFF: SO, that again is an
14	existing waiver provision to create it, to move it
15	over to still another federally approved program.
16	CHAIRPERSON JOHNSON: SO, it's not new
17	money. It's
18	PRESIDENT BREZENOFF: [interposing] It's
19	not
20	P.V. ANATHARAM: [interposing] Alright.
21	One part of that is expecting that the DSH cuts will
22	happen and the state has a provision within its
23	budget to relook at the distribution of the DSH
24	dollars in the state. And our ask here is that
25	because of the way the DSH program is structured, we

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2	get the last dollar in. So when they take away any
3	cuts in the DSH program, we happen to lose the first
4	dollar, and the about 52 million dollars of that 85
5	million dollars is to ask for an equitable
6	distribution of DSH spending in the state.
7	PRESIDENT BREZENOFF: In the state.
8	P.V. ANATHARAM: Yes. That would be a
9	state item.
10	CHAIRPERSON JOHNSON: Okay. Stan, you
11	mentioned that the 400 number as it related to lay-
12	offs was an inaccurate number that was reported in
13	the New York Post.
14	PRESIDENT BREZENOFF: What I so let me
15	be precise about it. I don't know the number. We
16	CHAIRPERSON JOHNSON: [interposing] How do
17	you not know the number?
18	PRESIDENT BREZENOFF: Because we're still
19	working on the materials coming in from the hospitals
20	and the facilities, and we're going over.
21	CHAIRPERSON JOHNSON: How many people
22	have already been laid off?
23	PRESIDENT BREZENOFF: Of this number?
24	Only that first group that we talked about at the
25	earlier healthcare hearing.

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 210 ABUSE, AND DISABILITY SERVICES 2 CHAIRPERSON JOHNSON: Which was 70? 3 PRESIDENT BREZENOFF: Seventy, only 4 seventy, seventy-three, I think. 5 CHAIRPERSON JOHNSON: Seventy-three 6 people have been laid off currently. 7 PRESIDENT BREZENOFF: Right, yeah. I'm resisting, I guess, to giving you a specific number, 8 9 but it's going to be substantially larger than the 73, the new number, and when we have it-10 11 CHAIRPERSON JOHNSON: [interposing] Give 12 me a range. So, it's not 73, it's--13 PRESIDENT BREZENOFF: Is this your--CHAIRPERSON JOHNSON: [interposing] We can 14 15 play like the Price is Right game. 16 PRESIDENT BREZENOFF: It's going to--17 CHAIRPERSON JOHNSON: [interposing] Going 18 to be less than a thousand. 19 PRESIDENT BREZENOFF: Less than a 20 thousand. 21 CHAIRPERSON JOHNSON: Less than 700? 2.2 PRESIDENT BREZENOFF: And more-- right. 23 Less than a thousand and more than 200. CHAIRPERSON JOHNSON: Let's than a--24 25 that's a pretty big range.

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2	PRESIDENT BREZENOFF: Less okay, I'll
3	use the Post. Less than 600 and more than 200.
4	CHAIRPERSON JOHNSON: Okay, somewhere
5	between 200 and 600. And when will we know what that
6	number is?
7	PRESIDENT BREZENOFF: Within days,
8	really. Within a we're actually going over the
9	submissions right now. So, I'll give myself a
10	deadline. What should I give myself? Two weeks I'll
11	give as a deadline.
12	CHAIRPERSON JOHNSON: Two weeks, and
13	you're going to report back to us on what the actual
14	number is and these layoffs are managerial titles
15	only.
16	PRESIDENT BREZENOFF: Yes.
17	CHAIRPERSON JOHNSON: As the Chair said,
18	no union jobs here.
19	PRESIDENT BREZENOFF: no union jobs here.
20	CHAIRPERSON JOHNSON: I Okay. I have a
21	couple more questions then I'm going to turn it back
22	to the Chair. I want to come back for a second round
23	as well after my colleague and the Chair ask some
24	Administration questions. In your follow-up response
25	to the project hearing, you stated in the first three
I	

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 212 ABUSE, AND DISABILITY SERVICES 2 months of 2017, nine H+H facilities had less than a 3 one week wait time to obtain abortion services. You also stated that the lack of same-day access 4 5 constitutes a significant concern for H+H. What are the major sources of delays for same-day abortion 6 7 access? MACHELLE ALLEN: This is -- I'm Doctor 8 9 Machelle Allen, the Chief Medical Officer. The major delay is if a woman wants a surgical abortion with 10 11 anesthesia. So, it's getting access to an operating 12 room with anesthesia services. So, you can get same-13 day abortion if you want a medical abortion which is in the very first early weeks, the first 10 to 11 14 15 weeks. We offer abortion services at all of our 16 facilities, and several of our facilities actually go 17 up to 24 weeks. So the larger-- the further along in 18 your pregnancy that you go, the more likely the 19 woman's going to want anesthesia. 20 CHAIRPERSON JOHNSON: So, what do we need to do to ensure that if someone comes in and they 21 2.2 want same-day abortion services that they will have 23 access to an operating room and an anesthesiologist so they don't have to wait a week to have an 24 25

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2	abortion? What do we what do we need to do
3	operationally to make that happen?
4	MACHELLE ALLEN: What we need to do is
5	actually to evaluate the need for that and make sure
6	we have the staffing and the operating rooms to
7	provide that.
8	CHAIRPERSON JOHNSON: Are we doing that?
9	PRESIDENT BREZENOFF: I'm not a clinician
10	and I defer completely to Doctor Allen, but what it
11	sounds like to me is that effectively we'd be
12	treating it like emergency surgery in terms of the
13	availability of an appropriate anesthesiologist,
14	which I think would be part of the challenge. This
15	is a challenge, and because not all of our hospitals
16	even have that kind of availability. We'll have to
17	continue to focus on this. I continue to believe
18	it's a real need, though. I think Doctor Allen was
19	pointing out that each case has to be evaluated and
20	reviewed with the patient, but assuming that there's
21	a compelling case for it, we'll have to work to
22	figure out how to provide the service.
23	MACHELLE ALLEN: On an individual basis,
24	every women is evaluated individually and based on
25	

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2	what her needs are, and we do everything we can to
3	satisfy her needs.
4	CHAIRPERSON JOHNSON: I understand, but
5	given and I'm grateful. I'm not in any way trying
6	to attack you all, because I think you provide
7	excellent care, and I'm really grateful for the
8	patient population that you serve and the work that
9	you do, as I said at the outset of my questions. I
10	just want to make sure that we're doing this in the
11	best way possible, and that you have the resources
12	you need to provide that access to care in a timely
13	way without a delay, especially given the current
14	political climate and context that we're living in of
15	Planned Parenthood being attacked, abortion access
16	laws being rolled back all across the country,
17	immigrants coming under attack. I just think it's
18	really important that when someone needs a service
19	it's provided to them in a timely way, and so I would
20	hope that you guys will look to improve those times
21	moving forward.
22	MACHELLE ALLEN: We agree with you. We
23	actually work very closely with Jane Kaitlyn [sp?],
24	Joan Maitlyn [sp?], Planned Parenthood work together
25	

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2	ABUSE, AND DISABILITY SERVICES 215 collaboratively. We feel the same way and the same
3	way Joan does. This is a priority for women.
4	CHAIRPERSON JOHNSON: Okay. Lastly, Epic,
5	so how far behind schedule is Epic from when it was
6	initially supposed to be implemented?
7	PRESIDENT BREZENOFF: So, I honestly
8	don't think of it in that way, having rolled out at
9	several different places systems like this. I know
10	that there were dates projected that the early
11	adoption and onset of the system. What our
12	timeframes are now going forward are a produce of our
13	experience and reflection on that experience at the
14	places where we have implemented. We've implemented
15	Epic now at three places, the two hospitals in Queens
16	and Coney Island, and based on that experience we
17	were plotting out the timeframe that corresponded to
18	that experience. However, now with the City's help we
19	are able to marry the revenue cycle segment of Epic
20	with our EMR segment.
21	CHAIRPERSON JOHNSON: How much have we
22	spent on Epic so far?
23	PRESIDENT BREZENOFF: Who has that
24	amount?
25	
I	

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 216 2 CHAIRPERSON JOHNSON: Hundreds of 3 millions of dollars. 4 PRESIDENT BREZENOFF: These things are 5 not cheap. They really are not cheap. They're very, 6 very--7 CHAIRPERSON JOHNSON: [interposing] It was my understanding that Epic was supposed to be fully 8 9 implemented across the system by 2018, initially. PRESIDENT BREZENOFF: That was the-- I do 10 11 believe that was the EMR without the revenue 12 component. 13 CHAIRPERSON JOHNSON: And what percentage of the system has it been implemented in, 25 percent 14 15 30 percent? 16 PRESIDENT BREZENOFF: Three hospitals. 17 CHAIRPERSON JOHNSON: That's not many. 18 PRESIDENT BREZENOFF: No, and again, I'm 19 not-- personally, I'm not surprised by the complexity 20 and difficulty of rolling it out. That in and of 21 itself has not cost us more dollars. And this is a 2.2 big achievement on H+H's part to have the city 23 endorse instead of just moving forward and then coming back with the revenue. The endorsement and 24 25 the funding of the revenue site component is a big

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2	plus for us, and it's worth what might be seen as a
3	delay as we reboot to get the revenue component
4	developed and then go back to the three hospitals
5	that had only the EMR put in and then go forward
6	simultaneously putting them in. that's such a good
7	thing that it doesn't matter to me really that the
8	time frame is long.
9	CHAIRPERSON JOHNSON: Okay. I'm going to
10	have some more questions. I want to go back to the
11	Chair. Thank you.
12	CHAIRPERSON FERRERAS-COPELAND: Thank
13	you, Chair. We will now hear from our colleagues.
14	We've been joined by Council Members Crowley, Miller,
15	Cumbo, and Rosenthal. We will hear from Council
16	Member Cohen followed by Council Member Miller.
17	COUNCIL MEMBER COHEN: Thank you, Chairs.
18	I'm going to try to go over territory that I think
19	we've gone over, but Chair Ferreras-Copeland and
20	Chair Johnson are smarter than me and they understand
21	it better, so I'm going to ask you to try to explain
22	it to me in a way that maybe I could understand it.
23	I don't even know if that's a realistic goal. But I
24	am sort of like I'm scratching my head as to why
25	there's going to be almost half a million dol half

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2	a billion dollars more in revenue from the waivers in
3	FY18 versus 17. What happened in 17 that this money
4	wasn't available but will be available in 18?
5	P.V. ANATHARAM: So, a big reason for the
6	decline in revenues between 17 and 18 is the DSH cuts
7	that are coming through from the federal government.
8	So, there's about
9	COUNCIL MEMBER COHEN: [interposing] But
10	how do cuts add revenue?
11	PRESIDENT BREZENOFF: I think he's asking
12	why is there more
13	P.V. ANATHARAM: I'm sorry, can
14	COUNCIL MEMBER COHEN: I don't understand
15	why there's the increase in revenue and when you talk
16	about the DSH cuts, I don't understand how cuts equal
17	increased revenue.
18	P.V. ANATHARAM: So, I was going to the
19	point of why the revenues declined. The reasons why
20	we are comfortable in assuming that half a billion
21	dollars of revenues will be coming through is because
22	half of it has already been approved in the current
23	year, and then follow through for the next four
24	years. So there are ongoing revenues that come from
25	

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 219 ABUSE, AND DISABILITY SERVICES the approvals that we got in 17 that will be 2 3 available for us in 18, 19 and 20 and onwards. 4 COUNCIL MEMBER COHEN: But why wasn't 5 that money approved in 17? What wasn't there--6 P.V. ANATHARAM: [interposing] Because--7 COUNCIL MEMBER COHEN: [interposing] a similar revenue stream? 8 9 P.V. ANATHARAM: There are two separate programs. One of them ws called a value-based 10 11 program, quality improvement program, and the other 12 one is the CREP program which is care restructuring 13 enhancement pilots, and both of these are driven 14 along the same lines as DSRIP which is essentially to 15 reorganize care at the local level so that you can 16 get ready for accountable care programs in the 17 future. So, it is intended to transform the 18 healthcare system from paying for a normal episode of care that you deliver to actually managing the car of 19 20 the individual. 21 COUNCIL MEMBER COHEN: Are these one-time 2.2 revenue--23 They are four-year rev--P.V. ANATHARAM: they are spread over four years, both of those, and 24 25 they-- you get additional dollars in each of the

