

1 COMMITTEE ON HEALTH JOINTLY WITH THE COMMITTEE ON
2 MENTAL HEALTH, DISABILITIES AND ADDICTION 1

3 CITY COUNCIL
4 CITY OF NEW YORK

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6 TRANSCRIPT OF THE MINUTES

7 Of the
8 COMMITTEE ON HEALTH JOINTLY
9 WITH THE COMMITTEE ON MENTAL
10 HEALTH, DISABILITIES AND
11 ADDICTION
12 ----- X

13 March 15, 2021
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15 Recess: 7:54 p.m.

16 HELD AT: REMOTE HEARING (VIRTUAL ROOM 3)

17 B E F O R E: Mark Levine,
18 Chairperson of Committee on Health
19 Farah Louis,
20 Chairperson of Committee on Mental
21 Health, Disabilities and Addiction

22 COUNCIL MEMBERS:

23 Alicka Ampry-Samuel
24 Inez D. Barron
25 Darma V. Diaz
Mathieu Eugene
Robert F. Holden
Keith Powers
Fernando Cabrera
Bill Perkins
Kevin C. Riley
Diana Ayala
Jimmy Van Bramer
Joseph Borelli
Helen K. Rosenthal

2 A P P E A R A N C E S

3 Dr. Dave Chokshi
4 Commissioner of Health

5 Dr. Torian Easterling
6 First Deputy Commissioner and Chief Equity
7 Officer

8 Sami Jarrah
9 Deputy Commissioner for Finance

10 Dr. Myla Harrison
11 Acting Executive Deputy Commissioner Mental
12 Health

13 Corinne Schiff
14 Deputy Commissioner Environmental Health

15 Dr. Daniel Stevens
16 Deputy Commissioner Family and Child Health

17 Beth Maldin
18 Deputy Commissioner Emergency Preparedness and
19 Response

20 Julie Friesen
21 Deputy Commissioner Administration

22 Maura Kennelly
23 Deputy Commissioner External Affairs

24 Emiko Otsubo
25 Chief Operating Officer Executive Deputy
26 Commissioner

27 Darrin Taylor
28 Acting Deputy Commissioner Disease Control

29 Dr. Charon Gwynn
30 Deputy Commissioner Epidemiology

31 Dr. Michelle Morse
32 Deputy Commissioner Center for Health Equity and
33 Community Wellness Chief Medical Officer

1 COMMITTEE ON HEALTH JOINTLY WITH THE COMMITTEE ON
2 MENTAL HEALTH, DISABILITIES AND ADDICTION 3

4 A P P E A R A N C E S (CONT.)

5 Scott Liu
6 Acting Deputy Commissioner Chief Information
7 Officer

8 Lisa Landau
9 General Counsel

10 Nellie Afshar
11 Chief of Staff

12 Dr. Barbara Sampson
13 Chief Medical Examiner

14 Dina Maniotis
15 Executive Deputy Commissioner

16 Dr. Jason Graham
17 First Deputy Medical Examiner

18 Robert Van Pelt
19 Assistant Commissioner of Administration

20 Alyssa Gianotti
21 Executive Director of Budget

22 Jeff Oshins
23 President of Local 3005 DC 37 AFSCME

24 Emily Frankel
25 Government Affairs Manager for Nurse Family
Partnership

Laura Jean Hawkins
Advisory Board Chair of Astoria Queens Sharing
and Caring

Michael Davoli
Director of Government Relations for the American
Cancer Society Cancer Action Network ACS CAN

Greg Mihailovich
Community Advocacy Director for the American
Heart Association

1 COMMITTEE ON HEALTH JOINTLY WITH THE COMMITTEE ON
2 MENTAL HEALTH, DISABILITIES AND ADDICTION 4

3 A P P E A R A N C E S (CONT.)

4 Anthony Feliciano
5 Director of the Commission on the Public's Health
6 System

7 Seongeun Chun
8 Senior Manager of Health Policy at the New York
9 Immigration Coalition

10 Juan Pinzon
11 Director of Health Campaigns and Government
12 Engagement of the Community Services Society

13 Donald Nesbit
14 Executive Vice President for Local 372

15 Hallie Yee
16 Health Policy Coordinator for the Coalition for
17 Asian American Children and Families

18 Mon Yuck Yu
19 Executive Vice President and Chief of Staff at
20 the Academy of Medical and Public Health Services

21 Saba Naseem
22 Assistant Director of SAPNA NYC

23 Yuna Youn
24 Social Worker and Assistant Director of an
25 Article 31 clinic at Korean Community Services

Nadia Ketoure
Mother of Three Kids and lives in Prospect
Lefferts Garden

Chris Walzer
Executive Director of Health at the Wildlife
Conservation Society

Ben Dorman
Executive Vice President for Local 1102, the
RWDSU

Doug Warn
Director of Clinical Practice at Project Renewal

1 COMMITTEE ON HEALTH JOINTLY WITH THE COMMITTEE ON
2 MENTAL HEALTH, DISABILITIES AND ADDICTION 5

3 A P P E A R A N C E S (CONT.)

4 Faith Behum
5 Advocacy and Policy Advisor at UJA Federation of
6 New York

7 Dr. Rebecca Capasso
8 Medical Director of Psychiatry at Project Renewal

9 Paul Lee
10 Project Coordinator for Korean Community Services

11 Reed Vreeland
12 Director of New York City Community Mobilization
13 at Housing Works

14 Joo Han
15 Deputy Director at the Asian American Federation

16 Jane Wong
17 Hepatitis B Program Associate at Charles B. Wong
18 Community Health Center

19 Arline Cruz
20 Associate Director of Health Programs at Make the
21 Road New York

22 Mia Soto
23 Community Organizer in the Health Justice Program
24 of the New York Lawyers of Public Interest

25 Nadia Chait
Associate Director of Policy and Advocacy at the
Coalition for Behavioral Health

Alan Ross
Director of Samaritan Suicide Prevention Center

Cal Hedigan
CEO of Community Access

Sam Miller
Chief External Relations Officer at the Institute
for Community Living or ICL

Michelle Gadot
Senior Director of Planning and External Affairs
at the Center for Comprehensive Health Practice

A P P E A R A N C E S (CONT.)

Shane Correia
Center for Court Innovation

Phoenix
New York City Anti-Violence Project

Courtney Hauck
Pro Bono Scholar in the Disability Justice
Program at New York Lawyers for the Public
Interest, NYLPI

Steve Coe
Co-founder of the Correct Crisis Intervention
Today

Deirdre DeLeo
Visiting Nurse Service of New York

Tamara Morgan
Community Partnerships Coordinator

Dr. Katheryn Messineo
Representing the Developmental Disabilities
Division of the New York Family

Christopher Baez
Member of the New York City Anti-Virus Project

Nancie Katz
Director of Seize in the Middle

Javier Osorio
GMHI program for Sunnyside Community Services in
Queens

Annell Williams
Program Director for Hanock[SP?] Substance Abuse
Outpatient Treatment Program

Marilus Castellanos
Senior Program Director of Early Childhood Mental
Health and Family Wellness at University
Settlement

3 A P P E A R A N C E S (CONT.)

4 Scott Daly
5 Senior Director of the New York Junior Tennis and
6 Learning NYJTL

7 John Sentigar
8 Director of Development and Communications at
9 Covenant House New York

10 Liz D'Imperio
11 Director of Health Promotions for the American
12 Lung Association

13 Alice Bufkin
14 Director of Policy for Child and Adolescent
15 Health at Citizens Community for Children

16 Christina Alerio
17 Director of Operations Tech is Unlimited

18 James Meagher
19 Policy Director at Safe Horizon
20
21
22
23
24
25

2 SERGEANT KOTOWSKI: Computer recording started.

3 SERGEANT LUGO: Cloud recording up.

4 SERGEANT LEONARDO: Sergeant Martinez, your
5 opening?

6 SERGEANT MARTINEZ: Good morning, rather good
7 afternoon and welcome to today's remote New York City
8 Council Preliminary Budget Hearing of the Committee
9 on Health jointly with the Committee on Mental
10 Health, Disabilities and Addiction.

11 At this time, would all panelists please turn on
12 their video. To minimize disruptions, please silence
13 your electronic devices and if you wish to submit
14 testimony, you may do so at the following address,
15 testimony@council.nyc.gov. Once again, that is
16 testimony@council.nyc.gov. Thank you for your
17 cooperation. We are ready to begin.

18 CHAIRPERSON LEVINE: Thank you so much Sergeant
19 and welcome. Good afternoon everybody. I am Mark
20 Levine, Chair of the City Council's Health Committee.
21 I am so excited to be Co-Chairing today's hearing
22 with the brand new Chair of the Committee on Mental
23 Health, which is Council Member Farah Louis. Who is
24 going to be an outstanding leader for this Committee.
25 I am really excited to be working with her today.

2 We are going to be hearing shortly from the
3 leadership of the Department of Health and Mental
4 Hygiene as well as the leadership of the office of
5 the Chief Medical Examiner and I actually going to
6 offer brief opening remarks specifically related to
7 the Office of the Chief Medical Examiner in a moment.

8 So, first, I will address our hearing on the
9 budget for the city's Office of Health and Mental
10 Hygiene, which has a \$1.68 billion Fiscal 2022
11 Proposed Operating Budget. Specifically, I will be
12 focusing on the approximately \$953 million dollars in
13 that agencies to budget, a budget allocated for
14 public health and will also be addressing health
15 related performance indicators from the Fiscal 2021
16 Preliminary Mayor's Management Report and the
17 Departments Fiscal 2022 Preliminary Capital
18 Commitment Plan. Which includes \$1.1 billion in
19 Fiscal 2021 through 2025 for the Department.

20 I first want to just briefly offer my thanks to
21 the staff and leadership of the Department of Health
22 and Mental Hygiene for what they have done over the
23 past year. I have had the opportunity to work very
24 closely with many, many, many people in the City's
25 Health Department and I am just absolutely inspired

2 by the intensity, by the focus that uh, these staff
3 members and leaders have brought to this task over
4 the past year. Working what I know to be in some
5 cases hundred hour weeks and just being absolutely
6 committed to putting public health science first and
7 foremost. And I am really grateful for that effort
8 and I continue to believe that we have the best big
9 city health department in the world and that is
10 something that we should all be grateful for after
11 this difficult pandemic year.

12 Today, we are talking about the budget for the
13 Department in the coming Fiscal Year, which begins in
14 July. And I don't think it is an exaggeration to say
15 that this is probably going to be one of the highest
16 stakes year for public health in New York City ever.

17 As we have a multifront task at hand here. We
18 have to continue to push forward on beating back the
19 pandemic. We are making great progress on that and
20 we are going to feel that progress even more as we
21 enter the next Fiscal Year in July but the fight
22 against the pandemic will not be over by July 1st.
23 And it won't be over in all likelihood at any point
24 in the coming fiscal year.

2 Now, we are going to make progress. We are going
3 to push it back to a point that it doesn't dominate
4 our life as it has over the past year but there is no
5 doubt that the agency is going to need the resources
6 to continue to win this battle against this pandemic.
7 We are going to have to deal with the significant
8 trauma that COVID has left in its wake. Both people
9 who are dealing with long-term physical health
10 implications, which we know are all too real but also
11 the social, emotional and mental health trauma that
12 this pandemic leaves in its wake. And I know that
13 Chair Louis will be addressing that.

14 We are going to have to directly confront the
15 profound inequality that this past year has both
16 revealed and exacerbated racial inequality in
17 particular. We are going to have to invest in
18 unprecedented ways in closing the racial equity gap
19 in health in the city and that's going to require
20 resources which we are going to want to see in this
21 budget.

22 We are going to have to revitalize primary care.
23 After a year in which many New Yorkers were blocked
24 from primary care at difficult points, particularly
25 in the spring and many New Yorkers have not yet

2 returned to accessing primary care for a variety of
3 reasons. And particularly, we are going to need to
4 focus on marginalized population. Care for people
5 for example, who are struggling with addiction.

6 People who are struggling with conditions like HIV or
7 viral hepatitis. Because there has been tremendous
8 disruption to their care over the past year and we
9 are behind now on making up that lost ground. And we
10 have lost ground in those fights. Which is
11 particularly frustrating after the progress that we
12 have been seeing over recent years pre-pandemic.

13 And finally, we are going to have to prepare for
14 what we should assume maybe the next pandemic. It
15 would be extremely naive to think that we won't
16 confront this kind of disaster again. And so, this
17 Fiscal Year is going to require us beginning to
18 prepare for that. To try and prevent it and be ready
19 if and when it happens and I do think that all of
20 that is online in the next budget of FY 2022.

21 This pandemic has made clear and obvious that
22 there are racial disparity and inequality that are
23 systemic in healthcare in this city and New York City
24 needs to take a stand now to ensure that we do have
25 greater equity. And that DOHMH needs to work

2 directly with providers in this community. Community
3 members who are trusted, that can help build up the
4 infrastructure to ensure that the resources are
5 present to care for the communities that have been
6 most impacted by this pandemic. We can't ignore the
7 facts which have been laid bare. Black and Brown New
8 Yorkers deserve equitable care. They deserve to be
9 listened to by medical providers and all
10 professionals in the healthcare system. It should be
11 extremely rare that someone would die in childbirth
12 in New York City. But it is particularly egregious
13 that Black people still die at least at eight times
14 the rate of White people in childbirth in New York
15 City. And this should be the year that we put an end
16 to that inequality. Inequality also is persistent in
17 rates of asthma and diabetes, HIV, early cancer
18 detection and treatment and other health outcomes.
19 COVID health outcomes as well. Unfortunately
20 reflect these disparities. Black, Latinx and lower
21 income and older New Yorkers are all
22 disproportionately impacted by COVID-19
23 hospitalization and death and those living within
24 these communities have known for quite some time that
25 systemic racism, social determinants of health and

2 lack of access to culturally appropriate healthcare
3 have caused persistent disparities for generations.
4 And COVID-19 has simply been the latest painful
5 example of this.

6 So, today, we ask, how are we going to build a
7 more equitable future for New Yorkers, particularly
8 those who are low income and people of color? How
9 are we going to use our resources to truly meet
10 people where they are and close the health equity
11 gap?

12 New York City is fortunate that we have allies
13 now in the White House, in Congress but it will still
14 be an uphill battle to restore to pre-pandemic levels
15 economically. The new released bill that was passed
16 on March 10th by Congress gives hope to New York as
17 well as to the Health Department Directly. We are
18 hopeful that the stimulus will prevent New York State
19 from going through with painful, shameful, unfair
20 cuts to healthcare and uh, we will be fighting for a
21 just budget between now and April 1st in Albany. We
22 will not let them resent, continue to hold back 20
23 percent from healthcare providers and other social
24 service providers. And we are going to fight against
25 the Medicaid pharmacy carveout that would have a

2 disproportionate impact on FQHC's that provide HIV
3 AIDS services, sexual and reproductive health
4 services among other important services. And we are
5 going to make sure that we have reimbursement to fund
6 those critical frontline providers.

7 We also are going to work against proposed 20
8 percent cut in the nurse family partnership, which
9 would reduce the number of families that can be
10 served by this critical program.

11 So, this is a lot to do and a lot for us to focus
12 on in this hearing. Uhm, but I am looking very much
13 forward to hearing testimony from our partners and
14 the Administration in the best interest of our city.

15 I want to thank the staff of this Committee
16 including Policy Analyst Anne Balkin[SP?], Committee
17 Counsel Harbani Ahuja and Sara Liss and a particular
18 thank you to our Finance Analyst Lauren Hunt who has
19 worked extremely hard to prepare for today's hearing.

20 And now, I would like to pass it over to my
21 partner and colleague in today's hearing Chair Farah
22 Louis.

23 CHAIRPERSON LOUIS: Thank you so much Chair
24 Levine and I am happy to joining you today to have
25 this conversation. Good afternoon everyone. I am

2 Council Member Farah Louis, Chair of City Councils
3 Committee on Mental Health, Disabilities and
4 Addiction. Happy to be with you all today.

5 During today's hearing we will review the New
6 York City Department of Health and Mental Hygiene's
7 \$1.6 billion Fiscal 2022 Operating budget
8 specifically the approximately the \$593 million
9 allocated for mental health.

10 Of this, \$94 million is budgeted for Thrive NYC
11 in Fiscal 2022. We will also address the Departments
12 Fiscal 2022 Primary Capital Commitment Plan which
13 includes \$1.1 billion in Fiscal 2021 to 2025 for the
14 Department. Nothing could have prepared New Yorkers
15 for the devastation we have all experienced over the
16 last 12 months. We were faced with isolation,
17 unexpected loss, fear for our lives, for our families
18 and finances.

19 The lasting traumas of the pandemic are just
20 beginning to show now. More and more New Yorkers
21 have reported symptoms of depression, anxiety,
22 substance use and disorders than ever before. As we
23 begin to reopen, the direct impacts will become
24 crystal clear. We are standing at the principal of
25 major, major mental health crisis in New York City.

2 Our healthcare workers witnessed an insurmountable
3 amount of debt and need support to process what they
4 experience.

5 Our students were faced with isolation and
6 loneliness without the social aspects of school. Our
7 students with disabilities struggle to be provided
8 basic services. Our seniors went weeks and months
9 without seeing another person and many face cognitive
10 decline related to isolation and disruption of care.

11 So, how do we move forward and how do we begin to
12 heal? We need to ensure that every New Yorkers has
13 access to culturally competent affordable and
14 comprehensive behavioral health services. We need to
15 ensure that our communities that were the hardest hit
16 by COVID-19, Black and Brown communities
17 specifically, have services in their communities and
18 that these are services that we can trust.

19 When a person reaches out for help, we need a
20 system and a protocol that can ensure that they
21 receive the services requested and not just a basic
22 referral. We need metrics of success that provide
23 and prove that the funding is being utilized to its
24 fullest capacity. What we can't have is for the
25

2 trauma experience to fester and to lead to an
3 escalation of problems in the future.

4 The isolation and the fear that was experienced
5 had a direct impact on the mental health of all New
6 Yorkers and we need to make sure we are monitoring
7 those consequences. How are we addressing the
8 continuation of the opioid epidemic? This question
9 often comes up. How can we reach people in their
10 homes and keep them safe? The next steps are vitally
11 important. New York State is threatening to cut
12 programs for people with disabilities by 20 percent.
13 People with disabilities are always underserved.
14 Cutting the funding to the few existing programs that
15 serve individuals with disabilities will cause undo
16 harm to our most vulnerable. Hopefully with the
17 relief bill passed on March 10th, these cuts will not
18 go into effect. But I hope that we will fight for
19 reimbursement for these groups and for what they have
20 already lost.

21 I am looking forward to hearing about what DOHMH
22 has planned to address these particular and important
23 issues and I thank you all for all the work you have
24 done over time. I would like to thank the Committee
25 staff for your support during this hearing and

2 preparing. Policy Analyst Cristy Dwyer, Committee
3 Counsel Sara Liss and Financial Analyst Lauren Hunt.

4 I now turn to Committee Counsel Sara Liss to go
5 over some procedural matters. Thank you.

6 COMMITTEE COUNSEL: Thank you very much Chairs
7 and I will actually briefly turn back to Chair Levine
8 to acknowledge the Council Members that are present
9 here today.

10 CHAIRPERSON LEVINE: Thank you so much for that.
11 We are joined by Council Members Levin, Cabrera,
12 Holden, Perkins, Riley, Ayala, Powers, Van Bramer and
13 Ampry-Samuel and I don't know if there has been any
14 arrivals in the last minute or two that I have
15 missed. If so, we will come back to you. Back to
16 you Sara.

17 COMMITTEE COUNSEL: Thank you very much Chair
18 Levine and Chair Louis. Good afternoon everyone. My
19 name is Sara Liss and I am the Counsel to the
20 Committee's on Health and Mental Health Disabilities
21 and Addiction for the New York City Council. I will
22 be moderating today's hearing.

23 Before we begin, I want to briefly go over a few
24 procedural matters. I will be calling on panelists
25 to testify. I want to remind everyone that you will

2 be on mute until I call on you to testify. You will
3 then receive a prompt from the host to unmute.

4 Please listen for your name to be called. And for
5 everyone testifying today, please note that there may
6 be a few seconds of delay before you are unmuted and
7 we thank you in advance for your patience.

8 The structure of today's hearing will be a little
9 different than usual hearings. The first panel will
10 be the Department of Health and Mental Hygiene
11 followed by Council Member questions, followed by a
12 five minute break and we will then continue with the
13 Office of the Chief Medical Examiner. Then Council
14 Member questions and then the public will testify.

15 During the hearing, if Council Members would like
16 to ask a question, please use the Zoom raise hand
17 function and I will call on you in order. We will
18 now begin with our first Administration panel, the
19 Department of Health and Mental Hygiene. This panel
20 will include the following – and please bear with me
21 because this list is long. Dr. Dave Chokshi
22 Commissioner of Health, Dr. Torian Easterling First
23 Deputy Commissioner and Chief Equity Officer, Sami
24 Jarrah Deputy Commissioner for Finance, Dr. Myla
25 Harrison Acting Executive Deputy Commissioner Mental

2 Health, Corinne Schiff Deputy Commissioner
3 Environmental Health, Dr. Daniel Stevens Deputy
4 Commissioner Family and Child Health, Beth Maldin
5 Deputy Commissioner Emergency Preparedness and
6 Response, Julie Friesen Deputy Commissioner
7 Administration, Maura Kennelly Deputy Commissioner
8 External Affairs, Emiko Otsubo Chief Operating
9 Officer Executive Deputy Commissioner, Darrin Taylor
10 Acting Deputy Commissioner Disease Control, Dr.
11 Charon Gwynn Deputy Commissioner Epidemiology, Dr.
12 Michelle Morse Deputy Commissioner Center for Health
13 Equity and Community Wellness Chief Medical Officer,
14 Scott Liu Acting Deputy Commissioner Chief
15 Information Officer, Lisa Landau General Counsel and
16 Nellie Afshar Chief of Staff.

17 I will now read the oath and after, I will call
18 on each of those panelists that I just listed from
19 the Administration to respond. So, please listen for
20 your name and the host will unmute you at that time.

21 Do you affirm to tell the truth, the whole truth
22 and nothing but the truth before this Committee and
23 to respond honestly to Council Member questions?
24 Commissioner Chokshi?

25 DR. DAVE CHOKSI: Yes, I do.

2 COMMITTEE COUNSEL: Thank you. First Deputy
3 Commissioner Easterling?

4 DR. TORIAN EASTERLING: Yes, I do.

5 COMMITTEE COUNSEL: Thank you. Deputy
6 Commissioner Jarrah?

7 SAMI JARRAH: Yes, I do.

8 COMMITTEE COUNSEL: Thank you. Executive Deputy
9 Commissioner Harrison?

10 DR. MYLA HARRISON: I do.

11 COMMITTEE COUNSEL: Thank you. Deputy
12 Commissioner Schiff?

13 CORINNE SCHIFF: Yes.

14 COMMITTEE COUNSEL: Deputy Commissioner Stevens?

15 DR. DANIEL STEVENS: Yes, I do.

16 COMMITTEE COUNSEL: Deputy Commissioner Maldin?

17 BETH MALDIN: Yes, I do.

18 COMMITTEE COUNSEL: Deputy Commissioner Friesen?

19 JULIE FRIESEN: Yes, I do.

20 COMMITTEE COUNSEL: Thank you. Deputy
21 Commissioner Kennelly?

22 MAURA KENNELLY: Yes, I do.

23 COMMITTEE COUNSEL: Executive Deputy Commissioner
24 Otsubo?

25 EMIKO OTSUBO: Yes, I do.

2 COMMITTEE COUNSEL: Deputy Commissioner Taylor?

3 DARRIN TAYLOR: Yes, I do.

4 COMMITTEE COUNSEL: Deputy Commissioner Gwynn?

5 CHARON GWYNN: Yes, I do.

6 COMMITTEE COUNSEL: Thank you. Deputy
7 Commissioner Morse?

8 DR. MICHELLE MORSE: Yes, I do.

9 COMMITTEE COUNSEL: Thank you. Deputy
10 Commissioner Liu?

11 SCOTT LIU: Yes, I do.

12 COMMITTEE COUNSEL: General Counsel Landau?

13 LISA LANDAU: Yes, I do.

14 COMMITTEE COUNSEL: And Chief of Staff Afshar?

15 NELLIE AFSHAR: Yes, I do.

16 COMMITTEE COUNSEL: Great, thank you all so much
17 for your patience and Commissioner, you can begin
18 when you are ready.

19 DR. DAVE CHOKSHI: Uhm, thank you very much and
20 good afternoon Chair Levine, Chair Louis and members
21 of the Committee's on Health and Mental Health,
22 Disabilities and Addiction.

23 I am Dr. Dave Chokshi, Commissioner of the New
24 York City Department of Health and Mental Hygiene.
25 As you heard, I am joined today by Dr. Torian

2 Easterling, First Deputy Commissioner and Chief
3 Equity Officer and Sami Jarrah, Deputy Commissioner
4 for Finance along with my other colleagues. Thank you
5 for the opportunity to testify on the Departments
6 Preliminary Budget for Fiscal Year 2022.

7 First and foremost, allow me to take a few
8 moments to acknowledge the devastating impact that
9 COVID-19 has had on New York City. To date, over
10 770,000 New Yorkers have had COVID-19 and sadly, we
11 have lost over 30,000 New Yorkers to this devastating
12 virus. Beyond the numbers, the pandemic has had a
13 profound impact on every facet of our lives and our
14 city has faced immeasurable loss both of life as well
15 as livelihood. But the burden of COVID-19 has not
16 been felt equally across the city. We have seen
17 desperate outcomes in both illness and mortality in
18 Black and Latino New Yorkers when compared to rates
19 experienced by White New Yorkers.

20 These inequities are a result of long standing
21 structural racism and under investment in Black,
22 Latino immigrant and low-income communities. And
23 mirror the disparities we see in other health
24 outcomes across these communities as well.

2 The Health Department has centered an equity lens
3 in all of our work for many years but this public
4 health emergency has demonstrated that we have
5 significantly more work to do in order undo decades
6 of racism, bias and discriminatory policies that led
7 to these inequities. And to prevent the propagation
8 of these unacceptable outcomes in the future.

9 Before I dive into the work we have done in the
10 past year, my leadership team is here with me today
11 and collectively, we have the great honor of
12 representing the approximately 6,000 Health
13 Department employees who have been working on this
14 response for over a year.

15 I want to take this opportunity to publicly thank
16 the whole staff for everything they have done in
17 service of their fellow New Yorkers this year. It
18 has been an extraordinarily challenging time to work
19 in public health and their work often goes
20 unrecognized. Thank you all. It is a true privilege
21 to get to serve with you.

22 I am incredibly proud of the Health Departments
23 response to the challenges of the pandemic over the
24 past year and am honored to have joined this
25 institution as Commissioner last August. The

2 Departments workforce is made up of world renown
3 public health experts, flexible and tireless policy
4 operations and communications professionals and all
5 around passionate and empathetic public servants.

6 Over 4,500 of our staff have deployed since our
7 incident command structure was activated on January
8 30, 2020 and they have worked around the clock ever
9 since.

10 Thus far, over 2 million in staff hours have been
11 spent on COVID-19. Allow me to repeat, over 2
12 million staff hours. This doesn't include the work
13 of our disease surveillence systems, the public
14 health laboratory originally the only lab in the city
15 running COVID-19 tests, our data experts who have
16 been at the heart of our commitment to transparency
17 and the external affairs team working indefatigably
18 to communicate the ever changing information about
19 COVID-19 to over 8 million New Yorkers.

20 From our finance, legal and policy teams, to
21 provider and community liaisons, this response has
22 been a true all hands on deck effort. I am further
23 grateful for the partnership the Health Department
24 has maintained with our sister agencies throughout
25 this response but in particular, I want to

2 acknowledge our work with New York City Health and
3 Hospitals as they created the NYC Test and Trace Corp
4 or T2, the countries largest public testing and
5 tracing operation.

6 Our staff has brought their expertise in both
7 testing and contact tracing to T2 and continue to
8 work in lock step with them in the Department of
9 Education situation room through investigations of
10 cases and clusters in congregate settings and in our
11 community outreach work, including the funding of 41
12 community-based organizations who have done
13 incredible outreach on both testing and COVID-19
14 vaccines, among many other efforts every day.

15 Quickly, I want to touch on data. From the early
16 days of the pandemic, the department realized the
17 value of accurate and comprehensive data on the virus
18 and its impact on New York City. We have developed
19 the most rigorous and transparent COVID-19 public
20 reporting system of any city in the country to make
21 sure that New Yorkers have the most up-to-date
22 information. And have used this to guide the city's
23 response. We are committed to the same transparency
24 for vaccination data and are now recording rates by
25 race, ethnicity, age and zip code on our website.

2 Turning to vaccination, the city's COVID-19
3 vaccine for all effort is now well underway and over
4 \$2.8 million doses have been administered in New York
5 City. The vaccines are safe, effective and
6 lifesaving and we encourage all eligible New Yorkers
7 to get vaccinated. Whether it be with the Johnson &
8 Johnson, Moderna or Pfizer vaccines.

9 The Health Department has taken an active role in
10 the city's Vaccines Command Center or VCC led by
11 Deputy Mayor for Health and Human Services Melanie
12 Hartzog. Where our team offers expertise to the VCC
13 on distribution plans, outreach and communications
14 and strategy for increasing both access to and
15 confidence in the vaccine.

16 In order to do this, we need additional supply
17 from the federal government and more flexibility from
18 the state within eligibility categories, and in order
19 to meet communities where they are. The City will
20 continue disseminating information about the vaccines
21 and how to access them, including through
22 vaccinefinder.nyc.gov and the call center at 877-
23 vax4nyc. As always, our focus is on equity and we
24 are working hand and hand with the city's Taskforce
25 on Racial Inclusion and Equity and our sister

2 agencies to address the disparities we see in vaccine
3 uptake thus far.

4 To address these disparities, the Mayor announced
5 an equity strategy that includes locating city
6 vaccine sites in communities that need it most. With
7 a focus on the 33 taskforce neighborhoods and we are
8 working with CBO's, senior centers, faith based
9 organizations and others to set aside appointments
10 for residents of these neighborhoods at our vaccine
11 hubs.

12 We are also working in those communities to
13 address vaccine confidence offering what we call
14 community conversations. Training community leaders
15 to be vaccine navigators and getting information out
16 through town halls and boots on the ground outreach
17 in multiple languages.

18 While the department has redirected significant
19 resources and staff time to pandemic response, much
20 of our critical public health work continues and in
21 many ways is more important than ever. We have
22 continued to conduct early intervention services,
23 issue permits and offer technical assistance for
24 childcare providers and food service establishments,
25 distribute health bucks for nutritious food, address

2 elevated blood lead levels in children, operate our
3 sexual health clinics and issue birth and death
4 certificates. We have dramatically changed how we do
5 our work, prioritizing the health and safety of both
6 our staff and the New Yorkers we serve has meant
7 transitioning to digital platforms and reimagining
8 how to conduct analog in person operations.

9 One area I do want to highlight is the serious
10 tole the pandemic has taken on New Yorkers mental
11 health. Many of us have faced immense grief, trauma
12 and stress throughout this time. Similar to physical
13 health disparities, the mental health disparities of
14 COVID-19 are driven by underlying health and social
15 inequities including those caused by structural
16 racism. Recognizing this, the Health Department has
17 implemented strategies over the past year to support
18 both the immediate and long-term behavioral health
19 needs of New Yorkers and we continue to prioritize
20 the most burdened communities.

21 Much of this work has been done in partnership
22 with the Mayor's Office of Thrive NYC and our sister
23 agencies throughout city government. To reach
24 neighborhoods hardest hit by COVID-19 and address the
25 pandemics impact on mental health, we have

2 prioritized community education. Reaching over
3 14,000 New Yorkers with virtual presentations and
4 address COVID-19's impact on mental health, health
5 disparities and the effects of trauma, grief and
6 anxiety.

7 We also created and adjusted our substance use
8 support programs. We launched a new methadone
9 delivery system to make medication available to
10 patients who are isolating or in quarantine, making
11 over 4,000 deliveries thus far and make naloxone
12 available for free at 15 pharmacies in neighborhoods
13 with a high burden of fatal overdose and in many
14 congregate care settings.

15 With funding we received just prior to the onset
16 of the pandemic, we also expanded key programs that
17 provide or connect New Yorkers to treatment and
18 support. This included Health Engagement Assessment
19 Teams known as HEAT, which strive to promote equity
20 and eliminate the overrepresentation of people
21 experiencing behavioral health challenges in the
22 criminal justice system.

23 During the pandemic, HEAT conducted outreach to
24 people in communities who maybe experiencing
25 homelessness or behavioral health needs to distribute

2 PPE, naloxone and sexual health kits. And to provide
3 light counseling and connections to treatment and
4 services. In partnership with the Mayor's Office of
5 Thrive NYC we also added four Intensive Mobile
6 Treatment or IMTT's, increasing our capacity to
7 provide mental health and substance misuse treatment
8 and supports to an additional 108 people with serious
9 behavioral health concerns and complex life
10 situations.

11 And serving New Yorkers 24/7, NYC Well has met
12 unprecedented demand for crisis counseling and
13 emotional support, information and referrals to
14 ongoing mental health and substance use services
15 since the onset of the pandemic.

16 I will now discuss the Preliminary Budget. The
17 City of New York is facing extraordinarily difficult
18 financial circumstances but continues to invest in
19 life saving public health work. The department
20 currently has approximately 6,000 employees and an
21 operating budget of \$1.68 billion for Fiscal Year
22 2022. Of which, \$836 million is city tax levied.
23 The remainder is federal state and private dollars.

24 In the Preliminary Budget, the Department
25 received \$10.7 million in city tax levy for new

1
2 activities in FY22 and took \$33.7 million in savings
3 for FY21 and FY22.

4 Regarding new funding for Fiscal Year 2022, we
5 received \$7.8 million in city tax levy to allow the
6 department to meet the growing demand over the last
7 several years for naloxone kits. This funding will
8 also support additional syringe litter pickup and
9 outreach services, enhance different outreach to the
10 homeless and naloxone vending machines.

11 Additionally, \$2.9 million in funding was added to
12 hire nurses for new community schools which will fund
13 30 new nurses.

14 The Health Department also saw \$2.9 million of
15 savings in this budget for FY21 and \$4 million in
16 FY22. I want to assure you that regardless of the
17 current budget situation, our work continues and the
18 Administration is supporting us in this mission.

19 Turning to the state budget, I will start by
20 expressing deep concern with the governor's proposed
21 FY22 budget. As it will lead to significant funding
22 reductions for the Health Department that will
23 jeopardize multiple areas of our vital work. The
24 Governor's Budget proposes approximately \$50 million
25 in annual cuts to critical public health funding for

2 New York City. Let me be clear now, in the middle of
3 a deadly pandemic is the worst time to cut public
4 health funding. This is a once in a lifetime moment
5 and reducing resources for public health will worsen
6 the health disparities that led to devastating COVID-
7 19 illness and death rates in Black and Latino
8 communities.

9 The most significant of these cuts is the
10 proposed reduction to the Article 6 reimbursement
11 rate, which alone would result in a cut of \$35
12 million for essential public health programs at the
13 Health Department. Article 6 provides partial
14 reimbursement for city tax levy funding to support
15 local public health activities and services.

16 The governor is proposing to cut this
17 reimbursement rate from 20 percent to 10 percent.
18 This is on top of a \$59 million cut to the same
19 funding source two years ago. It is only applied to
20 New York City. If this cut is enacted in the state
21 budget, we will see devastating impacts to early
22 intervention, the nurse family partnership, our
23 sexual health clinics, tuberculosis detection and
24 treatment and other vital public health programs.

2 I would like to thank the state senate and
3 assembly for rejecting this devastating cut to public
4 health in their budget proposals. The state has an
5 obligation to support public health in New York City
6 and the governors proposed cut must not be enacted.

7 In addition to Article 6, the Governor has
8 proposed a 5 percent cut impacting mental health,
9 substance use and intellectual/developmental
10 disability providers. This will result in fewer
11 licensed treatment, housing and supportive services
12 for publicly insured, uninsured and underinsured
13 populations including those experiencing serious
14 mental health or substance use disorders. It would
15 also lead to financial instability for the programs
16 that provide these vital services, further impacting
17 all of the people that they serve. This potential
18 lack of resources for these programs would then
19 increase the burden on the hospital system, shelter
20 system and federally qualified health centers.

21 New York State has a responsibility to the health
22 of New York City residents and if we didn't realize
23 it before COVID-19, the pandemic has shown us how our
24 health is interconnected. Now is the time for
25

2 massive investment in public health, not a time to
3 cut basic funding.

4 Let me state clearly and unequivocally, our
5 economic recovery hinges on public health.

6 Therefore, we continue to advocate for the
7 restoration of this funding and appreciate the
8 Council's support in this effort.

9 On the federal level, we are grateful to
10 President Biden and his Administration for their
11 engagement with New York City on the COVID-19
12 response thus far. As well as improved vaccination
13 strategies, particularly increasing vaccine supply.
14 The Executive Order signed by the President over his
15 first few weeks in office in response to the pandemic
16 are aligned with our public health values and
17 priorities and we look forward to working with this
18 new Administration as we continue to respond to and
19 then recovery from this public health crisis.

20 We are pleased to see the passage of the American
21 rescue plan which will infuse billions of dollars of
22 relief into New York City. However, we do remain
23 concerned with the overall level of public health
24 funding from the federal government, which has been
25 systematically cut over the last decade.

2 We are asking for additional funding for the
3 public health emergency preparedness and hospital
4 preparedness program cooperative agreements. Which
5 respectively help health departments strengthen their
6 ability to respond to disease threats and build
7 healthcare system preparedness and response.

8 As with all federal funding, it is essential that
9 resources are appropriated and allocated directly to
10 local health departments. Furthermore, we need
11 funding flexibility as localities across the country
12 have vastly different public health needs and we –
13 not the state government are in the best position to
14 determine how to deploy resources in New York City.

15 This has been an incredibly painful year for all
16 of us and has been an unprecedented time to work in
17 public health, especially here in New York City.

18 You all have heard me say this before but I will
19 reiterate, I am fiercely committed to science, equity
20 and compassion in all that we do at the Health
21 Department.

22 To that end, I would like to once again
23 acknowledge the Departments leadership team and all
24 of our Health Department employees who are similarly
25

2 committed to these core values. And who continue to
3 serve New Yorkers day in and out.

4 I would also like to thank the Council and the
5 Chair's for your ongoing partnership and support
6 throughout the past year and beyond. Thank you for
7 listening patiently. Thank you for your attention
8 and I am happy to answer your questions.

9 CHAIRPERSON LEVINE: Thank you so much
10 Commissioner Chokshi and I want to acknowledge that
11 we have been joined by our colleague Council Member
12 Borelli. And I also want to acknowledge your
13 leadership team, which has done excellent work in
14 this crisis and so many have been great partners to
15 me in my office. I particularly want to acknowledge
16 Dr. Easterling is doing a wonderful job as your First
17 Deputy Commissioner and Deputy Commissioner Maura
18 Kennelly, who has been such a great partner for so
19 many elected officials and particularly grateful for
20 her data team, which as you acknowledged has put
21 forth uhm, more transparent public reporting I think
22 than any other health department in the country. And
23 I am not sure if she is with us but also a great
24 thanks to Dr. Jen Rakeman and the team over at the
25 Public Health Lab, which is like so many the

2 department has just been working on overdrive
3 throughout this crisis now, now more than ever.

4 Uhm, I think Commissioner you will agree that uh,
5 public health has to be transformed now in the wake
6 of this crisis, for the reasons that I was speaking
7 about in my opening statement. Uh, the need to
8 address the profounding inequality that has been
9 revealed and exacerbated by this crisis. The need to
10 address the trauma that is going to be inflicted on
11 so many in this city for months and years to come.
12 Physical trauma and mental health trauma to help get
13 our primary care systems back at full force because
14 it has been such a blow to them over the year and to
15 prepare for what we have to acknowledge will be
16 another pandemic at some point.

17 And so, I don't think we can return to public
18 health as it existed prior to a year ago and
19 therefore we can't return to the same Department of
20 Health and Mental Hygiene that we had a year ago.
21 Uhm, and I wonder what your vision is and how we can
22 transform public health and transform the Department
23 for the Fiscal Year ahead to meet these new
24 challenges.

2 DR. DAVE CHOKSHI: Well thank you so much Chair
3 Levine and you know the way that you have articulated
4 what our challenges are going forward, I think hits
5 the nail on the head with respect to what our task is
6 going forward.

7 We have to look at this as an opportunity to have
8 a step change for public health. Uhm, and to make it
9 so that the wake of COVID-19 is not seen as, let's go
10 back to things as they were uhm, but let's leverage
11 this really once in a lifetime opportunity to center
12 public health and particularly the focus on equity as
13 a part of public health in the ways that you have
14 described.

15 And allow me to just say thank you for your
16 leadership and advocacy in this vein. You know, it
17 has really made a difference, not just to our city
18 but in so many ways you know, positioning us at the
19 vanguard for how the public health community across
20 the country uhm has to be thinking about this.

21 So, briefly, you know what I will share about my
22 vision is that it is rooted in those core values that
23 I described. Science, equity and compassion and that
24 is what has uhm has propelled our work for several
25 years, including before I had the privilege as of

2 joining as Commissioner but which really have to be
3 uhm taken to the next level in the coming months and
4 years. Uhm, so much of this uh, arcs back to our
5 public health workforce. Investing in our workforce,
6 investing in ensuring that we are grounded in the
7 needs of neighborhoods and communities uhm and
8 working much more broadly uh then perhaps public
9 health has been used to working in the past.

10 We have seen how the all hands on deck efforts
11 were needed as part of COVID-19 response between
12 public health and healthcare delivery but also, with
13 all sectors of government and really all sectors of
14 society to take on the challenges that we will face.

15 The last thing that I will say is that we have a
16 unique and remarkable opportunity to do another thing
17 that you described and what I know uhm, Chair Louis
18 is passionate about as well. Which is to ensure that
19 mental health is not you know the younger sibling.
20 Uhm, it is the very core of what we consider our
21 responsibility in public health as well. To elevate
22 mental health to the same place as physical health
23 but really to work on integrated models that allow us
24 to have a more seamless approach to both.

2 CHAIRPERSON LEVINE: Thank you. One important
3 strategy for advancing equity is an on the ground
4 presence for the Health Department that you have been
5 able to make happen in three neighborhoods over the
6 years through neighborhood health action centers in
7 East Harlem, Brownsville, Brooklyn and the Central
8 Bronx. Those centers have had to be turned over to
9 pandemic response functions understandably, they are
10 now I believe all three, certainly the one in East
11 Harlem are being used as vaccination sites. Again,
12 that's important at this juncture but to overcome the
13 kinds of inequality that we have been talking about,
14 we need them and assets like them reactivated on the
15 ground in communities which are being marginalized.
16 And I would go further to say not only do we need to
17 see them return to their normal work in outreach in
18 these communities but we need a lot more centers like
19 them.

20 You know, everyone loves to cite Mayor LaGuardia
21 as their favorite Mayor in the history of the city.
22 Mayor LaGuardia opened dozens of these, what I think
23 he called district public health offices all over and
24 I would like to see it return to that scale of
25 neighborhood presence. Can you talk about the plan

2 first for restoring the normal work at the
3 neighborhood health action centers and the
4 possibility of expanding them to more parts of the
5 city that needed them?

6 DR. DAVE CHOKSHI: Yes, thank you for this very
7 important question Chair Levine. Allow me to start
8 and I will turn it to Dr. Easterling to elaborate as
9 well. Uhm, you know my starting point is as you
10 said, our neighborhood Health Action Centers are
11 rooted in the idea that we must be responsive to and
12 accountable to the needs the needs of community
13 members in the areas that each center serves. And so
14 in that way I am so proud to uhm, you know, to be
15 able to relate what they have done over the last few
16 months in contributing to pandemic response. Not
17 just augmenting our testing capacity at a time when
18 it was sorely needed but as you observed, also
19 contributing to our historic Vaccination Campaign.

20 But you are also right to point out that uhm, you
21 know, those services that they are delivering must be
22 linked up with a deeper commitment to uhm, taking on
23 the deep resources of historic injustice that create
24 the inequities that have played out during COVID-19
25 but which unfortunately continue and which we have to

2 take on as part of the next chapter of the action
3 centers work.

4 So, I will turn it over to Dr. Easterling to say
5 a little bit more in this vein.

6 DR. TORIAN EASTERLING: Thank you Commissioner.
7 Council Member Levine, Chair, I just want to thank
8 you for your commitment and your support for the
9 Neighborhood Health Action Centers and certainly some
10 of your colleagues Council Member Ayala who has
11 continued where the East Harlem Action Center through
12 a number of different ways. Council Member Gibson,
13 as we continue to co-plan around the Drome Avenue
14 Public Health Taskforce. And certainly in my role
15 previously as Assistant Commissioner working directly
16 with Council Member Alicka Samuels as well as Council
17 Member Cornegy.

18 It has been certainly important to have your
19 partnership. You know, through this pandemic, we
20 have continued a lot of our efforts in all three of
21 our Action Centers. We've had to move virtually, as
22 you know, particularly with our family wellness
23 suite. I think this is the way that we continue to
24 sort of look at the interrelated - uh, the
25 intersection, a lot of the systems and structures

2 that we know residents are facing in access in our
3 neighborhoods. And certainly we continue to look at
4 ways that we can expand as we engage many of our
5 coadds or our organizations who are really responding
6 to emergencies and neighborhoods, as well as the
7 connection with the many of the community-based
8 organizations who are responding to COVID-19 and
9 supporting our vaccine work.

10 And certainly to the future, we look at
11 additional ways that we can think about how we
12 continue to double down on those efforts in our
13 access in our neighborhoods but also to your point,
14 really thinking about how are we getting to more
15 neighborhoods? What do those structures look like?
16 And so, we certainly look forward to working with you
17 and your colleagues and sort of thinking about that.

18 CHAIRPERSON LEVINE: Thank you. Uhm, uh, both of
19 you have referenced uh, the equity challenges in
20 vaccination and how critical it is that as a city we
21 do better to tackle that for more reasons but also
22 because you can't get to heard immunity in a city if
23 you leave whole sectors behind. If you leave whole
24 segments of the population behind.

2 So, it is in everyone's interest that all of us
3 get vaccinated and there is no doubt that we need
4 direct outreach to marginalized communities to help
5 promote trust in the vaccine, trust in vaccination
6 and that is going to become glaringly apparent the
7 moment that we have greater supply than we have
8 demand for vaccination. Which is coming soon, maybe
9 as soon as April, certainly no later than May.

10 And I wonder uh if you could talk about the
11 resources that the city is devoting to that? I hold
12 as a benchmark the outreach efforts that the city
13 invested in for census participation. When hundreds
14 of millions of dollars, uh excuse me, hundreds of
15 community of organizations were contracted by the
16 city for outreach to promote the census. The city's
17 budget for that work was I believe \$40 million but
18 that doesn't count state outlays and even more
19 considerable resources that came from the federal
20 census borough itself for direct on the ground
21 outreach in New York City.

22 Can you talk about the scale of resources being
23 devoted now to outreach? To promote vaccination in
24 marginalized communities? How many nonprofits have
25 been contracted in other measures please?

2 DR. DAVE CHOKSHI: Yes, again, thank you for
3 calling attention to what is a fundamental issue for
4 vaccination. Uhm, what you may have heard me say
5 before is that at the individual level, we want
6 vaccination to be safe, free and easy. And for a
7 campaign as a whole, our goal is to have it be safe,
8 swift and equitable.

9 And so with respect to what we have uhm, done
10 around our – around the equity pillar in vaccination,
11 uhm I will start with the outcomes. You know, with
12 respect to all of the work that is happening each day
13 to get the word out, both to help people access
14 vaccination and to build confidence in the vaccines
15 that are authorized.

16 Uhm, we have hundreds of canvassers who are out
17 everyday going door to door, uhm spreading the
18 information that New Yorkers need. Uhm, by this
19 point, we have already knocked on thousands of doors
20 across New York City distributing that information.

21 We have sent out hundreds of thousands of
22 director mailers, you know, leaflets and pamphlets
23 with a particular focus on getting the information to
24 senior New Yorkers. And we have done millions of
25

2 phone calls, both robocalls as well as live calls
3 across the city to get the information out as well.

4 On the whole, our budget for you know the
5 Vaccination Campaign is on the order of \$400 million.
6 That does include about \$11 million in uh our media
7 spending, which uh is yet another channel you know
8 for us to get this important information out. Uhm,
9 but as you've pointed out, one of the most important
10 ways that we have to do this is to rely on the
11 trusted messengers, the trusted institutions, you
12 know within neighborhoods and communities uhm and we
13 have been working with a set of 41 community-based
14 organizations you know to be able to do that.

15 And for that, I will turn it to Dr. Easterling to
16 say a little bit more.

17 DR. TORIAN EASTERLING: Thank you again
18 Commissioner. Uhm, so as the Commissioner has
19 mentioned, uhm we continue to work with community-
20 based organizations and faith-based organizations in
21 a number of different ways. Uh, but specifically to
22 our partnership with New York City Health and
23 Hospitals through Test and Trace, we have already
24 funded and invested in uhm, partnership with
25 organizations uhm in the tune of about \$24 million.

2 Back in early last year around July, we started off
3 working with 41 community-based organizations. We
4 are about – over \$7 million was put towards
5 supporting organization to do outreach specifically
6 around testing and tracing. And then, that work has
7 been expanded all the way up until the end of this
8 Fiscal Year to over \$15 million to continue to
9 support that work and we have included language for
10 those organizations who continue to support with
11 vaccine related work.

12 And so certainly, we uh understand that the need
13 to expand and build on it. In addition to that
14 investment, we are also as you heard from the
15 Commissioner, continue to work with organizations to
16 host pop up sites. And so, a number of our
17 organizations who are funded and unfunded are
18 continuing to find ways that they are doing outreach
19 and engagement even in their own networks.

20 And I think that also has been really important
21 as part of the total universe of the work that we
22 need to do to continue to get the word out around
23 vaccine distribution. As you also heard from the
24 Commissioner, our work with Health + Hospitals to
25 have canvassers on the ground, has certainly

2 contributed to how we have been matching appointments
3 as well.

4 CHAIRPERSON LEVINE: Thank you, when it comes to
5 data on equity in vaccination in New York City, there
6 is a glaring hole, which is data from the state onto
7 mega vaccination sites at Javits Center and Aqueduct.
8 What we do know is that a huge number of the people
9 being vaccinated there do not live in New York City.

10 The last data that we have heard is that 42
11 percent of the people vaccinated at Javits are not
12 residents of the five boroughs and the number is 75
13 percent at Aqueduct. Which is a problem because we
14 get a fixed allocation in the city based on the
15 city's population and we don't get compensated for
16 that when folks come from other parts of the state
17 and region to get vaccinated here.

18 But as far as I know, we have no information on
19 the demographics of the people vaccinated there in
20 terms of race and ethnicity. Although I think we can
21 assume based on the fact if somebody come from
22 outside of the city that it doesn't reflect the
23 diversity of the city and I will say for sure that
24 anecdotal reports from both sites indicate that uh,
25 did doesn't reflect the diversity of the city.

2 Uhm, so can you tell us whether we are getting
3 any information on demographics in vaccination in
4 those sites as of today?

5 DR. DAVE CHOKSHI: Well, first uhm Chair Levine,
6 I want to really thank you for spotlighting this
7 issue because it is a very important one for New York
8 City. Let me just dissect out a couple of elements
9 of it but I will start by directly answering your
10 question. Which is, we are working with our state
11 counterparts to get uh as much data as possible about
12 who is getting vaccinated at those sites and that has
13 uh started to flow to us but we still need to get
14 additional information on the details of precisely
15 who is getting vaccinated at those sites.

16 So, we are getting some numbers but we need to
17 continue working with our state colleagues to get
18 additional detail. Just two other points if I may
19 add on this, uhm, the first is that it really
20 highlights uhm, how much we uh we need to understand
21 that supply remains our limiting factor for
22 vaccination in New York City.

23 Because we have such a vast populous of course
24 but also so many people who are coming from outside
25 of the city who work in the city. We already need

2 more than the per capita allocation that is being
3 given to us by the federal government. Added on top
4 of that, you know, the fact that some of the
5 allocation is going to these state sites where there
6 are non-New York City residents who are getting
7 vaccinated. That means we need even more supply
8 beyond that. So, that's very important for us to
9 continue advocating both at the state and federal
10 level, so that we can get our fair share of supply.
11 Because it will quite frankly save lives for our
12 fellow New Yorkers.

13 And then the second point to just highlight
14 briefly, I am very proud of our data teams efforts on
15 ensuring that we have the most robust race and
16 ethnicity reporting in our data of just about
17 anywhere in the country. When we first started
18 collecting data on race and ethnicity, about 40
19 percent of records showed an unknown race or
20 ethnicity.

21 In our most recent weeks, that has dropped to
22 less than 19 percent unknown and that through very
23 concerted efforts with our fellow clinical colleagues
24 and a lot of hard work by our data teams. That's
25 just the beginning of course, we have to then look at

2 the inequities that are laid bare from that data and
3 actually act upon them.

4 CHAIRPERSON LEVINE: Thank you so much and that's
5 good news on getting better data. I want to thank
6 you Commissioner for mentioning in your opening
7 statement some cuts to critical health programming
8 that we are facing in the state budget. The
9 reduction in the Article 6 reimbursement from 20 to
10 10 percent and the Medicaid pharmacy carveout 340B.

11 I want to state unequivocally that to put these
12 cuts forward now would be absolute insanity. This is
13 indefensible at any time but in the midst of a
14 pandemic, to put forth cuts to critical public health
15 programs is just utter, utter insanity. And we must
16 fight this with everything we have. These cuts will
17 undermine nonprofit health providers which exist
18 because the mainstream healthcare institutions are
19 not adequately serving marginalized populations.

20 These nonprofit providers have grown up through
21 blood, sweat and tears over the decades to provide
22 critical lifesaving care to many people who are
23 marginalized. Whether it is struggling with HIV,
24 AIDS, with addiction or a variety of other challenges
25 and particularly the 340B carveout, if this goes

2 forward, it will mean the closure of critical
3 components of these nonprofits that will have direct
4 negative impact on people in the city who are
5 suffering. And this would be a terrible idea at any
6 time but to do this in the midst of a pandemic is
7 just an absolutely spectacularly, spectacularly
8 terrible idea and we have to fight it and I thank you
9 for speaking up on this.

10 I also want to say that while we fight
11 aggressively against this action in Albany, that we
12 need to consider the possibility that the city is
13 going to have to come in with some rescue here if the
14 worst happens.

15 And so, I wonder if you could speak to that? I
16 know that you are with us in the fight to block these
17 terrible cuts but uhm, can you talk about what the
18 city could be prepared to do to help make - keep
19 these services whole if the worst does indeed come to
20 pass?

21 DR. DAVE CHOKSHI: Uhm yes, well you are
22 absolutely right. You know, we wouldn't turn off uhm
23 the water in a fire truck uhm, while we are trying to
24 fight a raging inferno. And that's exactly you know
25

2 what this boils down to with respect to cutting
3 public health in the midst of a pandemic.

4 So, certainly we will be shoulder to shoulder
5 with you in calling attention to the deleterious
6 effects of you know these types of cuts and when we
7 are talking about numbers or you know funding, it can
8 seem very abstract but what I have etched in my mind
9 are the very tangible real world effects. It means
10 less naloxone kits that we can distribute to save
11 lives from overdoses. It means less funding for our
12 sexual health clinics, uhm which would cause
13 infections that you know that cause havoc for
14 families. It means less funding for early
15 intervention, which supports so many families you
16 know for children who are struggling with
17 developmental issues in the earliest years of their
18 lives.

19 So, these are things that we take extremely
20 seriously with respect to highlighting you know what
21 those harmful effects would be. Unfortunately, we
22 have been in this position in the past where the
23 state you know has cut Article 6 funding before and
24 so we are already at a disadvantage with respect to
25 those levels of funding for New York City. In the

2 past, you know, the city has been able to backfill
3 some of that funding but we are in a much, much
4 different financial situation right now given the
5 devastation of the pandemic and so, I think our
6 charge is to take on with urgency this fight to
7 ensure that the cuts do not come to pass.

8 CHAIRPERSON LEVINE: Well, we are just going to
9 do everything we can in our power to make sure that
10 the people who depend on these services for their
11 health are not negatively impacted at this moment of
12 crisis.

13 Finally Commissioner, in the half dozen or so of
14 times that we have had hearings in the Health
15 Committee over the past year, I have to say this is
16 the first time where I am allowing myself to feel a
17 real great sense of optimism about uh, the months
18 ahead. I really am feeling incredibly optimistic
19 about what the late spring and summer will be like
20 for our city and a chance to return to a life with
21 which if not quite normal, will be a lot more like
22 normal in the summer of 2020 was.

23 I am still worried however, about the coming
24 weeks ahead. In a moment when there is still
25 extraordinary amount of new infections we are seeing

2 every day, you know, almost 4,000 on many days and uh
3 this in any other context would be considered to be
4 itself a historic crisis. It is only because of our
5 numbness and exhaustion from the past year that we
6 are perhaps not alarmed as we should be about a
7 pandemic leading to 4,000 new infections every day.
8 And I wonder if you could speak about your concern
9 about the current level of spread in the city? The
10 extent to which you believe it is caused by variance
11 and how likely you think it is that the city could
12 face another wave before the great advancement in
13 vaccination overwhelms the virus and we get to a
14 better place just a few months from now?

15 DR. DAVE CHOKSHI: Uhm, thank you again for the
16 thoughtful question and I will start by saying, I am
17 also feeling hopeful and optimistic and I think
18 particularly as we take stock of the one year
19 anniversary of you know the beginning of so much
20 suffering and tragedy. Uh, New York City you know
21 has certainly earned some reason for hope you know in
22 the months ahead. But we have also learned a lot
23 about the virus over the last few months and you know
24 what I see in the numbers, it does continue to
25 concern me.

2 I would much rather you know as a city's doctor
3 be seeing cases plunging rather than plateauing and
4 particularly hospitalizations you know, severe
5 illness. The two many deaths of our fellow New
6 Yorkers for those to be dropping precipitously, uhm
7 you know in the weeks ahead.

8 I do think that the new variance are contributing
9 to some of the levels that we are seeing right now.
10 Particularly because the two most prevalent variance
11 that we have detected thus far, that's the B117, also
12 known as the UK variant and the B1526 variant, which
13 was first discovered here in New York City.

14 Both of them do have scientific evidence that
15 indicates that uhm, that they are more transmissible.
16 You know, it means that the virus is able to spread
17 more easily. And so, I do think that that is a
18 contributing factor to the levels that we are seeing
19 right now.

20 With all of that said, we know what works. It's
21 you know, what I have called the safe six. Masking,
22 distancing, handwashing, staying home if you are
23 feeling ill, getting tested and getting vaccinated
24 when it is your turn. And particularly, having the
25 vaccine as a much stronger tool in our arsenal, uhm I

2 am confident that if we keep our foot on the gas with
3 all of those other public health precautions and we
4 give the vaccine a chance to do its work, we will see
5 things improve in the coming weeks and months.

6 CHAIRPERSON LEVINE: And what is your best guess
7 for why cases, while dropping significantly in other
8 parts of the country have plateaued in New York City?
9 What's different here?

10 DR. DAVE CHOKSHI: Yes, it's an important
11 question. Again, I do think the variants are
12 contributing to some element of it. There are also
13 some things that are just unknown with respect to you
14 know the contributions of seasonality in different
15 parts of the country. Uhm, you know the ways in
16 which we are seeing you know some of the effects of
17 reopening play out differently in different parts of
18 the country. Uhm, but you know, what I will say is
19 the most actionable is, we know the activities that
20 confer the greatest risk of spread. And that's
21 spending more time indoors than outdoors. That's
22 anytime that people are gathering you know, unmasked
23 or wearing a mask inconsistently. And then there is
24 people who are gathering you know in larger groups
25 rather than smaller groups.

2 So, if we guard against those things, uhm, then I
3 do think that we will see continued improvement over
4 the next few weeks.

5 CHAIRPERSON LEVINE: Thank you Commissioner.
6 Thank you to your team and for speaking with us
7 today. And now I am going to pass it off to my Co-
8 Chair Council Member Farah Louis.

9 CHAIRPERSON LOUIS: Thank you so much Chair
10 Levine and thank you Commissioner Chokshi for uh
11 answering all these questions and for the thorough
12 testimony and I am grateful to have your whole team
13 with us today.

14 Uhm, so I just want to start off with having a
15 conversation about redirecting funds to COVID. I
16 think we can all agree that communities of color had
17 suffered tremendously. Regarding loss, loss friends,
18 community loved ones during COVID and many of these
19 people in these communities are battling emotional
20 and mental health issues from so many losses.

21 I wanted to know uhm, there are several programs
22 that run under the Department of Health that weren't
23 able to fully utilize those funds because of the
24 pandemic. I wanted to know how can we redirect those
25 funds to neighborhoods mostly impacted by COVID-19?

2 DR. DAVE CHOKSHI: Uhm, well, thank you so much
3 Chair Louis and I really appreciated your words and
4 your heartfelt remarks on what we think of as the
5 parallel pandemics to COVID-19. You know all of the
6 other ways in which it is not a direct effect of the
7 virus but no less tragic and devastating with respect
8 to you know, some of the indirect or reverberating
9 effects. So, thank you for your work and your
10 leadership in that vein.

11 Uhm, with respect to uh you know, to your
12 question, perhaps you could tell me a little bit
13 more. Are there specific programs that you have in
14 mind with respect to the redirection of funding?

15 CHAIRPERSON LOUIS: Well, there are several
16 programs but what we are trying to figure out and see
17 and trying we are trying to grapple around this for
18 the last couple of weeks. We are trying to see if
19 there is anyway and we got this at a later date, but
20 if there is any ways funding could be redirected to
21 programs and services designed to help marginalized
22 Black and Brown communities with coping due to loss
23 from COVID-19.

24 DR. DAVE CHOKSHI: Okay, I understand your
25 question better. Thank you. Uh, the short answer is

2 yes uhm and in so many ways you know that has been
3 done over the past year. Uhm, you know, I will just
4 point out a few examples that come to mind.

5 Uh, first, you know, racial equity has been
6 central to all of our work even before the pandemic.
7 So, when we think about uhm what our responsibilities
8 are in any of our programs and indirect services that
9 we offer, uhm, you know centering people who are most
10 marginalized and particularly taking a racial equity
11 lens has been part and parcel of how we think about
12 doing that particularly in the division of mental
13 hygiene. You know whether it's ensuring that our
14 mobile treatment options have a footprint in
15 communities of color or ensuring that the outreach
16 teams for substance use including the heat teams that
17 I mentioned in my testimony are working in
18 communities of color.

19 So, you know that has been sort of a core
20 principal of ours even before COVID-19. But then
21 more broadly you are right to point out that the ways
22 in which COVID-19 has caused you know those very same
23 communities to bear even more of the brunt of the
24 suffering over the last few months, means that we
25 must redouble our efforts in this vein.

2 And so, you know, a few ways in which we have
3 done that is by ensuring for example that our early
4 intervention programs for you know, for children uhm
5 are still engaging with families despite you know the
6 interruption that could be caused by the COVID-19
7 pandemic. And also, you know ensuring that so much
8 of what we are doing around family and child health
9 is also oriented around communities of color as well.

10 So, this is an area where I would welcome you
11 know, further collaboration with you and if there are
12 other examples that come to mind, we are certainly
13 willing to partner with you on it.

14 CHAIRPERSON LOUIS: I appreciate that. Uhm and
15 as you speak, I think about when you said, you know
16 we need a safe, free and easy way to provide services
17 for vaccine, I believe that we need to do it the same
18 way for mental health services. But you quickly
19 touched upon the mobile treatment. Uhm, the IMT, so
20 I want to discuss that a little bit.

21 During the oversight hearing, the mental health
22 emergency response that took place February 22nd.
23 The Director of the Mayor's Office of Thrive
24 testified regarding the expansion of the intensive
25 mobile treatment for four new teams. The Preliminary

2 Fiscal 2022 Budget still only includes 7.7 for IMT's.
3 When will the additional teams be included for DOHMH
4 in Thrives Budget?

5 DR. DAVE CHOKSHI: Uhm, thank you for the
6 question. I will just start by saying a little bit
7 about IMT's and our commitment to them and then I
8 will ask Dr. Harrison to get into some of the
9 specifics of your question.

10 Uhm, we can deeply about expanding services
11 through the intensive mobile treatment model. In
12 part because it is such a successful model of deep
13 engagement with the people that we are serving that
14 has been shown. And again, you know, I appreciated
15 your testimony and its focus on outcomes with respect
16 to addressing mental health.

17 You know it's not just about delivering services;
18 it's about holding ourselves accountable to those
19 outcomes. And so, as you pointed out, you know, we
20 have had the chance to expand our IMT teams and that
21 means you know it is an additional 108 people that
22 were able to serve through that model.

23 But with respect to the funding, let me see if
24 Dr. Harrison has more that she can share on that
25 point.

2 CHAIRPERSON LOUIS: Thank you.

3 DR. MYLA HARRISON: Yeah, thank you. Thank you
4 very much for the question Chair. I want to echo
5 what the Commissioner said about how valuable the
6 Intensive Mobile Treatments programs are. And as you
7 have picked up on, when we started Intensive Mobile
8 Treatment programs, we started with three teams. We
9 are now up to 11 teams.

10 These are teams that are able to serve
11 individuals who are system has failed to this point
12 and time. So, folks who maybe homeless, may have
13 mental illness, may have substance disorders. We are
14 really able to engage these folks and spend the time
15 it takes to meet them where they are and offer them
16 the kind of services and supports that they need.

17 So, they are really hopeful about these teams and
18 the four new teams are operating at full capacity at
19 this point. And I think you know I can't speak to
20 the funding but we would be happy to get back to you
21 on that.

22 CHAIRPERSON LOUIS: Thank you and I know just to
23 add in, uhm, the 7.7 for the IMT team. So, if we are
24 at 11, we need to increase the budget to the 12.1

25

2 that it costs for 7 plus team members. So, thank you
3 for that Dr. Harrison.

4 Uhm, I am going to jump into uh questions about
5 inequity and mental health services. Okay, are there
6 any specific programs that your agency seeks to
7 increase the access for mental health services for
8 underserved communities? Are there specific programs
9 that you are thinking about?

10 DR. DAVE CHOKSHI: Yes, so the question is around
11 how we are addressing inequities in mental health
12 services through the programs we are delivering,
13 correct? Yes, this is a cross-cutting commitment you
14 know across all of our programs, whether it be uhm,
15 mental health programs or the substance use services
16 that you've heard us say a little bit more about.

17 We do this using a range of different strategies.
18 First, is again having the humility and the reflex to
19 uhm partner. Whether it is with local clinicians,
20 you know, local services providers who often know the
21 communities that they are serving in greater depth
22 and detail than we may be able to and working hand
23 and hand with them, whether it is on our outreach
24 services or engagement you know in more intensive
25 treatment models.

2 Uhm, the second way that we do it is by ensure
3 that uhm you know we have a focus on racial equity in
4 our conversations with fellow clinicians.

5 So, I am very proud of some of the work that the
6 division of mental hygiene has done. Particularly in
7 the last half of 2020 to essentially you know, kick
8 off a much needed conversation around uh, a more
9 explicitly race conscious approach in the work that
10 all of us are doing in mental health.

11 And so, we used our convening power as a Health
12 Department you know to be able to do that with
13 clinical colleagues across the city.

14 Uhm and then the final thing that I will say is
15 that when we look at our data, both our data you know
16 to understand whether we are serving the people that
17 we aim to serve and having the outcomes that we wish
18 to have. Uhm, we have taken a much more granular
19 approach to ensuring that we understand uhm, the race
20 and ethnicity breakdown you know with respect to
21 those services and those outcomes that are being
22 delivered.

23 And by doing that, you know, we have shown where
24 in many cases, you know, we need to augment our
25 outreach or the intensity of services. And that's

2 again true across both mental health and substance
3 use programs.