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 220 years. The first couple of years you get money for
3	putting a program into place, designing the program,
4	taking an assessment of your current structure in
5	terms of what changes need to happen, and in the
6	following years you get money for achieving certain
7	metrics, paid reduction in diabetes reduction and
8	infections from central lines, things of that nature.
9	COUNCIL MEMBER COHEN: So, of the half a
10	billion dollars, 250 million we feel with a high
11	degree of certainty because it's already been
12	approved will come in and then the what degree of
13	certainty do we have toward the other quarter of a
14	billion dollars?
15	P.V. ANATHARAM: So, but when the Federal
16	Government approved the eight billion dollars waiver
17	for the State of New York it included within there
18	600 million dollars of the ability to convert our
19	existing UPL and DSH dollars. It's called
20	supplemental payments into a DSRIP type waiver, which
21	is to allow us to use those monies to further reform
22	care, and that authority exists in the current waiver
23	that has been granted to the State. It is up to us
24	now to make an application for a program that we
25	think fits that rubric, and we are waiting to

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 221 ABUSE, AND DISABILITY SERVICES 2 COUNCIL MEMBER COHEN: [interposing] Who 3 grants the waiver? 4 P.V. ANATHARAM: I'm sorry? 5 COUNCIL MEMBER COHEN: Who will grant that application? 6 7 P.V. ANATHARAM: CMS will grant that It's the authority has been granted. 8 waiver. We have to drop the program and have the State submit it 9 to the feds for approval. 10 11 PRESIDENT BREZENOFF: If I could add, it 12 might be worthwhile to focus for a minute on 17, 13 because we started out in 17 with the same kinds of questions with lots of money allocated to be drawn 14 15 down to be earned in some cases through performance, 16 and as I noted, despite the challenges, we have met 17 each one of those targets. Eighteen is not entirely 18 dissimilar from that situation, and but we have a 19 high degree of confidence as we did in 17 that this 20 money is achievable and not easily susceptible to 21 mischief from Washington, which I assume is part of 2.2 the backdrop of your question. 23 COUNCIL MEMBER COHEN: I guess I have more and I'll come back, but can you just talk a little 24 25 bit about-- North Central Bronx is in my district,

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 222
2	and I'm my constituents are perpetually concerned,
3	and I am perpetually concerned about the wellbeing of
4	that hospital. Could you just talk a little bit for
5	a minute about how it sort of you see it in the
6	future fitting in the constellation of the hospitals
7	and what the role is of NCB?
8	PRESIDENT BREZENOFF: NCB is one of the 11
9	facilities in our system. I would note at this time
10	in reference to the concerns and the sensitivities of
11	your constituents that the Mayor has said there will
12	be no closures. That is the firm rule that we
13	operate under. NCB, because I look at each of these
14	institutions, these facilities, separately and
15	discretely around what the needs of the community
16	are, what the needs of the facility might be, what
17	are their strengths, what are their shortcomings, and
18	I'm very focused on the fact that this is a very low-
19	volume facility. It is some 17 stories tall with
20	about 125 occupied beds. So, I'm very focused on how
21	we can strengthen NCB.
22	COUNCIL MEMBER COHEN: I would like to
23	partner and help you in any way that we can to make
24	that happen.
25	PRESIDENT BREZENOFF: Thank you.

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2	ABUSE, AND DISABILITY SERVICES 223 COUNCIL MEMBER COHEN: Thank you. Thank
3	you, Chair.
4	CHAIRPERSON FERRERAS-COPELAND: Thank
5	you, Council Member. Council Member Miller?
6	COUNCIL MEMBER MILLER: Thank you, Madam
7	Chair, and thank you, Mr. President, you and your
8	team for being here again. So, as just perusing
9	through the briefing and your testimony here,
10	although I understand that there's an immediate
11	deficit and shortfall to be addressed, I don't find
12	this testimony much unlike last year or the year
13	before where we were in dire streets as well. But I
14	was under the impression that there was a plan and
15	that we were in the process of implementation among,
16	around those plans. There was a lot of talk about
17	city and state reimbursement and federal funding and
18	so forth. Has that not come to fruition or have we
19	seen the diminishing of funds from the city from
20	the state and federal government added to the
21	equation, or is it the potential loss that we are
22	dealing with. Help us understand, please.
23	PRESIDENT BREZENOFF: So, it's a mix of
24	things, and I'll start with the most recent. Many of
25	us in healthcare probably in the country at large

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2	we're optimistic about the country and what might
3	happen in healthcare until the national election. We
4	were frankly, we at H+H and in the City thought
5	that with the right Administration in Washington we
6	could develop a comprehensive program that would
7	include the uninsured population and that we'd be
8	able to have such a program here in New York. That
9	didn't happen and is likely not to be in the
10	immediate future. But lots of other things have been
11	put in motion, lots of good things have been
12	achieved, many of them that predate me. So, I want
13	to this is not me trumpeting my own horn, but
14	rather referring to the product of a lot of hard work
15	within H+H and within with our city and community
16	partners. We are a major participant in the DSRIP
17	program which is funded by the state. The early
18	years of which were very focused on putting the
19	pieces into place, developing processes and so on,
20	and now recently and looking forward we are in the
21	process of actually implementing. I've alluded to
22	some of those things that go to population health and
23	care management, and I'm sure those were principles
24	that were annunciated in the earlier discussion that
25	you referred to. A part of the thinking though was

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES some hard steps, difficult steps that H+H had to take 2 3 to both develop savings and to create more revenue 4 opportunities. That too, was a very difficult 5 challenge in Fiscal Year 17, but I'm really happy to 6 say that we will achieve those targeted figures that 7 must have been discussed early on, certainly last year and the year before. We are on the path that 8 has been appointed to by the Blue Ribbon Commission, 9 by the Mayor's Annunciation of the Future and his 10 11 challenge to us. We're on the path, not there yet, to reduce our reliance on obsolescent and inefficient 12 13 reliance on inpatient care and more focused on 14 ambulatory care, on the care, the avoidance of 15 hospitalization, the emphasis on wellness and 16 prevention. This is in the current jargon, "a 17 journey" and we're only part way down the road, but 18 we can see clearly ahead. 19 COUNCIL MEMBER MILLER: So, I particularly was optimistic about that process that --20 21 and this implementation that it would be more a 2.2 community-based oriented and that we see that because 23 we were kind of getting away from the hospital beds, and that there was not necessarily that demand in 24 25 that way. I have yet to see it really manifest

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 226 ABUSE, AND DISABILITY SERVICES itself locally, and we're certainly representing the 2 district that does not have a hospital, Queens 3 Hospital is our local hospital, but not in the 4 5 district. There is certainly a demand. We'd love to see the preventive care with a lot of the private 6 7 healthcare providers kind of not providing the services that they once had or just packing up and 8 leaving the community. There has to be some follow-9 up there, and we were hoping that this system and its 10 11 implementation would bring that, and we don't know 12 who those community partners and what they are 13 bringing to the community. I might I may add that with a number of the new housing developments that 14 15 have come up within the community a., they have added volume to the community, but they also reached out in 16 17 an attempt to bring in healthcare facilities into those new residents to provide services, and we were 18 hopeful that that would happen to kind of alleviate 19 some of your burden at the hospital level, but we 20 haven't seen that. It's the program not -- is 21 2.2 implementation not where we thought it would be at 23 this moment, or can we--PRESIDENT BREZENOFF: [interposing] I 24 25 mean, --

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2	COUNCIL MEMBER MILLER: [interposing] look
3	forward to having community partners providing
4	preventive healthcare in the community?
5	PRESIDENT BREZENOFF: There's a lot more
6	work to do, but I'm going to suggest that we arrange
7	a sit down to talk about your community, the needs
8	that you've alluded to, because hospitals shouldn't
9	be seen as the confining element in how we deliver
10	healthcare, and I'm extremely interested. H+H is
11	extremely interested in expanding our relationship
12	with the populations of New York City apart from our
13	hospitals. So, I'd like if we could follow up.
14	COUNCIL MEMBER MILLER: I certainly will
15	because we've certainly bought into that. Can I
16	just just one more question about the workforce. I
17	know we talked about the re-org and what that means
18	for managers, and they said there was a commitment
19	that there'd be no layoff of union workers. I know
20	in the past it was diminishment of titles through
21	attrition and outsourcing. Can we see that as we
22	move forward? Can we expect to see that?
23	PRESIDENT BREZENOFF: I think you can
24	expect to see what I'm calling targeted attrition.
25	Then that would be based on people leaving their jobs

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 228 2 or possibly being redeployed, subject to whatever 3 collective bargaining constraints there are, based on an analysis that tells us it works for H+H, but the 4 5 individuals would be protected. Look, I don't want to pull this up on this punch. It's hard to save 6 7 hundreds of millions of dollars in an organization without affecting personnel, but the method that 8 we've used for rank and file, for hands-on patient 9 care personnel has been to rely on attrition and to 10 11 evaluate that attrition to see if the jobs need to be 12 filled relative to service needs and mission, but I 13 can tell you that we won't see a smaller workforce. 14 I can tell you it won't include layoffs of union 15 personnel. 16 COUNCIL MEMBER MILLER: Okay, and that 17 finally when that -- when you're evaluating the 18 reports, I hope that those bargaining units representing those workers are in the room during 19 that evaluation that they have a voice at the table 20 21 as well. 2.2 PRESIDENT BREZENOFF: Believe me, they're 23 always in the room. 24 COUNCIL MEMBER MILLER: Thank you so 25 much.

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2	CHAIRPERSON FERRERAS-COPELAND: Thank
3	you, Council Member.
4	COUNCIL MEMBER MILLER: Thank you, Madam
5	Chair.
6	CHAIRPERSON FERRERAS-COPELAND: Council
7	Member Rosenthal, and we were joined by Council
8	Member Van Bramer and Rodriguez.
9	COUNCIL MEMBER ROSENTHAL: Great. Hi.
10	PRESIDENT BREZENOFF: Hi.
11	COUNCIL MEMBER ROSENTHAL: It's nice to
12	see you.
13	PRESIDENT BREZENOFF: Same here.
14	COUNCIL MEMBER ROSENTHAL: I have to say
15	that, you know, with you and P.V. at the helm we have
16	a chance, and that's great. So thank you for your
17	service. You know, the last time I thought about
18	these issues we were talking about the bad debt in
19	Charity Care pool. I don't even know if that exists
20	anymore.
21	PRESIDENT BREZENOFF: It's called
22	something else.
23	COUNCIL MEMBER ROSENTHAL: Right, no
24	doubt. But I will say this oh, wait, I had one
25	quick question. Really, I've been doing other

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 230 things. So, do the hospitals when you talk about
3	the federally qualified health centers, are those
4	your health centers or hospitals that will become
5	qualified?
6	PRESIDENT BREZENOFF: They're free-
7	standing health centers that we're converting to
8	FQHC.
9	COUNCIL MEMBER ROSENTHAL: Okay. So, I
10	have one in my district that it's not on anyone's
11	radar where I think we could do some good there. I'm
12	happy to follow up with you on it. It's on Amsterdam
13	Avenue at 93 rd Street. I think it's one we lost a
14	bunch of years ago, and we should try to pull it back
15	in. and I take too you're working closely with
16	Primary Care Development Corporation, and
17	PRESIDENT BREZENOFF: [interposing]
18	Absolutely.
19	COUNCIL MEMBER ROSENTHAL: Okay. So, the
20	only thing I will say is that and again, this is
21	why I'm so glad you're at the helm because I think
22	that you have you see this through the lens of, you
23	know, human, you know, what people need, quality of
24	life not just a pen, you know, crossing off dollars
25	and programs. You know, when I worked with you I
I	

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2	went out to visit Kings County Emergency Room, and we
3	were looking at a capital request that we had been,
4	you know, of course, cutting back on, and walking
5	through the hos the emergency room and seeing
6	people in those beds, it was the first time that I
7	had a deep understanding of the word "Dickensian."
8	And I hope that you'll be working to find a way so
9	that, you know, people are taken care of with
10	dignity.