4 So, those are a few examples that come to mind.
5 I hope that answers your question.

6 CHAIRPERSON LOUIS: It does. Excuse me, I would
7 like to hear more about the recruitment effort to
8 better diversify mental health specialists and
9 support access for technology for telehealth
10 services.

11 DR. DAVE CHOKSHI: Uhm, yes, thank you. Thank
12 you for asking this. I will start briefly and then
13 again turn to Dr. Harrison for this one.

14 Uh, this is another area where there has been you
15 know, quite a bit of concerted focus and for
16 recruitment, you know in ensuring that uhm, that you
17 know to put it plainly, uh we reflect the communities
18 that we aim to serve. Uhm, that has to happen across
19 all different levels of the organization. It is
20 particular important as you point out for uhm you
21 know more direct patient facing service providers but
22 it is no less important at the leadership level as
23 well.

24 And so, you know, Dr. Easterling and many others
25 have been ensuring that we are turning the spotlight

2 and work with respect to racial and ethnic diversity
3 in our recruitment efforts. But I will turn it to
4 Dr. Harrison to say a little bit more about what that
5 looks like specifically in the division of mental
6 hygiene.

7 DR. MYLA HARRISON: Great, thank you so much as
8 well for highlighting and spotlighting issues that
9 are of great concern to us as well.

10 I think you asked a couple of questions in your
11 question and I want to focus on the telehealth aspect
12 of what you asked. Because what we have found in the
13 context of this pandemic as you are all aware of,
14 providers had to pivot and they had to pivot really
15 quickly to figuring out how to offer care for
16 individuals who they could not see in person. In the
17 behavioral health world, providers were able to offer
18 telehealth, tele mental health virtually through
19 devices like smartphones but as well as on the
20 telephone. The old fashioned way of just talking to
21 people.

22 And we have been hearing from providers how
23 amazing that has been and how they have actually been
24 able to serve more people because they don't have
25 people not showing up for visits in the office.

2 So it's been a successful way to continue to
3 serve people where we have to consider the safety of
4 the patients as well as the staff at this point and
5 time.

6 CHAIRPERSON LOUIS: So, as we speak about
7 telehealth, I hope we can jump into a question real
8 quick about NYC Well, if that's okay with you. In
9 FY22's budget, NYC's Well's budget increases to \$22.5
10 million. How will that increased funding be
11 utilized? I am not sure if you would have the answer
12 to that or one of your colleagues.

13 DR. DAVE CHOKSHI: Uhm yes, well for NYC Well,
14 again I will start with uhm, with my knowledge of it
15 and turn it to Dr. Harrison. Uhm, first I just want
16 to acknowledge how important NYC Well has been for
17 our city over the last few months.

18 Uhm, you know the ability to respond 24/7 in a
19 time where so many are experiencing the grief and
20 stress and trauma that too many families have
21 unfortunately had to experience.

22 It's something that is really unparalleled you
23 know, with respect to the services that many other
24 city's are able to offer. Uhm, I also just want to
25 acknowledge a little bit of the staff who are

2 fielding those calls, you know, who absorb the uhm,
3 the things that their fellow New Yorkers are
4 experiencing and you know in many cases are able to
5 guide them to sources for help in a moment of great
6 duress.

7 And so, I am grateful that we have had the
8 resources to be able to you know continue expanding
9 those services. And that continues into FY22 based
10 on the preliminary budget and the administrations you
11 know commitment and leadership to NYC Well as one of
12 the most important portals for all New Yorkers to be
13 able to access mental health services.

14 Dr. Harrison, do you want to say a little more?

15 DR. MYLA HARRISON: Yeah, I think I would just
16 add that you know that's exactly what the funding
17 would be going towards. The way the service operates
18 is essentially they hire crisis counselors and peers,
19 people with lived experience to answer the calls,
20 texts and chats that come in and we have seen
21 extremely high unprecedented volume to NYC Well for
22 people accessing information, referrals, who may be
23 in crisis themselves. It is also a suicide crisis
24 line and it is another way for people to get care if
25 they need access to mobile crisis services.

2 So, we imagine more of what we needed and the
3 past year has seen highest levels of answered volume
4 and we just think that that's a really necessary
5 service for all of New York City.

6 DR. DAVE CHOKSHI: And Chair Louis if I may just
7 add one other point on NYC Well, because it is so
8 important and I want to make sure that all of the
9 Council Members know it. Uhm, it is free to all New
10 Yorkers. It is completely confidential and it is
11 available in over 200 languages. So, you know, true
12 access to mental health starts with those elements
13 and so that's been a commitment for NYC Well.

14 CHAIRPERSON LOUIS: Thank you for that
15 Commissioner. I just wanted to know if you and Dr.
16 Harrison can highlight quickly, how many more staff
17 will be added with the \$22.5 million increase and
18 what are the licenses and credentials of the NYC Well
19 call takers? I heard Dr. Harrison mention peers and
20 also counselors. So, we just wanted to know like how
21 many of them - how many more staff will be added?
22 And will they be licensed professionals with
23 credentials?

24

25

1
2 DR. DAVE CHOKSHI: Uhm, those are important
3 questions. I don't have the answers at hand. I
4 don't know Dr. Harrison if you do?

5 DR. MYLA HARRISON: I don't have the answers at
6 hand either but we would be happy to get back to you
7 with that information.

8 CHAIRPERSON LOUIS: Okay, last question regarding
9 NYC Well. Is there a plan to expand NYC Well to
10 include on the ground responses? And at the moment,
11 it is over phone but when we speak to folks in our
12 district, uhm, we hear that folks are looking for an
13 opportunity to have that conversation one on one.
14 And being that we are where we are right now, uhm and
15 we are getting vaccinated and we are in the recovery
16 phase, there is an opportunity here for an on the
17 ground response.

18 So, I wanted to know if there was any plans to
19 expand or to offer a virtual component with the
20 increased funding that's being asked?

21 DR. DAVE CHOKSHI: Thank you. These are very
22 important questions and you know, I think they
23 highlight that uhm another thing during the COVID-19
24 pandemic has been to evolve our models of care. You
25 know, because we have been forced to in many ways and

2 that's a positive thing with respect to being able to
3 blend technology with somethings that will always
4 require you know in person interaction, to be able to
5 deliver services well. I know this from my own
6 clinical experience, uh, you know as a primary care
7 doctor where uhm telehealth works for so many things.
8 Uhm, you know but often needs to be connected with an
9 in person care model as well.

10 I will start by saying that NYC Well does do that
11 you know in some ways uhm by ensuring that there are
12 linkages to uhm, to clinical services on the ground,
13 particularly for someone who needs uhm, uh, you know
14 counseling or an evaluation by a medical professional
15 like a psychiatrist. So, there are those you know
16 those types of warm handoffs that are able to occur
17 through the initial interaction with NYC Well.

18 You are right that there may be other ways for us
19 to explore more seamless you know integration of the
20 different types of services that are offered.

21 So Dr. Harrison, do you want to add anything to
22 that?

23 DR. MYLA HARRISON: Yeah, thank you. Again,
24 great points that you are bringing up Chair Louis. I
25 would add that we have a couple of other programs

2 where we are out in the community. So, you may have
3 heard earlier the mention of a program called 3C,
4 Community Conversations around COVID. Which has a
5 focus on mental health, mental health awareness,
6 stress awareness and resiliency building. Those
7 conversations are happening out in the communities.
8 They are happening in a virtual way at this point but
9 we have reached uhm, all of the communities that we
10 have had the greatest concerns about the 33
11 neighborhoods of greatest concern. Uhm, and those
12 conversations, which are sort conversations are being
13 expanded into about four hour sessions and that's
14 phasing out very soon and we also have a service
15 through Project Hope which is a New York State
16 program that we have here in New York City
17 specifically around crisis counseling in the context
18 of this pandemic and that's accessible through uh the
19 hope line, which is a line we can get you the contact
20 information for as well to reach people in the
21 community where they are and offer them resiliency
22 building and coping strategies on the ground.

23 CHAIRPERSON LOUIS: Thank you for that. Uh, I
24 just want to talk a little bit about uhm students.
25 Uhm because as you mentioned, there are still

2 services being provided virtually but we know that
3 students are transitioning back into in person
4 learning. And it will be imperative to monitor the
5 mental health status of students. The Mayor
6 announced that there would be an increase in mental
7 health screenings in schools. Will that be in every
8 school or just communities hardest hit by COVID?

9 DR. DAVE CHOKSHI: Uhm, yes, thank you for this
10 important question as well. Uhm and it is something
11 that uh, you know is uhm is another one of the
12 reverberating effects of COVID-19 you know that we
13 have been paying particular attention to.

14 The intersection of mental health effects with uh
15 young people you know, including adolescents is
16 something that is of national concern but also
17 something that we have been following closely in New
18 York City as well.

19 I do know that the uhm, that the plan is for this
20 mental health screening to be done broadly and
21 ultimately you know as universally as possible. But
22 with respect to the plan for that, I will ask Dr.
23 Stevens to uhm, to chime in on that question.

24 DR. DANIEL STEVENS: Thank you Commissioner.
25 Hopefully you can hear me. Can you hear me?

2 DR. DAVE CHOKSHI: Yes, we can.

3 DR. DANIEL STEVENS: Yes uhm, so uhm, Chair
4 Louis, thank you so much for that question. It is
5 something we hold very, very near and dear. Uhm, one
6 of our greatest concerns is with our youth and our
7 children have been through in addition to the
8 pandemic but as you mentioned, the transition to
9 learning from home, the virtual environment and the
10 uncertainty around the transitions as well.

11 To the Commissioners great point, we are
12 partnering very, very closely with our colleagues at
13 the Department of Education in the division of school
14 climate and wellness. We have been working with them
15 since you know last summer about the universal
16 screeners.

17 So, to the Commissioners point, they are planned
18 to be as universal as possible. And as you know,
19 then to also continue to partner because with the
20 screening then, you know, to continue to provide
21 services and push in to provide uhm to meet the needs
22 of students wherever they are given some of the
23 transition and some of the changes that we are seeing
24 this year.

25

2 CHAIRPERSON LOUIS: Thank you Dr. Stevens.
3 Commissioner Chokshi referenced earlier nurses being
4 implemented in schools. I wanted to know if maybe
5 you or one of your colleagues can further elaborate
6 on this process and also, will teachers be trained on
7 how to spot signs of mental health issues in students
8 where there is no program?

9 DR. DAVE CHOKSHI: Thank you again Chair Louis.
10 I will start briefly and then turn it to Dr. Stevens
11 again.

12 Uhm, you know with respect to the new nurses who
13 are being added for the FY22 Preliminary Budget, it's
14 approximately 30 nurses who would be placed in
15 community schools. This is, uhm, I want to be just
16 very explicit, this is in addition to you know, the
17 hundreds of school nurses who are already delivering
18 services you know across Department of Education
19 schools uhm, but this is you know a new initiative
20 that's specifically for uhm for community schools as
21 well.

22 Uh, and you know I do know that there is a fair
23 amount of ongoing work that's occurring with our
24 Department of Education colleagues to ensure that it
25 is not just uhm, nurses but many other school staff

2 who have training, whether it is mental health first
3 aid or you know, more specific training to identify
4 uh mental health issues. So, I do know that that's
5 been a focus but Dr. Stevens can elaborate on those
6 points.

7 DR. DANIEL STEVENS: Yes, thank you. Uhm, this
8 is a rare chance where I get brag and lean into our
9 partnership. So, I acknowledge the Commissioners
10 point around making sure that it is our nurses and it
11 is our professionals that we are always you know
12 present in schools, providing supports, providing
13 guidance being folks who folks can talk to but we
14 recognize in partnership with our partners at DOE
15 that this year is different. That the needs are
16 expanded.

17 And so, I know that over 20,000 staff so far have
18 been trained in the schools. This is you know
19 through efforts of the Department of Health in
20 collaboration with us on kind of trauma informed care
21 and that is not just teachers, that is not just
22 nurses, but that is counselors, receptionists, anyone
23 who comes in contact with students.

24 So, uhm, I think that's a really important point
25 and I thank the Commissioner for raising that up

2 because it is going to take all of us and all of our
3 efforts to identify, support and continue to help our
4 young people at this point.

5 CHAIRPERSON LOUIS: Thank you Dr. Stevens for
6 that response and happy to see that we are moving in
7 the right direction. I do want to share that mental
8 health first aid is not a significant and cannot
9 suffice what's going to be needed for our young
10 people in our schools.

11 Uhm, while it is a great effort to train
12 everyone, mental health first aid is just like on the
13 surface training and we need a little bit more. So,
14 I wanted to know, maybe you or the Commissioner or
15 one of your colleagues, I wanted to know like how
16 many schools are staffed with DOHMH social workers?

17 DR. DAVE CHOKSHI: Uhm, Dr. Stevens, I will turn
18 it to you.

19 DR. DANIEL STEVENS: Sure, sure, uhm, well, I
20 don't have that set number in front of me. I do know
21 that we have a variety of different programs with
22 different mental health professionals. And so, you
23 have the social workers that are part of the school
24 community, the school guidance counselors. You have
25 the now specialist program. And so, we are doing our

2 best to really make sure that we are pushing in in a
3 tiered approach to your point.

4 There are things that apply universally. We want
5 some things to be done more selectively to folks who
6 are at high risk and we want to make sure those are
7 the highest tier services for folks who really need
8 them. And so, we are really doing our best to
9 partner with DOE to make sure what we have, we can
10 expand and when we have a full picture of that, we
11 are providing for – certainly focusing on the 33
12 neighborhoods that are most effected but also taking
13 into account uhm, the long standing inequities that
14 we have seen not only in our health outcomes but you
15 know, very similar approaches are happening along
16 kind of education and opportunity outcomes in context
17 with our partners of DOE.

18 CHAIRPERSON LOUIS: And are those programs
19 supportive of families and not just the students? Is
20 it like a whole family approach?

21 DR. DANIEL STEVENS: So, yes, yes, there are
22 different programs. I can speak a bit about uhm, you
23 know the DOH and our specialist program. It is an
24 entire family and school community approach while
25 there are uhm, there are components to it to build

2 capacity amongst teachers, staff, work with families,
3 provide trainings to parents and this year, also
4 pushing in to provide targeted kind of groups support
5 for students.

6 So, a mixture to not to just to your point you
7 know the pediatrician so we can get this. You know
8 it is more than just the child in front of you, it's
9 the entire environment around. And so, uhm, that
10 capacity building. Answering those questions, that's
11 a key part of our programs.

12 CHAIRPERSON LOUIS: And do you know if DOHMH has
13 any involvement with the substance abuse prevention
14 and intervention specialist program? The SAPIS
15 program in the schools?

16 DR. DAVE CHOKSI: Go ahead Dr. Stevens.

17 DR. DANIEL STEVENS: So, we are not directly
18 responsible for that program but we do work in
19 partnership with our DOE colleagues to make sure that
20 we provide as much support as we can.

21 CHAIRPERSON LOUIS: Alright, thank you. I
22 appreciate that. Uhm, quick question regarding the
23 EMS and mental health response teams. How will Cure
24 Violence programs be connected to the new EMS mental
25 health response team pilot in the FY22 budget?

1
2 DR. DAVE CHOKSHI: Uhm, thank you for this
3 important question as well. Uh, this is one that I
4 believe Dr. Harrison will be best positioned to speak
5 to.

6 DR. MYLA HARRISON: Great, again, thank you very
7 much. I love your questions. They are getting at
8 the heart of the challenge that we all have to deal
9 with.

10 Uhm, I don't have an answer for you in terms of
11 connecting the new pilot to procure violence programs
12 but I am happy to take that question back to the
13 steering committee whose you know working on the
14 program and the development to that program.

15 CHAIRPERSON LOUIS: I look forward to that Dr.
16 Harrison, we really need to know what role DOHMH will
17 play in the pilot program. It is more than
18 essential. It's a priority right now, so I do
19 appreciate a response to that.

20 Uhm, I am going to turn it back to our Committee
21 Counsel, just in case we have any colleagues on that
22 want to ask any questions.

23 COMMITTEE COUNSEL: Thank you very much Chair
24 Louis. Uhm, and I also want to acknowledge that we

2 have been joined by Council Members Rosenthal and
3 Barron at this time.

4 Uhm, so we will now turn to Council Members in
5 the order that they have raised their hands and I
6 just want to remind Council Members that you can use
7 the Zoom raise hand function and then I will call on
8 you. We will be limiting Council Member questions to
9 five minutes and the Sergeant at Arms will keep a
10 timer to let you know when your time is up.

11 So, right now the order of questions will be
12 Council Member Ayala followed by Council Member
13 Rosenthal. And Council Member Ayala, you can begin
14 as soon as the Sergeant queues you. Thank you.

15 COUNCIL MEMBER AYALA: Uhm, good afternoon. I am
16 sorry, I am not sure if you can hear me correctly
17 because this computer is a little bit off. My sound
18 is a lot muffled. Uhm, can you hear me? Okay, so I
19 have a couple of question really quickly and I only
20 have five minutes but I want to – three minutes or
21 five minutes; I can't see anymore.

22 Uhm, so I will ask the questions and then maybe
23 you can just respond. Commission Chokshi, you
24 mentioned that there are organizations that
25 Department of Health is working on those vaccination

2 distribution efforts and so I wonder how many
3 organizations there are per districts? Who selects
4 those organizations? Uhm, because I haven't quite
5 frankly received any notification from anyone uhm,
6 from DOHMH letting me know that this is action to my
7 constituents.

8 And so, that concerns me because I wonder how
9 would an individual that was not connected to one of
10 those organizations know that those vaccine
11 distributions are in their community?

12 So, I don't want it to be something that is
13 supposed to be a good thing to turn into another
14 hinderer uh, because while I understand that and we
15 have had conversations about this that over 20
16 percent of my constituents, we have been vaccinated.
17 My concern is that they wouldn't have to go elsewhere
18 to get vaccinated. And that is a problem because as
19 you mentioned, on the list of 25, 26 zip codes that
20 were the most effected, a lot of my zip codes aren't
21 listed on that list and I haven't seen any real
22 benefit that comes from being on the list.

23 Two, regardless of telehealth uh, for behavioral
24 health, I loved it. I thought that you know, they
25 were very well received however, it was pretty

2 evident that there were people that were disconnected
3 as a result of clinics having closed down. And so, I
4 wonder, is there any data that could tell us what the
5 number of participants were that were left out? That
6 didn't really have access right and by not having
7 access have no access to clean needles or naloxone?

8 Uhm, and the increase in overdose, hepatitis or
9 HIV cases? And then lastly and I know there is a lot
10 but I only have a few minutes, what is the strategy
11 for assisting with syringe [INAUDIBLE 1:44:50] in
12 communities like mine where we have seen a
13 significant increase but haven't heard from anyone in
14 the city regarding a plan to address?

15 DR. DAVE CHOKSHI: Uhm, thank you Council Member
16 Ayala for three extremely important questions. Let
17 me start briefly and then some of my colleagues,
18 particularly Dr. Easterling and Dr. Harrison may want
19 to chime in as well.

20 So, your first question and yes and I very much
21 appreciated your questions and your perspective on
22 vaccine access. I will highlight you know for any
23 New Yorker, uh, using 877-vax4nyc and
24 vaccinefinder.nyc.gov does help to navigate uhm, the
25

2 various locations that are available for vaccine
3 appointments.

4 And with respect to community based
5 organizations, we can certainly you know provide uhm,
6 the list that we have been working with. It's about
7 40 community-based organizations across New York City
8 and Dr. Easterling may have more to say about that.

9 Uhm, just briefly again, uh, on your questions
10 around telehealth, particularly as it relates to
11 opioid use disorder as well as syringe liter. Both
12 of these have been major areas of focus for the
13 Health Department, particularly as we have seen in
14 New York City has been seen across the entire country
15 that there are an increasing number of overdoses that
16 are occurring you know, for the most part, due to
17 increases in fentanyl in the opioid you know drug
18 supply.

19 And so, these are areas where we have done a
20 range of different things, particularly you know with
21 respect to what you were saying about uhm, outreach
22 and behavioral health services. We have had a very
23 significant increase in outreach for example through
24 the heat teams that I mentioned in my testimony.
25 Increasing the hours and the neighborhoods, you know,

2 where heat teams are present including in your
3 district as you are likely aware and also working
4 with syringe service providers across New York City
5 to ensure that people who are using drugs have access
6 to uh, to clean syringes and all of the supportive
7 services uhm, that are also useful.

8 I do remember a few months ago, we went -

9 SERGEANT AT ARMS: Time has expired.

10 DR. DAVE CHOKSHI: On a walk through in your
11 district and you voiced you know some of your
12 concerns about syringe litter as well. Uhm, and
13 there has been a concerted effort across multiple
14 agencies including the Health Department to match up
15 the care and the treatment that I have described with
16 ensuring that parks is involved in cleanup and our
17 colleagues in sanitation are as well.

18 So, I hope that answers some of your questions.

19 COUNCIL MEMBER AYALA: Well, yes and no because I
20 just want to - I want to point that first in regards
21 to the vaccinations that while one intention and I
22 understand the complexities and the lack of vaccines
23 you know, being made available to the city in order
24 to support the demand that you know, I have
25 personally like every single day go on all of these

2 websites and I have been very diligent. It has
3 become a job in trying to secure a vaccination site
4 for myself and I am not asking you to. If I wanted
5 to, I just want to be clear, if I wanted to get
6 vaccinated today, I could probably find somewhere
7 else in Queens, in Staten Island but that is exactly
8 my point. Is that I should not because especially
9 because my community was hit so hard because so many
10 of my constituents are elderly, are frail, are
11 disabled, are unemployed. To continue to put - to
12 add barriers to accessing you know, vaccinations on
13 any other services is a disservice to them and that
14 is my point, is that I have different spots where you
15 can probably get three vaccines here, two vaccines
16 there but it is not enough to meet the demand.

17 And I have organizations actually, there is one
18 organization on the list that you and I described the
19 other day that has been given an allotted amount of
20 slots at the Health Action Center here in East
21 Harlem. And they have made several weekly uh,
22 appointments that have continuously been cancelled
23 and so now the people that they have been trying to
24 get appointments for, no longer want appointments
25

2 with them because they don't trust that they are
3 going to be able to come through with a vaccine.

4 And so, that to me is a problem and this is
5 something that I have been hearing from my
6 constituents. So, I don't want to say that there
7 isn't any effort being made. I don't want to say
8 that because that is you know, that is not 100
9 percent accurate but is the city doing everything
10 that it can to ensure that the communities that were
11 the most impacted, that continue to be on the same
12 list that you guys continue to highlight and post and
13 share and you know, speak on every single day. That
14 you are also honest about the fact that the people in
15 those communities are not getting vaccines in their
16 own communities. That they are being vaccinated
17 elsewhere because the vaccines just don't exist there
18 and that's the reality. That's true and I need you
19 to be honest about that because you know, that's the
20 experience that I am having and no one is going to
21 convince me otherwise because this is what I am
22 seeing and this is what I am hearing you know in the
23 community.

24 So, it would have been nice to know that there
25 were organizations that were selected. I didn't even

2 know that until I had a conversation with you the
3 other day. No one called me, no one told me this and
4 yet people were coming to me asking me well, what's
5 happening and I don't know. I really don't know and
6 in regards to the syringe litter, I will add that you
7 know what I am referring to are resources, additional
8 resources. It is not okay to just rely on sanitation
9 and on the Parks Department to come and pick up
10 syringe litter. There has to be money. There has to
11 be a plan to address that because in some communities
12 and I will show you and I almost feel like I am doing
13 a show you know, I have become one of those students,
14 teachers, I am like show and tell.

15 This is my syringe litter box that was given to
16 me by one of my providers because I have had to go
17 into my streets to pick up syringe on multiple
18 occasions.

19 So, I have syringes here, I have in my car, I
20 bring them in, they pick them up, they take them but
21 that is not my job. That is not my job, right? If
22 we know that there are some communities that are
23 impacted in this way, where I have syringes in front
24 of my community centers where children go for
25 recreational and educational opportunities, that

2 there is no reason why if everybody knows, and at
3 this point everybody knows where those places are
4 because I have been very vocal about them. That we
5 still have you know needles in front of those same
6 community centers, in front of those schools, in
7 front of those places of worship.

8 I was lucky enough when I was the former Chair of
9 this Committee, to be able to allocate a little bit
10 of money to one of my organizations here in East
11 Harlem to do that work. It is one organization with
12 a very limited budget doing the entire community.
13 That shouldn't be their responsibility either. The
14 city should know and have a plan to address these
15 concerns.

16 It is serious. These are improperly disposed of
17 needles. Many of them, not one, not two. If you go
18 to 110th Street in Lexington Avenue right now, you
19 will probably run into at least a minimum of 30
20 needles improperly disposed of in front of the
21 Community Center.

22 If you go to the South Bronx 146th Street between
23 College and 3rd, you will find needles to the point
24 that Con Edison can't even open the underground
25 entrapment anymore because there are so many needles

2 in there that every time they open it, they have to
3 call a special team to come out and clean it so that
4 they can do their work.

5 So there is a problem. There is a problem and
6 that's what I mean and I am sorry that I took way to
7 much of the time today but you know, we don't always
8 get an opportunity to really bring these things up
9 and they are really important because they are
10 impacting my community really, really seriously. And
11 you know I have been voicing my concerns for a really
12 long time and I really don't feel like I am being
13 heard or that people are really understanding where I
14 am coming from. Because I feel like I am fighting
15 way to hard for these things to be done uhm
16 unnecessarily.

17 DR. DAVE CHOKSHI: I very much appreciate your
18 feedback. I can assure you that you are being heard.
19 You know, you have been heard but we will continue to
20 work with you, with your office, because these are
21 critically important issues for the community. And I
22 know you and I have had this conversation before but
23 there is a lot of shared purpose and shared values
24 with respect to taking on these issues for the people
25 that we are serving together.

2 COUNCIL MEMBER AYALA: Did we get a response for
3 the number of overdose deaths and hepatitis C cases,
4 if there was an increase?

5 DR. DAVE CHOKSHI: Uhm, can you tell me exactly
6 what you are looking for in terms of an increase in
7 what period?

8 COUNCIL MEMBER AYALA: Well, during the pandemic,
9 most of our programs were shutdown and those are the
10 same programs that people rely on to access clean
11 needles and naloxone kits and they were not able to
12 access those for months because those clinics were
13 all shutdown and only – you know, the only people
14 that were getting service were really people that
15 were using the telehealth as an option but not
16 everyone was doing that.

17 So, we have had you know, it is pretty obvious in
18 the community that you know there were a lot of
19 people who were displaced who are now sharing
20 needles, so I wonder, has there been any – is there
21 any data yet? I asked a few months ago, there still
22 wasn't on whether or not this has you know, resulted
23 in a higher number of overdose and test positive HIV
24 and hepatitis cases?

2 DR. DAVE CHOKSHI: Yes, I understand better now.
3 Uhm, we do have data on overdose deaths from the
4 first quarter of 2020. So, just as the pandemic was
5 beginning and you know that did show an increase
6 compared to prior quarters and I am very worried
7 about this. You know through the rest of 2020, not
8 just for the reasons that you've mentioned in terms
9 of interruption in care and services but also because
10 we know that it is a national phenomenon that
11 fentanyl is increasing in the drug supply and that
12 makes uhm, one unfortunately much more prone to a
13 fatal overdose.

14 There are a number of things that have been done
15 to try to redress that increased risk including
16 making sure that you know that we are delivering
17 buprenorphine and methadone. Using virtual models,
18 using mobile treatment models for uhm, you know, for
19 both medicines as well.

20 Uh, and doing the things that we know work to
21 engage people in services. You know, meeting people
22 where they are, including the heat teams that I
23 mentioned, as well as our flexible behavioral health
24 intensive treatment models like the intensive mobile
25 treatment teams and others that take on the

2 overlapping issues of homelessness, mental illness
3 and substance use disorders.

4 So, those are some of the ways in which we have
5 ramped up to try to address the very unique you know
6 needs during the pandemic and we will continue to
7 follow what the data shows to figure out what more we
8 can do to address these important issues.

9 COUNCIL MEMBER AYALA: I appreciate it and I
10 appreciate the time. I yield back to the Chair.

11 COMMITTEE COUNSEL: Thank you very much Council
12 Member Ayala. We will now turn to Council Member
13 Rosenthal for questions. Council Member Rosenthal,
14 you can begin when you are prompted.

15 COUNCIL MEMBER ROSENTHAL: Great.

16 SERGEANT AT ARMS: Time will begin now.

17 COUNCIL MEMBER ROSENTHAL: Thank you so much and
18 Commissioner, thanks for giving the Committee so much
19 time. You are doing an amazing job, doing an
20 impossible job. So, I really appreciate you very
21 much.

22 I actually am asking about uhm, the Maternal
23 Health Quality Improvement Network Funding. And this
24 was something that uh, the Commissioner or the OMB
25 Director last year assured us that the continued

2 funding would be baselined in the budget. So, you
3 are shaking your head. I know you know what I am
4 talking about so, I will leave it there.

5 DR. DAVE CHOKSHI: Yeah and Council Member, you
6 are referring specifically the maternity hospitals
7 quality improvement project. Is that the maternal
8 mortality issues?

9 COUNCIL MEMBER ROSENTHAL: Yes, yes.

10 DR. DAVE CHOKSHI: Yes, uhm, well this has - yes,
11 this has been a very important part of our overall
12 work to address maternal mortality. Uhm, because we
13 know that it is an area where there are unacceptable
14 racial inequities in terms of outcomes and some of
15 the most tragic you know inequities that are born.

16 So, I do know that the quality improvement work
17 run through that network has evolved over time. Uhm,
18 and with respect to the funding and exactly what you
19 know the next phase of that work will look like, I
20 will turn it over to Dr. Stevens, who is the Deputy
21 Commissioner for Family and Child Health.

22 COUNCIL MEMBER ROSENTHAL: Thank you.

23 DR. DANIEL STEVENS: Hi Council Member Rosenthal.
24 Thank you very much Commissioner. Council Member
25 Rosenthal, thank you so much for your question about

2 this supremely important work. Uhm and while it is
3 uh very difficult and tricky work given the
4 transitions that we are seeing, we very much are
5 committed to continuing this work.

6 And you know, we can say that funding for this
7 project, we do have in the agency for the next year.

8 COUNCIL MEMBER ROSENTHAL: I couldn't quite hear
9 you. It's in the budget for one year? Or it is
10 baselined or?

11 DR. DANIEL STEVENS: We do - I do know that we
12 have funding to continue this program certainly in
13 the next fiscal year. I can get back to you whether
14 it is refined for the outyears after that.

15 COUNCIL MEMBER ROSENTHAL: Is it city funds or
16 private funds?

17 DR. DANIEL STEVENS: There are uhm, I know that
18 the project in the past has been you know funded by
19 uhm by both. Uhm, I know that the funding for the
20 next year is certainly some city funds but I can get
21 back to you with uhm, with a more specific breakdown.

22 COUNCIL MEMBER ROSENTHAL: So, I really would
23 appreciate that. I mean, so what did we get out of
24 the first three years? We got an amazing toolkit
25 that hospitals can now use but it's been made clear

2 to me that it will not get implemented unless funding
3 at the same level is added to the budget right?

4 Because we only hit three – not only, I mean it's
5 important to start somewhere but we hit three
6 hospitals and you know, a lot more to go.

7 Uhm, so, look if this – I was assured. Council
8 Member Gibson was assured that uh, with \$12.3 million
9 having been allocated for the past three years, it
10 ends this Fiscal Year, in a couple of months. That
11 you know, I don't know, divide that by three. \$4
12 million a year and I guess what I would expect to see
13 is \$4 million baselined into the budget and I was
14 assured, as was Council Member Gibson, that that
15 would be the case.

16 Uhm, we were assured as recently as our first
17 budget hearing with the Director. So, it's important
18 – I mean, is there a way to ask some budget person
19 now while you are still here? To just, I mean, it's
20 an easy thing to look up. It's just a U of A or
21 something.

22 DR. DAVE CHOKSHI: Council Member, you mean a
23 colleague from OMB?

2 COUNCIL MEMBER ROSENTHAL: Well, I mean, I would
3 imagine your agency would have a budget person who
4 knows the answer to this question.

5 SERGEANT AT ARMS: Time has expired.

6 DR. DAVE CHOKSHI: Yes, well, here is what I can
7 tell you and I will invite our Deputy Commissioner
8 for Finance Mr. Jarrah to chime in if he has anything
9 to add. Uhm, the big picture is that we and
10 hopefully you already know this but just to state it
11 explicitly, we are very committed to this work
12 because we believe in its importance with the same
13 depth and urgency that you do.

14 That has to be met with action and ultimately you
15 know changes in outcomes as well. Uh, the way that
16 that has been moved forward over the last few years,
17 as Dr. Stevens mentioned, there was a private grant
18 that resulted in this tool kit that you mentioned
19 which was a very productive process. We actually
20 work with 14 hospitals you know through that quality
21 improvement collaborative and it's a valuable roadmap
22 for us to push forward into implementation.

23 As Dr. Stevens alluded to, we do have you know
24 funding within the agency that allows us to continue
25 this work through FY22 and there are also sources of

2 federal funding you know through the CDC which will
3 support maternal mortality initiatives as a whole.

4 So, those are the sources that I am aware of.

5 COUNCIL MEMBER ROSENTHAL: Sure. No, that's
6 terrific and exciting to hear about. And I mean, and
7 I am looking forward to hearing from the Deputy
8 Commissioner. Uhm, but I want to be clear. Uh,
9 three hospitals have had intensive maternal mortality
10 review work where each of them have come up with a
11 specific change to how they do business in their
12 hospital and were you know, expecting that to have
13 meaningful outcome and you will be tracking that over
14 time.

15 Uhm, so, I don't know about the 14 but let's hear
16 about what's in the budget. Thank you Deputy
17 Commissioner.

18 DR. DAVE CHOKSHI: Uhm go ahead uh Sami.

19 SAMI JARRAH: Yeah, uh, Sami Jarrah here thank
20 you for the question. Uhm, I would just like to
21 confirm yes, this is funded in the baseline. Uhm, so
22 you have our assurance that this will continue into
23 the new fiscal year and we are in close coordination
24 with OMB on this and they have assured us of that as
25 well. So, this project will continue.

2 COUNCIL MEMBER ROSENTHAL: That's great, what's
3 the dollar amount of city funds?

4 SAMI JARRAH: I don't have that at my finger tips
5 but we can follow up with that.

6 COUNCIL MEMBER ROSENTHAL: Uhm, so, great. Uhm,
7 you know it would be terrific you know uhm, I have
8 worked at OMB usually we are the last to know line by
9 line what funding – what money is spent on but uhm,
10 so maybe I should ask OMB when they come back or do
11 you want to – is there a way you can get back to us
12 quick? To the Committee staff quickly?

13 DR. DAVE CHOKSHI: We understand the importance
14 of it. Certainly, if there is a way to get back
15 while we are still in the hearing, we will do that.
16 If not, Council Member, we will get back to you.

17 SAMI JARRAH: That's correct, we will follow up
18 and make sure you have the correct dollar amount for
19 what the ongoing funding is but that it is included
20 in the budget.

21 COUNCIL MEMBER ROSENTHAL: Terrific, thank you
22 very much. Thank you Chair Louis. I really
23 appreciate the extra time and congratulations. This
24 is your second hearing. You are amazing. Thank you
25 very much.

2 COMMITTEE COUNSEL: Thank you Council Member
3 Rosenthal. We will now turn to Council Member
4 Holden.

5 SERGEANT AT ARMS: Your time will begin now.

6 COUNCIL MEMBER HOLDEN: Thank you Chairs for this
7 important hearing and thank you for all your great
8 work Commissioner. I hope you are feeling much, much
9 better. Uhm, obviously you have done a lot of work
10 and a lot of great work. I just have a question,
11 quick question. My district, much of my district was
12 in the yellow zone. I brought this up at the last
13 hearing and I did not have one single site for
14 testing and I did not have one single site in the
15 early days of the vaccine. Up until recently, I have
16 gotten only vaccine sites that are pharmacists, you
17 know, pharmacies have it but it is in short supply,
18 even at the pharmacy.

19 So, in calling my constituents, most of them had
20 to go far and wide, especially seniors to get the
21 vaccine if they did get it at all. So, I would like
22 to know a criteria and I still would like to know how
23 this is decided. If you look at the map on vaccine
24 findernyc.gov, you will see a giant hole, which is my
25

2 district in Queens. Where there is very few vaccines
3 again, only smaller drug stores.

4 So, I would like to know the criteria for setting
5 up vaccine sites or testing sites for that matter.

6 When you are in the yellow zone and it's not
7 available for testing or vaccine. I would like to
8 know how that was decided upon. Who decided the
9 testing sites or/and the vaccine sites?

10 DR. DAVE CHOKSHI: Well, thank you for raising
11 this important issue. You know access is
12 fundamentally important for our Vaccination Campaign.
13 I am proud to say there are over 450 sites across New
14 York City that are now accessible to the general
15 public and that's been through quite a bit of effort
16 you know in partnership with many people to get those
17 stood up from less than 100 at the inception of the
18 campaign.

19 Uhm, you know with respect to where city sites
20 are placed, a major focus of ours has been the 33
21 neighborhoods that are identified as the taskforce on
22 racial inclusion and equity neighborhood and 77
23 percent of all city sites are located in one of those
24 33 neighborhoods.

2 The final thing that I will say is that we are
3 working day and night to continue expanding that you
4 know, for the next phase of our vaccination campaign.
5 So much of it will be in augmenting that capacity and
6 those access points even further, with a particular
7 focus on uh, the places where people already seek
8 their care. You know the pharmacies as you
9 mentioned, additional community based clinics,
10 doctors offices. And so, you will see you know
11 further additions on the vaccine finder page in the
12 coming weeks as well.

13 COUNCIL MEMBER HOLDEN: Right but you know it is
14 funny though that the city agencies like consumer
15 affairs descended upon my businesses in my district
16 because we were in the yellow zone. So, they
17 descended on them writing them thousand dollar
18 tickets. Yet, the constituents and many of my
19 constituents are seniors. We have a very high senior
20 population in my district. One of the highest in the
21 state. Yet, we weren't included. Which I had to beg
22 the Mayor's Office multiple times, even use my own
23 office as a testing site uh you know for two weeks.
24 Because I didn't have any testing sites and I was in
25 a yellow zone.

2 It didn't make any sense to just deny people who
3 are most vulnerable seniors and who have - are in a
4 yellow zone. So, if you are just going to base it on
5 certain criteria and not on science actually where
6 the COVID is popping up, then let's just throw
7 everything out the window.

8 I mean, you have to - I am sick of being a step
9 child in my district for services and we don't get
10 it. Again, look at the map. All you have to do is
11 look, only maybe Staten Island with the less
12 population has less sites than in my district.

13 So, you know, this is something I have been - I
14 had to call the Mayor's Office multiple times. Why
15 don't I have a testing site? Why don't - I am a
16 yellow zone. You are killing our businesses here by
17 fining them and yet, when it comes to services, my
18 constituent are not getting it and I am really tired
19 of it. And I hope that we get some testing sites
20 close because I had people wait on line at city
21 field. I had people have to go to across the city to
22 get a vaccine and it shouldn't be. And wait in line,
23 it should not be.

24 Uhm, I originally tried multiple times, even with
25 the vaccine finder to get a location where I could

2 tell my seniors to go and I couldn't. I couldn't
3 find anything.

4 So, now we are getting them but like I said,
5 there has got to be a better system -

6 SERGEANT AT ARMS: Time has expired.

7 COUNCIL MEMBER HOLDEN: That we could roll out.

8 Thank you. Thank you Commissioner, thank you Chairs.

9 DR. DAVE CHOKSHI: Thank you Council Member. I
10 will just say briefly, I do hear your concerns. Uhm
11 and I particularly appreciate your advocacy you know
12 on behalf of seniors. It's an area where you and I
13 you know share a common cause because I want to get
14 our seniors vaccinated as quickly as we possibly can.

15 And that has to do with access and particularly
16 you know accessibility for older New Yorkers. So,
17 you have my commitment and we you know, our office
18 will be happy to work with you if there are specific
19 sites in particular that you think would be good
20 testing or vaccination sites.

21 COMMITTEE COUNSEL: Thank you very much Council
22 Member Holden. We will now briefly turn back to
23 Chair Louis, who I believe has some follow up
24 questions.

2 CHAIRPERSON LOUIS: Thank you so much. I just
3 want to echo some of the concerns Council Member
4 Ayala brought up regarding just being oblivious to
5 CBO's that your agencies would be working with to
6 provide a service.

7 I brought this up, it's going to be about a year
8 now where I have had conversations with Commissioners
9 and the agencies and they will say oh, we have
10 community-based organizations in your district or in
11 Brooklyn or in the Bronx, that provide these services
12 and we are oblivious to it.

13 Uhm, it's frustrating, it's disrespectful and it
14 has to change. The reason why Council Member Ayala
15 brings this up is because she is what we would
16 consider a frontline worker. She is going out and
17 collecting syringes off the street.

18 So, had there been an organization that we were
19 aware of or if we are having a conversation from
20 agency to agency and speaking to one another, you
21 wouldn't hear about these frustrations. We can't be
22 in the recovery stage with Council Members feel
23 frustrated.

24 If Council Member Holden is bringing something
25 up. Council Member Ayala is bringing something up,

2 we have to change the narrative and we have to get
3 together and work as a unified force.

4 So, you know, I heard today and I thank you
5 Commissioner for bringing up the 40 CBO's in New York
6 City that are providing this service. So, I just
7 have a quick question regarding the majority uhm, of
8 funding in DOHMH's division on mental health for
9 contracts.

10 What is the DOHMH process for evaluating
11 contracts? Uhm, and ongoing basis?

12 DR. DAVE CHOKSHI: Well thank you very much and
13 you know first on community-based organizations. I
14 do understand you know I hear you and uhm, I will
15 just echo that we consider ourselves members of the
16 same team as all of you. You know, the pandemic has
17 just shown that if there is any division or even
18 miscommunication, then you know that gives the virus
19 an advantage over us and uhm, we will do everything
20 that we can you know to ensure that there is more
21 seamless communication around all of the things where
22 we just have a lot of shared aims with respect to
23 addressing the needs of your constituents and the New
24 Yorkers whom we are serving.

2 Uhm, with respect to evaluating contracts and you
3 are asking specifically for the contracts through the
4 division of mental hygiene, is that correct?

5 CHAIRPERSON LOUIS: Correct.

6 DR. DAVE CHOKSHI: Yes, well, I will start
7 briefly and then turn it over to Dr. Harrison to say
8 a little bit more. This is particularly important as
9 you likely know for the division of Mental Hygiene
10 because so much of our – so many of our resources
11 flow to the service providers who are actually taking
12 care of patients and doing the work, you know of
13 addressing mental illness and substance use
14 disorders.

15 So, this is an area where uhm, you know our job
16 as stewards of funding and contracts is important,
17 not just from the financial perspective but uhm, from
18 very much from the programmatic perspective as well.

19 So, I can tell you, you know foremost in my
20 charge to our team, is to ensure that we are working
21 with people who respect the dignity of the people
22 that we aim to serve. And who have a track record
23 that demonstrates that they are able to improve
24 outcomes as well.

2 So, you know that's the broad framework that we
3 bring but I will ask Dr. Harrison to say a little bit
4 more in response to your specific question.

5 DR. MYLA HARRISON: Thank you, thank you so much
6 for the question. As you just heard from the
7 Commissioner, much of the work within the division of
8 Mental Hygiene is through contracts that we have
9 essentially with community-based organizations non-
10 for-profits.

11 Uhm, nonprofit organizations uh, Health +
12 Hospital connections as well, to carry out the
13 critical service work that we are engaging in and
14 when we have a contract, we first of all are required
15 to follow city procurement rules to enter into a
16 contract with anybody. So, we follow the city's
17 policy and procurement PPP rules for any time we are
18 entering into a new contract with a provider.

19 Once we have that contract, which involves a
20 scope of services that we agree on that has an
21 element of data that usually gets shared back with
22 us, we also are obligated to continue to uh evaluate
23 the work that goes on in the contracts and we do that
24 and we have programmatic staff that are responsible

2 for that. We have auditing staff that are
3 responsible for that as well.

4 As you can imagine during this pandemic, we had
5 to change how we do that because many of the
6 evaluations had been in person at an agency where we
7 would look at records and charts and meet with
8 clients and we had to pivot how we did that work as
9 well and we are doing that work for Truly, where we
10 ask for charts and records and they will you know
11 either share medical records with us or share in a
12 safe way to protect the privacy.

13
14 So, we continue to evaluate programmatically how
15 all of our contracts are doing and most of our
16 contracts, not all, but a good portion of our
17 contracts are for supportive housing programs. And
18 so, that's a lot of the work that we have but we have
19 many, many other program types that we are
20 responsible for as well.

21 And I would be happy to have follow up
22 conversation with you offline where we can talk about
23 you know our shared uhm, values and interests.

24 CHAIRPERSON LOUIS: Thank you Dr. Harrison. I
25 was going to ask additional questions but you just

2 answered it but I just wanted to share before we go
3 to the next member that has a question.

4 I just want to ensure that the evaluation process
5 makes bets moving forward as well as the procurement
6 process being as inclusive as possible but thank you
7 so much for answering the question. I will turn back
8 to Committee Counsel Sara Liss.

9 COMMITTEE COUNSEL: Thank you very much Chair and
10 we are going to very, very briefly turn to Council
11 Member Rosenthal who has one additional question and
12 then we will turn to the Chairs for closing remarks.
13 Thank you.

14 COUNCIL MEMBER ROSENTHAL: Thank you so much. I
15 appreciate that. Uhm, this is more of a yes, no.
16 Like there is no need to go into too much detail
17 about this but you know during the pandemic, uhm,
18 Department of Education set up a program for uh kids
19 for where they could go on days when they are not in
20 school. It's called uhm, Bridges to Learning and
21 Learning Leaders something like that. But we
22 discovered like four or five months ago that actually
23 there were no programs for kids with disabilities.
24 Uhm and you know, and then Department of Education
25 has been working on that. Along that same line, have

2 you know for kids with disabilities, they usually
3 have adaptive furniture that they use at school. Uhm
4 and for some kids with physical disabilities and I am
5 wondering whether or not you have been able to make
6 sure those kids have that same adaptive furniture or
7 devices at home.

8 The reason they have them at school is because
9 uhm, the city pays for them. But the city doesn't
10 pay for them if they are at home uhm and I just
11 wondered if you had any thoughts on that and I
12 promise not to ask any follow up questions.

13 DR. DAVE CHOKSHI: Well, thank you. I mean, it
14 is such a tangible and important you know thing to be
15 concerned about. I will be honest; I don't know the
16 answer to your question. We can check quickly to see
17 if Dr. Stevens does, if not we can coordinate with
18 our DOE colleagues to get you the answer to that.

19 DR. DANIEL STEVENS: Thank you Commissioner.
20 Thanks Council Member Rosenthal. We have been in
21 touch with District 75 office. They are aware of the
22 issue and as you said, working on it. We are
23 partnering with them but we don't have a set answer
24 in terms of applying in numbers moving forward. But
25

2 we will circle back and stay in touch with them and
3 circle back with you.

4 COUNCIL MEMBER ROSENTHAL: Thank you so much.
5 Thank you again Chair.

6 COMMITTEE COUNSEL: Thank you Council Member
7 Rosenthal and we will now turn back to Chair Levine
8 for any closing remarks. Chair, we can't hear you.

9 CHAIRPERSON LEVINE: Can you hear me now?

10 COMMITTEE COUNSEL: Yes.

11 CHAIRPERSON LEVINE: Great, there we go,
12 apologies. Uh, I want to thank you Commissioner
13 Chokshi and your senior leadership team for spending
14 the last two and a half hours with us and for your
15 work throughout this crisis. You heard from a lot of
16 our colleagues, concerns about the communities that
17 are falling through the cracks. This is part of a
18 decades long pattern. It proceeded this current
19 administration but nonetheless, it is something that
20 we must address. We must address it in vaccination.
21 We need more engagement including informal
22 contractual ways of community groups. We need more
23 vaccination sites on the ground in the communities
24 where vaccination is underrepresented. We need more
25 outreach of all sorts.

2 I know you agree with that but I just want to add
3 my voice to those expressing urgency on that
4 challenge and thank you again for the time you spent
5 here and for your leadership of the department.

6 Thank you so much Commissioner and to all the
7 team.

8 COMMITTEE COUNSEL: Thank you Chair Levine and we
9 will now turn to Chair Louis for any closing remarks.

10 CHAIRPERSON LOUIS: Thank you so much. I would
11 like to thank everyone who joined us on this joint
12 hearing today. With special thanks to the champion
13 and Health Committee Chair Levine for joining me
14 today and for having this hearing and all the
15 committee counsels and committee who worked
16 tirelessly to organize today's hearing.

17 Additionally, I want to thank you Commissioner
18 Chokshi and the DOHMH team for joining us, answering
19 questions and offering an opportunity to partner and
20 for the engage with my colleagues and I. Thank you
21 so much everyone.

22 COMMITTEE COUNSEL: Thank you Chair Louis and
23 that concludes this panel. We will now be taking a
24 five minute break before we return for the Office of
25 the Chief Medical Examiner. So, we will put five

2 minutes on the clock and we ask everyone to make sure
3 they are on mute during that time and we will see you
4 in five minutes. Thank you.

5 DR. DAVE CHOKSHI: Thank you all. I appreciate
6 the partnership and the leadership. Thank you.

7 [BREAK 2:24:35-2:32:47]

8 COMMITTEE COUNSEL: Thank you all for waiting.
9 We will now begin with our second panel, which will
10 be the Office of the Chief Medical Examiner and I
11 will turn briefly to Chair Levine to read some
12 opening remarks. Uh, Chair, we can't hear you.

13 CHAIRPERSON LEVINE: How about now?

14 COMMITTEE COUNSEL: Yes.

15 CHAIRPERSON LEVINE: Great, sorry about that.
16 Welcome back everyone. Again, I am Mark Levine,
17 Chair of the City Council's Health Committee. I am
18 pleased that we are joined by the OCME leadership.
19 It is great to see you Dr. Sampson and great to be
20 here with my wonderful Co-Chair in today's hearing
21 Chair Farah Louis.

22 We are going to be conducting a hearing that will
23 review the New York City Office of the Chief Medical
24 Examiners \$87 billion Fiscal 2022 Operating Budget.
25 We will also address the Medical Examiner related

2 performance indicators from the Fiscal 2021
3 Preliminary Mayor's Management Report.

4 And I want to start by thanking the entire OCME
5 team for what you have done for this city over the
6 past 12 months. I think your team is some of the
7 unsung heroes of this pandemic having gone through
8 absolutely grueling, grueling work to ensure that our
9 city has been able to deal with the unprecedented
10 number of decedents in a dignified and orderly way.

11 I know this has been tough on your team, so I
12 want to say thank you. What we have gone through as
13 a city was equivalent to ten times what the city
14 experienced in 911, which itself was considered an
15 unprecedented event. And we have now surpassed
16 30,000 people who passed away in the city and that
17 has put a tremendous strain on our system for
18 handling our dead and I hope that what comes out of
19 this is similar to what happened after 911 where we
20 reexamined our systems for dealing with events on the
21 scale as painful as that is.

22 There were many advances made post 911 OCME
23 adapted in many ways. Thankfully because we were
24 better able to meet the challenge of the COVID
25 pandemic. In a sense, our city is incredibly sound.

2 It was fortunate that we confronted the worst of the
3 crisis at a moment when the rest of the country was
4 not yet at a full blown crisis. And so, that allowed
5 us to absorb a lot of assets and staffing and
6 resources to manage the people who are passing away
7 here from other parts of the country and if we had
8 gotten hit by the worst at the moment when the whole
9 country was getting hit, that might not have been
10 possible.

11 And so, it is just one more reason why we need to
12 begin to prepare for how we can confront such crisis
13 if and when it happens again and I do see the Fiscal
14 Year 2022 Budget as the time to start that kind of
15 thinking but to continue to work to respond to the
16 COVID-19 pandemic which is not yet over. As we still
17 have I think about 50 people a day passing away but
18 also to look forward to the next pandemic and make
19 sure that we learn the lessons of this one and have
20 the resources in place to respond if heaven forbid we
21 have another catastrophe on this scale.

22 So, I am very much looking forward to hearing
23 from our Chief Medical Examiner on the impact of this
24 crisis on OCME. The lessons learned from the
25 pandemic and uh, the ways in which the city will have

2 capacity in place to deal with another such event if
3 it should come to pass. And I want to thank our
4 Committee staff for their hard work in preparing for
5 this hearing including Policy Analyst Anne
6 Balkan[SP?], Committee Counsel Harbani Ahuja and Sara
7 Liss and Financial Analyst Lauren Hunt.

8 And I think I am passing it back to you Committee
9 Counsel Sara Liss, is that correct?

10 COMMITTEE COUNSEL: Yes, thank you.

11 CHAIRPERSON LEVINE: For the affirmation. Okay,
12 great.

13 COMMITTEE COUNSEL: Thank you Chair Levine and
14 for this panel we will be joined by Dr. Barbara
15 Sampson Chief Medical Examiner, Dina Maniotis
16 Executive Deputy Commissioner, Dr. Jason Graham First
17 Deputy Medical Examiner, Robert Van Pelt Assistant
18 Commissioner of Administration and Alyssa Gianotti
19 Executive Director of Budget.

20 I will first read the oath and after, I will call
21 on each panelist from the Administration to respond.

22 Do you affirm to tell the truth, the whole truth
23 and nothing but the truth and to respond honestly to
24 Council Member questions? Chief Medical Examiner
25 Sampson?

2 BARBARA SAMPSON: I do.

3 COMMITTEE COUNSEL: Thank you. Executive Deputy
4 Commissioner Maniotis?

5 DINA MANIOTIS: Yes, I do.

6 COMMITTEE COUNSEL: Thank you. First Deputy
7 Medical Examiner Graham?

8 JASON GRAHAM: I do.

9 COMMITTEE COUNSEL: Assistant Commissioner Van
10 Pelt?

11 ROBERT VAN PELT: I do.

12 COMMITTEE COUNSEL: Alright, Executive Director
13 Gianotti? Okay, we will have to come back if we have
14 any questions. Dr. Sampson, you can begin your
15 testimony when you are ready.

16 BARBARA SAMPSON: Thank you. Good afternoon
17 Chair Levine, Chair Louis and the Members of the
18 Health Committee and the Committee on Health
19 Disabilities and Addiction. Thank you for the
20 opportunity to testify here today. We at the Office
21 of Chief Medical Examiner Value your leadership and
22 thank the City Council for its support of our mission
23 to serve the people of New York City during their
24 times of profound need.

25

2 I am Dr. Barbara Sampson the Chief Medical
3 Examiner for the City and my duty is to protect the
4 public health and to serve criminal justice through
5 forensic science. Attending with me are Dina
6 Maniotis, my Executive Deputy Commissioner and Dr.
7 Jason Graham the First Deputy Chief Medical Examiner.

8 As I have said each year during these hearings,
9 my personal mission is to build our medical examiners
10 office into the ideal forensic institution.
11 Independent, unbiased, immune from undo influence and
12 as accurate as humanly possible.

13 This year more than ever illustrates why this
14 city needs a strong medical examiners office. A fact
15 that this city has long embraced. When disaster
16 strikes, we are fully prepared to handle pretty much
17 everything from 911, the largest homicide in American
18 history to the COVID-19 pandemic.

19 I want to join Chair Levine and take this
20 opportunity to publicly recognize every member of my
21 OCME team. Our entire agency stepped up during this
22 difficult time and poured their hearts into serving
23 the people of New York City. They adapted quickly in
24 real time, tirelessly doing new tasks, all while
25 sustaining our core functions. I have been truly

1
2 impressed but not at all surprised by OCME's
3 dedication, inventiveness and perseverance.

4 The COVID-19 pandemic tragically represents the
5 largest mass fatality incident in modern New York
6 City history. Drawing for expertise, we develop post
7 911, New York City OCME led the city's response to an
8 unprecedented number of deaths by conducting medical,
9 legal investigations as well as serving as the city's
10 mortuary.

11 As the pandemic continues, so does our mission to
12 manage the dead with the respect and dignity they
13 deserve and in the service of our fellow New Yorkers.
14 The OCME was imminently prepared to respond to COVID-
15 19. Due to more than a decade of extensive pandemic
16 planning and preparedness.

17 Last March, as we were poised to become the
18 epicenter of the COVID-19 infections and deaths, our
19 agency surged all its forensic physicians, scientists
20 and technicians into full pandemic response
21 operations. To meet the demands of this
22 unprecedented public health emergency. Immediately
23 as the pandemic emergency was declared, the OCME
24 rapidly rolled out four disaster morgues and
25 seamlessly integrated approximately 700 federal,

2 state and city interagency resources into our teams
3 to effectively double the personnel of our agency and
4 surge our response capability.

5 By April 2020 at the direction of the Mayor, we
6 quickly dis-constructed a long-term storage disaster
7 morgue to allow families the time they needed to
8 grieve, to make final plans and to engage funeral
9 homes to affect their wishes for final disposition of
10 their loved ones. We will operate this facility as
11 the pandemic emergency response requires.

12 We continue to support New York City hospitals to
13 manage their deceased patients and mortuary capacity
14 issues by operating expedited and expanded medical
15 examiner transport team retrievals, establishing body
16 collection point operations and an interagency
17 taskforce to help run them.

18 During the height of the pandemic in April and
19 May, more than 130 so-called BCPs, Body Collection
20 Points were deployed to 55 hospitals and alternate
21 care facilities like the USN Comfort in the Javits
22 Center.

23 To quickly recover people who died at home, the
24 OCME established more than 30 interagency recovery
25 teams operating 24/7 to recover and transport

2 decedents from residences and nursing homes. In
3 response to the significant increase of fatalities,
4 the funeral industry responded beyond our
5 expectations. The OCME coordinated with all New York
6 City funeral directors to provide timely information
7 and gather feedback from them to appropriately adjust
8 our operations to best serve the families of the
9 deceased. Through these communications, we gauged
10 funeral director needs and provided resources.

11 The forensic medicine physicians serving as OCME
12 medical examiners have maintained their vital
13 function for New York City throughout the COVID-19
14 pandemic. In determining cause and manner of death
15 across all sudden unexpected or violent deaths
16 occurring in New York City, importantly including
17 deaths at home, the OCME played an early and
18 significant role in diagnosing COVID-19 and helping
19 identify its epidemiologic characteristics as it
20 evolved in our community. The hardest hit in the US
21 if not the world.

22 As testing became more broadly available, Medical
23 Examiners tested scores of individuals dying at home
24 or otherwise outside hospital settings, adding
25 confirmed diagnoses to the COVID-19 death toll.

2 During the height of the pandemic, when the OCME was
3 challenged with over 200 deaths either at home or
4 outside the hospital setting in a given day, that's
5 an approximately eight fold increase over our normal
6 pre-pandemic conditions. Our Medical Examiners took
7 the lead directing investigations teams 24/7 to help
8 manage the crisis and assure that families endure the
9 least hardship possible. This was in addition to
10 performing autopsies every day. With the advent of
11 the COVID-19 vaccines, the OCME also immediately
12 began surveillance investigation, examination and
13 autopsies in deaths following the administration of
14 the vaccine to help ascertain further information
15 about the vaccine safety.

16 So far, all very reassuring. While our
17 laboratories were temporarily suspended until June
18 2020, the laboratory teams were deployed to other
19 roles to assist the pandemic response. Some were
20 assigned to remote work while many were detailed to
21 various areas within the office to assist with the
22 overwhelming number of decedents in the city.

23 Scientists, technicians and clerical staff were
24 assigned communications, disaster mortuary tasks,
25 investigations and medical/legal investigations.

2 When the forensic toxicology laboratory, one of our
3 five labs suspended its work temporarily during the
4 pandemic, when they reopened in June 2020, there were
5 over 2,500 cases in process or backlogged. It was a
6 mammoth task to undertake with limited onsite staff.

7 To date, our staff have made significant headway
8 and completed 83 percent of all postmortem cases
9 submitted in 2020. And the lab is on track to close
10 all the remaining cases from 2020 by the end of March
11 2021.

12 Additionally, 100 percent of road traffic and
13 sexual assault cases from 2020 have been closed. In
14 2020, the lab also expanded their opioid testing
15 methods and added a new cocaine testing method as
16 well. During the calendar year 2020, the forensic
17 biology lab, another of our laboratories that was
18 temporarily suspended during our pandemic response,
19 received 12,987 requests for case assignments. This
20 compares to almost 16,000 case assignments in 2019.
21 A decrease of 21 percent. This decrease is partly
22 related to the citywide lockdown from the pandemic
23 during the spring of 2020.

24 During this period, the laboratory released
25 12,262 reports, compared with 16,841 reports in 2019.

1
2 And in 2020, our molecular genetics lab tested
3 hundreds of cases using an expanded 283 gene panel,
4 which targeted various diseases underlying sudden
5 unexpected natural deaths. Those testing results
6 provided answers to causes of sudden deaths
7 particularly in young individuals.

8 During the initial OCME pandemic response, the
9 molecular genetics labs suspended its testing
10 operations and those scientists worked primarily
11 evening and night tours, directly supporting medical
12 examiners responding to the increase in home and
13 hospital death investigations.

14 Beyond our role in the pandemic response perse,
15 various OCME physicians were honored to volunteer and
16 help directly administer the COVID-19 vaccine to
17 living patients. Which serves to reiterate the fact
18 that although the OCME deals routinely with death,
19 everything we do is for the living.

20 We exist to protect public health, serve criminal
21 justice and provide answers to families and the
22 community in times of profound need. The need in
23 this past year of the COVID-19 pandemic were never
24 before experienced and we hope will never be
25 experienced again.

2 I want to turn now to our Preliminary Budget.
3 The OCME has approximately 759 employees and an
4 operating budget of \$87 million of which \$87 million
5 is city tax levied.

6 At this point, I am happy to answer any of your
7 questions. Thank you.

8 COMMITTEE COUNSEL: Thank you very much and we
9 will actually begin with Chair Louis uh to ask some
10 questions.

11 CHAIRPERSON LOUIS: Sorry about that. Thank you
12 so much uhm, for that great testimony and Co-Chair
13 Levine had to jump off for a few minutes but I am
14 going to step in for him uhm, until he gets back.

15 So, uh, a few quick questions. The first one is
16 in regards to capacity. The pandemic definitely
17 forced New York to face an unexpected dilemma where
18 we had more deaths than capacity to store them. And
19 luckily we were able to get support from FEMA and
20 other states around the country.

21 We could have easily not have been so lucky, so I
22 just wanted to know from OCME, what are some lessons
23 you believe your agency learned through this
24 experience and does OCME feel New York City has the
25 appropriate storage uhm capacity?

2 BARBARA SAMPSON: Thank you for that question. I
3 want to start by saying that New York City is without
4 doubt the best prepared city in the United States for
5 mass fatality event. And this goes back to our
6 history with uh, 911 and even earlier than that.
7 Where we learn the importance of planning and in
8 fact, we had been planning for a pandemic for over a
9 decade. And most recently, in 2016, those plans were
10 revised in a number of ways including accounting for
11 handling of Ebola uh deaths which might have occurred
12 at that time in New York City. Unfortunately, it did
13 not.

14 Uhm, but what we learned is how important it is
15 to plan. And while uh, when the COVID-19 pandemic
16 struck, we were prepared. Now you mentioned the use
17 of our federal resources uh and state resources like
18 the National Guard and indeed, I am forever grateful
19 to their help. Uhm, but we had planned for exactly
20 this and we brought them into the was a lot of hard
21 work. And I also want to stress, not once they were
22 here integrating them into our operation was a great
23 challenge and was only accomplished because of the
24 terrific leadership that I am fortunate to have in a
25

2 mass fatality management as well as all the areas
3 that were impacted in the pandemic.

4 So, integrating these resources and as I
5 mentioned in my testimony, effectively doubling the
6 size of the agency with 700 additional resources,
7 many of which had no previous experience doing the
8 kind of work that we do. That was a monumental task
9 and it was because we were so well prepared and had
10 planned and trained that we were able to do this.
11 Planning and training was also key with our being
12 able to work with hospitals and funeral directors.

13 We had actually exercised the pandemic response
14 with them just in December of 2019. So, when it had
15 dropped in the Spring, we were ready with the plans
16 for the body collection points and the hospitals
17 responded beautifully and new what to expect as did
18 the funeral directors and as I mentioned, I am simply
19 so pleased by the way that they were able to respond
20 to this absolutely unprecedented situation.

21 CHAIRPERSON LOUIS: Thank you Dr. Sampson and it
22 is good to hear that the planning and the training
23 happen in advance of the pandemic because it
24 definitely would have been worse if your agency
25 wasn't ready, so thank you for all you do.

2 Just a quick question, just to follow up on what
3 we are discussing. On a normal year, what percentage
4 of OCME storage is utilized and what is that total
5 number of – what was the total number of deceased
6 that can be stored all at one time?

7 BARBARA SAMPSON: So, uh, in our fixed
8 facilities, uh, we have a storage for approximately
9 1,000 deceased. In pre-pandemic times, we ran about
10 an 80 percent capacity. Uh, now of course with the
11 pandemic, we ramped up dramatically and we have
12 sufficient capacity to handle you know what ever may
13 occur.

14 CHAIRPERSON LOUIS: Is the storage facility at
15 Brooklyn Waterfront, is this permanent?

16 BARBARA SAMPSON: Uh, no, it is not permanent.
17 Uh, we established it particularly for the pandemic
18 emergency response and we will continue operating it
19 during that response as it is needed.

20 CHAIRPERSON LOUIS: And how many uh decedents are
21 still stored at the Waterfront?

22 BARBARA SAMPSON: Uh, there are currently
23 approximately 780 decedents there.

24 CHAIRPERSON LOUIS: And how many deceased are
25 still unclaimed in all of OCME's mortuaries?

2 BARBARA SAMPSON: So, in a regular year, the OCME
3 cares for about 10,000 deceased. When particularly
4 the Medical Examiner cases come in, they are
5 initially unclaimed but then as our – we make
6 communication with families and loved ones, they
7 quickly become identified and they are then ready for
8 pickup by the funeral directors.

9 So, in a normal year, about 1,200 of those 10,000
10 decedents are sent to a city burial at Heart Island.
11 And of those 1,200, about 60 percent of them go to
12 city burial because that is the option that their
13 family chose. And so, in about 40 percent of those
14 cases, they are unclaimed. And so, in a normal year,
15 that's a little bit under 500 unclaimed people per
16 year.

17 Now, specifically talking this year with regard
18 to the pandemic, I mentioned uh, that in long-term
19 storage we have about 780 people with us currently
20 and approximately 300 of those are likely to be
21 unclaimed.

22 CHAIRPERSON LOUIS: Okay and that's not the
23 amount of folks that are buried at Heart Island for
24 2020 right?

2 BARBARA SAMPSON: Correct. The number of people
3 buried at Heart Island since the beginning the
4 pandemic is about 2,000. But remember the majority
5 of those we were in communication with families and
6 they wanted their loved one to go to city burial.

7 CHAIRPERSON LOUIS: Thank you for that. Uhm,
8 just a few questions on staffing. Does OCME feel
9 that they have the adequate number of staff in the
10 current Fiscal Year and Fiscal Year '22?

11 BARBARA SAMPSON: Uh, yes we do. We are still
12 very busy. Our workload is probably two to three
13 times normal but we still have a sufficient staff and
14 any time we do run into a need, we work closely with
15 uh, OMB and you know we have received everything that
16 we have needed for our pandemic response. And I am
17 very grateful to that.

18 CHAIRPERSON LOUIS: And are there any positions
19 that OCME has difficulty retaining, recruiting or
20 hiring?

21 BARBARA SAMPSON: Uhm, the uh overall, our
22 attrition rate is quite good. One of the areas where
23 it is more difficult is with our medical/legal
24 investigators. These are highly trained people you
25 know with specific forensic expertise. Hard to come

2 by and also, it is a very difficult job. Uhm, so
3 that is an area where uh, uh, we are always looking
4 for uh good investigators and we work closely with
5 OMB to fill those critical needs when they occur.