PRESIDENT BREZENOFF: 11 It's the most-- one 12 of the most important points that could be made. It's especially an imperative for us. 13 Ninety percent, better than 90 percent of our admissions 14 15 come through the emergency room. It is upper most in 16 our thoughts both in terms of providing the highest 17 quality most human services because we get a range of individuals that come through there. We have a 18 19 psychiatric emergency rooms. We have CPEPs. We have 20 pediatric emergency rooms. It is our first encounter with sick people. So, a challenge for us is to have 21 the most clinically effective, humane patient-2.2 23 centered emergency rooms that we possibly can have. We're also focused on the fact that many of the 24 patients we have in an ideal healthcare world would 25

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 232 not be there in the emergency room. 2 They have 3 conditions that if properly supervised, attended to, managed, dealt with in the community and on a 4 continuous basis would never see the inside of an 5 emergency room, diabetic patients, asthmatic 6 7 children, substance abusing individuals. So, emergency rooms are centered to us. We are making 8 9 investments in emergency rooms, one I mentioned in Elmhurst with the help of the Queens Borough 10 11 President and the Queens delegation, but throughout 12 our system this is our highest priority, your 13 fundamental point is. And this, I didn't bring to This is baked into H+H to each one of these 14 H+H. 15 individuals. Today is -- we had Doctor's Day for H+H 16 and I spoke at a group of honorees, doctors, and the 17 commitment of the individuals who work at H+H to the 18 wellbeing of patients, they could be elsewhere many They are committed to the mission 19 of these people. of H+H, to serving people regardless of their ability 20 to pay or regardless of their condition, regardless 21 2.2 of their overall profile. 23 COUNCIL MEMBER ROSENTHAL: Right. So, I assume when you say you're investing in the ERs, you 24

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COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 233 ABUSE, AND DISABILITY SERVICES 2 mean you're investing in the Urgey [sic] Center right 3 next door to the ER, yeah? PRESIDENT BREZENOFF: Another good-- on a 4 5 roll. COUNCIL MEMBER ROSENTHAL: 6 Okav. 7 PRESIDENT BREZENOFF: That's another good-8 - Urgy Centers are in some ways a wave of the future. 9 People are choosing those Urgy centers with their feet. 10 11 COUNCIL MEMBER ROSENTHAL: Well, not the 12 poorest of the poor. 13 PRESIDENT BREZENOFF: No, that's exactly--14 COUNCIL MEMBER ROSENTHAL: [interposing] 15 And they're the ones going to the ER, and that's why 16 we need, you know, PCDC or urgent care centers very 17 much part of the ER. PRESIDENT BREZENOFF: So, we already have 18 things called fast-tracks, but we're interested in 19 20 exploring the notion of an H+H-type urgy center that took everybody, that takes everybody. So, we don't 21 2.2 lose the paying patient to the depredations of for-23 profit urgy center. So we're on that track as well, but all of the points you raised are right on. 24 25

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2	COUNCIL MEMBER ROSENTHAL: Of course you
3	are. So nice to see you. Thank you, Chairs.
4	CHAIRPERSON FERRERAS-COPELAND: Thank you
5	so very much. I have a we actually just decided
6	that we are going to pose all of our second round
7	questions in writing to you so that we're hoping that
8	you can get back to us, but we are going to be I'm
9	giving some closing statements. I just wanted you to
10	add in your list of gratitude for Elmhurst Hospital's
11	Emergency Room, you need to add me.
12	PRESIDENT BREZENOFF: OH.
13	CHAIRPERSON FERRERAS-COPELAND: I was the
14	proponent, the biggest advocate, and Doctor Raju knew
15	that, and we had a lot of very tense moments, but you
16	know, Danny Dromm and I share I just want you to
17	know.
18	PRESIDENT BREZENOFF: No, I'm happy to
19	know. And I may shoot a few people for not letting
20	me know.
21	CHAIRPERSON FERRERAS-COPELAND: There you
22	go. There go. So we will hear from Chair Johnson,
23	and then we'll close out the hearing. Go ahead.
24	CHAIRPERSON JOHNSON: I have a lot of
25	questions but I'm not going to ask them because we're

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2	very far behind schedule, and I would ask and this
3	is not anyone's fault, but I would ask that we need a
4	lot of time to talk about an almost eight billion
5	dollars public benefit corporation which is the
6	largest healthcare provider in the City of New York
7	and the United States. Two hours isn't long enough.
8	You gave us detailed testimony. It's not long
9	enough. So, in the future, we should not do this on
10	the same day as the Department of Health, because we
11	shouldn't have a hard stop or making Commissioner
12	Bassett and her team wait. We should be able to have
13	a two, three, four hour hearing to go into all these
14	issues in a public way to be able to talk about these
15	things. So we're going to send you a letter, but the
16	things that I wasn't able to ask about which are
17	really important to me is continuing to improve ADA
18	accessibility. Chair Ferreras-Copeland has been a
19	longtime champion with former Council Member Maria
20	del Carmen Arroyo on accessibility for women who may
21	be disabled and need access to certain types of
22	machines and services. The infection rate has
23	greatly exceeded the average. Metropolitan,
24	Elmhurst, Bellevue, Lincoln, and Woodhall, I want to
25	talk about that. Action healthcare, OneCity Health,

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 236 ABUSE, AND DISABILITY SERVICES 2 which you mentioned -- we didn't get to talk at all, 3 and I know Patsy Yang and her team are here about 4 correctional health services on Rikers Island. The 5 Chair had a very fun hearing yesterday with the Department of Correction. I know you used to be the 6 7 Chair of the Board of Correction. So, I know that you take a keen interest in what's happening in 8 Rikers Island, but everything that's happening on 9 Rikers, whether it be inmate violence, in-jail 10 11 employee healthcare services, mental health services 12 and the PACE units, PREP being available, hepatitis C 13 treatment, all of these things on Rikers Island are 14 extremely important to me. And then it would be 15 helpful to not just get updates on where you all 16 stand in your transformation plan and in your fiscal 17 plan as it relates to the set deadlines of the 18 November Plan, the January Preliminary Budget document, the January Update, the Preliminary Budget, 19 then the Executive Budget. It would be nice to get 20 quarterly updates on where things stand financially 21 2.2 so that we see where things are going, we understand 23 where things are, we understand where you're able-where you're seeing success as part of the plan and 24 25 where it's come up a little bit short. So, I would

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 like to see that, and then the Chair and I asked for a detailed briefing on the placeholder 100 million 3 dollars on 2020 and 2021, the 10 to 13 real estate 4 assets that are being under consideration for sale 5 and actually generating that revenue, and then 6 7 understanding the Epic and the EMR roll-out, where it's on schedule, where it's making money, if it's 8 not making money, how much money we've lost, all of 9 that. We're talking about big numbers here. We're 10 11 talking about an uncertain future as it relates to 12 healthcare in the United States with some potential 13 major changes coming down, and so much of what we're sort of on the knee of, the federal government and 14 15 the state government for the vast majority of our 16 funding for this essential public benefit corporation 17 and to understand what the actual practical realities 18 are as it relates to all of the large-scale budget items that we're talking about I think are really, 19 really important to this Council to be able to 20 understand what the path forward is. So we're going 21 2.2 to send you a letter with all the questions we 23 weren't able to get to and potentially more, and it would be great to get detailed responses to those 24 25 questions and to have some quarterly updates moving

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 238 2 forward on where things stand in the transformation 3 plan. 4 PRESIDENT BREZENOFF: We will do just 5 that. CHAIRPERSON JOHNSON: 6 Thank you very 7 Thank you, Madam Chair. much. 8 CHAIRPERSON FERRERAS-COPELAND: Thank 9 you, Chair. Again, we'll have additional questions both from both committees. We expect you to respond 10 11 to them expeditiously because we will be using them 12 for budget negotiations. So, it would be a great 13 advantage to you also that your response was in a timely manner. Thank you very much for coming to 14 15 testify today, and we will continue to do all of our follow-up. This concludes this portion of today's 16 17 budget hearing, and I want to thank President 18 Brezenoff for testifying. Again, a reminder that the public will be invited to testify on Thursday, May 19 20 25th, the last day of budget hearings, at 21 approximately 1:00 p.m. in this room. For any member 2.2 of the public who wishes to testify but cannot make 23 it to the hearing, you can submit your testimony to the Finance Division at the Council's website: 24 25 Council.nyc.gov/budget/testimony, and the staff will

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 239 2 make it a part of the official record. We will now 3 take a three-minute break before we conclude today's hearing with the Department of Health and Mental 4 5 Hygiene. [break] 6 7 CHAIRPERSON FERRERAS-COPELAND: We will now conclude the fourth day of the budget hearings on 8 9 the Fiscal 2018's Executive Budget with Doctor Mary Bassett, Commissioner of the Department of Health and 10 11 Mental Hygiene. The Committee is again joined by Co-Chairs Council Members Johnson and Cohen and the 12 13 members of their committees. In the interest of time 14 I will forgo an opening statement and turn over the 15 mics to my co-chairs to deliver their opening remarks. We will hear from Chair Cohen followed by 16 17 Chair Johnson. 18 CHAIRPERSON COHEN: Thank you, Chair. I will read fast because I know the hour is getting 19 late. Good afternoon, I'm Council Member Andrew 20 21 Cohen, chair of the Council's Committee on Mental 2.2 Health, Developmental Disabilities, Alcoholism, 23 Substance Abuse, and Disability Services. Today's hearing on the Department of Health and Mental 24 25 Hygiene's 1.57 billion dollar Fiscal 2018 Executive

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2	Budget. We will conduct oversight regarding issues
3	of contract management and procurement as we
4	addressed during the Preliminary Budget hearing. The
5	Division of Mental Hygiene relies heavily on Human
6	Services providers to support the City's 850 million
7	dollar investment in ThriveNYC and the Council's 13
8	million dollars in mental health initiative portfolio
9	among others. The Fiscal 2018 yeah, I'm just
10	trying to read along. The Executive Budget includes
11	nearly 500 mental hygiene service contracts
12	representing approximately 500 million dollars. I
13	recently had the opportunity to meet with many of
14	these contractors during a disability services
15	roundtable with Speaker Melissa Mark-Viverito. These
16	providers care for the City's most vulnerable
17	populations, from low income children with autism
18	spectrum disorders to homeless adults with cognitive
19	disabilities. Their appreciation for city funding
20	and support was palpable, but so was their
21	frustration with city contracting. For example, in
22	February of this year, one organization was still
23	negotiating the scope of services for a contract the
24	City Council designated in August of 2016. Our
25	City's human service professionals have advocated for

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 241 2 increases to city contracts. We are eager to hear 3 the Administration's response, especially in light of 4 vocal concerns about recruitment and retention issues 5 from nonprofits serving our most vulnerable citizens. Similarly, the direct care workers are calling for 6 7 wage increases from the state level. It is concerning to hear that care providers who serve the 8 elderly or disabled may be earning less than a fast-9 food worker or the 15-dollar minimum wage. 10 I look 11 forward to working with your Department to implement 12 a more efficient contract management system and 13 procurement process to best serve our human services sector. Last week we conducted an update hearing 14 15 specifically on ThriveNYC. I was pleased that virtually all of the 54 incidents already being 16 17 implemented or on the verge of being implemented. 18 ThriveNYC is ground breaking in the sense that the scope of all these initiatives reach virtually all 19 20 New Yorkers no matter their level of mental health 21 needs, from NYC Well for initial contacts to NYC Safe 2.2 for seriously mental ill sufferers. It is a holistic 23 plan for the wellbeing of all. During today's hearing, I also plan to address the Administration's 24 investment in combatting the opioid epidemic through 25

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2	Healing NYC, specifically the 8.4 million allocated
3	to DOHMH in FY2018 for addiction services, opioid
4	education, and naloxone distribution. I am sure there
5	will be opportunities as this initiative rolls out
6	for Council collaboration to best serve our
7	constituents who struggle with substance abuse
8	disorder substance use disorder. I know the
9	Administration shares the Council's commitment to
10	promoting mental health and wellness in New York
11	City, and I look forward to discussing these issues
12	this afternoon. I just want to acknowledge that over
13	the course of the hearing Council Member Johnson,
14	Wills, Grodenchik and Borelli, and lastly I want to
15	just thank for their work, Jeanette Merrill, Nicole
16	Abine [sp?], Michael Benjamin, and my Legislative
17	Counsel Kate Theobold [sp?]. Thank you, Chair.
18	CHAIRPERSON FERRERAS-COPELAND: Thank
19	you, Chair. Now we'll hear from Chair Johnson.
20	CHAIRPERSON JOHNSON: Thank you, Chair
21	Ferreras-Copeland and good afternoon. I'm Council
22	Member Corey Johnson, Chair of the City Council's
23	Committee on Health. During today's hearing we will
24	review the Department of Health and Mental Hygiene's
25	1.57 billion dollar Fiscal 2018 Executive Budget.