6 CHAIRPERSON LOUIS: Great. Last question, just
7 quickly on overdose as we are transitioning from the
8 previous panel. What are the reasons and what are
9 the reasons and the number of overdose deaths that
10 cannot be documented in real time?

11 BARBARA SAMPSON: Uh, so, the number of overdose
12 deaths in New York City has long been of very great
13 concern to us with the opioid epidemic pre-pandemic.
14 And we have done a lot of work in this area to
15 increase our ability to know about these cases in
16 real time. So, I entirely agree with you, that is
17 critically important to work with our partners both
18 in public health and in Law Enforcement on these
19 important issues.

20 Dr. Jason Graham the First Deputy Chief Medical
21 Examiner has been leading these efforts for over five
22 years now and I would like him to speak to that
23 point.

24 DR. JASON GRAHAM: Thank you Chair for that
25 question. Uh and following Dr. Sampson's words, we

2 certainly share the concern that was expressed with
3 the Health Commissioner in the previous panel. And
4 recognize the importance of real time or as close to
5 real time data around drug overdose fatalities as is
6 possible.

7 In order to confirm that a death is a drug
8 overdose death, that requires toxicology testing.
9 Forensic toxicology testing uh, from samples. From
10 someone who has died, generally a blood sample. That
11 is complex testing that takes time and must meet all
12 the forensic standards that are required for those
13 test results to stand up in court. Uhm and that does
14 take time.

15 Uhm, the question as to whether or not real time
16 data is available, uhm, is largely dependent of our
17 investigations of these deaths. And we recognize
18 that we have a lot of information based on
19 investigation upfront. And we have started reporting
20 now for roughly five years to our public health and
21 public safety partners around suspected overdose
22 deaths.

23 Uhm, these are not confirmed. These are
24 preliminary data and the Health Department is the
25 official keeper of the confirmed numbers of overdose

2 fatalities citywide but we recognize the importance
3 of real time actionable data for our partners in the
4 midst of the opioid epidemic that we were suffering
5 from before COVID came along.

6 CHAIRPERSON LOUIS: Thank you Dr. Graham for that
7 response. I am going to turn it back to Committee
8 Council Sara Liss.

9 COMMITTEE COUNSEL: Thank you very much Chair
10 Louis and I see that Council Member Rosenthal has a
11 question. So, we can turn back to Council Member
12 Rosenthal now.

13 SERGEANT AT ARMS: Your time will begin.

14 COUNCIL MEMBER ROSENTHAL: Thank you, sorry about
15 that. Uhm, thank you so much. I had a couple of
16 questions about capital but I just want to quickly
17 take care of one question Dr. Sampson and it is nice
18 to see you and thank you for all your work during
19 this horrible crisis.

20 Uhm, but it is about rape kits and uhm, the issue
21 of timing for how quickly they get back to the NYPD
22 Special Victims division. And there were a couple
23 cases recently where one uh, rape kit got back after
24 three days and one was two weeks.

2 Uhm, I could be exaggerating on the three days,
3 it was just that it like came back soon and but the
4 two weeks was like too long uhm for this case.
5 Because they wanted to pick up the perpetrator which
6 they eventually did. But uhm, I am wondering if
7 maybe you know this crisis, the pandemic has effected
8 OCME's ability to quickly turn around rape kits? And
9 also, I am wondering, is there a way for us to come
10 up with a mechanism whereby we could track a rape kit
11 from your office and then knowing that it shows up
12 over at NYPD and the amount of time that elapses.

13 So, in other words, when you do the rape kit and
14 it is filed, number one, two, three, four, five, six
15 and then NYPD would know when they get you know kit
16 one, two, three, four, five, six? Do you know what I
17 am trying to get at?

18 BARBARA SAMPSON: I think so. Uhm, well, let me
19 first say that during the time period that the labs
20 were closed because of the pandemic, we were still
21 open and doing any kind of crime that was effected by
22 — that the police told us would effect public safety.

23 So, we were not completely shut down. We were
24 doing cases all that time. Uh, now, we are always in
25 uh communication with the police and the DA's office

2 about prioritizing certain cases. So, I am going to
3 speculate that perhaps one of the – the case that was
4 done quicker might have been called into us as a
5 higher priority case than another case.

6 Okay, I am glad – I would be happy to look into
7 the specifics of those –

8 COUNCIL MEMBER ROSENTHAL: Oh, no, I don't really
9 care. I mean, it's just, I hear what you are saying
10 but how can we come up with a tracking system so –
11 and really what I care about is the advocates who
12 called me and say, NYPD is saying they never got a
13 rape kit from OCME or you know, there is some of this
14 you know, let's bring in the other person. Uhm and
15 saying that the DA's office.

16 BARBARA SAMPSON: Well, certainly, we very
17 carefully monitor exactly the timing of when the kit
18 arrives with us and when the testing is complete and
19 when the report is written, which is to us, the
20 ultimate you know, the closure of the case. We both
21 have a point of view of course.

22 Uh and so that information is available. We can
23 certainly look into the tracking of the actual kits
24 themselves, if that's something that or would be of
25

2 value. That's not something I think I have concerned
3 before but I am happy to look into it with you.

4 COUNCIL MEMBER ROSENTHAL: Oh, that would be
5 great.

6 BARBARA SAMPSON: Sure.

7 COUNCIL MEMBER ROSENTHAL: So, we will talk about
8 that offline. Awesome, thank you. And then, I do
9 have - thank you for that. I do have a couple of
10 capital related questions, so I just want to get on
11 the record.

12 BARBARA SAMPSON: Hmm, hmm.

13 COUNCIL MEMBER ROSENTHAL: Are there any
14 significant capital projects in the Fiscal 2022
15 Preliminary Plan that will help build up OCME's
16 infrastructure to handle this similar high demand in
17 the future?

18 BARBARA SAMPSON: Right, the one part that is in
19 the plan has to do with the new pathology center for
20 Manhattan. This is a project that we were actively
21 working on before the pandemic to identify - we are
22 very close to identifying a space for it. Working
23 with our Deputy Mayor but of course, with the
24 pandemic, our attention entirely shifted and I look
25 forward to working on that again very soon.

2 But in the plan for that building, is increased
3 storage for decedents but with that said, if we ever
4 God forbid experience something like we experienced
5 in this spring, we are going to have to establish
6 again uh, temporary sites for storage. It is just
7 not feasible.

8 SERGEANT AT ARMS: Time is expired.

9 COUNCIL MEMBER ROSENTHAL: Right, right. And
10 Chair, may I continue with the capital questions?

11 CHAIRPERSON LOUIS: Yes.

12 COUNCIL MEMBER ROSENTHAL: Thank you. Uhm, I am
13 not lying uhm, I am wondering if it would be worth
14 purchasing our own fleet of registered refrigerated
15 trucks?

16 BARBARA SAMPSON: So, we actually did purchase I
17 believe 62, something like that, trucks during the
18 course of the pandemic and we will be retaining some
19 of those in the event of another emergency and
20 relinquishing the rest.

21 COUNCIL MEMBER ROSENTHAL: Okay, I uhm, you may
22 have answered this question already. So, forgive me
23 if you just answered this, but what is the status of
24 the new Medical Examiner facility? And is there an
25 updated timeline for completion?

2 BARBARA SAMPSON: Right, as I just said,
3 unfortunately yeah, no, the uhm, uhm, we were well
4 into the process of identifying a site for the new
5 pathology center in Manhattan. Working closely with
6 the Deputy Mayor and then the pandemic hit and
7 obviously all our resources turned to that. But I
8 look forward to restarting that you know as soon as
9 possible and you know, we will definitely uh, you
10 know it is one of my highest priorities after the
11 pandemic.

12 COUNCIL MEMBER ROSENTHAL: Oh, okay. So, you are
13 still identifying a location?

14 BARBARA SAMPSON: Uh, yes, we have not yet.

15 COUNCIL MEMBER ROSENTHAL: Is there anything at
16 the current location that uhm is just too outdated
17 that gets in the way of your successfully completing
18 the task?

19 BARBARA SAMPSON: So, the building at 520 First
20 Avenue is uh, still functional. And so, there is
21 nothing about it that precludes us from doing what we
22 have to do and in the event that something
23 catastrophic did take place here, we have plans to be
24 able to relocate to our other facilities temporarily
25

2 uh, to accommodate you know, any kind of emergency
3 that might happen.

4 COUNCIL MEMBER ROSENTHAL: Okay and for the new
5 facility, will it uh, impact the number of staff you
6 will need?

7 BARBARA SAMPSON: Uh, no. The staff should be
8 the same in the new facility. It basically is going
9 to be uh, you know a similar size uhm with like I
10 said, a little bit more storage but other than that,
11 I don't think - I mean, we don't need additional
12 personnel to accommodate that.

13 COUNCIL MEMBER ROSENTHAL: Okay, great. I think
14 that's it and I am going to take you up on that offer
15 to talk offline. I appreciate it.

16 BARBARA SAMPSON: Please do. Of course.

17 COUNCIL MEMBER ROSENTHAL: Thank you Chair.

18 CHAIRPERSON LOUIS: Uhm another quick question
19 Dr. Sampson. What is OCME doing to inform families
20 of decedent's about federal and state funding
21 programs? Kind of like the FEMA program.

22 BARBARA SAMPSON: Uh, so, the FEMA program as I
23 understand it provides reimbursement to families for
24 burial costs related to those who died in the first
25 wave. So, we don't have any ongoing insight into

2 what is going on with those families at this point.

3 Uhm, perhaps HRA would know more about that.

4 But as far as other resources for example, from
5 the city, we refer any family that - first of all,
6 let me say, we spend a lot of time talking to
7 families at many levels uh, from our investigators
8 who go to the scenes to our Medical Examiners who
9 explain their findings and answer questions. For
10 medical questions for families and in addition, with
11 the outreach and identification units to help people
12 through the process of working with a funeral
13 director to accomplish a final resting place for
14 their loved ones.

15 Uhm and in that process, if it comes up that it
16 looks like there is a financial issue with regard to
17 burial, we will make that referral to HRA and they
18 take it to the family to go to HRA and they take it
19 from there.

20 CHAIRPERSON LOUIS: And are there any other
21 barriers to accessing burial services that you want
22 to share with us today?

23 BARBARA SAMPSON: The uh, you know certainly the
24 financial barriers are one and I think that this
25 program with HRA is very effectively uhm dealing with

2 that. Uhm, other than that, you know when we work
3 very personally with every family, so depending on
4 what their situation is, we might make a different
5 type of referral.

6 So, for example, if a person maybe foreign borne,
7 we would work with a consulate or other public uhm,
8 uhm, you know other assistance programs that might be
9 community-based or faith-based. You know as
10 appropriate and we have access to you know a lot of
11 information about such programs that we share with
12 families.

13 CHAIRPERSON LOUIS: Thank you for that, it is
14 helpful. Uhm, you mentioned discovery loss, so I
15 just want to touch on that a little bit.

16 Uhm, in Fiscal 2020, OCME was in the process of
17 adding staff, technology and protocols to access new
18 speedy trial and pre-trial discovery reforms. So, I
19 just wanted you to share with us what is the current
20 status of the expansion to meet this new demand?

21 BARBARA SAMPSON: Yeah, so, we - before the
22 pandemic, we were working very hard on that and we
23 uh, did - went quite far in accomplishing setting up
24 what we are going to need for - to comply with all
25 the discovery laws. Uh, however, during the

2 pandemic, the courts have slowed down significantly
3 if not you know have been totally closed. So, that
4 really hasn't impacted us yet but we are ready to
5 resume when the courts are resuming, which I think
6 will be shortly. They will gradually ramp up over
7 the next few months.

8 CHAIRPERSON LOUIS: Great. So, does the current
9 funding for staff in technology meet the increased
10 demand?

11 BARBARA SAMPSON: Yes, we were funded for new
12 needs the previous year and we have gotten a lot of
13 that into place and we are sufficiently funded at
14 this time to meet what we anticipate will be the
15 demand shortly.

16 CHAIRPERSON LOUIS: Alright, thank you. Uhm and
17 Dr. Graham mentioned this earlier but I want to
18 quickly ask again. OCME's toxicology and DNA labs
19 were closed for three months. So, due to the
20 pandemic for three months.

21 So, what was the total number of cases when the
22 lab reopened? And where is OCME in the backlog of
23 those cases?

24 BARBARA SAMPSON: Yes. So, for the toxicology
25 lab first. The peak in the backlog was about 2,500

2 cases. That was last summer. And now, 83 percent of
3 the 2020 cases have been done totally and by the end
4 of March they will entirely be done. So, there will
5 be no more, all the 2020 cases will be finalized.

6 Now I am speaking about toxicology from
7 autopsies. Where the lab is also responsible for
8 uhm, toxicology testing from a road traffic accidents
9 and sexual assault cases and those cases have from
10 2020, have entirely been closed as well. So, they
11 did a tremendous job catching up.

12 Now turning to forensic biology, the backlog just
13 speaking overall for all crime types, the backlog was
14 approximately 2,000 cases at its peak.

15 Keep in mind though that 66 percent of that is
16 property crimes. We always prioritize crimes against
17 people over property. So, it is going to take us
18 probably a few more months to get back to our pre-
19 pandemic levels and our pre-pandemic turnaround
20 times. We work closely with the DA's and the NYPD
21 and they have not - uh, we keep them informed of our
22 turnaround times and they haven't reported any
23 problem related to this.

24

25

2 CHAIRPERSON LOUIS: Alright, that's all the
3 questions I have. Thank you so much. I will kick it
4 back to Committee Counsel Sara Liss.

5 BARBARA SAMPSON: Thank you.

6 COMMITTEE COUNSEL: Thank you very much Chair
7 Louis. And Chair Levine, we will turn to you now for
8 questions.

9 CHAIRPERSON LEVINE: Well, thank you for your
10 outstanding line of questioning Chair Louis and I
11 think you have to leave shortly but I am just
12 grateful to have a chance to partner with you in this
13 hearing and look forward to many, many more like
14 this.

15 Dr. Sampson, I said it in my opening remarks but
16 I just want to reiterate, uhm, my gratitude to you
17 and your team and the agency for what you have done
18 for us over the past year. I don't know if the
19 public fully appreciates just how difficult the jobs
20 that so many of you have done and how you have done
21 it with such professionalism.

22 I had a chance to tour your facilities, to meet
23 your team, to see your team in action. So, I feel I
24 can say this with some authority. So, thank you
25 again for that.

2 Uhm, looking forward, I am wondering what lessons
3 we have learned about the need to rapidly expand
4 capacity to manage our deceased in events such as
5 this. And whether we should be expanding uhm, the
6 amount of cold storage, uh, now the staffing reserve
7 or equipment to trailers, vehicles and other things
8 that we have on hand so that we can ramp up quickly
9 if heaven forbid, we face a similar crisis again.

10 Do you feel that uhm, this crisis necessitates
11 that kind of expansion and capacity on a permanent
12 basis?

13 BARBARA SAMPSON: I think what this proved to us
14 is how important our planning has been to create a
15 successful result that we got during this pandemic.

16 Uh, and that planning should definitely continue.
17 As far as particular resources, uh, we acquired a
18 number of resources during this pandemic. For
19 example, refrigerated trailers and other related
20 appointments. Some of that, we will hand on to, so
21 that we will be able to even more quickly respond
22 should there be another event that requires such a
23 response and some of it we will relinquish. But I
24 think having gone through this, we have really
25 learned how important that planning is and that is

2 where we are going to continue to concentrate. And
3 working with our partners so that we can, as we did,
4 rapidly expand if we need to.

5 CHAIRPERSON LEVINE: Thank you. There is a
6 growing amount of assistance, financial assistance
7 available to families for burial if they don't have
8 the resources for that. And it is extremely
9 important but it seems that in many cases, families
10 are not aware of programs from FEMA and elsewhere and
11 I wonder if you could talk about the number of
12 families who are taking advantage? I mean, the
13 city's programs through HRA or other sources of
14 assistance and what, either your agency or other city
15 agencies are doing to make sure that every family
16 knows they have these resources if they need them?

17 BARBARA SAMPSON: Uh, our interaction with
18 families occurs at multiple levels. With
19 investigations, uh, with the Medical Examiners and
20 then with our people who work in the identifications
21 area where they work with families or for a long
22 period of time often, working with them to achieve
23 the final disposition of their loved one.

24 During those conversations, if a need for
25 financial assistance comes up, we routinely refer

2 them to HRA, so that they can take advantage of the
3 financial assistance through HRA. And then in
4 addition, as we are talking to them, it may come up
5 that other resources are potentially available. It's
6 all you know, dependent upon what that particular
7 family needs.

8 For example, if a family in our discussion turns
9 out to be a veteran, there is a whole slew of
10 opportunities for them there. If faith-based
11 organizations, community-based organizations. So, we
12 try to customize what we recommend to each family as
13 they need it. But we work very hard to assure that
14 they have the information that they need.

15 CHAIRPERSON LEVINE: Thank you. Commissioner,
16 last June there was reporting that the Health
17 Department had been examining officer involved
18 deaths, police officer involved deaths. Looking at a
19 more comprehensive sort of criteria for classifying
20 deaths as being in some way police involved and it
21 emerged that uhm, based on press reports that they
22 were able to find that there were some instances in
23 which uh, uh, a New Yorker who died in a police
24 related incident wasn't classified as such.

2 And I am wondering now uh, nine or ten months
3 later, whether there has been any chance in the
4 system for classifying such deaths? I understand
5 that uhm, your agency might not determine the
6 protocols but I would like to understand if we are
7 still status quo? Whether any changes are in the
8 works? And if you could just give us an update on
9 this issue?

10 BARBARA SAMPSON: Of course, yeah. So, uhm, the
11 Medical Examiner part of this is very focused on
12 determining the cause and manner of death. When the
13 death is at the hand of a police officer, that does
14 in fact go on the death certificate.

15 We say for example, in a police involved
16 shooting, that the cause of death is say a gunshot
17 wound to the head and then we will call it a homicide
18 and then write, shot by police. So, it is very
19 obvious on the death certificate.

20 The areas where it gets a little bit more
21 complicated is if the death occurs in say, in police
22 custody or something like that and the actual fact
23 that they are in custody, doesn't play directly into
24 the cause of death.

2 So, say someone dies of a drug overdose while
3 they are in police custody. That would not
4 necessarily be reported on the death certificate.
5 However, that information is available in all our
6 data and you know, can certainly be categorized and
7 followed up.

8 So, that's an area I think now that we are after
9 the pandemic now, uh, we should look at again with
10 Department of Health and see if we can be even more
11 transparent, where the information exists. It's just
12 a matter of putting it into a form that can be easily
13 accessible.

14 CHAIRPERSON LEVINE: Okay, thank you and in the
15 past, we have spoken about your challenge in
16 retaining some staff in certain categories because of
17 uhm, a real salary differential. Uhm people frankly
18 are just a lot more I the private sector or at the
19 voluntary hospital's for example and two titles where
20 I recall this has made an issue over the years are
21 the medical/legal uhm experts and your pathologists.

22 And I wonder if you could give us an update on
23 how retention is going in those areas? And whether
24 we need to increase the salaries so that we can
25 compete with the private employers?

2 BARBARA SAMPSON: So, let me first speak to the
3 Medical Examiners. We worked very closely with OLR
4 and OMB a few years ago. Realizing that there was
5 going to be a crisis here in New York City. There is
6 a nationwide shortage of Medical Examiners. There is
7 only about 500 Medical Examiners, Board Certified
8 Medical Examiners in the entire United States and 35
9 of them work here.

10 So – and unfortunately, many of them are my age
11 or older and you know, looking toward a retirement
12 and uh, we wanted to ensure that OCME had a
13 sufficient number of Medical Examiners and a pipeline
14 to make sure that we had continued a number of
15 Medical Examiners for the future.

16 So, we did work with as I said, with OLR and OMB
17 and DC and the Medical Examiners Union to negotiate a
18 raise for them and a retention plan as well, which
19 has worked marvelously. It bought us the time –
20 first of all, Medical Examiners did not leave because
21 we are much more competitive than we were previously.
22 And beyond that, it gave us a chance to expand
23 further our Medical Examiner training program, our
24 fellowship program where we basically create our own
25 Medical Examiners. We train young doctors, young

2 pathologists to become medical examiners and we
3 increase that program from historically a number of
4 about four per year to now five or six per year.
5 Also using grant funds to do that.

6 So, we have a wonderful cadre of young Medical
7 Examiners now who are very eager to stay on in New
8 York City and serve the people of New York. So, that
9 problem, I think for now is in good hands.

10 The medical/legal investigators, we also a few
11 years ago, made changes to the title spec exactly off
12 the requirements for medical/legal investigators and
13 that has really helped us. We increased the number
14 of pool of applicants by doing that and we had some
15 excellent, excellent applicants from all over the
16 country with a lot of experience in death
17 investigation and they have joined us.

18 Unfortunately, it's uh, we have attrition in this
19 area recently. You know it is a very hard job and it
20 is still a very specialized expertise. And you know
21 we are working again with OMB to try to replace this
22 vital resource with us.

23 CHAIRPERSON LEVINE: Thank you. I know you had
24 a good discussion with Chair Louis on the 780
25 decedents that are being stored in the Brooklyn

2 facility. I wonder if there is a certain point at
3 which you will not be able to store them indefinitely
4 and then, might perhaps either venture them at Heart
5 Island or look for another long-term solution?

6 BARBARA SAMPSON: Uh, yes. The storage in
7 Brooklyn is part of our pandemic response and we will
8 keep it as long as it is necessary but eventually,
9 yes, the decedents who are there who are unclaimed,
10 will eventually go to city burial.

11 CHAIRPERSON LEVINE: Can you speculate on the
12 timing for that?

13 BARBARA SAMPSON: Uh, I think that would be very
14 unwise given what's going on in the city. You know
15 with the - I remain internally optimistic but we
16 prepare always for the worse. With the variance that
17 have been identified, you know, I am not sure uh, uh,
18 in what direction we are going right now. The number
19 of cases you know has been going down. The deaths
20 have pretty much plateaued at higher level than we
21 saw pre-pandemic.

22 And so, I think there is still too many variable
23 to be able to give a timeline for that.

24 CHAIRPERSON LEVINE: Am I right Dr. Sampson, in
25 the pre-pandemic, we saw about 225 deaths on a normal

2 day on average uhm, and would be at about 275 or 300
3 today? Could you give us the -

4 BARBARA SAMPSON: I think that's- uh, yeah, we
5 are at about you know give or take anywhere, I think
6 it is - I don't have the latest right in front of me
7 but we are ranging between 60 to 100 COVID related
8 deaths or a possible, you know depending on the day
9 of the week.

10 And uh, and then the number of out of hospital
11 fatalities that we are seeing is also much higher
12 than normal. So, on normal pre-pandemic, we had
13 about 25 per day and you know during the pandemic was
14 much, much higher than that.

15 Recently, it was more around 50 per day.
16 Unfortunately, that has been trending down but it is
17 still higher uh, then it was you know -

18 CHAIRPERSON LEVINE: Yes, if I recall, the peak
19 of the spring, uh, when we were just in the works of
20 the crisis, there were well over 200 people who were
21 passing away at home or outside of the hospital
22 setting. Of course, it was very, very disturbing.
23 Uhm, as compared to 25 a day normally and it sounds
24 like you are telling us that it is about 50 a day or
25 so now which is much less.

2 BARBARA SAMPSON: Much less and more recently,
3 it's trending downward. So, in the last few days it
4 has been you know, in the 30's or 40's but it still
5 hasn't come down back to baseline.

6 CHAIRPERSON LEVINE: But would that difference
7 still be attributed to COVID deaths or maybe people
8 who just couldn't access medical care because we are
9 still in somewhat of a crisis situation?

10 BARBARA SAMPSON: Uh, you know it is hard to say.
11 Any case that comes to us, whether it is a Medical
12 Examiner case or a just for claim, you know we are
13 holding basically the body until the family makes
14 their decision. If there is any history of a
15 possible COVID type illness, we are testing that, so
16 we will know about those - if those are COVID related
17 or not but my sense is that there is still a baseline
18 from deaths from other causes in that group.

19 CHAIRPERSON LEVINE: And can you tell us Dr.
20 Sampson about any change in the number of deaths we
21 are seeing out of nursing homes? One would hope that
22 with vaccination, there has been a dramatic number
23 there. Do you have numbers on that or even an
24 estimate?

2 BARBARA SAMPSON: Uh, no, you know, we really
3 don't because nursing home fatalities don't fall
4 under our jurisdiction in general. They are natural
5 deaths and our role with the nursing homes during the
6 pandemic was simply to help them with deceiving
7 management. Most nursing homes have no morgue space
8 or very little morgue space because routinely they
9 don't need it. When someone passes, a funeral
10 director goes to the nursing home, picks it up,
11 doesn't involve us whatsoever.

12 During the pandemic of course, they needed our
13 assistance for fatality management and we did pick up
14 an increased number of decedents from nursing homes
15 but that has you know, decreased dramatically. So,
16 we have no insight into those kinds of numbers.

17 CHAIRPERSON LEVINE: And similarly, can you offer
18 an estimate on the change or increase in the number
19 of overdose deaths?

20 BARBARA SAMPSON: Uh, yes, I am going to uh refer
21 that to Dr. Jason Graham who is our — from the
22 beginning of the — before the pandemic, we have been
23 very concerned about overdose deaths in New York City
24 with the opioid epidemic and we put into place things
25 that we could do to help inform our partners in real

2 time about overdose deaths, not waiting for the final
3 toxicology reports. And Dr. Graham will speak to
4 that.

5 JASON GRAHAM: Yes, thank you for that question
6 Chairman Levine. The procedure Dr. Sampson was
7 referring to providing real time information is
8 around suspected overdose deaths. To get confirmed
9 final drug overdose data, we have to wait for
10 toxicology results to come back to determine what
11 drugs were involved and at what levels and those
12 official numbers are kept by the Health Department
13 when they become available. But we again, recognize
14 the needs of this real time data.

15 We have been following suspected drug overdose
16 data for going on five years now and we have seen
17 that our suspected overdose data follows very closely
18 with what is ultimately confirmed drug overdose death
19 data. And so, uhm, while as the Commissioner
20 mentioned, there was a in the first quarter of 2020,
21 an increase. We've seen variability in the number of
22 drug overdose deaths during the height of the
23 pandemic with you know a slight decrease, but then a
24 return to some level of increase for the later part
25 of this year. And again, this is preliminary

2 information. This is based on suspected overdose
3 data, suspected drug overdose cases that have to be
4 confirmed with the appropriate toxicology testing and
5 that's data that will come later from the Health
6 Department.

7 CHAIRPERSON LEVINE: We will be anxious to follow
8 that number from the public health perspective.
9 There is a lot of alarm over just the inability to
10 deliver adequate services to people who are
11 struggling with addiction and a lot of other factors
12 that we think contribute to an increase of overdose.

13 So, we will be watching that data closely. And
14 finally, I would like to ask Dr. Sampson on the
15 capital front, you are in a very old building. I
16 forget when it was build but what is that from the
17 60's or something? Maybe even before.

18 BARBARA SAMPSON: Yeah, I think so.

19 CHAIRPERSON LEVINE: Uh, uh, and it may have been
20 state of the art at that point but I think it is a
21 real challenge for you now. What are the plans uh
22 and to what extent is it in the capital plan to
23 modernize or replace that fairly outdated building?

24 BARBARA SAMPSON: So, as you know, the
25 replacement or finding a new pathology center has

2 been very important to me and we were working very
3 closely with our Deputy Mayor before the pandemic in
4 settling on a site for the new building and
5 unfortunately the pandemic prevented us from going
6 any further at that point as we turned all of our
7 attention to that and I look forward to working again
8 on this project with the Deputy Mayor.

9 As far as funding is concerned, I know we have a
10 commitment for you know, a new pathology center and I
11 look forward to working further on that.

12 CHAIRPERSON LEVINE: Do you know how much that's
13 budgeted for in the Capital plan?

14 BARBARA SAMPSON: Right now, there is just a
15 place holder in there for a half a million dollars or
16 something like that.

17 CHAIRPERSON LEVINE: Half a billion maybe?

18 BARBARA SAMPSON: I wish I could say a billion.
19 Uh, no, that's just the placeholder, clearly that is

20 -

21 CHAIRPERSON LEVINE: Got it. Okay, well, this is
22 extremely important. Particularly as I mentioned
23 before as we envision shoring up our system for
24 future disasters. Uh, we will continue to fight for
25 you both on the budget front and on the siting front.

2 I think this is really important for the future
3 of the city to get this one done. So, thank you.
4 That's all my questions. Thank you again Dr. Sampson
5 and to your leadership team and to the agency for the
6 work that you continue to do.

7 BARBARA SAMPSON: Thank you so much.

8 CHAIRPERSON LEVINE: And I will pass it back to
9 our Committee Counsel.

10 COMMITTEE COUNSEL: Thank you Chair Levine. Uhm,
11 and I believe Council Member Rosenthal has questions,
12 so we will turn it to her now.

13 SERGEANT AT ARMS: You time will begin.

14 COUNCIL MEMBER ROSENTHAL: There we go, thank you
15 so much. I just realized that I have to ask you this
16 question. Uhm, Dr. Sampson and I neglected to ask it
17 before. Uhm, what did you think of the daily podcast
18 about the lonely case of George Bell? Have you heard
19 it?

20 BARBARA SAMPSON: I - I don't believe I - if I
21 had, it's a while ago. How long ago did it come out?

22 COUNCIL MEMBER ROSENTHAL: Just this week.

23 BARBARA SAMPSON: Just this week, oh, I have not,
24 I have been preparing for this. I haven't heard it-
25 I would love to.

2 COUNCIL MEMBER ROSENTHAL: Yeah, you have to
3 listen to it. It's on the Daily.

4 BARBARA SAMPSON: On the Daily, okay.

5 COUNCIL MEMBER ROSENTHAL: And I think it makes
6 OCME look pretty good.

7 BARBARA SAMPSON: Oh, well, thank you for that
8 and I look forward, I will do it right after this
9 hearing. Thank you.

10 COUNCIL MEMBER ROSENTHAL: Oh, good.

11 COMMITTEE COUNSEL: Thank you Council Member and
12 we will turn back to Chair Levine to give any closing
13 remarks for this panel.

14 CHAIRPERSON LEVINE: That was some tough
15 questioning Chair Rosenthal, whew, my goodness. Uhm,
16 I don't have any other comments to say other than
17 just my commitment to continue to work with OCME to
18 get through this pandemic, which is not yet over.
19 Though we are making great progress and to stabilize
20 and ultimately strengthen our system for managing
21 those who we lose in future crisis.

22 So, thank you again for being here today and for
23 all your work for the City.

24 BARBARA SAMPSON: Thank you.
25

2 COMMITTEE COUNSEL: Thank you Chair Levine and
3 that concludes the Administration's second panel.
4 Everyone is welcome to hang around and we will turn
5 to the public panel now. We so appreciate everyone's
6 patience over the last few hours.

7 Every member of the public will be limited to
8 three minutes. After I call your name, please wait a
9 brief moment for the Sergeant at Arms to announce
10 before you begin your testimony.

11 And the first panel of the public will be Jeff
12 Oshins, Emily Frankel, Laura Jean Hawkins, Michael
13 Davoli and Greg Mihailovich.

14 Uhm, so, Jeff, you can begin as soon as the host
15 unmutes you and the Sergeant queues you.

16 JEFF OSHINS: Okay, great, is it okay to begin
17 now?

18 SERGEANT AT ARMS: Your time will begin now.

19 JEFF OSHINS: Got it, okay great. Greetings, my
20 name is Jeff Oshins, President of Local 3005 DC 37
21 AFSCME. I represent around 1,000 members between the
22 Department of Health and Mental Hygiene and OCME.

23 With regards to the DOHMH budget, I see it has
24 gone up by \$51 million when compared to Fiscal Year
25 21's Adopted Budget. I come before you today to

2 testify with two options/opportunities on how we can
3 work together to hopefully reduce the budget moving
4 forward.

5 Approximately nine years ago, the Department of
6 Health and Mental Hygiene was relocated from various
7 city owned properties to where it is today in Long
8 Island City known as to Gotham and it happens to be a
9 leased property. Approximately three and a half
10 years ago, many of my members were relocated to the
11 City Bank building also located in Long Island City
12 which is a leased property.

13 Then over the last 18 months or so, these same
14 members were again relocated to a leased building a
15 few blocks away while still in Long Island City to a
16 building or to a property more commonly known as the
17 Factory.

18 Why is it necessary to still have my members
19 consistently shifted from privately owned properties
20 when we as a collective should have stayed in city
21 owned property managed by DCAS from the get go?

22 Now, on the flipside, since the COVID-19 pandemic
23 started, a majority of my members when feasible have
24 been working remotely. During this one year, we
25 proved that working remotely can be achieved and it

2 can be done safely. Please consider it an experiment
3 that did work. If we can continue to allow our
4 members to work remotely, this over time should
5 continue to save the city money.

6 I look forward to working with the agency to
7 explore the possibilities on making this happen.
8 Now, on the other side of the coin, we have to deal
9 with OCME. Knowing that OCME's budget has decreased
10 by \$3.4 million as compared to Fiscal Year '21
11 Adopted budget, I have one concern regarding the
12 members that I present with them which are the
13 criminalists.

14 With many of the courts reopening, I would
15 appreciate assurances from OCME that the criminalists
16 I represent there are not going to be overworked,
17 assigned extra cases or be given unexpected quotas to
18 meet the high demand. After all, Dr. Sampson did
19 testify that the number of cases had increased.

20 I would like to take this opportunity to thank
21 you for the ability to testify. Please stay safe and
22 have a great evening. Thank you.

23 COMMITTEE COUNSEL: Thank you very much. Our
24 next panelist will be Emily Frankel.

25 SERGEANT AT ARMS: Starting time.

2 EMILY FRANKEL: Thank you for the opportunity to
3 present testimony today. I am Emily Frankel the
4 Government Affairs Manager for Nurse Family
5 Partnership.