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2	First, I would like to thank the Administration for
3	its substantial investment in animal welfare in New
4	York City. In Fiscal 2018 Executive Capital
5	Commitment Plan includes more than 79 million dollars
6	for the construction and renovation of the City's
7	Animal Care Centers, and the Capital Strategy now
8	includes nearly 95 million dollars for animal welfare
9	projects. Securing adequate capital funding for the
10	construction of full service animal shelters in
11	Queens and the Bronx has long been a priority of this
12	Council and a personal goal of mine, and I look
13	forward to working with DOHMH and the Department of
14	Design and Construction to monitor the progress of
15	these projects. I would now like to address the
16	political climate in Washington and the passage in
17	the House of Representatives of the American
18	Healthcare Act. The Affordable Care Act has proven
19	invaluable in increasing access to health coverage
20	and services, and subsequently in promoting
21	preventative care and reducing disparities. We can
22	be proud that today approximately 87 percent of adult
23	New Yorkers have health insurance. However, the
24	American Healthcare Act would jeopardize coverage for
25	hundreds of thousands of New Yorkers. I'm

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 2 particularly concerned about individuals on Medicaid 3 and everyone living with serious and expensive pre-4 existing medical conditions including HIV and AIDS 5 like myself. I'm HIV positive. The ACA's Medicaid expansion enabled thousands of people living with HIV 6 7 to access health insurance, helping them to afford their medication and to stay in treatment. 8 The American Healthcare Act threatens this access to care 9 as well as funding streams for HIV and AIDS and other 10 11 vital public health issues. For example, the 12 Department's Fiscal 2018 Executive Budget includes 13 107 million dollar federal grant for the Ryan White HIV/AIDS program and a 13 million dollar federal 14 15 grant for the Hospital Preparedness Program. The American Healthcare Act jeopardizes the status of 16 17 these grants and numerous other public health funding streams. I know this Administration and the 18 Department remain commitment to protecting and 19 20 promoting the health and wellbeing of all New 21 Yorkers, and the Council and I will support your 2.2 efforts to sustain and improve every community's 23 health regardless of the political climate that we're in. Thank you very much, Madam Chair. 24

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2	ABUSE, AND DISABILITY SERVICES 245 CHAIRPERSON FERRERAS-COPELAND: Thank
3	you, Chair, and Doctor Bassett, you may begin after
4	you're sworn in by my Counsel.
5	COMMISSIONER BASSETT: Thank you, Chair.
6	COMMITTEE COUNSEL: Do you affirm to tell
7	the truth, the whole truth and nothing but the truth
8	in your testimony before the committee today and to
9	respond honestly to Council Member questions?
10	COMMISSIONER BASSETT: I so affirm. Good
11	afternoon Chairpersons Ferreras-Copeland, Johnson,
12	Cohen and members of the committees. I am Dr. Mary
13	Bassett, Commissioner of the New York City Department
14	of Health and Mental Hygiene, and I'm joined today by
15	First Deputy Commissioner Dr. Oxiris Barbot and Sandy
16	Rozza, Deputy Commissioner for Finance. Thank you
17	for the opportunity to testify on our Executive
18	Budget for fiscal year 2018. Our great city has long
19	heralded as a leader in innovative and progressive
20	public health initiatives, and that has continued
21	this year. We have taken comprehensive steps to curb
22	the opioid epidemic, expanded our groundbreaking
23	effort to address mental health needs for our city's
24	most vulnerable population, and confronted the
25	emerging outbreak of Zika virus. We have rebranded

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 246 2 and expanded services in our Sexual Health clinics 3 and have continued to champion chronic disease 4 prevention efforts. Last month, we learned that the 5 legal challenge to our sodium warning label requirement has ended. And a day later, we testified 6 7 on a package of tobacco-related bills that Council has introduced that will help make substantial gains 8 in reducing tobacco use in the City. Before I 9 discuss the Department's newly funded efforts in the 10 11 Executive Budget, I'd like to take a moment to discuss both the State and Federal fiscal climates. 12 13 During our Preliminary budget hearing in March, I raised the very concerning issue of proposed State 14 15 cuts to Article 6 funding. The Governor's executive 16 budget included a 32.5 million dollar cut to the 17 Department through this vital public health aid 18 mechanism. I am pleased to report that this cut did not come to fruition in the enacted State Fiscal Year 19 2018 budget. The Department avoided the need to 20 21 reduce TB and asthma staff, scale back tobacco and 2.2 obesity media campaigns, distribute fewer naloxone 23 kits, or close one of our Sexual Health clinics. In addition, despite the Governor's annual effort to 24 25 fold School-Based Health Centers into Medicaid

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 247 2 Managed Care, the State Department of Health once 3 again provided a one-year extension. We're relieved 4 that these vital and essential programs are protected for Fiscal Year 2018, but we will continue to push 5 for a permanent carve out for future years, and I 6 7 thank you for your continued support on this issue. Finally, I am pleased that New York has joined 48 8 other states in raising the age of criminal 9 responsibility. While not specifically a health 10 11 issue, we know that treating youth as adults in the 12 criminal justice system harms youth economically, 13 educationally and emotionally, and these factors affect health. Now let me turn to the federal 14 15 government. While we have not yet gotten concrete 16 details of the President's Fiscal Year 2018 Budget, 17 the so-called "skinny budget" released in March, and 18 a separate document released shortly thereafter regarding proposed cuts for FY2017, make-- these make 19 20 clear that this Administration's public health 21 priorities do not align with our own. Potential cuts 2.2 to the National Institutes of Health, the Centers for 23 Disease Control and Prevention, the Prevention and Public Health Fund, and the Environmental Protection 24 25 Agency, as well as other vital federal entities could

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 248 2 have dire implications on the health and well-being 3 of the people in our city. It is possible that the 4 Department could lose tens of millions of dollars in This kind of cut would severely 5 federal funding. hamper our ability to implement effective public 6 7 health initiatives, and would put the City at increased risk for infectious disease outbreaks and 8 higher chronic disease incidence. 9 Both the President's budget proposal and the House's recently 10 11 passed American Health Care Act will slash funding 12 for public health preparedness and response, which is 13 irresponsible and dangerous. As I mentioned in my Preliminary Budget testimony, since 2010 we've seen 14 15 the uninsured rate across all ages drop to a current all-time low of 9.3 percent in New York City. If the 16 17 American Health Care Act passes through the Senate in 18 its present form, it may reverse this positive trend, leaving millions of New Yorkers without affordable 19 coverage and care. The lives of working poor, 20 21 pregnant women, new mothers, people with pre-existing 2.2 conditions, seniors, and those with disabilities, 23 among many others, will be negatively affected by this piece of legislation. Our nation's immediate 24 25 fiscal future may be plagued with uncertainty, but we

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 249 2 stand firmly by our City's values. This means we 3 will continue to push back on these funding threats 4 in order to best serve New Yorkers. In addition to 5 potential cuts to our own agency's work, the crosssector nature of public health makes us extremely 6 7 concerned about threats to agencies that handle education, social services, emergency preparedness, 8 transportation, housing, and the environment. 9 We do not know what the President's budget will contain, 10 11 but we will persist in our efforts to protect and 12 promote the health of all New Yorkers. I will now 13 speak to the Fiscal Year 2018 Executive budget for the Department. Our current operating budget is \$1.5 14 15 billion, of which \$643 million is City Tax Levy and 16 the remainder is federal, state and private dollars. 17 This reflects a net increase in spending of 49 18 million dollars from the Fiscal Year 2018 Preliminary budget, and I am also pleased to report that our 19 20 agency has found 59 million dollars in City Tax Levy 21 savings over two years. These savings will have no 2.2 impact on services. The Fiscal Year 2018 Executive 23 Budget helps to ensure that the Department can continue to provide necessary services, create and 24 enforce effective policy, and implement equitable and 25

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 250 2 evidence-based programs. I will now highlight the 3 major new funding streams that have been added in the 4 Executive Budget. We launched NYC Safe in August of 5 2015 to provide behavioral health support to the small subset of New Yorkers who have both displayed 6 7 or threatened violence against the public and struggle with a mental illness and/or substance use 8 disorder. We know that NYC Safe is working; as of 9 March 2017, 96 percent of participants have not been 10 11 charged with a violent offense since being referred 12 to the program. After a year and a half of 13 operational experience, we have a better 14 understanding of the needs of the target population 15 and how best to meet our goals. To this end, we're 16 adding \$1.1 million in Fiscal Year 2018 and \$4.4 17 million in the out-years to the Intensive Mobile Treatment, or IMT, program. IMT was launched as a 18 demonstration project in January 2016 with three 19 teams serving up to 25 clients each. The teams work 20 21 with people who raise concerns about violent behavior 2.2 and have had recent and frequent contact with the 23 mental health, criminal justice and homeless systems, and for whom traditional treatment models have proven 24 25 ineffective. The teams include peer specialists,

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2	master's level behavioral health professionals,
3	nurses, and psychiatrists who engage clients across
4	multiple settings 24 hours a day, seven days a week.
5	There is no time limit for this support. This new
6	funding will enable IMT to add four more teams, and
7	increase capacity to reach more New Yorkers. We
8	currently have teams in Brooklyn, Manhattan and the
9	Bronx, and we will extend services to Staten Island
10	and Queens. We are pleased to have an additional 8.2
11	million dollars allocated to the Department for
12	HealingNYC, our citywide plan to reduce opioid
13	overdose deaths by 35 percent over five years.
14	Overdose deaths from opioids, which include both
15	opioid analgesics and heroin, are a public health
16	crisis in New York City. In 2016, we have seen 1,268
17	confirmed overdose deaths, with 80 percent involving
18	opioids and we are on track to see this number exceed
19	1,300 when data are finalized for 2016. This
20	disturbing increase parallels the entry of fentanyl
21	in the city's street drugs. Approximately half of
22	the confirmed drug overdose deaths from July to mid-
23	December 2016 involved fentanyl. We can confidently
24	say that fentanyl is driving the increase in overdose
25	death rates in the New York City, and these overdose

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2	deaths are preventable. This new funding will allow
3	the Department to expand its multipronged approach,
4	increasing naloxone distribution, buprenorphine
5	training, judicious prescribing, public awareness
6	campaigns, and introducing a rapid assessment and
7	response capacity. More specifically, in Fiscal Year
8	2018, the City will distribute nearly 62,000 naloxone
9	kits. The Department will distribute approximately
10	48,000 of these kits, and other City agencies will
11	distribute the remainder. In addition to increasing
12	the number of naloxone kits available, this new
13	funding will help us increase the number of patients
14	who receive buprenorphine treatment from 38,000 to
15	58,000 over the next five years. Funds will also be
16	used to increase public awareness through media
17	campaigns and outreach. These efforts are critical,
18	and we remain steadfast in our commitment to curbing
19	this epidemic. I also want to touch briefly on a few
20	additional funding changes in the Executive Budget.
21	The Department will receive 1.3 million dollars in
22	funding for the provision of mental health services
23	to additional residents at the Center for Urban
24	Community Services, or CUCS, for Fiscal Year 2018 and
25	beyond. Previously, CUCS was a 43-bed transitional
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2	living community for homeless women with mental
3	illness, and in early 2017, they moved to a larger
4	space. This funding adjustment will cover the on-
5	site rehabilitation services for the Center,
6	including an additional 32 beds in the new space.
7	There is an adjustment in the budget to account for
8	the shifting of funds for the NYC 15/15 Supportive
9	Housing initiative, from Department of Social
10	Services to the Health Department. Supportive
11	housing is affordable, permanent, and independent
12	housing for individuals and families coming from a
13	period of homelessness, hospitalization or
14	incarceration. The program provides support for
15	tenants within a neighborhood and community, and
16	offers programming on various topics, including
17	mental health services, financial independence and
18	community integration. The NYC 15/15 initiative aims
19	to fund and develop 15,000 new units of supportive
20	housing in New York City over a period of 15 years.
21	This funding shift will allocate 26.5 million dollars
22	to the Department in Fiscal Year 2018, \$50.3 million
23	in Fiscal Year 2019, and \$74.4 million in Fiscal Year
24	2020 to administer the program in partnership with
25	DSS and HPD. The Department is responsible for

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 254 2 contract management, budget management, program 3 development, technical assistance, program monitoring 4 and evaluation. I'd also like to point out the 5 Service Provider Wage Adjustment in the budget, which will support our social service provider workforce 6 7 with another round of Cost-of-Living Adjustment increases. In recognition of the critical role that 8 these providers play in New York City, the Executive 9 Budget allots 6.3 million dollars in Fiscal Year 10 11 2018, \$12.4 million in Fiscal Year 2019, and \$18.9 12 million in FY2020 for this adjustment. Lastly, we 13 received an additional \$79 million in the Capital Plan for animal shelter construction and renovation. 14 15 We have had an exciting and productive year at the 16 Department. I am grateful that the City budget for 17 Fiscal 2018 provides funding to advance our 18 priorities. Thank you again for the opportunity to testify, and for your support of the Department's 19 work. We are pleased to answer any questions. 20 21 CHAIRPERSON FERRERAS-COPELAND: Thank 2.2 you, Doctor Bassett. I wanted to talk about 23 headcount and then some procurement and a couple questions, and then we'll hear from the Chairs. The 24 25 Department's headcount decreases by 113 fulltime

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2	positions in Fiscal 2018's Executive Budget when
3	compared to Fiscal 2017's Adopted Budget to 5,398
4	positions. The public health sector experiences a
5	net decrease of 90 positions. What led to these
6	headcount decreases, particularly the 12 positions in
7	the Bureau of Sexually Transmitted Disease Control
8	and the 13 positions in the Bureau of Food Safety?
9	COMMISSIONER BASSETT: Alright, I'll
10	begin, and then I may turn to our Deputy Commissioner
11	for Finance, Sandy Rozza, for more details, but some
12	of these budgets, 68 fulltime positions and I believe
13	some 30 part-time positions were part of efficiencies
14	that we identified at the request of OMB. These
15	reductions had no impact on service delivery. Sandy,
16	do you want to address the specific issues about Food
17	Safety and Sexual Health clinics?
18	DEPUTY COMMISSIONER ROZZA: Yes. Good
19	afternoon. Sandy Rozza, Deputy Commissioner for
20	Finance at the Department of Health and Mental
21	Hygiene. So, as the Commissioner said, we were asked
22	to put up some efficiencies. So, we took 62
23	vacancies from around the Department. They were the
24	oldest vacancies and put those up as efficiencies.
25	On the Food Safety side, they were part of it. On

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 256 the STD side, these are just grant awards that have 2 3 not been implemented yet, and we'll do so after the 4 Adopted Budget when we reconcile our grants. 5 CHAIRPERSON FERRERAS-COPELAND: So, then you would do additional hiring? 6 7 DEPUTY COMMISSIONER ROZZA: Yes. Our Fiscal Year 18 grants have not all been loaded yet. 8 So as we load them, there should be an increase in 9 that headcount for STD. 10 11 CHAIRPERSON FERRERAS-COPELAND: So, do 12 you know by how much that headcount would increase? 13 DEPUTY COMMISSIONER ROZZA: No, not at 14 this time. 15 CHAIRPERSON FERRERAS-COPELAND: Okay. So, we'll follow up after adoption. Procurement, 60 16 17 percent of New York's Human Services nonprofits are financially distressed having no more than three 18 months of cash reserves. The chronic delay in 19 government contract payments contributes greatly to 20 21 the problem, and DOHMH is no exception. What are the 2.2 major sources of delays in the contracting progress 23 at DOHMH? COMMISSIONER BASSETT: Again, I'll start, 24 25 Madam Chair. At this point, we have 70 percent of

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 257 all of the contracts that were cleared by MOCS
3	registered. So, we think we're doing pretty well on
4	this. We have 250 more contracts to register than we
5	had in FY15, but we still have achieved 70 percent
6	registration. We're very grateful to the Council for
7	its early designation, but about half of the
8	remaining contracts, we only had cleared by MOCS in
9	at the end of last year. So, as you're alluding,
10	there are many steps, but our department can't begin
11	its work with the vendors until the contracts have
12	been cleared by MOCS. That's not simply a
13	responsibility of MOCS. It's a back and forth
14	between the vendor and MOCS.
15	CHAIRPERSON FERRERAS-COPELAND: Okay, we
16	just wanted to get it on the record, because it's the
17	one challenge that we kind of go back and forth on of
18	through this whole pipeline. I wish I could just get
19	all of you in one room and, you know, maybe you'll
20	point at
21	COMMISSIONER BASSETT: [interposing] That
22	wouldn't be a bad idea.
23	CHAIRPERSON FERRERAS-COPELAND: each
24	other. Maybe, but just to figure out, because
25	there's nothing more frustrating especially when
l	

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 258
2	nonprofits have cash flow issues. Knowing you have
3	the contract, it's a year later, and there's a year
4	or two years later they still have no payments. I
5	know that we worked and you have identified as a
6	management contract arm with Public Health Solutions,
7	do you think that you know, can you walk us through
8	how they may have helped you get to the 70 percent?
9	Or I know that is it 10 percent? Walk me through
10	the relationship between Public Health Solutions and
11	the Agency?
12	COMMISSIONER BASSETT: Well, we have a
13	longstanding relationship with Public Health
14	Solutions, but the most recent role that they played
15	in our contract management was with the Mayoral
16	designations. In other words, what the baselining of
17	what were previously Council dollars into the
18	Agency's budget. That is managed through a master
19	contract, and they have registered all of the okay,
20	I'm going to let they've registered all of their
21	contracts in January of this year. I mean, they've
22	I don't know, registered is not the right word, but
23	they execute all of them have been executed in
24	January of this year. I'll turn it over to Sandy to
25	say more.

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 259 DEPUTY COMMISSIONER ROZZA: So, you're
3	asking in particular for the Council designations
4	CHAIRPERSON FERRERAS-COPELAND:
5	[interposing] Right.
6	DEPUTY COMMISSIONER ROZZA: how does PHS
7	help us?
8	CHAIRPERSON FERRERAS-COPELAND: Right.
9	DEPUTY COMMISSIONER ROZZA: So, the only
10	portfolio that goes through PHS from a Council
11	designation are the HIV contracts.
12	CHAIRPERSON FERRERAS-COPELAND: Right.
13	DEPUTY COMMISSIONER ROZZA: And those have
14	been processed by PHS. All other Council designations
15	are processed by the Agency.
16	CHAIRPERSON FERRERAS-COPELAND: Okay. I'm
17	just trying to understand if they have assisted in
18	expediting the process, or is this something that we
19	could look at other contracts. This was kind of
20	you know, is this something that we can expand on or
21	that you have found efficient, or what is your
22	opinion having
23	DEPUTY COMMISSIONER ROZZA: [interposing]
24	So, we actually find it very efficient for the HIV
25	portfolio.
I	I

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2	CHAIRPERSON FERRERAS-COPELAND: Okay.
3	DEPUTY COMMISSIONER ROZZA: Which is why
4	we went to PHS for the Mayoral baseline funding, but
5	we've had a lot of issues with processing of those
6	contracts, which is why for the mental hygiene
7	Mayoral baselining we're going to bring it back in
8	house, because we believe we can do them more
9	efficient.
10	CHAIRPERSON FERRERAS-COPELAND: Okay. We
11	were talking about the the Mayor has expressed the
12	partial hiring freeze, and I wnted to know what
13	effect the hiring freeze would have on your agency,
14	and also in large scale initiatives such as
15	ThriveNYC? A lot of these initiatives are supported
16	by the administrative staff in some cases. So, if
17	we're doing a hiring freeze on administrative and
18	management positions, what will be the impact, and if
19	you've already begun that exercise of looking what
20	the potential effects are, especially since you
21	proposed such a significant efficiency already with
22	your vacancies. What's your plan?
23	COMMISSIONER BASSETT: Well, at this
24	point, we know formerly as much as you've just
25	described that it's aimed not at frontline workers,

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2	but at managerial and administrative staff, and of
3	course, we've turned to the deputies and alerted them
4	to begin looking at their vacancies, looking at their
5	current positions. I don't expect that there's
6	there's been no talk about layoffs. That is not part
7	of this exercise.
8	CHAIRPERSON FERRERAS-COPELAND: Okay.
9	During the Preliminary Budget hearing you stated that
10	DOHMH was looking into changes to Article 47 on the
11	City's Health Code regarding the inclusion of
12	childcare centers in City shelters. Can you give us
13	an update on the status of those discussions?
14	COMMISSIONER BASSETT: Those discussions
15	remain ongoing.
16	CHAIRPERSON FERRERAS-COPELAND: Do you
17	see an end to the discussion that will bring you to a
18	plan, or you know, or that you can say by this date
19	COMMISSIONER BASSETT: [interposing] As
20	soon as we can inform Council on a plan, we will do
21	so. We are still in discussion on the matter.
22	CHAIRPERSON FERRERAS-COPELAND: Okay, but
23	I would think you start the discussion with an end-
24	goal of saying, "We'd like to be here by this date,
25	

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2	or we'd like to see how we can encompass these other
3	centers." So, is that anywhere in the horizon, or?
4	COMMISSIONER BASSETT: That definitely is
5	on the horizon, but I can't give you any more
6	CHAIRPERSON FERRERAS-COPELAND:
7	[interposing] I feel like we're still not giving our
8	number [sic].
9	COMMISSIONER BASSETT: information than
10	the timeline.
11	CHAIRPERSON FERRERAS-COPELAND: Okay.
12	COMMISSIONER BASSETT: The specific
13	timeline at this point.
14	CHAIRPERSON FERRERAS-COPELAND: Okay. We
15	will now hear from Chair Cohen who actually has to
16	step out, so we're going to give him some time to ask
17	us questions, and then we'll hear from Chair Johnson.
18	CHAIRPERSON COHEN: Thank you, Chair. I
19	appreciate the courtesy. At the we had a very good
20	Thrive hearing last week, and there was I guess
21	we're still working on collecting some of the follow-
22	up information from that hearing, but I do want to
23	reiterate on the record that I am very interested in
24	sort of the component contracts of Thrive. I'd like
25	to sort of have a discussion about and just to be a

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 263 little bit more knowledgeable about who's providing
3	the services and how that money is getting spent.
4	So, I know that your agency's committed to doing
5	that, and that the time between the last hearing and
6	this hearing was very brief, but I am keenly
7	interested in that, and I think my colleagues are
8	too. So, I know we're working on that.
9	COMMISSIONER BASSETT: We can give you
10	ballparks at this point, but I know that you're
11	interested in specific information, and we are
12	working on it, and we'll get it to you.
13	CHAIRPERSON COHEN: I appreciate that.
14	Diversion Centers, I think there might actually be an
15	update as opposed to us every cycle having the same
16	discussion. Maybe there's some new information
17	relating to that.
18	COMMISSIONER BASSETT: Yes, I'm very
19	pleased that we have made progress on Diversion
20	Centers. I can't give you, again, the specifics of
21	it, but I know that you've been hearing me talk about
22	these sites that offer an opportunity for people with
23	mental health issues engage with the police to be
24	brought somewhere else and not end up on a pathway to
25	jail, and instead be taken to a Diversion Center

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 264 where they can be connected to care. So, we have a 2 3 long learning experience, but we have the right 4 contract mechanisms. We're very close to having vendors identified. 5 CHAIRPERSON COHEN: Are we close to 6 7 having one site or two site? 8 COMMISSIONER BASSETT: Two sites is the 9 plan, and it will require a bit of additional funding. 10 11 CHAIRPERSON COHEN: But we current-- it 12 was my understanding, I think, that we had a commitment for two sites. 13 COMMISSIONER BASSETT: Yes, the plan is 14 15 for two sites, and that's what we've continued to 16 work diligently towards. I thank you for your 17 patience. 18 CHAIRPERSON COHEN: No, and--19 COMMISSIONER BASSETT: [interposing] And 20 thank my staff for their endurance. 21 CHAIRPERSON COHEN: But in your testimony 2.2 they were making progress on both sites. 23 COMMISSIONER BASSETT: Correct. CHAIRPERSON COHEN: Okay, that's great 24 25 news, and I look forward to a more definitive update.

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2	COMMISSIONER BASSETT: Coming soon.
3	CHAIRPERSON COHEN: I've asked this also
4	in the past, and I've never, I think, been quite
5	clear in my own mind. On Intensive Mobile Treatment,
6	how does someone end up in that column, so to speak,
7	in that silo that they are that they're in need of
8	those? How do you identify someone, and how do they
9	end up in that silo?
10	COMMISSIONER BASSETT: The Intensive
11	Mobile Treatment or IMT teams were really developed
12	as part of the response to the problem which is not a
13	very common one of people with mental health issues
14	who pose a threat or have acted violently, and the
15	real flexibility of them is that they're multi-
16	disciplinary. They can follow the person anywhere
17	that they go. They are not tied by any reimbursement
18	standards, any diagnostic criteria. I heard you
19	earlier use the phrase "serious mental illness" but
20	they don't have to meet some, you know, an Axis I
21	diagnosis. It can be anybody judged in need of
22	ongoing services. So, this has proved a very
23	successful strategy, very we started it as a pilot
24	and we filled the slots. Most of the referrals to
25	

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 266 this program come from H+H followed by Homeless
3	Services.
4	CHAIRPERSON COHEN: I guess what I
5	well, first, let me just say that I appreciated that
6	it is a small population, and I know you know this,
7	but I just think it's you know, when these people
8	fall through the cracks when they don't get the
9	treatment they want, I think they set the entire
10	mental health community back. So, it's even though
11	it's a small number, it's vitally important services.
12	I guess I'm just not clear. What is the mobile
13	element in what does that consist of? What
14	services are mobile? In other words, if I identify
15	as somebody on the street who seems to me to be
16	potentially a harm to himself or someone else, and as
17	you know, all New Yorkers, I've encountered people
18	like that, how do those people get services?
19	COMMISSIONER BASSETT: Well, obviously if
20	you're scared, you should always call 911.
21	Otherwise, we have a referral mechanism called the
22	Single Point of Access, or SPOA. You've probably
23	heard it discussed, and through that it's decided
24	what level of services a particular individual needs,
25	and for this very vulnerable hard to reach