6 NFP is an evidence-based home listening that
7 partners low-income first time pregnant women with a
8 registered nurse who early in pregnancy through the
9 child second birthday. NFP nurses help clients
10 achieve healthier pregnancies and birth, stronger
11 child development and a path towards economic self-
12 sufficiency. I come before you today on behalf of
13 129 NFP nurses and the nearly 3,000 New York City
14 families they serve to urge the New York City Council
15 to maintain NFP's \$4 million in baselined funding in
16 the FY22 Preliminary Budget. This funding is even
17 more critical today given the impact of the pandemic
18 on New York City and the multitude of cuts facing NFP
19 in the Governor's Executive Budget.

20 New York City is home to the largest urban
21 implementation of NFP in the country. The New York
22 City Department of Health and Mental Hygiene directly
23 provides NFP services as well as contracts with
24 public health solutions SEO Family of Services and
25

2 the visiting nurse service of New York to deliver NFP
3 across the city.

4 NFP's baseline funding in the in the city budget
5 goes to support these programs. We thank the New
6 York City Council, the Office of the Mayor and DOHMH
7 for this funding. At the height of the pandemic many
8 NFP nurses were unable to receive – excuse me, many
9 NFP moms were unable to receive routine prenatal and
10 postpartum care due to the closure of medical
11 clinics.

12 Through regular telehealth visits, NFP nurses
13 were able to conduct clinical screenings and
14 assessments, identify and monitor medical
15 complications and help their clients get the
16 healthcare that they needed. Coupled with the
17 demands of COVID-19 NFP programs are hamstrung by a
18 20 percent withhold on state government contracts.
19 Which forced our programs to institute hiring freezes
20 for nurse positions. This occurred at a time when
21 many NFP nurses were on the frontlines of the
22 pandemic assisting the city with COVID testing and
23 contact tracing, while also providing NFP to
24 families.

2 NFP nurses support the very populations that have
3 been hit hardest by the pandemic. Despite this fact,
4 the Governor has proposed a 20 percent cut to NFP
5 state funding from \$3 million to \$2.4 million, which
6 would result in less families being served. New York
7 City's NFP also faces an additional cut through the
8 Governor's 20 percent cut to the Community Optional
9 Preventative Services program or COPS.

10 The Governor's combined cuts to NFP's line item
11 and to COPS would lead to workforce reductions of at
12 least six nurse home visitors for DOHMH and at least
13 150 low-income families would no longer receive this
14 program.

15 The New York City's Council's in maintaining
16 funding for NFP is needed now more than ever. Please
17 maintain the Mayor's baseline funds of \$4 million in
18 the FY22 Preliminary Budget.

19 Your ongoing support of NFP is greatly
20 appreciated by the 3,000 families who depend on NFP
21 nurses.

22 SERGEANT AT ARMS: Time expired.

23 COMMITTEE COUNSEL: Thank you very much. Our
24 next panelist will be Laura Jean Hawkins. You may
25 begin when the Sergeant queues you.

2 SERGEANT AT ARMS: Starting time.

3 LAURA JEAN HAWKINS: Good afternoon Chair Levine
4 and Chair Louis. My name is Laura Jean Hawkins, I am
5 the Advisory Board Chair of Astoria Queens Sharing
6 and Caring also known as Sharing and Caring.

7 I am here on behalf of our Board and on behalf of
8 our president and founder Anna Krill. After 27 years
9 of survivorship, last year Anna was diagnosed with a
10 second primary case of breast cancer. She actually
11 had surgery last year and underwent chemotherapy
12 which she just finished last month.

13 So, she is doing well. She sends her regrets.
14 She also sends her extreme thanks to the Council for
15 all of their support through the years.

16 Anna and I and our Board, as I said, are very
17 thankful for the Council's support. I am here today
18 to urge continued funding of the Council's Cancer
19 Services Initiative and our funding under that
20 initiative.

21 Last year the world shifted, especially for
22 vulnerable populations including people living with
23 cancer, those undergoing treatment, their families
24 and their caregivers. Not only was that population
25 very fearful and filled with anxiety about what would

2 COVID mean to their health? Would they die? How
3 sick would they get?

4 They also then had to deal with you know the
5 economic and social impact that they felt based on
6 our city and our states response to COVID-19. So,
7 you had people now fearful for their health.

8 Isolating at home and in some cases now losing their
9 job or their primary breadwinner lost their job and
10 they had to face you know, economic uncertainty.

11 As a result, our small community based
12 organization, Sharing and Caring witnessed a 25
13 percent increase in the demand for our services,
14 specifically the need for individual and group
15 counseling and for emergent needs assistance.

16 People were coming to us for help with their
17 rent, medical bills, diagnostic testing bills,
18 pharmaceutical bills, utilities and even food. So,
19 with our limited resources, we have provided those
20 emergency needs. We have also increased our outreach
21 to vulnerable populations. We have been providing
22 socially distance, safe, peer led support groups at
23 our office, as well as virtual support groups led by
24 our clinical social workers who has also undergone
25 one on one counseling via the telephone or Zoom to

2 those that need it. That need has continued to
3 present day. While all this is happening, of course
4 all of our traditional fund raising efforts were on
5 hold because we couldn't gather in person.

6 So, with that said, I would like to thank you for
7 your support. Please urge the continued funding of
8 the Cancer Services Initiative and please continue to
9 support Sharing and Caring. Thank you.

10 COMMITTEE COUNSEL: Thank you very much. Our
11 next panelist will be Michael Davoli.

12 SERGEANT AT ARMS: Starting time.

13 MICHAEL DAVOLI: Chair Levine, Chair Louis,
14 distinguished Committee Members, I thank you for the
15 opportunity to testify today. My name is Michael
16 Davoli, I am the Director of Government Relations for
17 the American Cancer Society Cancer Action Network ACS
18 CAN.

19 While the COVID-19 pandemic continues to grip the
20 nation, over 40,000 new cases of cancer will be
21 diagnosed here in New York City in 2021. And over
22 12,000 New Yorkers will lose their lives to cancer.
23 Cancer patients have long faced significant barriers
24 to accessing care and COVID-19 has magnified those
25 barriers.

2 To reinforce New York City's commitment to the
3 fight against cancer, ACS CAN is recommending the
4 following be addressed in the city budget. First of
5 all, New York City needs to maintain its current
6 commitment of \$1.6 million to the DOHMH Cancer
7 Prevention and Control program.

8 This funding will allow the DOHMH to focus on
9 getting cancer prevention and early detection
10 screenings to those who need them the most, like what
11 the previous panelist had mentioned. The City
12 Council also need to renew its \$1 million cancer
13 initiative commitment. This critical funding goes
14 out to community partners doing incredible work to
15 ensure that New Yorkers have access to those
16 screenings, especially in underserved communities.

17 These programs ensure that all men and women who
18 lack health insurance have access to free cancer
19 screenings. These efforts have never been more
20 important. The pandemic has led to thousands of
21 mostly low-income New Yorkers losing their health
22 insurance.

23 Secondly, it is critical that New York City step
24 up its effort to curb tobacco use. Not only has
25 there been an overall decline in smoking rates

2 leveling off in recent years, many New Yorkers have
3 once again picked up smoking during the pandemic.
4 These trends are especially troubling given the
5 connection between severe illness from COVID-19 and
6 someone being a current or former smoker.

7 So, as part of the budget, New York City should
8 maintain its current \$7.2 million in funding for the
9 DOHMH's tobacco control program. These funds are
10 critical to the DOHMH's efforts to prevent kids from
11 starting smoking in the first place and help adults
12 quit.

13 Finally, we are calling upon New York City to
14 once and for all end the sale of menthol cigarettes.
15 Ending the sale of menthol cigarettes will contribute
16 to further reducing smoking rates, especially in
17 communities of color and contribute to a reduction in
18 tobacco related health expenditures which are paid
19 for by taxpayers.

20 As part of any effort to end the sale of menthol
21 cigarettes, we do call upon the City Council and New
22 York City to reform the enforcement of all tobacco
23 laws to ensure that they do not have -

24 SERGEANT AT ARMS: Time expired.

2 MICHAEL DAVOLI: Thank you so much and have a
3 good day.

4 COMMITTEE COUNSEL: Thank you very much. Our
5 next panelist will be Greg Mihailovich.

6 SERGEANT AT ARMS: Starting time.

7 GREG MIHAILOVICH: Okay, thank you Chair Levine,
8 Chair Louis and the members of the New York City
9 Council. I am Greg Mihailovich, Community Advocacy
10 Director for the American Heart Association here in
11 New York City.

12 At AHA, we believe that everybody deserves an
13 opportunity for a full and healthy life and in order
14 to accomplish that, we have to identify and remove
15 social and systemic barriers to good health. And the
16 written testimony is going to go into a lot more
17 detail but I am going to touch on a couple of points.

18 Food insecurity, unfortunately nearly 1.6 million
19 New Yorkers, one in five are facing food insecurity
20 and while SNAP helps reduce food insecurity, SNAP
21 [LOST AUDIO 3:53:05-3:53:13] uh, healthy food
22 incentive programs help keep the low mortality rate
23 and actually shopping for your own produce helps
24 instill healthy habits that result in better long-
25 term health outcomes.

2 Now, New York City has a couple of SNAP incentive
3 programs. We have health bucks at Farmers Markets.
4 We have Get the Good Stuff at a handful of
5 supermarkets. Pharmacy to farm but they are limited
6 and they don't reach everyone who would benefit from
7 them and frankly they are underfunded.

8 We understand how difficult the upcoming budget
9 negotiation is going to be but we ask that you find a
10 way to significantly increase the funding for these
11 programs because expanding the reach and the impact
12 of these initiatives will have significant short and
13 long term health benefits for residents in New York
14 City.

15 Telehealth, because of the pandemic, many New
16 Yorkers have turned to telehealth to meet their
17 medical needs but there are still barriers for many
18 New Yorkers. Obviously, there is the financial
19 question of being able to have a device or afford
20 internet services fees and if you have hearing loss,
21 impaired vision or language barriers, you are going
22 to struggle even more accessing the service. And
23 these barriers underscore the importance of access to
24 self-monitoring devices like blood pressure cuffs.
25 Pulse oximeters, thermometers. Because having those

2 self-monitoring devices helps someone who is feeling
3 unwell determine when they need to seek that in
4 person care if they are struggling with telehealth
5 and by investing in self-monitoring devices, to
6 provide to community partners FQHC's, health systems,
7 clinics, community organizations, for distribution to
8 those in need, essential care can be provided
9 remotely to medically [LOST AUDIO 3:54:42-3:54:55]
10 underserved populations.

11 Saying a lot of the stats but yeah, we also
12 support increasing funding for tobacco cessation and
13 nicotine cessation for a lot of the same reasons.
14 So, thank you for everything you have done and will
15 do to protect the lives and the health of New York
16 and thank you for your time.

17 COMMITTEE COUNSEL: Thank you very much to this
18 panel. And as a reminder to Council Members, you can
19 use the Zoom raise hand function if you have any
20 questions at all.

21 We will now turn to our next panel, which will
22 include -

23 CHAIRPERSON LEVINE: Can I just make a quick
24 comment Sara. This was such a great panel and I wish
25 we had time for a lot of Q&A with all of you. I want

2 to thank President Oshins for raising up these
3 questions about facilities and siting at DOHMH, which
4 we will take up with the agency.

5 Uh, we appreciate that. Emily, I want to thank
6 you for speaking up on the nurse family partnership.
7 It's a such a critical program and I am really
8 appalled at the prospect of cuts coming on the state.
9 So, know that you have my support in the fight to
10 maintain funding for this really, really critical
11 program and to our friends at the American Heart
12 Association, American Cancer Society. Uhm, you know,
13 I am very worried about what the toll is going to be
14 on diseases beyond COVID coming out of this pandemic.
15 I don't think that we have adequately grappled with
16 that yet.

17 Because of the ways that people didn't have
18 access to normal services, even like non-COVID
19 related, where there is primary care, cancer
20 treatment, smoking cessation programs. Uhm, I mean
21 there was awhile in there where even getting a heart
22 stent put in was difficult because elected procedures
23 were slowed or stopped. And that's real and I don't
24 think we have grappled with the toll yet but I think
25 we have to pivot to make up for lost time on all of

2 those fronts and I just want you to know that I see
3 that and want to work with you to make sure that we
4 repair the damage to the broader public health
5 efforts that undoubtedly took a blow because of this
6 last pandemic year.

7 So, thank you very much to this great panel. I
8 really appreciate you staying and speaking up. And I
9 will turn it back to you Sara.

10 COMMITTEE COUNSEL: Thank you very much Chair
11 Levine and thank you to this panel.

12 Our next panel will include Anthony Feliciano,
13 Seongeon Chun, Juan Pinzon, Hallie Yee, Mon Yuck Yu,
14 Saba Naseem and Yuna Youn. Anthony Feliciano, you
15 can begin as soon as you are ready.

16 SERGEANT AT ARMS: Starting time.

17 ANTHONY FELICIANO: Good afternoon. My name is
18 Anthony Feliciano, I am the Director of the
19 Commission on the Public's Health System. Thank you
20 Chairs and the Council Members of both the Health and
21 Mental Health and Disabilities and Addiction
22 Committee's.

23 Uhm, we are part of one of four leads for the
24 Access Health NYC. It is an initiative that funds
25 community-based organizations and FQHC's to provide

2 education outreach and assistance to all New Yorkers
3 about how to access healthcare and coverage.

4 We coming here because we want restoration of
5 \$2.5 million for this fiscal year but we may be
6 asking for more given that there is opportunities
7 through the stimulus dollars of significant money
8 pumping billions of dollars into the city and the
9 state. Given the situation with COVID, we need to
10 pull together and address this pandemic and programs
11 like Access Health NYC, is critically important in
12 terms of accessing care.

13 I do want to mention that we also have heard and
14 the one house does in the state that the Article -
15 there is a rejection to the Article 6 of the health
16 funding. I am glad that we have been advocating with
17 150 organizations from the Save New York Public
18 Health Campaign. But it does not mean we stop here.
19 We have to continue advocating for Article 6 funding
20 for New York City it's cut but also, we have this is
21 accounts 10 percent on top of the 20 percent we
22 received last Fiscal Year.

23 So, while there is a rejection to that cut, we
24 still lose 20 percent and so we still need the city
25 to cover that in the backfill. Uhm, as we know there

2 are many organizations providing preventive services
3 for a set of vulnerable New Yorkers and marginalized
4 New Yorkers.

5 I also want to be able to address that we need to
6 have a bunch of other things around the backfill. We
7 want to make sure that our community-based
8 organization are able to have the capacity to do what
9 they do in terms of addressing the pandemic but going
10 beyond that.

11 In my testimony, there is a set of contract
12 reforms that we need to be asked. Particularly being
13 paid on time if community-based organization,
14 reducing various access in resources for saver and
15 friendly environments for community-based
16 organizations particularly Black and indigenous and
17 people led organizations who are discouraged by the
18 challenge of discretionary funding process sometimes
19 but it is truly because of their challenging
20 approaches and practices of just fighting back
21 against racist policies and treatment.

22 We also want to see if you can develop an equity
23 assessment, all city expenditures and spending
24 including discretionary and city agency funding to
25 see how everything is being distributed. To have

1
2 CBO's to shape the policy and the investments that
3 are in New York.

4 We also are thinking about a public
5 infrastructure fund to strengthen the pandemic
6 recovery efforts. I don't know if we are aware but
7 we have been very quiet. The Mayor had proposed a
8 pandemic center and the EDC and the Department of
9 Health released an RFI that sought input from public
10 health experts, CBO's and stakeholders.

11 SERGEANT AT ARMS: Time expired.

12 ANTHONY FELICIANO: And the deadline was January
13 19th. I would like a hold to that as an organization
14 because we believe public funds should not go to
15 private sources. We have an issues with the pandemic
16 not being located at NYU then going as a proposal and
17 then we believe this must be more led into community
18 led efforts to the community. And I want to add to
19 track this proportionality, look at language access
20 and data as we are looking at COVID response and then
21 we really need to talk about defunding NYPD in a much
22 more critical way. Current funds that's not being
23 poured back in to structures and programs that foster
24 racism and segregation and we want to really truly
25

1 defund the NYPD and go back in to communities. Thank
2 you.
3

4 COMMITTEE COUNSEL: Thank you very much. Our
5 next panelist will be Seongeun Chun. You may begin
6 when ready.

7 SERGEANT AT ARMS: Starting time.

8 SEONGEUN CHUN: My name is Seongeun Chun and I am
9 the Senior Manager of Health Policy at the New York
10 Immigration Coalition. Thank you Chairs and Council
11 Members of both the Health and Mental Health,
12 Disabilities and Addition communities for calling
13 this hearing and for the opportunity to testify
14 today.

15 I want to talk about the New York immigrations
16 top priority. The City Council funded Access Health
17 NYC Initiative. It has been one year since COVID-19
18 has swept our nation and we have seen the devastating
19 impact that this pandemic has had on our low income
20 immigrants, people of color and other resource
21 limited communities in New York City.

22 The Biden Administration has begun to unravel and
23 undo the damage of the previous administration most
24 recently with the public charge rule being
25 permanently blocked nationwide. These long overdue

2 damages underscores the critical role of the CBO's to
3 effectively communicate rapid and ongoing changes to
4 our communities. Access Health NYC is designed to
5 fill this exact need.

6 We are hearing concerning stories from our
7 members about the growing and mental health needs of
8 immigrants in New York City, especially with the
9 dramatic increase in anti-Asian racism. This is
10 something I have experienced firsthand as I have been
11 repeatedly told to go back to where I came from and
12 when my 80-year-old father was attacked by a group of
13 teenagers, blaming him for this pandemic last March.
14 He is now afraid to go to his vaccine appointment in
15 fear of another attack.

16 This incident reminded yet again of the
17 devastating impact that anti-Asian racism has on our
18 immigrant communities and the critical role that
19 programs like Access Health NYC play in providing
20 support from trusted organizations during this time
21 of heightened stress and anxiety.

22 This year we are advocating for an expansion of
23 Access Health NYC to at least \$2.5 million or more
24 due to the federal stimulus bill. We need to restore
25 this funding – the need to restore this funding is

1
2 made even more evident by this ongoing pandemic. We
3 need to ensure the funding gets restored to programs
4 like Access Health NYC, which empowers reliable CBO's
5 to provide culturally competent and accurate
6 information to ensure that all New Yorkers understand
7 their rights to healthcare coverage and services.
8 Thank you.

9 COMMITTEE COUNSEL: Thank you very much. Our
10 next panelist will be Juan Pinzon. Juan, you can
11 begin when you are called.

12 SERGEANT AT ARMS: Starting time.

13 JUAN PINZON: Good afternoon. Thank you Chair
14 Levine and Chair Louis and Council Member Holden for
15 sticking around. My name is Juan Pinzon, I am the
16 Director of Health Campaigns and Government
17 Engagement of the Community Services Society. CSS is
18 a nonprofit dedicated to fighting poverty in our
19 health programs, help New Yorkers enroll into health
20 insurance and access to healthcare system through a
21 life answer helpline and a partnership with over 50
22 community-based organizations throughout the state.
23 We serve about 300,000 New Yorkers every year saving
24 them over \$60 million in healthcare costs.

2 In this testimony, I am urging the City Council
3 to increase funding for the New York City Managed
4 Care Consumer Assistance Program which is part of the
5 Access Health NYC Initiative to \$750,000 in the FY22
6 budget. We believe that the new federal American
7 Recovery Act funding provides the city with a good
8 opportunity to expand programs like MCCAP and Access
9 Health that provide a lifeline for those who are
10 struggling to access the coverage and the care that
11 they need during and beyond the pandemic.

12 MCCAP is partners with 12 community-based
13 organization supported by CSA's. We provide services
14 in over 50 languages in 15 different language across
15 all five boroughs. We train the advocates to help
16 people understand their insurance. We solve health
17 insurance problems, get medical services, access
18 affordable care for those are uninsured and also
19 address social and mental health, which has been
20 really important with the pandemic.

21 The program was launched in February 2020 and
22 since then we have served over 3,000 clients who have
23 struggled to secure their coverage or access care
24 during the pandemic obtaining federal outcome for
25 them in 90 percent of the cases.

2 We need a program like MCCAP to address the
3 health inequities exposed by the pandemic and help
4 New Yorkers deal with the rise in healthcare prizes
5 and complex healthcare systems that create additional
6 barriers to care.

7 But we also need an expanded version of MCCAP
8 because there will be thousands of New Yorkers who
9 will also need our help this year navigating and
10 accessing enhanced financial assistance that will be
11 available to purchase affordable care act coverage to
12 the marketplace and COBRA premium supports that will
13 be available under the new stimulus bill. And in
14 addition, the legislature is poised to provided a
15 special one time insurance coverage program for
16 immigrants who were effected by COVID-19 and these
17 immigrants will also need our help understanding
18 eligibility for this program and accessing this
19 program.

20 So, this is where a program like MCCAP can make a
21 big difference because of its community-based
22 approach that can provide culturally and
23 linguistically competent guidance, remove barriers to
24 care and improve access to affordable care.

2 Uhm, finally, MCCAP also stands ready to help the
3 city begin its paths towards an inclusive post-
4 pandemic recovery by serving as a trusted advocate
5 that can provide reliable information -

6 SERGEANT AT ARMS: Time expired.

7 JUAN PINZON: To marginalized communities of
8 color about COVID-19 vaccine distribution, safety and
9 effectiveness. Thank you so much for the opportunity
10 to provide this testimony.

11 CHAIRPERSON LEVINE: Thank you and Committee
12 Counsel, if I could just jump in for one second and I
13 am excited to hear the rest of the panel and to share
14 thoughts on some of these important topics. We have
15 a very prominent labor leader who I think we are
16 about to lose to another event. Donald Nesbit who is
17 the Executive Vice President of Local 372. If I
18 could ask just a little flexibility from this current
19 and if it would be okay with Committee Counsel, can
20 we ask Executive Vice President Nesbit to offer some
21 testimony now?

22 COMMITTEE COUNSEL: Not a problem. We can turn
23 to Donald as soon as you are ready to testify, you
24 can begin.

25 CHAIRPERSON LEVINE: Okay.

2 SERGEANT AT ARMS: Starting time.

3 DONALD NESBIT: Oh, I am sorry about that. Uhm,
4 Committee Members, Committee Chairs Louis and Levine,
5 thank you for the opportunity to be here today.

6 My name is Donald Nesbit Executive Vice President
7 for Local 372. New York City Board of Ed Employees
8 out of DC37 AFSCME.

9 I am here today to provide testimony on behalf of
10 the 270 SAPIS who work in New York City schools.
11 Under the leadership of this union of President Shaun
12 D. Francois I. SAPIS councils have historically
13 received city funding under President Francois's
14 administration through a dollar for dollar match with
15 the state legislature.

16 We are here today to request that the city
17 maintain the critical partnership with the state to
18 support SAPIS in our schools. Our students are
19 facing a mental health crisis caused by the COVID-19
20 pandemic. According to a recent CDC report, the
21 proportion of children's mental health related visits
22 to emergency departments have skyrocketed since April
23 2020 due to the COVID-19 pandemic and many other
24 aspect of students life.

25

2 The CDC report concluded that it is critical to
3 monitor childrens mental health, promote coping and
4 resilience and expand access to services to support
5 childrens mental health and a SAPIS program is just
6 that. Since 1971, SAPIS have provided essential,
7 social, emotional strategies and services to help
8 youth remain learn and ready. The SAPIS program is
9 established certified service that is sponsored by
10 the New York State Office of Addiction Services and
11 Supports to provide evidence based programs,
12 presentations, groups and individual counseling and
13 positive alternatives to New York City public school
14 students.

15 We can honestly and proudly state that SAPIS
16 counselors are already trained and ready to respond
17 to the COVID-19 mental health crisis. SAPIS have
18 always been proactive in providing students and their
19 families with the tools to navigate personal and peer
20 pressures that gain the real healthy academic, social
21 and individual development.

22 Local 372 has long testified at this panel about
23 the devastating effects of cuts to the SAPIS program
24 and the loss of nearly 200 SAPIS counselors since
25 2006. Now more than ever there are simply not enough

2 SAPIS today to address the needs of all of our at
3 risk children and their families.

4 To this end, the Department of Education is
5 currently prioritizing our existing SAPIS assets or
6 aims to meet the increased demand for more social
7 economic learning curricula, turning instead of less
8 effective and more costly alternatives. The 2021
9 mental health and wellness plan that the Mayor and
10 the Chancellor –

11 SERGEANT AT ARMS: Time expired.

12 CHAIRPERSON LEVINE: You are okay Donald. You
13 can continue.

14 DONALD NESBIT: Okay, thank you. I will wrap it
15 up quickly. Uhm, uh, the city need to prioritize in
16 advancing and expanding the existing SAPIS program.
17 SAPIS make on average approximately \$50,000 a year
18 plus 49 percent in fringe benefits to hire a single
19 SAPIS.

20 It is estimated that every individual SAPIS
21 counselor can directly reach approximately 500 at
22 risk students. With this fact in mind, it simply
23 makes no sense to not invest in SAPIS. In addition,
24 the COIVD-19 pandemic and the economic shutdown has
25 ravaged our communities last spring and it appears

2 that the city failed to include the traditional SAPIS
3 funding in its budget.

4 It is now our understanding that last year
5 funding has been included though it is unclear to us
6 where the budget – this budget line is itemized and
7 thus whether the allocation already exists.

8 Local 372's goal is to once again partner with
9 the City Council in making a smart investment towards
10 the quality of life for both New York students, their
11 families and communities at large.

12 Even in the midst of this pandemic, it remains
13 our shared responsibility to ensure that our students
14 meet and exceed their potential. Without SAPIS, we
15 are robbing struggling students of their opportunity
16 to a quality competitive education and ultimately
17 their futures.

18 Again, thank you for this opportunity. I appear
19 to you on behalf of all of the Local 372 New York
20 City Board of Education employees, our SAPIS
21 counselors. I thank you Chairs for this opportunity.

22 CHAIRPERSON LEVINE: Well, thank you so much Vice
23 President Nesbit and we know you have to run. I will
24 just say that SAPIS workers are some of the most
25 important professionals in our schools. They are

2 going to be needed now more than ever because of all
3 the social emotional challenges that young people are
4 facing post pandemic and this is the moment to seek
5 to restore the staffing to the level that it was
6 before this devastating cuts of recent years and you
7 have my commitment to work with you in that fight.
8 Thank you.

9 COMMITTEE COUNSEL: Thank you very much. Our
10 next panelist will be Hallie Yee. You can begin as
11 soon as the Sergeant queues you.

12 SERGEANT AT ARMS: Your time will begin now.

13 HALLIE YEE: Thanks. My name is Hallie Yee, I am
14 the Health Policy Coordinator for the Coalition for
15 Asian American Children and Families. We are the
16 nation's only Pan-Asian children and families
17 advocacy organization, leading the fight for improved
18 and equitable policy systems funding and services to
19 support marginalized Asian Pacific American Children
20 and Families.

21 The APA population comprises over 15 percent of
22 New York City yet our needs are often overlooked,
23 misunderstood and uncounted as we are constantly
24 fighting the harmful impacts of the model minority
25 myth and the perpetual foreigner. Stereotypes that

2 prevent our needs from being acknowledged understood
3 or addressed.

4 This means our communities as well as the
5 organizations that serve them often lack the
6 resources to provide critical services for those in
7 need. We are also one of four leads for Access to
8 Health New York City. An initiative that funds
9 community-based organizations and federally qualified
10 health centers, provide education outreach and
11 assistance to all New Yorkers about how to access
12 healthcare and coverage.

13 Right now, as the city continues to face COVID-19
14 pandemic, we are unfortunately witnessing the
15 shortcomings in our healthcare and other safety
16 systems. Already marginalized communities are
17 disproportionately hard hit by the impacts. On top
18 of facing job loss and poverty, many families remain
19 underinsured or uninsured, undocumented and
20 ineligible for unemployment or the federal stimulus
21 for individuals.

22 The pandemic came on the back of federal changes
23 to public charge that even though it has been
24 overturned recently, had caused fears and threatened
25

2 healthcare access for many immigrant families and we
3 still see the effect today.

4 Additionally, New York State seems on the verge
5 of once again cutting Article 6 matching funds for
6 critical public health programs in New York City. It
7 is now more critical than ever that the city restore
8 Access Health New York City to \$2.5 million and
9 continue to support community-based nonprofit
10 organizations that fill the gap and provide critical
11 culturally competent and linguistically accessible
12 health outreach and education services.

13 Last year, the city was also able to uhm, fill in
14 the losses from Article 6 cuts at the state level and
15 the Governor's Fiscal Year 2022 Executive budget cuts
16 from Article 6 go from 20 percent to 10 percent.

17 While we are pleased that our advocacy efforts
18 led to Article 6 being rejected from the current one
19 house bills in the state legislature, we still need
20 to advocate for full restoration to the original 36
21 percent for New York City.

22 We request that the City again provide any and
23 all backfill necessary to make public health programs
24 like Access Health whole again. New Yorkers must be
25 able to continue to receive the health services and

2 information that they need during these difficult
3 times.

4 Thank you for your dedication and service to the
5 city, especially now during these times. We hope
6 that you are staying safe and as well as possible and
7 look forward to continuing to be a resource for the
8 city. Thank you.

9 COMMITTEE COUNSEL: Thank you very much. Our
10 next panelist will be Mon Yuck Yu. You can begin
11 when you are prompted.

12 SERGEANT AT ARMS: Your time will begin now.

13 MON YUCK YU: Good afternoon. My name is Mon
14 Yuck Yu, Executive Vice President and Chief of Staff
15 at the Academy of Medical and Public Health Services,
16 otherwise known as AMPHS.

17 Thank you Chair Levine and Chair Louis for the
18 opportunity to testify. AMPHS is a nonprofit
19 healthcare organization in Sunset Park that works to
20 help the equity gap among communities of color by
21 providing free clinical screenings and bilingual
22 mental therapy. Integrated with individualized
23 health education and social services to immigrant
24 populations of New York City, free of cost and
25 regardless of immigration status. We work primarily

2 with undocumented immigrants who suffer high risk of
3 chronic infectious and behavioral health issues due
4 to a lack of health insurance.

5 During COVID-19, our work has become more
6 important than ever before. Reaching over 400,000
7 people throughout our education efforts, our
8 community health workers offer interpretation in
9 Spanish, Arabic and three Chinese dialects to help
10 community members navigate our healthcare and
11 systems.

12 Every month we are holding in language workshops
13 and distributing thousands of pieces of literature to
14 community members through our canvassing and weekly
15 food distribution and post throughout our over 700
16 businesses and since March, we have distributed over
17 100,000 pieces of PPE. Now, we are helping 300
18 people make appointments for COVID-19 vaccinations
19 every single week.

20 We would like to thank the City Council for a
21 historical support of our funding through the
22 Immigrant Health Initiative. But I would like to
23 urge the City Council to restore and expand the
24 Immigrant Health Initiative and mental health
25

2 services for vulnerable populations and support this
3 work.

4 In particular, advocating for funding to restore
5 state Article 6 funds. The Governor's budget cuts
6 translates to \$35 million or more in lost funding to
7 support essential public health programs. Other New
8 York [INAUDIBLE 4:19:10] remain at 36 percent. So,
9 this is New York City specific cut that we have been
10 one of the hardest hit city's from COVID-19.

11 In cuts to funding over the past year have been
12 detrimental. While demand for services have tripled.
13 Many of our staff are stretched thin and
14 unfortunately have not been able to hire new staff to
15 meet the demand. What has been a mental health
16 stressor in the past has now been exacerbated by
17 COVID-19 as well.

18 For people who are working from home,
19 implementing boundaries and maintaining work life
20 balance is difficult. Unemployment and lack of work
21 has created financial hurdles and fear of eviction.
22 Families with a history of domestic violence are now
23 facing more tension. Children are feeling more
24 isolated because of the inability to socialize and
25 parents are bearing the responsibility of being

2 educator, caretaker and breadwinner. This is
3 especially difficult for single parents and community
4 members experience heightened level of anxiety and
5 depression with the loss of loved ones and financial
6 security and finally, our Asian communities are
7 feeling the stress of racism and harassment every day
8 when they ride the subway going to work.

9 We have waiting lists nearly 100 individuals
10 seeking support from a free mental health services,
11 which we cannot meet by current funding levels. We
12 are one of few organizations -

13 SERGEANT AT ARMS: Time has expired.

14 MON YUCK YU: Offering these services and the
15 need is high. While we budgeted for two additional
16 bilingual therapists this year, the reduced funding
17 means that we could not hire them. It has been
18 particularly difficult to hire therapists who speak
19 Chinese and Arabic as a result of limited funding.
20 Not to mention what we must do to combat the mental
21 health stigma. We can only afford to hire for ten
22 therapists at this time. The many therapists are
23 seeking full time opportunities.

24 And currently, the Mental Health for Vulnerable
25 Populations Initiative only supports mental health

2 services in one Asian serving organization. And in
3 addition to – and we in addition to a number of other
4 organizations doing this work have not been funded.

5 Furthermore, the city's vaccine outreach has been
6 less than equitable and it is organizations like ours
7 that are closing this gap. Immigrant communities
8 average about 22 percent of vaccine uptake to date
9 compared to about 70 percent in some majority White
10 communities. The upper west side community at Sunset
11 Parks population density has vaccinated 30 percent
12 more people than Sunset Park. We are working with
13 the Health + Hospitals to coordinate vaccine blocks
14 for immigrants, community members, connecting 300 to
15 350 to vaccines every week.

16 Many tell us we are the first organization
17 through which they have been able to get connected to
18 vaccines in their own language. We have served as a
19 vaccine navigation popup site but we are not funded
20 to do any of this work through test and trace, even
21 though our staff spent over 60 hours per week
22 conducting outreach and canvassing and we are asked
23 to seek opportunities with a few T2 funded
24 organizations who do not have an application with any
25 other groups.

2 We need to replicate the census funding model to
3 sustain the work for nonprofits in the communities on
4 the ground using a more accessible RFP process.

5 I humbly thank the City Council for supporting
6 organizations AMPH's working on providing on the
7 ground, culturally competent services during this
8 challenging time. And we look forward to working
9 together to ensure that healthcare is not a privilege
10 but a basic human right.