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2	ABUSE, AND DISABILITY SERVICES 267 population, many of whom are homeless, street
3	homeless, who have fallen through the cracks, the IMT
4	has proved an incredible resource, and the idea is
5	that you meet them wherever they are, the mobile is.
6	If you want to meet at the Dunkin' Donuts on the
7	corner with a peer counselor, you can meet there. If
8	you end up on Rikers, they can find you there. If
9	you end up at a hospital, wherever that individual
10	is, the team will find them. You're not asking how
11	they got there, whether it was by a car or the
12	subway. That's
13	CHAIRPERSON COHEN: [interposing] No, I'm-
14	- no, that's not what I
15	COMMISSIONER BASSETT: [interposing] Okay.
16	CHAIRPERSON COHEN: I mean, getting the
17	services directly to the person where they're at,
18	sometimes getting them. sometimes we have to get them
19	out you know, trying to, you know, when people are
20	out, like I said, out in the field, and again, I
21	think as all New Yorkers we have experience where we
22	see people who seem to really be in a very bad state,
23	ranting, raving and perhaps, you know, making
24	threatening gestures and trying to figure out what
25	the appropriate response is that is more medical-

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2	based versus law enforcement-based is, you know, a
3	very big concern. I think for people who are
4	reticent when someone is having what appears to be a
5	mental health crisis to call the police. Like that
6	COMMISSIONER BASSETT: [interposing] No,
7	no, that should only be if you're fearful of your
8	of your safety or safety of others in a very
9	immediate sense. If you think somebody looks like
10	they need help, you can call 311 and then from there
11	you get connected.
12	CHAIRPERSON COHEN: I do have you know,
13	well there's just one more, and maybe this is a
14	follow-up to the question about the Thrive contracts,
15	but in the portfolio, the Council you know, I'm
16	very proud of the commitment that the Council has to
17	funding mental health service providers, particularly
18	with the support of the Finance Chair, but at some
19	point I would also like to sit down maybe and we
20	could talk about the implementation of those
21	contracts, because those service providers are
22	struggling like the rest of the service providers,
23	and I also think that it would be helpful to know on
24	the council side that we're in agreement that the
25	funds are actually getting under the ground, that

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 269 2 they're getting used. So, I'd like to follow up with 3 that when we do, maybe when we talk about--4 COMMISSIONER BASSETT: [interposing] Understood. 5 CHAIRPERSON COHEN: I appreciate your 6 7 testimony. Thank you, Chairs. 8 CHAIRPERSON JOHNSON: Hi Mary. 9 COMMISSIONER BASSETT: Hello, Health Committee Chair. 10 11 CHAIRPERSON JOHNSON: Good to see you. 12 So we had a great hearing a couple of weeks ago on 13 tobacco legislation, and I'm really proud to work with you all on the package of bills that we worked 14 15 on together, the Department, City hall and the 16 Council. One of the big issues that came up during 17 that legislative hearing was that the Sheriff, who I 18 guess is part of the Department of Finance, said his 19 office--20 COMMISSIONER BASSETT: [interposing] 21 Correct. 2.2 CHAIRPERSON JOHNSON: was developing a 23 proposal for more enforcement personnel to address the illegal cigarette and tobacco trade in the City, 24 25 namely more staff for the office's tobacco inspection

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2	detail. And one of the big issues that was raised in
3	that hearing was the illegal underground market that
4	exists in the City, and the fear that my bill which
5	raises the minimum price to above 13 dollars, that
6	that would increase the underground illegal trade in
7	New York City, and that that's a major concern. I'm
8	not an expert on this. The Sheriff sounded like
9	doesn't have a very big staff at all, and Council
10	Member Koo in that hearing was saying that in
11	Flushing there are people selling illegal cigarettes
12	everywhere. I mean, he said it's just totally
13	omnipresent in that neighborhood. So, I have of
14	course I'm committed to the package, and I want to
15	pass the bill. Do you have any thoughts though on
16	what we need to do to ensure that us passing this
17	doesn't drive up a further underground illegal
18	market?
19	COMMISSIONER BASSETT: Well, thank you for
20	that important question, and it's a question that's
21	often raised when there's an effort to raise the
22	price of cigarettes. So, let me just take a moment
23	and remember for the Council and remind ourselves
24	that raising the price is one of the single-most
25	effective prevention strategies that we have. It
25	effective prevention strategies that we have. It

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2	keeps people from starting to smoke, and people who
3	have to pay more for their cigarettes are likely to
4	smoke less, and this has been true even in the
5	presence of the concerns that you've raised. The
6	Department of Finance and the Department of Consumer
7	Affairs are the enforcement arms of the package of
8	legislation that the Council is now going to
9	consider, and I'm confident that they will make the
10	necessary requests for additional staff if they need
11	them in order to meet the enforcement requirements of
12	these bills.
13	CHAIRPERSON JOHNSON: Is it a real fear,
14	though? I mean, do we have any data or analysis that
15	bears out?
16	COMMISSIONER BASSETT: Well, without
17	trying to minimize the fact that we don't like to
18	have untaxed products in our city, the fact remains
19	that the rise in prices has resulted in a reduction
20	in tobacco use. So, from a public health
21	perspective, I have every confidence that this, that
22	your bill will have the impact on smoking rates that
23	we want it to have, and I have every confidence that
24	the Sheriff and the Department of Consumer Affairs
25	will enforce it.

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2	CHAIRPERSON JOHNSON: Thank you. During
3	the Preliminary Budget hearing you stated that the
4	Department of Health and Mental Hygiene is working
5	with the Department of Design and Construction to
6	develop a plan for the construction of the Public
7	Health Laboratory which is currently budgeted at 72.5
8	million dollars in the 2018 Capital Commitment Plan.
9	Can you update us on the status of this capital
10	project?
11	COMMISSIONER BASSETT: We have been as
12	you know, we've been working with EDC, the Economic
13	Development Corporation. They have been helping us
14	to identify a site. We, as usual, always seek to
15	identify sites on city-owned property because the
16	process is less cumbersome. So we are in active
17	negotiations about this, and soon as we have
18	something that is sure, we'll be happy to tell
19	Council about it.
20	CHAIRPERSON JOHNSON: Okay.
21	COMMISSIONER BASSETT: It's a real
22	priority. If I and I'm grateful that you've asked
23	the question, because the Public Health Lab is in
24	many ways the jewel in the crown of our Health
25	Department, but it often isn't acknowledged or even

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2	known about. So, they really have to have a new
3	building, and I'm committed to making progress on it.
4	CHAIRPERSON JOHNSON: Great. I'm excited
5	to see the project get underway and for it to be a
6	state of the art laboratory, which the Department
7	deserves.
8	COMMISSIONER BASSETT: Thank you.
9	CHAIRPERSON JOHNSON: So, there's a
10	hiring freeze, right?
11	COMMISSIONER BASSETT: You know, we are
12	waiting for a detailed memo, but as you note, the
13	commissioners have all been informed that this is
14	happening.
15	CHAIRPERSON JOHNSON: So, the Fiscal 2018
16	Executive Plan allocates 300,000 dollars to the
17	Health Department to hire four legislative affairs
18	staff to track, evaluate and facilitate legislation
19	related to health. How did the Department determine
20	the staffing need?
21	COMMISSIONER BASSETT: Well, obviously
22	the Department has a need in the legislative arena
23	that advances our goals. I'll turn that to that's
24	really about all. You know, that's our intent is
25	and our expectation is that these staff will advance

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 274
2	the Department's goals in terms of legislative
3	affairs.
4	CHAIRPERSON JOHNSON: But given the
5	Mayor's interest in managing the City's headcount as
6	announced as part of the Executive Plan, how does the
7	Department justify adding four positions?
8	COMMISSIONER BASSETT: You know, this is
9	a we have a staff of 6,000 people. Four positions
10	is not a very large number, and we have real needs in
11	terms of ensuring that our department is well-
12	represented in Washington where you have noted and I
13	have noted that the fight will continue. So I am
14	confident that this will be good for the Health
15	Department.
16	CHAIRPERSON JOHNSON: So, are these four
17	staff positions for Washington?
18	COMMISSIONER BASSETT: I don't know, but
19	wherever they are we're having we're going to have
20	a lot more legislative affairs on our plate.
21	CHAIRPERSON JOHNSON: But it would be
22	helpful to know where they're what that's slated
23	for.
24	COMMISSIONER BASSETT: Okay, I'll do my
25	best.

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2	CHAIRPERSON JOHNSON: No, no, it would be
3	helpful to know right now. We're in the budget
4	hearing talking about the budget. There's' a 300,000
5	dollar line. So I'm sure someone has an answer of
6	what those four people are slated to do.
7	COMMISSIONER BASSETT: Well, their role
8	is to work on legislative affairs that are relevant
9	to the Department of Health's needs and interest.
10	CHAIRPERSON JOHNSON: At City Hall? In
11	Albany? In D.C., or all of the above?
12	COMMISSIONER BASSETT: Wherever they are
13	placed they will advance the legislative needs.
14	CHAIRPERSON JOHNSON: You're not giving
15	an answer, Commissioner Bassett.
16	COMMISSIONER BASSETT: I'm doing the best
17	I can, Health Committee Chair, and I think I'm giving
18	you the answer that I that should be clear enough
19	for all of us. We have legislative needs. These
20	staff will help us address them. I can get back to
21	you.
22	CHAIRPERSON JOHNSON: That would be
23	helpful. So, diabetes affects approximately 700,000
24	New Yorkers and contributed to thousands of deaths
25	each year, but diabetes prevention efforts receive

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2	far less City funding that other public health
3	problems. Has the Department considered implementing
4	the National Diabetes Prevention Program, an evidence
5	based program recognized by the CDC in an effort to
6	stem the City's increasing diabetes rate?
7	COMMISSIONER BASSETT: Absolutely we are
8	in the process of supporting this program, both in
9	communities and actually within our own agency.
10	CHAIRPERSON JOHNSON: So, what does that
11	what does that mean? What are we what specifically
12	are we doing?
13	COMMISSIONER BASSETT: This is a package
14	of programs. It's a series of sessions that
15	individuals participate in who are identified as
16	people with pre-diabetes. Pre-diabetes is when you
17	have abnormalities in the way your body handles
18	sugar, but you are not quite a diabetic, and the
19	management of it is basically to eat healthier and
20	exercise more, but we all know that it's very hard to
21	adjust your life so that you do that, not just for a
22	week or a month, but for the rest of your life, and
23	that's what this program has been shown to do. In
24	trials, it's reduced by nearly 60 percent, the risk
25	that you will develop diabetes in the future. So the
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2	Department has been supporting through, mostly
3	through CDC grants, the implementation of this
4	program. There have been some small grants that were
5	given to community-based organizations to also
6	promote non-clinical strategies that help people
7	prevent diabetes. You can understand that while
8	managing your diabetes when you have the diagnosis is
9	important. Public Health Agency has as its first
10	priority the prevention of diabetes, and in large
11	part that refers to healthier food and more exercise.
12	CHAIRPERSON JOHNSON: So, is this going
13	to require additional funds, or you can do it with
14	the current resources?
15	COMMISSIONER BASSETT: We're doing this
16	with the current resources. We estimate that our
17	budget spent on this whole area of work and
18	prevention is about 3.4 million.
19	CHAIRPERSON JOHNSON: Great. Last month,
20	the Department said it would launch a pilot program
21	to sterilize female rats using a compound dubbed
22	"ContraPest." Can you provide any details regarding
23	the timing, scale and location of the ContraPest
24	launch?
25	

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2	ABUSE, AND DISABILITY SERVICES 278 COMMISSIONER BASSETT: I really don't
3	know how this got into the news, but the Department
4	has not endorsed this product in any way. We, as you
5	know, have a large rodent control program and there
6	is a plan which so far doesn't have any details
7	attached to it to take a look at this product and see
8	how it does.
9	CHAIRPERSON JOHNSON: No tails attached.
10	COMMISSIONER BASSETT: No tails attached.
11	No that's pretty good.
12	CHAIRPERSON JOHNSON: We have to laugh a
13	little, Doctor Bassett.
14	COMMISSIONER BASSETT: Thank you,
15	CHAIRPERSON JOHNSON: Thank you.
16	COMMISSIONER BASSETT: Chairman Johnson.
17	CHAIRPERSON JOHNSON: You kind of laughed.
18	You're laughing now. Okay. Did we replace Doctor
19	Varma with a permanent replacement?
20	COMMISSIONER BASSETT: No, we have Doctor
21	Daskalakis who is remains acting.
22	CHAIRPERSON JOHNSON: Yes, at the last
23	hearing
24	COMMISSIONER BASSETT: [interposing] He's
25	still acting. He's wonderful.

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 279 CHAIRPERSON JOHNSON: He's wonderful, and
3	I want him to get that position fulltime.
4	COMMISSIONER BASSETT: I think you've said
5	so.
6	CHAIRPERSON JOHNSON: Yes. When's the
7	decision being made?
8	COMMISSIONER BASSETT: As soon as I can
9	tell you, we will get back to you.
10	CHAIRPERSON JOHNSON: Are you a lawyer,
11	Doctor Bassett?
12	COMMISSIONER BASSETT: I'm not, but there
13	are lawyers in my family.
14	CHAIRPERSON JOHNSON: I can tell. I
15	don't think I have any other major questions. Just
16	that I think that the Department should have more
17	money, and I said that at the press conference with
18	the Mayor on tobacco.
19	COMMISSIONER BASSETT: You did, and you,
20	I believe, said it to me the first time that we met
21	in one of these hearings.
22	CHAIRPERSON JOHNSON: Yes, and you've
23	gotten more money over the years,
24	COMMISSIONER BASSETT: [interposing] And
25	we have gotten more

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2	CHAIRPERSON JOHNSON: [interposing] but
3	this year there's not that much more money.
4	COMMISSIONER BASSETT: But I think that
5	I'll use the answer that I've given you the first
6	time and every time
7	CHAIRPERSON JOHNSON: [interposing] We'll
8	always take more money. We'll use it.
9	COMMISSIONER BASSETT: No, Commissioner.
10	CHAIRPERSON JOHNSON: We'll do good public
11	health work
12	COMMISSIONER BASSETT: [interposing] We'll
13	never turn down
14	CHAIRPERSON JOHNSON: [interposing] when
15	we get it.
16	COMMISSIONER BASSETT: additional funds.
17	CHAIRPERSON JOHNSON: Yes.
18	COMMISSIONER BASSETT: Thank you.
19	CHAIRPERSON JOHNSON: So, I, you know, I
20	call upon the Administration and my colleague in the
21	Council to as we negotiate the budget to ask for
22	increased funds especially in light of what is
23	happening in this country right now, in the light of
24	what's happening to immigrants, and we have the
25	largest number of undocumented immigrants in New York
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2	City than anywhere in the country, in light of the
3	good things we've seen in keeping HIV infections down
4	to the lowest rate ever recorded in New York City,
5	that is because of the investments that we've made.
6	Whether it be fighting Zika, or diabetes prevention,
7	or HIV and AIDS, or the work that was done on
8	Legionnaire's, or the work that was done on Ebola, or
9	the work that is done on pre-k inspections, or the
10	work that is done on pest control and abatement,
11	these are all vital public health programs, and
12	sometimes the data isn't sexy. So you look at the
13	data and it doesn't tell you the whole story, but the
14	human story behind these datasets, the people that
15	aren't becoming infected with HIV, the young people
16	who are not being poisoned by lead because of the
17	inspections that the Health Department is doing, the
18	human effects that that has is real and tangible and
19	has a real impact on New Yorkers, especially the most
20	vulnerable New Yorkers, and so further investments in
21	public health in New York City, further investments
22	in the wake of what we're seeing in Washington,
23	further investments that have paid off over the last
24	three and a half years I think have really been
25	remarkable. I'm really proud of the work that you
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COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 282 2 have done and your staff have done on these vital 3 programs, and the launch of new programs that we've seen over the last three years. It hasn't' been one. 4 5 It hasn't been two. It's been a couple of dozen new 6 things. Some of them have been comprehensive, 7 whether it be HIV and AIDS work, which I think in New York City have stepped up in a bigger way than any 8 municipality across the county on HIV and AIDS over 9 the last three and a half years, or whether it be 10 11 pilot programs like working with mothers to talk with 12 their children and seeing the effect that that has on 13 kids, or the Nurse Family Partnership investments, these are all vital things. So, I really want OMB 14 15 and the Mayor to continue to invest in public health, 16 to continue to invest in these programs, because when 17 we talk about disparities in New York City and we 18 talk about a tale of two cities, one of the most 19 immediate ways we see them is just in mortality rates across New York City. When you look at the mortality 20 rates from the Upper East Side to 20 blocks north to 21 2.2 East Harlem, the numbers don't lie, and we have to do 23 all that we can to bring those numbers down, and the way we bring those numbers down is investing in 24 25 public health, are getting folks that have been

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 283
2	marginalized and oppressed and left behind by
3	societal institutions for many years investing in
4	those things. That's what this department has done
5	over the last three and a half years under your
6	leadership. That's what this Administration has
7	invested in. The investment isn't big enough this
8	year. The investment needs to be greater. We can't
9	start good work and see good results and then not
10	further invest. So, I along with Chair Ferreras-
11	Copeland and my colleagues are going to as we did in
12	the Council's Budget Response call for money to be
13	invested in all the programs that you do and new
14	programs so that we can continue to see these rates
15	go down. I have no further questions. I look
16	forward to finding out what that 300,000 dollars is
17	for the four legislative affairs staffers.
18	COMMISSIONER BASSETT: Thank you.
19	CHAIRPERSON JOHNSON: And I thank you for
20	your testimony today.
21	COMMISSIONER BASSETT: Thank you, and I'd
22	like to acknowledge my staff, many of whom are here.
23	It's really to them that all of the success of our
24	agency's hard work is due. So,
25	

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE 284 ABUSE, AND DISABILITY SERVICES 2 CHAIRPERSON JOHNSON: [interposing] And 3 Dimitri is fabulous. 4 COMMISSIONER BASSETT: Thank you, Mr. Chair. 5 6 CHAIRPERSON JOHNSON: Thank you, 7 Commissioner. 8 CHAIRPERSON FERRERAS-COPELAND: Thank 9 you, Commissioner. We will now hear from Council Member Crowley. 10 11 COUNCIL MEMBER CROWLEY: Good afternoon, 12 Commissioner, and thank you to both our Chairs for 13 having this important hearing. I have a question as it relates to Neighborhood Health Action Centers and 14 15 Health Centers within schools. 16 COMMISSIONER BASSETT: Okay. 17 COUNCIL MEMBER CROWLEY: So, I understand that some of our high schools-- I'm not sure if our 18 19 middle schools have these. I don't have any in my community or any in the districts that I represent. 20 21 Do we know just how much of the City is served and how much is underserved? 2.2 23 COMMISSIONER BASSETT: Well, there are about 150 school-based Health Centers in New York 24 25 City in our schools. These are a critical resource

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2	ABUSE, AND DISABILITY SERVICES 285 for the children of our city, particularly children
3	who are low-income, because they are the easiest
4	access to care. We were very worried about these
5	centers when the Governor proposed to roll them into
6	Medicaid Managed Care, but we are pleased that the
7	State Health Department has deferred this action for
8	another year. So, these are scattered around our
9	city. They are a service available to all children
10	in our city, and in schools that don't have a school-
11	based Health Center, we have a nurse in every school
12	that has more than 200 students, and with the
13	ThriveNYC initiative we have the biggest expansion in
14	history of our mental health services for schools.
15	Every single school in our city has access to a
16	mental healthcare expert. So, these are an important
17	resource, and I'm glad that you're interested in
18	them.
19	COUNCIL MEMBER CROWLEY: Right. I know
20	they are very important resources. For the ones that
21	are neighborhood-based Health Action Centers, are
22	they mostly funded by the State?
23	COMMISSIONER BASSETT: Oh
24	COUNCIL MEMBER CROWLEY: [interposing]
25	Are they private?
I	

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 286 COMMISSIONER BASSETT: this is very
3	different than the school-based Health Center.
4	COUNCIL MEMBER CROWLEY: They are very
5	different?
6	COMMISSIONER BASSETT: Yes. The
7	Neighborhood Health Action Centers are that have
8	been launched this year actually, I want to
9	acknowledge that the Speaker was present at a launch
10	just about a month ago of the East Harlem
11	Neighborhood Health Action Center, and actually
12	allocated some funds to help us renovate part of that
13	center. So there's one in East Harlem, one in
14	Central Brooklyn in actually, it's in Brownsville
15	and one in the Bronx, the Tremont Center. We have
16	four additional buildings that are Health Department
17	buildings that are also being called into action in
18	these neighborhoods. These neighborhoods were
19	identified because they have the highest disease
20	burden in the City.
21	COUNCIL MEMBER CROWLEY: And same with
22	the high schools or the schools that have Health
23	Centers, is it because they're the most burdened for
24	disease as well?
25	

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2	COMMISSIONER BASSETT: No, the school-
3	based Health Centers are scattered across the City
4	and serve are in present all across the City. The
5	main barrier to having a Health Center in a school is
6	space, the availability
7	COUNCIL MEMBER CROWLEY: [interposing] Oh,
8	so it's not funded.
9	COMMISSIONER BASSETT: of space.
10	COUNCIL MEMBER CROWLEY: It's more space
11	over funding.
12	COMMISSIONER BASSETT: Yes, that's a key
13	barrier additionally because of the uncertainty that
14	I described and how Albany is allowing school-based
15	Health Centers to bill for their for the children
16	who use their center. There is a growing reluctance
17	of providers, but I would say space is one of the key
18	barriers. We've had a huge expansion over the past
19	decade in the number of school-based Health Centers.
20	They're funded by both the City and principally by
21	the State. I want to also answer your question on
22	Neighborhood Health Action Centers. These are funded
23	entirely with by City funds. Although, some of the
24	projects that run out of them are supported by
25	Federal or State funds.

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2	ABUSE, AND DISABILITY SERVICES 288 COUNCIL MEMBER CROWLEY: Now, when you
3	say each of the schools has a school nurse, I
4	remember that when I was in school and my kids were
5	in school, but I think that is really like, oh, you
6	have a temperature or you don't feel good you go to
7	the school nurse. School nurse contacts someone from
8	home; you get picked up. I mean, I really don't
9	think that it's like a health center or, you know,
10	could be near the level of a health center such as
11	you have in high
12	COMMISSIONER BASSETT: [interposing] It is
13	not the same, but I am hopeful that our school nurses
14	are doing a little more than taking temperatures.
15	COUNCIL MEMBER CROWLEY: No, no, no. I
16	mean, they're one person, and yeah, when you have
17	over 200
18	COMMISSIONER BASSETT: [interposing] That
19	is correct.
20	COUNCIL MEMBER CROWLEY: kids and the vast
21	majority of our schools are more like a thousand or
22	more. I just want to make sure that there's a way to
23	spread the coverage and look at underserved
24	communities. There's so many communities in our city
25	that is undeserved, and there could be a way to

COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 289 2 better catch those in need of services by just 3 connecting healthcare providers such as Neighborhood 4 Health Action Centers. I don't have one in my district. I know that a lot of Oueens is underserved 5 when it comes to access to healthcare. So, I think 6 7 that we could have a better coordination with the Department of Education to try to make sure that at 8 9 least every family knows or every student knows if they're in middle school or high school where they 10 11 can go for that vaccination or for that healthcare 12 service, even if they want to go independently of 13 their family. So, I would like to work--14 COMMISSIONER BASSETT: [interposing] I 15 appreciate that comment. 16 COUNCIL MEMBER CROWLEY: more on that 17 together. 18 COMMISSIONER BASSETT: Thank you. 19 COUNCIL MEMBER CROWLEY: Yeah. Okay. 20 Thank you, Chair. 21 CHAIRPERSON FERRERAS-COPELAND: Thank you, Council Member. Commissioner, I just have two 2.2 23 questions for you. I know that you are an integral part of the Healing NYC and with the support of H+H 24 25 and NYPD and we have the whole list of the roadmap,

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2	but I ask you this because you are oen of the
3	partners and you may not have the answer to this
4	question, but I know that your agency is, you know,
5	budgeted to get two eight positions, right, or
6	eight new headcount positions
7	COMMISSIONER BASSETT: [interposing] Yes,
8	that's right.
9	CHAIRPERSON FERRERAS-COPELAND: for
10	awareness, the Awareness Campaign, Addiction
11	Treatment and naloxone distribution.
12	COMMISSIONER BASSETT: Yes.
13	CHAIRPERSON FERRERAS-COPELAND: Is that
14	correct?
15	COMMISSIONER BASSETT: Yes.
16	CHAIRPERSON FERRERAS-COPELAND: And the
17	other agencies seems to get so there's eight in
18	your agency, 134 in NYPD, two in DHS to place a
19	staff, I guess two staffers at shelters, and one
20	staffer placed at HIV/AIDS shelter. In your
21	conversations, you know, it seems that NYPD is
22	getting a very large portion of this new hire or
23	headcount. Can you talk or walk me through what the
24	thinking was behind this? This is a potential of 84
25	new detectives, 50 lab personnel, and I understand