11 COMMITTEE COUNSEL: Thank you very much. Our
12 next panelist will be Saba Naseem. You can begin
13 when prompted.

14 SERGEANT AT ARMS: Your time will begin now.

15 SABA NASEEM: Good afternoon. My name is Saba
16 Naseem and I am the Assistant Director of SAPNA NYC.
17 Thank you for giving us the opportunity to testify
18 today.

19 Since 2008, SAPNA is the only CBO in the Bronx
20 that offers linguistically accessible and culturally
21 programming and services to the Pan-South Asian
22 community in Bangla Ciletee, Hindi and Urdu. SAPNA
23 has spent over a decade building trust in our
24 community. All of our staff and management are South
25 Asian women, many of whom are immigrants themselves.

2 When the pandemic hit New York City and devastated
3 our working class South Asian immigrant community,
4 they turned to us for direction and help. From the
5 very beginning of the pandemic, SAPNA has been
6 creating materials in house around COVID-19 and
7 related policies and disseminating them to the
8 community in ways we know will reach them
9 immediately.

10 When we learned that 95 percent of our community
11 reported unemployment and that they were afraid they
12 wouldn't be able to afford rent or groceries, SAPNA
13 started a culturally appropriate food pantry that
14 serves fresh produce and pantry staples familiar to
15 our community.

16 And again, now they are coming to us for
17 questions about the vaccine to share hesitancy or
18 confusion and to get help making appointments. City
19 outreach simply hasn't effectively reached our
20 community and the lack of English proficiency and
21 digital literacy and access has made it difficult for
22 many community members to get appointments on their
23 own.

24 This pandemic and its impact on our community
25 have also exacerbated mental health issues.

2 Citywide, there is a lack of culturally competent and
3 linguistically accessible mental health services,
4 especially for the South Asian immigrant community.
5 SAPNA is the only CBO in the Bronx, offering mental
6 health counseling in Bengali and Hindi free of cost
7 and without insurance requirements. SAPNA's mental
8 health program is designed specifically for South
9 Asian communities. Taking into account the stigma
10 associated with mental health, historical trauma and
11 culture combining both traditional and nontraditional
12 methods of healing.

13 Imagine being a new immigrant isolated in your
14 home with minimum social networks and suffering from
15 depression. For many immigrant women in our
16 community this is a reality. They come to SAPNA to
17 recreate networks, access classes and services and
18 join our women's circle where they can share their
19 challenges and experiences in a safe place. With a
20 facilitator who can understand their struggles in a
21 cultural, political and historical context.

22 We ask the state and city to invest resources in
23 funding in trusted CBO's like SAPNA and other Asian
24 Pacific American CBO's that are on the frontline
25 reaching the most marginalized communities. It is

2 these CBO's that understand the daily struggle in the
3 community -

4 SERGEANT AT ARMS: Time has expired.

5 SABA NASEEM: And it is these CBO's that are
6 running programs specifically designed for the
7 community they serve.

8 We also ask the City to increase funding of
9 citywide initiatives including digital inclusion and
10 literacy, mental health services for vulnerable
11 populations, enhance access health and uhm emergency
12 food. Thank you for your time.

13 COMMITTEE COUNSEL: Thank you very much. Our
14 next panelist will be Yuna Youn. You can begin when
15 prompted.

16 SERGEANT AT ARMS: Your time will begin now.

17 YUNA YOUN: Thank you members of the Committee.
18 Council Members Levine and Louis for this opportunity
19 to testify.

20 I found myself nodding throughout this hearing
21 regarding the need to fight against cuts to funding
22 when the mental health crisis is worsening. So, I am
23 here to urge you to support our budget priorities for
24 restoring mental health services for vulnerable
25 populations to \$3.2 million.

2 My name is Yuna Youn, I am a Social Worker and
3 Assistant Director of an Article 31 clinic at Korean
4 Community Services. A significant percentage have
5 some form of Medicaid or Medicare vary monthly but in
6 the 90's. Over 70 percent of our clients receive
7 services in Korean, many of the remaining 30 percent,
8 a mix of Korean and English.

9 Language access and a sense of familiarity rooted
10 in culture is critical, especially in light of
11 ongoing racial and motivated attacks. For instance,
12 targeting Asian seniors. Distrust of police, fear of
13 what could happen and sense of disconnect from
14 government agencies is all too common due to limited
15 exposure except perhaps what is on the news.

16 Instead, seniors have to stay in their homes and
17 limit themselves to going to place they are familiar
18 with to feel safe. There is a collective trauma and
19 a global mental health crisis but compounding that
20 with this perpetual sense, that you are seen as the
21 one to be blamed and that to guarantee your safety,
22 you can only stay at home takes a tremendous mental
23 health toll.

24 KCS offers homebound meals and staff have tried
25 to teach seniors how to use Zoom, so they can listen

2 to mental health workshops, which we did recently and
3 sign up for tele mental health services. But it is
4 logistically difficult and often not sustainable and
5 as the city continues to open, we need to come up
6 with better solutions which requires funding.

7 As mentioned earlier in this hearing, these times
8 have also taken a special toll on young adults and we
9 have seen the impact during such a critical time in
10 their lives when schools can only provide a certain
11 amount of support when it comes to mental health.

12 This incredible need is why our dedicated staff
13 work at our clinic, which strives to uphold the
14 policy that anyone with a mental health need must be
15 seen with a focus on providing culturally and
16 language accessible care in spite of the limited
17 budget and our reliance on outside supporters, such
18 as government agencies to sustain ourselves.

19 I therefore strongly urge you again, to support
20 the 15 percent and growing campaign and our budget
21 priorities around restoring mental health services
22 for vulnerable populations to \$3.2 million to make
23 the care provided more equitable. Thank you.

2 COMMITTEE COUNSEL: Thank you very much to this
3 panel. I will pause for a moment to see if there are
4 any Council Member questions.

5 CHAIRPERSON LEVINE: Well, not really a question
6 but I just want to thank the organizations, which we
7 have just heard from. When we talk about the need to
8 tackle inequality in the wake of this pandemic, we
9 are going to be relying on the work that all of you
10 are doing. There is no one better positioned who is
11 out there with cultural competency who speaks the
12 languages of this city, who have the trust of
13 communities that have been marginalized.

14 And so, it would be outrageous if you sustain
15 cuts right now. After all the lip service everyone
16 is paying to health equity and uh, it is why we are
17 standing up against Article 6 cuts, which I know
18 would impact many of you and I am not sure if the
19 340B cuts impacted anybody on this panel but of
20 course, we are fighting on that front as well.

21 Uhm, and some of the initiatives that support you
22 out of the Council, such as Access Health or the
23 CAPS, these really are going to be more important
24 than ever. We just have to do everything possible to
25 get marginalized New Yorkers into the healthcare

2 system and we are going to have to rely on CBO's to
3 do it.

4 So, you definitely have my commitment as Chair of
5 the Health Committee to fight for these funding
6 streams, to fight against these terrible cuts and to
7 fight to uhm, to renew an impossible expand some of
8 the City Council initiatives which I think are so
9 important to the communities that you serve.

10 So, thank you for this panel. Really appreciate
11 you staying to speak to get on the record and most
12 importantly, thanks for the work you do.

13 COMMITTEE COUNSEL: Thank you very much Chair.
14 We will now queue the next panel, which will include
15 Nadia Ketoure, Chris Walzer, Ben Dorman, Doug Warn,
16 Faith Behum, Dr. Rebecca Capasso, Paul Lee and Reed
17 Vreeland.

18 We will begin with Nadia Ketoure as soon as you
19 are prompted you may begin.

20 SERGEANT AT ARMS: Your time will begin now.

21 NADIA KETOURE: Good afternoon everyone. I would
22 like to thank you for the opportunity to speak today
23 because this is a subject that's very dear to my
24 heart. I am a mother of three kids and I live in
25 Prospect Lefferts Garden.

2 In my neighborhood, it's very difficult to find
3 fresh food. My kids would walk and be confronted
4 with junk food everywhere. This is something that
5 always bothered me but when COVID hit, it bothered me
6 even more. I would not understand why the messages
7 from the government were never at no point we ever
8 talked about nutrition and how to protect our immune
9 system with fresh food.

10 I would like to pinpoint that the links between
11 diet and health are very well known. We know that
12 populations that eat a so-called western diet made of
13 processed foods and meat, added fat and sugar, refine
14 grains, lots of everything but fresh food, fresh
15 vegetables, fruits and grains and whole grains.

16 We also know that obesity Type 2 diabetes,
17 cardiovascular diseases, cancer, all of these are
18 connected to our diet. Now, the good news is that
19 could be reverted. It can be reversed by good fresh
20 vegetables and fruits.

21 Now, I would like you - I am here today to
22 support a nonprofit called Seeds in the Meadow. I
23 discovered then recently and I absolutely love the
24 work they do with young people, young kids in school.
25 They teach them how to eat and how to take care of

2 their own health. This nonprofit has a goal to open
3 eight new Farmers Markets in communities of low-
4 income. One of them would be a few blocks away from
5 my home and that would be a great addition to our
6 neighborhoods. Kids would finally be able to walk
7 and have a different approach of what food means. I
8 am always wondering what is the message we would like
9 to pass on to our kids? What is the message we would
10 like to tell them about the foods that we are
11 presenting them with?

12 Seeds in the Meadows is asking for an amount of I
13 think \$150,000 and this will allow people to get free
14 coupons to choose their food and not be given a box
15 made of processed food. Thank you so much.

16 COMMITTEE COUNSEL: Thank you very much. Our
17 next panelist will be Chris Walzer. You can begin as
18 soon as you are prompted.

19 SERGEANT AT ARMS: Your time will begin now.

20 CHRIS WALZER: Good afternoon from the Bronx. I
21 am Dr. Chris Walzer, Executive Director of Health at
22 the Wildlife Conservation Society.

23 Thank you Chairs Levine and Louis and Committee
24 Members for this opportunity to testify today. The
25 Wildlife Conservation Society, which includes our

2 Flagship, Bronx Zoo, the New York Aquarium, Central
3 Park Zoo, Prospect Park Zoo and Queens Zoo. Saves
4 wildlife in wild places across worldwide through
5 science, conservation, action, education and
6 inspiring people to value nature.

7 COVID-19 and the result in shutdown have taken a
8 devastating toll on all New Yorkers, as we have seen
9 throughout this entire hearing today. Despite the
10 shutdown however, WCS has provided free access to
11 virtual programming to thousands of New Yorkers.
12 Online programs provided lifeline for kids stuck at
13 home and seniors struggling with isolation. We know
14 that neighborhoods with robust cultural centers and
15 access to natural spaces have amongst others better
16 outcomes across education, aging and youth court in
17 the criminal justice system.

18 In addition to the Bronx Zoo serving as a staging
19 area for COVID response and testing, WCS has also
20 been working to address the COVID crisis globally by
21 extending our decades long research on the origin of
22 zoonotic diseases and supporting decision makers and
23 policy to help prevent future pandemics.

24 The majority of emerging infectious diseases as
25 you know are of zoonotic origin. Two-thirds of those

2 spill over from wildlife to humans. The more often
3 we force conditions that increase direct contact
4 between wildlife and humans across damaged ecosystems
5 and an industrial live wildlife markets for human
6 consumption the higher the likelihood of another
7 spill over event.

8 As the COVID-19 vaccines rollout, we mustn't fool
9 ourselves into complacency unfortunately. As it has
10 been estimated that there are some 700,000 viruses
11 with zoonotic potential as yet undiscovered.

12 Today, urgent action must be taken to retain the
13 essential health doings between humans, wildlife,
14 domesticated animals, plants and all of nature. As
15 we build back, we need to recognize and value the
16 foundational health benefits of intact and
17 functioning nature while mainstreaming one health
18 approach across all sectors and most importantly into
19 all policies.

20 As the Council determines its budget priorities
21 for FY22, we ask that the cultural affairs maintain
22 the FY21 levels. Funding for cultural will not only
23 help New Yorkers endure and climb out of this crisis,
24 it will continue to support the work of cultural
25 institutions like WCS.

2 In addition, I hope that the City Council will
3 consider a Resolution in support of current federal
4 pandemic prevention legislation. Thank you very
5 much.

6 COMMITTEE COUNSEL: Thank you very much. Our
7 next panelist will be Ben Dorman. Ben, you can begin
8 as soon as you are prompted.

9 SERGEANT AT ARMS: Your time will begin now.

10 BEN DORMAN: Thank you. Thank you to the
11 Committee and the Chairs and the City Council. My
12 name is Ben Dorman, I am the Executive Vice President
13 for Local 1102, the RWDSU.

14 My local union represents the workers at animal
15 care centers of New York City. Our employees have
16 been considered essential throughout the pandemic,
17 from the onset of the pandemic and are responsible
18 for caring for over 20,000 animals in need in our
19 city in our five boroughs over the course of a year.

20 They do this work because they love the animals
21 they care for. They know that it is an essential
22 service for the city. However, the work can at times
23 be challenging and is as we have seen throughout the
24 pandemic an area that is sometimes under resourced.

2 Uhm, in 2019, the ACC, Animal Care Centers signed
3 a 34-year contract with the City and under this
4 contract, they have the responsibility of caring for
5 any animals they come across that would come under
6 their care.

7 In doing so, they can't make any excuse or any
8 carveout, so they have had to ramp up infrastructure
9 and ramp up their coverage across all five borough.
10 As I said, our workers and our members have been
11 essential employees, essential workers from the onset
12 of the pandemic and with that in mind, I think it
13 would uhm, agree with everybody here that they have
14 only received the cost of living adjustment increase
15 over the past few years.

16 All of those factors in mind, ACC has experienced
17 a regularly high employee turnover and it in tandem
18 with that, as you can imagine, extremely low employee
19 morale and we have seen that manifest in a variety of
20 ways. To put it in numbers, the normal amount of
21 employees is about 285. They are operating now at
22 about 228 with about 40 open positions and as you can
23 imagine, the budget shortfalls are leading to
24 inadequate staffing and other factors that are
25 leading to lesser ability to provide care.

2 One other additional dynamic is during the
3 pandemic, we also saw uhm, heartwarming stories of
4 increased adoptions throughout the city and people
5 taking on the burden by bringing animals into their
6 homes. We do expect that dynamic to go the other way
7 as soon as things go back a little more to normal, as
8 people go back their offices, kids go back to school
9 and families have less opportunity to do that great
10 deed of taking in an animal.

11 So that burden is only going to extend for ACC
12 and for our members, their employees. So, with that
13 in mind, our ask is that the Committee and the
14 Council keep this essential workforce in mind for
15 budgetary reasons and make sure that their essential
16 service to the city is reflected in how we address
17 their budget needs moving forward. Thank you.

18 COMMITTEE COUNSEL: Thank you very much and our
19 next panelist will be Doug Warn. Doug, you can begin
20 when the Sergeant prompts you.

21 SERGEANT AT ARMS: Your time will begin now.

22 DOUG WARN: Thank you for inviting me to
23 participate in today's panel. My name is Doug Warn,
24 I am the Director of Clinical Practice at Project
25 Renewal, which is a New York City homeless service

2 nonprofit agency. Each year Project Renewal serves
3 about 15,000 New Yorkers through our comprehensive
4 services focused on health, homes and jobs. In each
5 of our shelter housing and workforce development
6 programs, we offer wrap around support for those
7 living with serious mental illness, developmental
8 disabilities and substance use disorders.

9 Our mental health programs include psychiatry and
10 telepsychiatry, substance abuse treatment, peer led
11 recovery and rapid employment program for those
12 serious mental illness and our support and connection
13 center in East Harlem, which provides stabilization
14 and treatment services for homeless adults with
15 mental health and substance use needs.

16 We are especially grateful for the City Council
17 and DMH for their support in our service and I
18 especially thank Council Member Ayala for her
19 foundational support for our support and connection
20 center. With its proven approach to deliver
21 stabilizing services to New Yorkers who need them
22 most, the center is precisely the type of program
23 that the Council should continue to support. We are
24 honored to give members of this Committee a tour, so
25

2 you can learn more about the services that we
3 provide.

4 Most of the people that we serve across our
5 programs are clinically very complex. Nearly all of
6 our clients have experienced some level of trauma,
7 whether it by homelessness, incarceration, addiction,
8 abuse, poverty, or other adverse experiences. And
9 this is why project renewals mental health services
10 incorporates innovative wrap around support from
11 addition to mental health services.

12 We provide medication based interventions,
13 practical skills development through occupational
14 therapy and all of our programs address trauma and
15 help people attain functional wellbeing for sustained
16 independence. But the isolation and stress that the
17 pandemic has magnified are clients needs. And with
18 mental health challenges on the rise across New York,
19 we are seeing an overwhelming demand for our
20 services.

21 Project Renewals mental health and substance
22 abuse programs have long been a lifeline for New
23 Yorkers in need, offering much needed predictability,
24 stabilization and safety. But the demand for our
25 services has grown enormously and our resources are

2 strained from the structural challenges that have
3 diminished public behavioral healthcare as well as
4 the severe impact of the epidemic.

5 As Director of Clinical Practice I see this first
6 hand.

7 SERGEANT AT ARMS: Your time has expired.

8 DOUG WARN: When we ask our mental health workers
9 who are frontline and essential workers and who have
10 soldiered on heroically to do more with less.

11 And so, I am here to ask the City Council to
12 ensure that resources are available to meet the
13 growing needs created by the pandemic as well as to
14 restore cuts in Fiscal Year '21 to the Council's
15 Mental Health Initiatives.

16 We strongly support the Committees work and we
17 value our partnerships with the city and we look
18 forward to continuing to work harder to serve the
19 most underserved of New Yorkers. Thank you for your
20 time and the opportunity to testify.

21 COMMITTEE COUNSEL: Thank you very much. Our
22 next panelist will be Faith Behum. You can begin
23 when you are queued.

24 SERGEANT AT ARMS: Your time will begin now.
25

2 FAITH BEHUM: Thank you Chairpersons Levine,
3 Louis and members of the Committees on Health and
4 Mental Health, Disabilities and Addiction for holding
5 this hearing and for the opportunity to testify. My
6 name is Faith Behum and I am an Advocacy and Policy
7 Advisor at UJA Federation of New York.

8 Since the beginning of the COVID-19 pandemic,
9 UJA's network of nonprofits have worked closely with
10 the communities they serve, connecting children,
11 youth, families and senior citizens with the supports
12 and services they needed to live through an
13 incredibly difficult time.

14 UJA urges the City Council and Administration to
15 make the following investments in the Fiscal Year '22
16 budget in order to support the work of UJA's network
17 of nonprofits.

18 First, we are asking to restore and baseline the
19 Indirect Cost Rate and provide additional details
20 about the cuts to the Indirect Cost Rate in my
21 testimony.

22 Something that I do want to highlight is that
23 across the UJA provider network alone, there is
24 combined Fiscal Year '20 lost of \$2.3 million for the
25 ICR. The ICR funds important aspects of human

2 services provision, which are needed now more than
3 ever to help New York City respond and recover from
4 COVID-19. The city must restore the Fiscal Year '20
5 ICR cuts, fully fund Fiscal Year '21 rates and
6 baseline the full cost of ICR funds for Fiscal Year
7 '22 and the outyears. Our nonprofits also receive
8 funding through a number of mental health
9 initiatives. Seven of UJA's nonprofits receive
10 funding through the Autism Awareness Initiative.

11 This funding allows our nonprofit partners to
12 provide wrap around services to autistic children and
13 youth and after school, weekend and summer programs.
14 It also supports training for parents, guardians and
15 caregivers of children diagnosed with autism.

16 In March 2020, providers transitioned services to
17 virtual platforms. Those who provide trainings and
18 support groups to parents, guardians and caregivers,
19 saw an increased need for these groups. Due to the
20 need to quarantine and social distance, many parents,
21 guardians and caregivers became totally responsible
22 for the 24/7 care of the individuals with autism who
23 live with them.

24 Support groups became very popular, allowing for
25 these individuals to virtually meet with others who

2 were experiencing similar situations as well as
3 learning new skills on how to support the individuals
4 they were caring for.

5 During the past year, the afterschool program
6 funded by the Autism Awareness Initiative
7 transitioned to a combination of virtual and in
8 person offerings, while summer programs are in person
9 with reduced capacity. Providers worked with the
10 communities they served to understand if individuals
11 were more comfortable with in-person, virtual or a
12 combination of both types of programming and families
13 appreciate the flexibility.

14 We are urging the City Council to maintain
15 funding for the Autism Awareness Initiative at \$3.2
16 million. And thank you for the time to testify
17 today. Details about UJA's others, a mental health
18 initiative asks are included in the testimony I will
19 be submitting.

20 COMMITTEE COUNSEL: Thank you very much and our
21 next panelist will be Dr. Rebecca Capasso. You can
22 begin when you are ready.

23 SERGEANT AT ARMS: Your time will begin now.

24 REBECCA CAPASSO: Hi, good afternoon Chair Louis
25 and Chair Levine. Thank you for giving me the

2 opportunity to testify today. My name is Dr. Rebecca
3 Capasso, I am the Medical Director of Psychiatry at
4 Project Renewal. A New York City homeless service
5 nonprofit agency. Earlier you heard from my
6 colleague Doug Warn about Project Renewals Health,
7 Homes and Jobs program, including our range of mental
8 health services. We are really grateful to the New
9 York City Council and the New York City Department of
10 Health and Mental Hygiene for their support for
11 Project Renewal Services.

12 Since the onset of the pandemic, the demand for
13 our mental health services and our substance use
14 services have never been higher. As you have heard
15 from multiple panel members throughout this evening,
16 it is pretty much the same story.

17 Today, I wanted to tell you about our
18 telepsychiatry program, which we quickly scaled up in
19 response to the pandemic, so that we could give
20 thousands of our clients uninterrupted mental health
21 and substance use disorder care while still remaining
22 remote and protecting them from the risks of COVID-
23 19.

24 We trained all of our psychiatric providers to
25 deliver care by a telepsychiatry. We installed

2 telehealth stations in our transitional housing
3 programs and in our shelter based Article 28 clinics.
4 And we ensured that all of our clients had access to
5 computers, iPads and Wi-Fi, so they could continue
6 receiving care while maintaining social distancing.
7 As a result, our clients, especially those in the
8 shelter have noted that they had better access to
9 their psychiatric services than even before the
10 pandemic. We have seen a 5 percent increase total in
11 our access to mental health care since the pandemic
12 started.

13 In addition, we are keeping clients out of the
14 emergency room for their mental health crisis at an
15 even better rate than before the pandemic. So,
16 during the pandemic, our shelter and housing programs
17 have reported 36 fewer ER visits and 12 percent fewer
18 hospitalizations compared to the 12 month period
19 prior to the pandemic.

20 So, as we work to provide mental health care for
21 a populations whose need for our services is swiftly
22 rising, telepsychiatry is going to remain a critical
23 tool and we will need the support from the City
24 Council to continue implementing this efficient and
25 effective method of care in the future. Uhm, much

2 like others, the City Council, we are asking that you
3 ensure that the New York City Department of Mental
4 Health and Hygiene has the resources it needs to meet
5 the growing need created by the pandemic and restore
6 the cuts made to the Fiscal Year '21 to the Council's
7 mental health initiatives.

8 Project Renewal strongly supports the Committee
9 on Health and Mental Health and values our role in
10 partnering with their mission and we really look
11 forward to working with you more with the Committee
12 and welcome suggestions for how we can partner more
13 in the future.

14 I really appreciate the time to testify today.

15 COMMITTEE COUNSEL: Thank you for your testimony.
16 Our next panelist will be Paul Lee. You can begin
17 when you are prompted.

18 SERGEANT AT ARMS: Your time will begin.

19 PAUL LEE: Good afternoon. First off, thank you
20 to the members of Committee on Health and all of the
21 Committees gathered here today for allowing us to
22 testify. I also want to thank and acknowledge you
23 for all the hard work you have done on behalf of the
24 entire city during this pandemic.

2 My name is Paul Lee, I am a Project Coordinator
3 for Korean Community Services in metropolitan New
4 York. Uhm, as you know the importance of
5 organizations like KCS and others at this meeting
6 have increased due to the unprecedented challenge and
7 impact of COVID-19. In addition to the shocking and
8 increasing number of hate crimes against members of
9 the Asian American Community, many of those we serve
10 have also been disproportionately impacted by this
11 pandemic.

12 Despite the model minority myth of Asian
13 Americans, it is largely successful and not in need
14 of support. Almost 26 percent of our community lives
15 in poverty, 78 percent are foreign borne and many are
16 impacted by high rates of limited English
17 proficiency.

18 Asian Americans are also the fastest growing
19 ethnic group in New York City. I would just like to
20 share one story involving a patient of ours who has
21 chronic hepatitis B and was able to receive
22 lifesaving care through the Viral Hepatitis
23 Initiative.

24 While this patient was aware of their condition,
25 he did not seek care due to his lack of insurance for

2 almost three years. As you may or may not know,
3 chronic hepatitis B is a lifelong disease that
4 effects the liver. Without regular medication and
5 follow up, Hep B can lead to cirrhosis or liver
6 cancer.

7 After approaching KCS for assistance, we were
8 promptly able to link this individual to critical care
9 and also enrolled him into health insurance. He was
10 subsequently diagnosed with liver cancer and most
11 fortunately was able to receive a liver transplant.
12 This patient is now regularly taking medication and
13 receiving regular follow up. This was only made
14 possible through the City Council's Viral Hepatitis
15 Initiative, which helped KCS to save this man's life.

16 We are here to advocate today on behalf of
17 patients like whose story I just shared and for over
18 the 330,000 individuals in the city who are estimated
19 to have hepatitis B and C. The vast majority of whom
20 are unaware of their condition.

21 Accordingly for FY22, we are asking the Mayor to
22 increase his commitment to eliminate Hep B and C and
23 NYC we encourage the administration and the DOHMH to
24 work with community providers to create and implement
25

1
2 a plan to eliminate Hepatitis B and C in New York
3 City.

4 We are also asking Council to sustain level
5 funding to the Viral Hepatitis Initiative, which is
6 one of the most innovative and effective treatment
7 prevention and education initiatives for Hep B and C
8 in the nation. We are also grateful to the Council
9 for its inspiring national leadership with its Viral
10 Hepatitis Initiative.

11 Lastly, we also urge the members of the Council
12 to contact your counterparts in the State Assembly
13 and Senate to not allow Governor Cuomo to cut Article
14 6 funding rates to New York City. The governors
15 budget proposes to single out New York City and cut
16 our public health matching funds from 20 to 10
17 percent as you know.

18 For every other locality, the public health's
19 fund matching rate is 36 percent. The proposed cut
20 will take more than \$38 million out of the New York
21 City public health programs. Please sound the alarm
22 for your state counterparts and try to get this
23 funding restored or help backfill this vital funding
24 if these cuts are pushed through by the governor.

2 Once again, thank you for your time and allowing
3 me to share this testimony with you all.

4 COMMITTEE COUNSEL: Thank you very much. We
5 will now turn to Reed Vreeland for his testimony.

6 SERGEANT AT ARMS: Your time will begin.

7 REED VREELAND: Hello, thank you so much to
8 Council Member – to Chair Levine and Chair Louis
9 today. It's been quite an endurance test. My name
10 is Reed Vreeland, I am Director of New York City
11 Community Mobilization at Housing Works. I was very
12 struck by something that Commissioner Chokshi said at
13 the beginning, which is you don't turn off the water
14 on a firetruck during a blazing inferno.

15 So, what's happening right now in our city is
16 truly a blazing inferno and at the state level, the
17 governor Cuomo is trying to cut health funding both
18 through the Medicaid Pharmacy Carveout to 340B
19 providers. Like Housing Works FQHC's and through
20 Article 6 and other ways.

21 So, I urge, urge, urge, the Council to take
22 serious action on Article 6 and uhm, on Council
23 Member Levine's Resolution 1529. Uhm, to oppose the
24 Medicaid Pharmacy Carveout. In addition, I want to
25

2 uh, really emphasize the need for continuing to fund
3 the New York City plan to end the HIV AIDS epidemic.

4 Uhm, this initiative, the City Council
5 Initiative, uhm, and the Mayor's funding toward
6 ending the epidemic have been extremely successful in
7 decreasing new HIV infections by 25 percent since
8 2015. We are now encountering you know coming out of
9 COVID when people are going to be vaccinated. What I
10 think will likely be a summer of love and contact and
11 a lot of people wanting to be with each other and it
12 is essential for the City right now to have to
13 support public health programs especially sexual
14 health and wellness programs to make sure that the
15 city's sexual health clinics are operational this
16 spring and summer and people are getting access to
17 HIV prevention, uhm and other prevention tools.

18 Uhm, I also want to emphasize the need to
19 continue level funding for the city's Viral Hepatitis
20 Initiative. The City Council and your uhm, viral
21 hepatitis you know hepatitis B and C initiative are
22 truly a model for the whole nation as Paul Lee said.

23 And this program uhm, would even be better if we
24 have a citywide viral hepatitis elimination plan,
25 which I think we should try to get in the next year.

2 But level funding is essential. In addition, we need
3 to -

4 SERGEANT AT ARMS: Time expired.

5 REED VREELAND: Increase funding for overdose
6 prevention in the city as we heard about earlier. I
7 also want to bring attention to something that is
8 happening in this year's administrative budget which
9 is the merger of several different boroughs within
10 DOHMH into one mega borough. So, it's the merger of
11 the division of HIV, viral hepatitis and STI's into
12 one single borough.

13 So, we want to make sure the Council has
14 oversight into that process. What's getting cut,
15 what's happening and make sure it's really
16 communicated to the community as well. Uhm, because
17 we need to really be in contact on this. So, I urge
18 uhm, the Council's action and continuing to fund
19 these vital initiatives and I thank you.

20 COMMITTEE COUNSEL: Thank you very much to this
21 panel and I will once again just pause briefly for
22 any Council Member questions.

23 CHAIRPERSON LEVINE: Uh, thank you so much. Uhm,
24 Committee Counsel, am I coming through okay? My
25 computer is glitching a little bit.

2 COMMITTEE COUNSEL: You sound great. Thank you.

3 CHAIRPERSON LEVINE: Okay, great. This was
4 another incredible panel. Uhm, Reed, I just want to
5 thank you for what you have done personally and what
6 Housing Works has done to stand out for vulnerable
7 people in this pandemic. And uh, just add my voice
8 to yours in denouncing any threat of a funding cut to
9 the organizations which are out there saving lives
10 amongst vulnerable people in New York City right now.

11 I also really like the Commissioners analogy and
12 I am going to be using it and we are going to fight
13 really hard on that front and I do also appreciate
14 you mentioning some of the Council initiatives. What
15 we are doing on viral hepatitis which I didn't
16 actually know was considered a national model. So,
17 that's great uhm but we are going to be fighting for
18 it. I also fear that we taking a step backwards
19 after the past year because uhm, a lot of the system
20 to support people struggling or vulnerable to
21 hepatitis have been disrupted.

22 And so, we got a lot of work to make up and this
23 would be a moment to double down on that investment.
24 Uhm, uh, I don't know whether our representative from
25 RWDSU 1102 Mr. Dorman is still here but I just want

2 to validate what he said about how tough it has been
3 to work at ACC over the past year. These have been
4 very tight conditions; essential jobs and a lot of
5 people have gotten sick.

6 In fact, they had to close down the Manhattan
7 Animal Shelter because the entire staff, this was
8 only a few weeks ago, was either out sick with COVID
9 or out quarantining. Thank goodness they now have
10 eligibility for the vaccination but there needs to be
11 more resources for adequate pay for that workforce.

12 And to – I want to make sure I get the name
13 right, uh Chris Walzer I think, who spoke from the
14 New York Wildlife Fund. I don't know if you still on
15 but I did really appreciate your comments about the
16 need to uh, invest more in understanding how disease
17 is transmitted between humans and animals. It would
18 be really naive to think that that will never happen
19 again.

20 So, we need to understand that mechanism and the
21 funding for resource needs to be there. So, uhm and
22 finally to our friends at UJA, uhm, UJA faith is just
23 such an incredible force in the city for communities
24 of all backgrounds and has always particularly shown
25 up in the health and mental health arenas. And so,

2 you know, we are grateful for what UJA does and thank
3 you for speaking out on those budget priorities
4 today.

5 Thanks again to this whole panel, another great
6 discussion. Back to you Sara.

7 COMMITTEE COUNSEL: Thank you very much Chair
8 Levine and we will next call up the next panel, which
9 will be Joo Han, Jane Wong, Arline Cruz, Mia Soto,
10 Nadia Chait, Alan Ross and Cal Hedigan.

11 And Joo Han, you can begin as soon as you are
12 prompted.

13 SERGEANT AT ARMS: Starting time.

14 JOO HAN: Thank you Chairs Louis and Levine and
15 all the Committee Members for holding this hearing.
16 I am Joo Han, the Deputy Director at the Asian
17 American Federation. We represent the collective
18 voice of 70 member nonprofits, some of whom you heard
19 from earlier serving 1.3 million Asian New Yorkers.

20 Under COVID the Asian communities mental health
21 needs has dramatically increased due to loss of loved
22 ones which have been under reported. The surge in
23 anti-Asian violence as some groups have reported -
24 already referenced, high unemployment rates and the
25 severe isolation of our seniors.

2 In 2020, there were at least 500 anti-Asian bias
3 against the community that's already experienced the
4 greatest increase in unemployment, all of which have
5 compounded the trauma of low-income Asian New
6 Yorkers. Even before COVID, Asians were the only
7 racial group in the city for which suicide was one of
8 the top ten leading causes of death. Asians also had
9 the lowest utilization of mental health services
10 across all racial groups, a challenge that's further
11 exacerbated by the fact that 25 percent of Asian New
12 Yorkers live in poverty and 50 percent have limited
13 English proficiency. And we know that at least 36
14 languages are spoken across the Pan-Asian community.

15 Next years budget must address systemic
16 inequities by supporting community-based mental
17 health solutions provided by Asian nonprofits. Who
18 have been historically underfunded having received
19 just 0.2 percent of DOHMH contract dollars for Fiscal
20 Year 2002 to 2014. Despite being the fastest growing
21 population in the city.

22 We are asking the City Council to make an initial
23 investment of at least \$2 million in Asian nonprofits
24 to provide culturally competent programs and again,
25 some of our mental health partners who are also our

2 members agencies testified to some of the needs that
3 they were seeing during COVID as well as just, we
4 know that that's going to continue beyond COVID. The
5 current models of service that the city offers like
6 New York City WELL, they do not work for the Asian
7 community.