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2	the kits. So it's about 20 million dollars, but I
3	would think that the agency that needs the most staff
4	is yours.
5	COMMISSIONER BASSETT: Let me just tell
6	you what the activities will be. I mean, I'm
7	obviously not in I don't think it's of interest of
8	any of us to frame competitively the different
9	agencies all of us
10	CHAIRPERSON FERRERAS-COPELAND:
11	[interposing] Oh, it's not competitive. I just want
12	to understand the program.
13	COMMISSIONER BASSETT: have a role to play
14	what the thinking is. So part of a fair amount of
15	our budget is for the purchase of naloxone.
16	Naloxone, as you know, is a like an antidote to an
17	opioid and it reverses an overdose. I'm really
18	pleased that the team was able to leverage the bulk
19	procurement because we're going to be rolling up
20	eventually to 100,000 kits a year to get a better
21	price from the provider. So we're going to be
22	getting from the company that's brand name Narcan, a
23	really nice, simple to use kit, but that's a big part
24	of our budget. We're also going to be doing public
25	awareness because it's important that people

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2	understand, first of all, that they can save a life
3	by carrying naloxone that they that people
4	understand the risks of opioids that we succeed in
5	destigmatizing entry into treatment, which we are
6	promoting and funded to promote. So that's also
7	another part of our budget. So I think you can see
8	that the headcount for some of these items is not
9	necessary. These are activities that are really
10	important, but will be conducted by our community
11	partners.
12	CHAIRPERSON FERRERAS-COPELAND: Okay. And
13	so just so that I understand, do you the NYPD
14	purchased their own kits, or do you purchase? You
15	know, does every agency purchase their own kits, or
16	do you purchase kits for
17	COMMISSIONER BASSETT: [interposing] No,
18	we're procuring on behalf of the City. It's sensible
19	to centralize, but we won't be distributing all of
20	the kits.
21	CHAIRPERSON FERRERAS-COPELAND: Okay. So,
22	I guess, in the description and maybe this it's
23	only a couple of words, so maybe there's more detail
24	and that's why I need clarification. It says
25	naloxone distribution under your line, and then at

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2	the NYPD's line it says 84 detectives and naloxone
3	kits for patrol officers. So
4	COMMISSIONER BASSETT: I stand corrected.
5	We're procuring on behalf of everyone, but the
6	naloxone for the NYPD appears in their budget.
7	CHAIRPERSON FERRERAS-COPELAND: Okay,
8	okay.
9	COMMISSIONER BASSETT: So, it just makes
10	sense that we leverage our bulk procurement to
11	negotiate
12	CHAIRPERSON FERRERAS-COPELAND:
13	[interposing] Understood.
14	COMMISSIONER BASSETT: the best price.
15	CHAIRPERSON FERRERAS-COPELAND: We're
16	just, you know
17	COMMISSIONER BASSETT: [interposing] But
18	CHAIRPERSON FERRERAS-COPELAND:
19	[interposing] From the Finance perspective we're
20	trying to under
21	COMMISSIONER BASSETT: [interposing] Yes,
22	no, I
23	CHAIRPERSON FERRERAS-COPELAND: just
24	follow the line.
25	

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2	COMMISSIONER BASSETT: understand. So,
3	but it wouldn't make sense for us not to use the
4	take advantage of the fact that we're making such a
5	big buy as a city
6	CHAIRPERSON FERRERAS-COPELAND:
7	[interposing] Of course.
8	COMMISSIONER BASSETT: to negotiate with
9	the company to reduce the price.
10	CHAIRPERSON FERRERAS-COPELAND:
11	Understood. And how much is
12	COMMISSIONER BASSETT: [interposing] So we
13	succeeded.
14	CHAIRPERSON FERRERAS-COPELAND: How much
15	are the kits?
16	COMMISSIONER BASSETT: Let me turn you
17	over to Doctor Hillary Kunins who's leading this
18	initiative. You have to introduce.
19	CHAIRPERSON FERRERAS-COPELAND: Great.
20	ASSISTANT COMMISSIONER KUNINS: Hi, this-
	ASSISTANI COMMISSIONER RONINS. III, CIIIS
21	- my name's Doctor Hillary Kunins. I'm the Assistant
21 22	
	- my name's Doctor Hillary Kunins. I'm the Assistant
22	- my name's Doctor Hillary Kunins. I'm the Assistant Commissioner for the Bureau of Alcohol and Drug Use.
22 23	- my name's Doctor Hillary Kunins. I'm the Assistant Commissioner for the Bureau of Alcohol and Drug Use. So we're in the process of negotiating. So the exact

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2	ABUSE, AND DISABILITY SERVICES 295 will be in the low 70's, we believe, when all the
3	component parts are accounted for.
4	CHAIRPERSON FERRERAS-COPELAND: And the
5	can you walk us through the kit? Is the kit like a
6	one-time use, or is it something that could be used
7	multiple times, or?
8	ASSISTANT COMMISSIONER KUNINS: Yes, I
9	don't have my so the kit by New York State
10	regulation contains two doses of naloxone plus sort
11	of assist devices, gloves, alcohol swab, mask, which
12	are not necessary but sometimes useful. So each dose
13	of naloxone has approximately a two-year expiration.
14	After somebody uses one does, they could still
15	potentially have the other dose. People are
16	instructed to use a second dose if the person doesn't
17	respond in two to three minutes, and they are
18	instructed at the time they're given the kit about
19	how they could obtain a refill.
20	CHAIRPERSON FERRERAS-COPELAND: And who
21	besides NYPD would also have these kits? Who, you
22	know, where else are they available in our city?
23	COMMISSIONER BASSETT: Well, the I
24	should make sure. I'm not sure that we mentioned that
25	it's intranasal. So that's so it's not an

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 296 injection. You just stick you stick it in the
3	person's nose and squirt. The kits that we'd been
4	using that are very effective and will reverse an
5	overdose required some assembly, but the ones that
6	Doctor Kunins has and her team have identified don't
7	require any assembly. We want anyone who is using
8	opioids, and they may be people who are misusing them
9	or people who are on chronic opioid use, an elderly
10	person to have naloxone available because they are at
11	risk for overdose, and so it's not only first
12	responders who should have naloxone, it's family,
13	friends. That's the way we make sure that the person
14	survives, if someone is around who can reverse their
15	overdose.
16	CHAIRPERSON FERRERAS-COPELAND: So, right
17	now your program would give access to whom? Can
18	someone
19	COMMISSIONER BASSETT: [interposing]
20	Anyone can buy naloxone.
21	CHAIRPERSON FERRERAS-COPELAND: Right.
22	COMMISSIONER BASSETT: And it is in many
23	cases covered by their insurance. Medicaid covers it,
24	for example at over 700 pharmacies across the city.
25	Its' effectively over-the-counter at all of our chain

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2	pharmacies and many of the independents.
3	Additionally, we are distributing it through a whole
4	network of overdose prevention programs. It's being
5	distributed at the Rikers visitor center because we
6	know that that's an important population to reach,
7	and if you call 311 you can get information on where
8	to get naloxone. Doctor Kunins, do you want to add
9	to that?
10	CHAIRPERSON FERRERAS-COPELAND: Okay.
11	Well, thank you. I'm glad we were able to get that
12	on the record.
13	COMMISSIONER BASSETT: We'd be happy to
14	train anyone on the Council in naloxone use. It's
15	really important that we try and ensure that people
16	do not die of overdoses.
17	CHAIRPERSON FERRERAS-COPELAND: You know,
18	it would be interesting because we have so much
19	interactions with the public, especially in our
20	district offices, so maybe this is an opportunity we
21	can follow up and do like a big staff training.
22	COMMISSIONER BASSETT: We'd welcome that.
23	CHAIRPERSON FERRERAS-COPELAND: And just
24	being able to spread the word to families, and many
25	of us have great relationships with even our local
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COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, 1 HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 298 2 shelters, and so on and so forth so to continue to 3 spread the word to save lives. So, thank you for 4 putting that on the record. Now we have a question 5 that when it came across my desk I was like, "Is this seriously happening?" But it is. 6 The Department of 7 Environmental Protection has begun dumping chlorine into sewer pipes leading to the water ways in an 8 9 effort to treat bacteria and sewage and mitigate the associated pollution and health risk. Has DOHMH been 10 11 involved in the planning or execution of DEP's chlorination efforts as it relates to the 12 13 environmental health of our city? COMMISSIONER BASSETT: Is this EPA or 14 15 DEP? I'm not aware of this. I'll have to come back 16 to you. 17 CHAIRPERSON FERRERAS-COPELAND: So, it came to us as DEP, and we had the DEP Commissioner 18 19 yesterday. We should have asked, but that's how. COMMISSIONER BASSETT: This is a question 20 that I'd refer to our colleagues at DEP. I'm happy 21 2.2 to come back to you. 23 CHAIRPERSON FERRERAS-COPELAND: No, I understand that they're-- whether they're doing it or 24 25

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2	not, but in the event that this were to be happening,
3	is this something
4	COMMISSIONER BASSETT: [interposing] I
5	see.
6	CHAIRPERSON FERRERAS-COPELAND: that you
7	would evaluate for the health of our water
8	COMMISSIONER BASSETT: [interposing] Well,
9	our usual engagement with water is around bacteria.
10	CHAIRPERSON FERRERAS-COPELAND: Right.
11	COMMISSIONER BASSETT: And as you know, we
12	let people know whether it's safe to go in the water
13	at the beaches and whether the bacterial counts are
14	too high, and we can say everybody out of the water
15	because the water is not safe, but the overall safety
16	of our waterways is really more of a DEP function.
17	CHAIRPERSON FERRERAS-COPELAND: Okay,
18	great. And seeing no additional questions, we will
19	we actually have a couple of questions, but due to
20	time I'll just get them to you in a letter from our
21	committee. Oh, yes, thank you. Thank you for
22	reminding me. One quick one. You almost got out of
23	here. So, we have as a priority Summer Youth
24	Employment, and I'm asking almost every Commissioner
25	whether you currently have Summer Youth Employment

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2	ABUSE, AND DISABILITY SERVICES 300 young people at your agency, and whether you have the
3	capacity to increase the Summer Youth Employment
4	participation in your agency?
5	COMMISSIONER BASSETT: That's a really
6	good question, and I assume that you're talking about
7	Summer Youth Employment through DYCD.
8	CHAIRPERSON FERRERAS-COPELAND: Yes.
9	COMMISSIONER BASSETT: Not whatever other
10	program
11	CHAIRPERSON FERRERAS-COPELAND:
12	[interposing] I know the Mayor sent out a letter
13	COMMISSIONER BASSETT: [interposing] that
14	we may be doing.
15	CHAIRPERSON FERRERAS-COPELAND: last year,
16	I believe, asking agencies to take on some young
17	people for the experience.
18	COMMISSIONER BASSETT: Yes. I certainly
19	personally think it's a great idea, but I can't give
20	you any details on whether or not we have requests in
21	to hire kids for the summer.
22	CHAIRPERSON FERRERAS-COPELAND: Okay.
23	COMMISSIONER BASSETT: So, I thank you
24	for raising it with every commissioner, and I'll have
25	to get back to you.

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2	CHAIRPERSON FERRERAS-COPELAND: Great. We
3	appreciate it, especially since we're looking to
4	expand the program, and one of the challenges that
5	DYCD does face sometimes is finding, you know, good
6	job experiences, and I think, you know, how great
7	would it be for a young person to work at the Health
8	Department on one of the amazing initiatives and
9	projects that you have, that they can say that that's
10	their experience as opposed to like, you know,
11	hanging out somewhere that they don't really want to
12	be.
13	COMMISSIONER BASSETT: [off mic] papers
14	or
15	CHAIRPERSON FERRERAS-COPELAND: Exactly.
16	Well, excellent. Thank you
17	COMMISSIONER BASSETT: Thank you.
18	CHAIRPERSON FERRERAS-COPELAND: Doctor
19	Bassett for being here this afternoon with us, and
20	thank you for your patience. I know we started a
21	little later than scheduled. I'd also like to once
22	again thank my Co-Chairs, Council Members Cornegy,
23	Garodnick, Johnson, and Cohen, and the members of
24	this committee. Again, a reminder that the public
25	will be invited to testify on May 25 th at 1:00 p.m.

1	COMMITTEE ON FINANCE WITH COMMITTEES ON ECONOMIC DEVELOPMENT, SMALL BUSINESS, HEALTH, AND MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE
2	ABUSE, AND DISABILITY SERVICES 302 in this room. If you cannot make it, you can submit
3	your testimony at council.nyc.gov/budget/testimony,
4	and the staff will make it a part of the official
5	record. Before we adjourn, a reminder to my
6	colleagues that the Committee on Finance will meet
7	tomorrow at 10:00 a.m. to vote on two Land Use items
8	in the Committee Room. I'm saying this to myself. We
9	will resume budget hearings on Thursday in this room
10	at 10:00 a.m. in the Committee on Housing and
11	Buildings to hear from the Department of Housing and
12	Preservation and Development followed by the
13	Department of Buildings. We will then meet at 2:00
14	p.m. with the Committee on Immigration to hear from
15	the Mayor's Office of Immigrant Affairs, and with
16	that, this hearing is now adjourned.
17	[gavel]
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CERTIFICATE

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 31, 2017_