8 So, this investment is critical if you want to
9 prevent a bigger health crisis. With this
10 investment, the federation plans to expand and
11 sustain a citywide effort to build mental health
12 service capacity. This is in partnership with many
13 of our — a number of our mental health partners.
14 Specifically expand a community education program to
15 reduce deep stigma relating to mental health
16 services, as well as create and disseminate
17 culturally competent resources, which we have done in
18 the past year. Develop the capacity of Asian serving
19 nonprofits to identify mental health needs and
20 provide nonclinical interventions, which is where a
21 lot of people in our community get access versus
22 western models like counseling and therapy.

23 Provide culturally competent trainings to
24 mainstream mental health providers to increase their
25 knowledge of how to address the mental health needs

2 of Asian New Yorkers. There is only, you know, I can
3 count on one hand the number of Asian mental health
4 clinics in New York City. So, there is no way that
5 the needs of all Asian New Yorkers can be met only by
6 Asian mental health clinics.

7 So, we need everyone to be able to increase their
8 cultural competency which includes hiring staff and
9 being responsive to the needs of the fastest growing
10 population in New York City.

11 Convene the Asian American Mental Health
12 roundtable to share resources and knowledge and best
13 practices to serve the varied mental health needs of
14 the community, which we have been doing in the past
15 year and had over 20 Asian nonprofits uhm, join us on
16 a quarterly basis to address the COVID specific
17 mental health needs that have arose. And also
18 replicate successful program models and provide
19 training to Asian serving organizations in order to
20 build their internal capacity to provide nonclinical
21 mental health services to the Asian community.

22 Thank you for allowing me to testify and we look
23 forward to working with all of you to make sure that
24 our communities get the mental health support that
25 they deserve. Thank you.

2 COMMITTEE COUNSEL: Thank you. We will next turn
3 to Jane Wong. You can begin when you are prompted.

4 SERGEANT AT ARMS: You time will begin now.

5 JANE WONG: Hello, thank you for this opportunity
6 to testify. My name is Jane Wong and I am the
7 Hepatitis B Program Associate at Charles B. Wong
8 Community Health Center. We are a FQHC with
9 locations in Chinatown Manhattan and Flushing Queens
10 and today I would like to talk a little bit about our
11 health center and the Check-up B Program which is
12 under City Council's Viral Hepatitis Initiative.

13 Approximately one in eight adult patients at our
14 health center live with chronic hepatitis B and it is
15 estimated that there are 241,000 people with
16 hepatitis B in New York City. However, many people
17 living with hepatitis B aren't even aware of their
18 infection because this condition often doesn't have
19 symptoms. And if it is left unmonitored or
20 untreated, one in four individuals with chronic
21 hepatitis B go onto develop serious liver problems
22 including liver cancer.

23 Uhm, the Check-up B Program under City Council's
24 Viral Hepatitis Initiative provides essential patient

2 navigation and care management services for New
3 Yorkers identified to have chronic hepatitis B.

4 Uhm, and of those linked to care through the
5 Check-up B Program, 96 percent completed a hepatitis
6 B medical evaluation. And you know, with continued
7 funding and resources, Check-up B programs throughout
8 the city can continue to address the burden of
9 hepatitis B among our communities. However, with the
10 prioritization of New York City's limited resources
11 toward COVID-19 efforts, that has impacted our
12 ability to offer program services at full capacity
13 and we proposed further cuts to Article 6 state
14 reimbursement to 10 percent would exacerbate the
15 issue.

16 Uhm, and so, we are asking City Council to
17 sustain funding at Fiscal Year 2020 levels to the
18 City Council Viral Hepatitis Initiative in light of
19 all the budget cuts and prioritization of efforts
20 towards COVID-19.

21 So, thank you so much for this opportunity to
22 speak today. I hope everyone is staying safe and
23 well and thank you for taking the time to listen to
24 our testimony.

2 COMMITTEE COUNSEL: Thank you very much. We will
3 next turn to Arline Cruz. You can begin when you are
4 prompted.

5 SERGEANT AT ARMS: Time will begin.

6 ARLINE CRUZ: Good evening. My name is Arline
7 Cruz and I am the Associate Director of Health
8 Programs at Make the Road New York. We thank the
9 Committee for the opportunity to testify today on
10 behalf of Make the Road New York and our 24,000
11 members and staff.

12 As you probably know our communities have been
13 some of the hardest hit by COVID-19, our largest base
14 in Central Queens, the epicenter of the pandemic.
15 Across all our sites, our members and participants
16 are dying, have been sick and struggle to access
17 care, testing and now vaccinations. Despite these
18 obstacles, we continue to provide essential health,
19 legal and educational services. Our health teams
20 continue all core services or providing an array of
21 emergency provisions with a mixture of remote
22 telework and in-person services.

23 On the experiences we are making or following the
24 recommendations for the Fiscal Year 2022 budget. We
25 first asked the City Council to maintain \$2.5 million

2 in funding for the Access Health Initiative and
3 restore an increased funding from a cap to \$750,000.
4 We reach over 8,000 low-income immigrants a year with
5 our health access services and in 2020, our team
6 provided services online and by phone and responded
7 to new needs. We assist with health insurance
8 enrollment, food stamps enrollment and health
9 navigation. MCCAP is a city funded project a part of
10 this initiative. We utilize it to help folks
11 understand how to use their health services. We
12 solve building issue encourage denials and maximize
13 their coverage. During the height of the pandemic,
14 we even helped clients locate the remains of loved
15 ones in hospitals and removed deceased loved ones
16 remains from their homes.

17 An increase in funding is crucial for our
18 communities where individuals are not eligible for
19 insurance and need help finding low-cost care and
20 lowering their medical debt.

21 Secondly, we ask Council to maintain its \$2
22 million allocation to the Immigrant Health Initiative
23 and request continued funding for our org in the
24 amount of \$80,000. Throughout the initiative Make
25 the Road tackles health disparities among low-income

2 and immigrant New Yorkers. With continued funding we
3 will reach at least 900 new participants for the
4 project.

5 Third, we ask that the City Council to maintain
6 \$7 million in funding and request \$75,000
7 specifically for our org under the initiative. This
8 funding supports prevention, education and outreach.
9 Renewed funding will ensure individuals will attend
10 virtual HIV prevention sessions and screenings for at
11 least 400 individuals. That includes referrals for
12 HIV prevention services with hundreds of referrals to
13 social services such as SNAP enrollment.

14 Fourth, we request \$50,000 from the Brooklyn
15 delegation to support Make the Road and fellow
16 coalition partners in the bridge to health equity.
17 Community health worker projects. With the projects
18 Make the Road and Coalition partners will provide a
19 home-based asthma intervention program –

20 SERGEANT AT ARMS: Time has expired.

21 ARLINE CRUZ: With asthma in targeted Brooklyn
22 neighborhoods. We work in Bushwick and our community
23 health workers visit families, served up to three
24 times per year virtually or in person.

2 Finally, the city should increase funding to \$22
3 million per emergency food assistance programs to
4 support this critical source of food for more than
5 500 pantries and soup kitchens in the city.

6 We thank the Health Committee and the entire City
7 Council for your consideration and look forward to
8 working together in Fiscal Year 2022. Thank you.

9 COMMITTEE COUNSEL: Thank you very much. We will
10 now turn to Mia Soto. You can begin as soon as you
11 are prompted.

12 SERGEANT AT ARMS: Your time will begin now.

13 MIA SOTO: Good afternoon. Thank you Chairperson
14 Levine and the Committee Members for giving me the
15 opportunity to present testimony today and for this
16 tremendous assistance. My name is Mia Soto and I am
17 the community organizer in the Health Justice Program
18 of the New York Lawyers of Public Interest, where we
19 work to ensure that undocumented immigrants have
20 access to healthcare services.

21 During this unprecedented public health crisis, I
22 urge the Council to support new funding for this
23 vital community health work, which has saved lives
24 and improved the health of thousands of New Yorkers
25 across the city.

2 New York Lawyers for the Public Interest is
3 privileged to work with you and are thankful for your
4 support in continuing our work. At a time when
5 access to medical care information is crucial and
6 this information can endanger our communities. This
7 support has also allowed us to expand our work in
8 educating immigrant New Yorkers with serious
9 healthcare conditions.

10 And their healthcare providers and legal service
11 providers and advocates across the city uhm, to learn
12 about how to access healthcare services and to stay
13 safe during the times of the pandemic.

14 Your funding support really supports NYLPI's work
15 to provide comprehensive screening and legal
16 representations to individuals, particularly those
17 who are in health emergencies. And it has also
18 allowed us to support eligible immigrants enrolled in
19 state funded Medicaid and for example, one of our
20 clients uhm, was diagnosed with heart failure shortly
21 after he entered into the United States and he was
22 just 16-years-old at that time.

23 He was denied a heart transplant in part because
24 of his undocumented status and our team actually met
25 with him in the hospital after he was operated on and

2 given a left ventricle assist device to ensure that
3 his heart continued pumping.

4 While advocating for his heart transplant, we
5 ensured that he was represented in immigration court
6 and before the asylum office and advocate fiercely
7 for an expedited process before of his heart
8 condition.

9 After we passed this case and pressed his case,
10 the individuals actually granted asylum in March 2020
11 and was reunited with his mother after being
12 separated from her for the past 12 years. We are
13 proud to actually share with you all that the last
14 month, he actually received a heart transplant and is
15 recovering well. And today, I ask the funding of
16 City Council continue for the year 2022 for both
17 [INAUDIBLE 5:14:14] and our partners.

18 Uhm, and to support is really vital and important
19 work to serve our community, to serve those in need.

20 Uhm, and you know improve immigrant New Yorkers
21 access to healthcare services. Thank you.

22 COMMITTEE COUNSEL: Thank you very much. Next,
23 we call on Nadia Chait and Nadia, you can begin as
24 soon as you are prompted.

2 NADIA CHAIT: Thank you for the opportunity to
3 testify today. I am Nadia Chait the Associate
4 Director of Policy and Advocacy at the Coalition for
5 Behavioral Health. You have heard from some of our
6 members already today but we have over 100 members
7 who provide community-based behavioral health
8 services throughout New York City to about 600,000
9 New Yorkers every year. Our members are in every
10 community in the city and provide services in
11 literally dozens of languages.

12 They are embedded in their communities and truly
13 understand the needs on the ground for services and
14 what they are seeing at this time, is horrific. We
15 are seeing a massive mental health and substance use
16 crisis that the Council needs to take strong action
17 to address. The long-term impacts of COVID on the
18 physical health side maybe ending but on the mental
19 health and substance use side, the impact of COVID is
20 just beginning. We are seeing three times the number
21 of New Yorkers reporting depression and anxiety.

22 We are hearing from our members that when
23 children are coming into their programs, they are
24 coming in at a much more serious level of need and
25 experiencing much more destabilizing events including

2 the loss of parents and caregivers, as well as
3 unemployment and other challenges in the home.

4 We know that substance use is up uhm,
5 unfortunately as some of the Council Members for
6 questioning the city on before, our data at this
7 point on overdose is a year old, which we think is
8 really unacceptable. But even from that data, we
9 know that overdoses were up over 28 percent from
10 quarter one of 2020 compared to quarter one of 2019.
11 And we have heard from all of our providers that lead
12 us to think that tragically this number is going to
13 get much higher over the course of the rest of the
14 year as the data comes in. We also know that our
15 members have had to reverse far more overdoses than
16 they normally have to.

17 Uhm and so all of this leads us to one very clear
18 conclusion which is that we need to substantially
19 increase uhm, investment in mental health and
20 behavioral health services and provide a robust
21 response to the mental health and substance use crisis
22 that our city is facing right now.

23 Last year, uhm the Council unfortunately had to
24 cut the mental health initiatives by 15 percent and
25 eliminated one initiative completely. As a result of

2 those cuts, 40 percent of funded providers served
3 fewer people. 20 percent had to lay off staff, 30
4 percent cut staff hours and 13 percent cut staff
5 salaries.

6 Of course all of these cuts came at a time when
7 the increase for the demand for services was
8 increasing and when providers were investing
9 substantial amounts of money to transition programs
10 to telehealth and to make their physical spaces
11 safer.

12 I do want to note that while many programs
13 transitioned to telehealth and that's been effective
14 for a lot of the folks that we serve, our doors also
15 never close and providers continue to provide
16 services in person, in residences and on the street.
17 And so invested in PPE and other costs to make that
18 safe.

19 We would strongly encourage the Council to
20 increase funding – to restore funding on the
21 initiatives to the FY21 20 levels and to increase
22 funding on the Geriatric Mental Health Initiative.

23 SERGEANT AT ARMS: Time expired.

24 NADIA CHAIT: Mental health services for
25 Vulnerable Populations Initiative uhm the Children

2 Under Five Initiative and the Opioid Prevention and
3 Treatment Initiative. Thank you.

4 COMMITTEE COUNSEL: Thank you Nadia. We will
5 next turn to Alan Ross and Alan, you can begin as
6 soon as you are prompted.

7 SERGEANT AT ARMS: Your time will begin now.

8 COMMITTEE COUNSEL: Alan, you are still on mute.
9 Just a moment while we work to unmute you. There you
10 go.

11 ALAN ROSS: Okay, my name is Alan Ross and I am
12 Director of Samaritan Suicide Prevention Center.
13 Part of the world's largest suicide prevention
14 network of centers in 40 countries. I want to thank
15 the Committee for the opportunity to speak today.

16 Samaritan is the only community-based
17 organization in New York City whose sole mission is
18 preventing suicide, wants to thank the City Council
19 for its continued support of our 24 hour suicide
20 hotline. The only completely confidential crisis
21 response service in the city staffed entirely by
22 volunteers. We would literally not be here without
23 you and that's the focus of my comments today.

24 We all know that suicide and self-harming
25 behavior were major public problems before COVID and

2 that the number of New Yorkers at risk has in some
3 cases doubled and tripled during the pandemic.

4 Being on the frontlines in New York City Suicide
5 Prevention efforts since 1984, I have seen first hand
6 the results of the city's development of new mental
7 health programs. I have seen the state create new
8 initiatives and research projects. I have seen more
9 new training programs for our city's schools and
10 health agencies than I can even count and while some
11 of these have improved the city's response to those
12 at risk, many have not and most have been duplicative
13 or failed to build on what was already established.

14 And almost without exception, every time
15 something new is created, it came at the expense of
16 existing programs with established track records that
17 were already embedded in New York City's the first
18 cultural communities.

19 Thrive as you know, is the best example. With
20 its launched dozens of highly respected community-
21 based programs that serve New York City immigrants,
22 people of color, those with substance abuse, the
23 chronic mentally ill, people living in poverty and so
24 many others saw our budget slashed if not eliminated.

1 Take Samaritans, operating New York City's 24
2
3 hour suicide hotline for 30 years answering over 1.3
4 million calls by DOMH hotline contract was reduced by
5 85 percent, reducing instead of increasing our
6 ability to help people in need.

7 We were credited with bringing suicide
8 professional development training to tens of
9 thousands of New York City frontline student support
10 personnel but when funding became available,
11 Samaritans was ignored and this is a process that
12 goes on for many community-based organizations.

13 Instead of utilizing the knowledge and experience
14 of community-based groups, Samaritans is just one
15 groups that have proved effective in providing for
16 support to those who are underserved who research
17 shows frequently issue government programs and
18 clinical services. Funds continually go to new
19 programs that by definition are unproven and will
20 take considerable time to develop.

21 Is the law of physics. To continue to expand and
22 add without reinforcing the foundation undermine
23 system integrity instead of strengthening the city's
24 mental health safety net, it ends up compromised,
25 which is the opposite of what any of us want.

2 So, as you determine next years funding
3 priorities, we hope the Council will please remember,
4 one size does not fit all.

5 SERGEANT AT ARMS: Your time has expired.

6 ALAN ROSS: It is not always better and new is
7 not necessarily improved. New York City's diverse
8 community based organizations have always been in the
9 best position to help underserved New Yorkers who are
10 not getting the help and support they need. At a
11 minimum, Samaritans and other frontline community
12 crisis run services should have our pre-COVID budget
13 cuts restored and we hope the Council will act for
14 the benefit of all New Yorkers.

15 Thank you so much for your time.

16 COMMITTEE COUNSEL: Thank you Alan. We will next
17 turn to Cal Hedigan. And call, you can begin as soon
18 as you are prompted.

19 SERGEANT AT ARMS: You may begin.

20 CAL HEDIGAN: Thank you Chair Louis and Levine
21 and Committee Members. My name is Cal Hedigan, I am
22 the CEO of Community Access. An organization that
23 has been supporting the self-determination of people
24 living with mental health concerns since 1974.

2 Our 350 person staff work daily to support
3 thousands of New Yorkers through supportive housing,
4 mobile treatment teams, training, supported
5 education, advocacy and other healing focus services.
6 I direct your attention to my written testimony which
7 goes into greater detail on a number of budget
8 issues. I will focus on just a few. The mental
9 health toll of these last 13 months cannot be over
10 stated. The city must increase its investment in
11 community-based services so that access to trauma
12 informed culturally competent services will be
13 available to the growing number of New Yorkers in
14 need.

15 The human services sector employs over 600,000
16 New Yorkers. The majority of whom are women who
17 identify as BIPOC. Yet city contracts are funded in
18 such a way that providers cannot pay frontline
19 workers a living wage. These are the very workers
20 who have been showing up every day throughout this
21 pandemic, providing essential services to some of our
22 city's most vulnerable people.

23 City contracted human services workers on average
24 earn less than half the wages of those outside the
25 sector. City funding levels must increase to address

2 the inequitable salary structure in this sector. The
3 Fiscal Year '22 budget must at a bare minimum include
4 the restoration of a three percent COLA on personnel
5 services in contracts, as well as emergency pay for
6 frontline workers retroactive to the beginning of New
7 York's lockdown order.

8 Attention also needs to be paid to the true cost
9 of community-based providers. At Community Access,
10 we need to privately raise almost ten percent of our
11 budget every year just to break even. Last year,
12 through the Indirect Cost Rate Initiative, the city
13 took an important step towards reimbursing nonprofits
14 for the administrative cost of doing business but
15 now, the city is renegeing on that commitment by
16 retroactively cutting the ICR funding by 40 percent
17 in Fiscal Year '20 and up to 70 percent in Fiscal
18 Year '21. This simply must not happen. The budget
19 must include \$171 million to honor the ICR funding
20 commitments for Fiscal Years '20, '21 and '22.

21 Lastly, there are record numbers of people
22 experiencing homelessness in our city. We must move
23 on from the idea of a right to shelter to the
24 understanding of housing –

25 SERGEANT AT ARMS: Time has expired.

2 CAL HEDIGAN: As a fundamental human right. And
3 a vital determinant of individual health and mental
4 health. Mission driven nonprofit housing providers
5 like Community Access are ready to partner with the
6 city to address this need.

7 I look forward to working with you to advance
8 budget priorities that will support the health and
9 mental health of New Yorkers and create a model of
10 pandemic recovery for other city's to follow.

11 Thank you so much for the opportunity to speak
12 today and please stay tuned for testimony from my
13 colleagues with CCIT NYC and NYLPI. Thank you.

14 COMMITTEE COUNSEL: Thank you very much Cal and
15 thank you to this entire panel. I will pause briefly
16 for any Council Member questions or comments.

17 CHAIRPERSON LEVINE: Well, I want to thank all of
18 you for speaking out today, for staying. It is so
19 important that you on the record on these points and
20 also a long hearing. But I think you will agree with
21 me when I say that we are in for a real reckoning on
22 the mental health implications of this crisis. I
23 don't think the city has really yet come to terms
24 with this and that, we can't wait for six or twelve
25

2 months from now to wake up to that and to start to
3 respond.

4 Really, the work has to happen now. We lost a
5 year in addressing a lot of these issues. Uhm, in
6 some ways it was unavoidable but uhm, but we really
7 need to have the resources in place now to respond.

8 It is going to be a long fight. This is bigger than
9 911 and its impact is disruption and its impact on
10 mental health in the city and we know it is going to
11 be a year's long fight.

12 I appreciate Nadia and all of you who brought up
13 the particular challenge in responding to addiction
14 and overdose. I am alarmed at what I believe is real
15 backsliding on that front. And so, certainly, you
16 have my support in trying to make sure that there is
17 no cuts to these, any of these services but that we
18 can fully fund and if possible enhance the Council
19 initiatives that support your work and mayoral
20 initiatives as well.

21 So, thank you all for speaking out and let's work
22 together on behalf of this important sector in the
23 months ahead. Thank you.

24 COMMITTEE COUNSEL: Thank you Chair Levine and
25 thank you to this entire panel. Our next panel will

2 be Sam Miller, Michelle Gadot, Shane Correia,
3 Phoenix, Courtney Hauck, Ruth Lowenkron and Steve
4 Coe.

5 Sam Miller, you can begin as soon as you are
6 prompted.

7 SERGEANT AT ARMS: You may begin.

8 SAM MILLER: Thank you. Good afternoon, early
9 evening Chairperson Levine and Louis and members of
10 the Committees on Health and Mental Health.

11 CHAIRPERSON LEVINE: It is almost tomorrow Sam.

12 SAM MILLER: Not quite, it is getting there
13 though right. It is good thing it is still light
14 out. Uhm, it is good to see you. My name is Sam
15 Miller, I am the Chief External Relations Officer at
16 the Institute for Community Living or ICL. A
17 nonprofit behavioral health organization that serves
18 10,000 New Yorkers a year across the five boroughs
19 with a wide range of mental health disorders,
20 developmental disabilities and substance misuse
21 issues and I want to thank you for the opportunity to
22 testify today on behalf of ICL's President and CEO
23 David Woodlock.

24 ICL is a leader in providing truly integrated
25 whole person care that is designed to help people get

2 better based on their individual needs, not just
3 their diagnosis or what government programs they may
4 be eligible for. We provide shelter and supported
5 housing in more than 2,500 New Yorkers each night and
6 we offer a range of services from intense care
7 coordination to clinical services, to mobile
8 treatment teams to family support.

9 Our recent New York Health Hub which opened in
10 2018, with our primary care partner, Community
11 Healthcare Network, has gained national recognition
12 for offering comprehensive mental and physical health
13 services under one roof and we have applied this
14 integrated data approach to all the people we serve.

15 We focus relentlessly on data as some other folks
16 have mentioned on this in previous panels. We really
17 do take a lot of time to measure the progress and
18 improvement of our clients and we have been able to
19 uhm, over the last several years reduce
20 hospitalizations both for mental health reasons and
21 physical health reasons. And so, we are really proud
22 of what we have been able to do.

23 Uhm, like other healthcare providers, we have had
24 to overcome enormous challenges posed by the COVID
25 epidemic and I thank Nadia really described that

1 well, so I will leave that part for the written
2 testimony and get to a couple points that I just want
3 to make in my three minutes of time here.
4

5 Uhm, the first thing is the Council's mental
6 health discretionary funding. Uhm, it's really
7 important that that funding be restored to the Fiscal
8 Year '20 funding levels. That discretionary funding
9 has really been helpful for us. It has allowed us to
10 provide supported housing to 39 residents in the
11 Bronx. Last year, we were able to maintain housing
12 for these residents despite the 15 percent reduction
13 but as you know, any money that we have to cut from
14 one program, that means we have to fill it from
15 something else. So we would like to be restored.

16 We would also like the Council to insist that the
17 city fully fund the Indirect Cost Rate Initiative for
18 Fiscal Years '20, '21 and '22. Something that was
19 promised to nonprofits years ago. The pandemic has
20 put even more financial pressure on us and other
21 nonprofits on areas such as technology and workforce
22 development given the need to offer telehealth
23 services and attract and retain quality - qualified
24 excuse me, employees.
25

2 At ICL, we estimate, we spend probably more than
3 \$200,000 a year on these kinds of costs that should
4 have been reimbursed by the city.

5 And finally, uhm, I want to mention -

6 SERGEANT AT ARMS: Time has expired.

7 SAM MILLER: Uh, something that is very important
8 in terms of the impact of the pandemic on vulnerable
9 children and families.

10 We have a family, ICL runs a Family Resource
11 Center in East New York, which is somewhat unique.
12 We are not totally unique but a really successful
13 program that's set to be defunded by the Department
14 of Health and Mental Hygiene no June 30th. The
15 Family Resource Center, which provides individual and
16 group-based services to parents and caregivers of
17 kids who have or are at risk of developing emotional,
18 behavioral and mental health challenges has been a
19 lifeline for families in East New York.

20 In fact, the FRC provided 3,844 discrete services
21 in 2020, which is more than three times the 1,155 we
22 had in 2019. Which really gets to what Nadia and
23 others have said, that we have all seen this gigantic
24 increase in the need for the services that we
25 provide.

2 FRC is unique in that we serve anyone who
3 requests help, regardless of whether there is a
4 diagnosis or what insurance the person may have.

5 In our family resource center, peers offer help
6 on parenting, skills development, wrap around
7 services and care coordination, but most importantly,
8 the FRC offers easy access to clinical and other
9 services offered under one roof. Allowing families
10 with multiple needs to avoid having to waste time and
11 energy navigating our fragmented healthcare system.

12 Offering this kind of access is critical to
13 family wellness, especially given the strain on
14 families caused by the pandemic. And unfortunately,
15 the families we serve stand to lose this access on
16 June 30th. We know that there are other capable
17 providers in Brooklyn but the Health Department
18 suggested that we can continue to meet our clients
19 needs through a model that relies on a state program
20 that bills Medicaid.

21 The problem, however, is that this model known as
22 Children and Family Treatment and Support Services or
23 CFTSS has not been very successful to date and it
24 doesn't reimburse for the kinds of services that the
25 Family Resource Center provides. Medicaid simply

2 doesn't cover much of what our clients so desperately
3 need.

4 In the face of the pandemic when we know the
5 needs of vulnerable families are growing, now is not
6 the time to transition to a new model that limits the
7 kind of services families need. In fact, no
8 transition has begun and at this point, there really
9 isn't time, enough to transition before the end of
10 the Fiscal Year.

11 So, we have asked the DOHMH to extend our
12 contract on an emergency basis for a year, so we can
13 continue to serve our clients and work at a better
14 path -

15 CHAIRPERSON LEVINE: And Sam, I am sorry, if you
16 could maybe just summarize because we have so many
17 people -

18 SAM MILLER: Yeah and that's it and I am done.

19 CHAIRPERSON LEVINE: Okay, awesome, thanks.

20 SAM MILLER: Thank you so much. Sorry if I went
21 over.

22 COMMMITTE COUNSEL: Thank you very, very much.
23 Uhm and again, yeah, thank you everyone so much for
24 your patience and in case anyone wants to submit
25 written testimony, we read every word of it but we

2 really appreciate you all hanging around and we will
3 get to everybody.

4 Our next panelist will be Michelle Gadot.

5 Michelle, you can begin as soon as you are prompted.

6 SERGEANT AT ARMS: Your time will begin now.

7 MICHELLE GADOT: Good evening. My name is
8 Michelle Gadot and I am the Senior Director of
9 Planning and External Affairs at the Center for
10 Comprehensive Health Practice, also known as CCHP.

11 Thank you Committee Chair Levine for calling this
12 hearing and for the opportunity to testify before the
13 joint Committees. CCHP has provided services in the
14 East Harlem community for over 60 years and our
15 mission is to integrate high quality primary care,
16 substance use treatment, behavioral health and
17 supportive services all under one roof.

18 And in the Spring of 2017, we added opioid
19 overdose prevention to our long list of services that
20 we offer to our patients and the greater New York
21 community.

22 At first I would like to say that opioid
23 addiction is not a new phenomenon to many new
24 communities in New York City. Particularly in East
25 Harlem. We were established six decades ago to

2 combat the heroin epidemic that was taking over
3 northern Manhattan at the time. And in the 70's we
4 became one of the first programs in the country to
5 offer methadone treatment to pregnant women and we
6 still remain one of only two providers in all of New
7 York State to offer specialized treatment for
8 pregnant women with opioid use disorders.

9 And I say all of this to remind the Committee
10 Members that for many residents of New York City,
11 they have been waiting for the day when resources
12 finally funneled into their community to fight this
13 battle and the reality is that these resources only
14 became available once the nation finally woke up to
15 an epidemic that had been around for nearly three
16 quarters of a century. Once the color of people's
17 skin were died and became lighter.

18 In 2019, the number of overdose deaths increased
19 once again in New York City to 1,400 and that's
20 basically, one New Yorker dying from an overdose
21 every seven minutes and while the rate of overdose
22 deaths continue to decline amongst White New Yorkers,
23 the rate of overdose deaths continue to rise for
24 Black and Latino New Yorkers and every year the same
25 five neighborhoods have been hit the hardest by these

2 deaths and that includes neighborhoods in the South
3 Bronx and East Harlem.

4 From 2017 to 2020, our overdoes prevention
5 trainers distributed over 2,500 naloxone kits to New
6 Yorkers with the growing number of overdose kits
7 being distributed, a focus on expanding treatment for
8 addiction and a citywide campaign that emphasized on
9 reducing the stigma associated with substance use and
10 getting treatment, we were starting to see it all
11 come together. And the number of overdoses, while
12 still increased, were doing so at a slower rate.

13 And then of March of last year, COVID hit and
14 while the entire city began to shut down, we at CCHP
15 stayed open. We had to respond to new stay at home
16 measures while ensuring our patients still had access
17 to care. And our staff stayed in constant contact
18 with our clients through text messaging, email, phone
19 calls, whatever we had to do.

20 We teamed up with the Department of Health in
21 their methadone delivery program and provided them
22 with the methadone and naloxone kits they needed to
23 distribute to opioid treatment participants who were
24 in quarantine, isolation or experiencing symptoms of
25 COVID-19.

2 And historically, big events have had negative
3 effects on health and health related behaviors and
4 have led to increases in substance use. And a
5 growing fear amongst harm reduction and health
6 providers is what lasting effect will have on opioid
7 users.

8 SERGEANT AT ARMS: Your time has expired.

9 MICHELLE GADOT: The COVID-19 crisis has
10 increased the risk of homelessness, overdoses and
11 unsafe injecting and sexual practices and concern
12 that many of our patients and general members of the
13 community may deal with a sudden isolation and loss
14 in jobs, family, home and social supports. With
15 increased substance use, we came up with innovative
16 ways to distribute overdose prevention supplies
17 online and in the summer, we launched a new program
18 on our website to mail naloxone kits out to anyone
19 who lived in New York and mailed out nearly 400 kits
20 to date.

21 Now, unfortunately we have yet to know what
22 impact the trauma of COVID-19 has had and will
23 continue to have on the mental health and substance
24 use for New Yorkers. An early data from the CDD
25 shows that emergency room visits for opioid overdose

2 increased by nearly 30 percent from March to October
3 compared to the previous year. And while there is no
4 data from New York at least yet, I can tell you that
5 at CCHP, we have seen an increased need for our
6 prevention and treatment services.

7 So, we ask the Committee to increase its funding
8 to battle the opioid epidemic and also, to support
9 smaller community-based organizations such as CCHP in
10 your budget for this year.

11 Thank you Chair Levine and to the joint Committee
12 for your time.

13 COMMITTEE COUNSEL: Thank you very much Michelle.
14 We will next turn to Shane Correia and Shane, you can
15 begin when you are prompted.

16 SERGEANT AT ARMS: Your time will begin now.

17 SHANE CORREIA: Great, good evening and thank you
18 members of City Council for hearing our testimony.
19 My name is Shane Correia and I work at the Center for
20 Court Innovation. I am here to testify about the
21 intersection of the mental health system and
22 responsibly reforming our public safety system.

23 Prior to the pandemic, the jail population had
24 trended down toward the goal needed to responsibly
25 close Rikers Island and achieve the targeted bed

2 numbers for borough based jails. However, of the
3 jail population reduction, the vast majority of those
4 who have been diverted, were without the Brad H.
5 mental health flag.

6 Accordingly, the demographics of those held in
7 jail with mental health issues are increasing. With
8 52 percent, a first time majority now having the Brad
9 H. mental health flag on Rikers Island.

10 As the City navigates implementing the points of
11 agreement to build the community infrastructure to
12 responsibly close Rikers, I want to speak of some
13 programs that we operate that are helping divert
14 people from jail who screened for mental health
15 needs.

16 First, our alternatives to incarceration programs
17 with the support of the public safety committee and
18 these committees, we operate two separate pilots that
19 keep people with mental health or substance abuse
20 diagnosis out of jail and serve the clinical support
21 in community.

22 For our Brooklyn Mental Health Vulnerable
23 Populations program, it's in its second year serving
24 16-24 year old's with serious mental health diagnoses

2 to schizophrenia or bipolar disorder and the majority
3 have cooccurring substance abuse issues.

4 Rather than confinement, these youth are engaged
5 in therapy and services in community and even during
6 the pandemic, continue to be in compliance with their
7 mandates.

8 For our Felony Alternatives to Jail Program, over
9 90 percent of participants are screening for mental
10 health issues and 11 percent are flagging as
11 homeless. Despite this, our clients are 89 percent
12 in compliance with their long-term mandates that help
13 stabilize them in community rather than a revolving
14 door in and out of the jail for serious crimes.

15 Next, Council's Innovative Criminal Justice
16 Initiative partially supports our midtown community
17 court pilot that connects mental health support to
18 individuals who are arrested for low-level crimes but
19 are high frequency repeat offenders. Instead of
20 starting from scratch for each successive low-level
21 arrest, these individuals are paired with a team that
22 includes a therapist and a social worker that stay
23 with the individual for every successive arrest,
24 providing them with continuity of care.

2 In Fiscal Year '21, this initiative was cut in
3 half due to the pandemic and we ask Council to
4 restore it, so that we can continue to serve our
5 communities flexibly since public safety is not
6 siloed for mental health.

7 As the city grapples with the impact of COVID and
8 reforming its justice system, we hope to continue to
9 be a partner with Council to tackle these issues.
10 Thank you for your time.

11 COMMITTEE COUNSEL: Thank you very much Shane.
12 We will next hear from Phoenix and Phoenix you can
13 begin as soon as you are prompted.

14 SERGEANT AT ARMS: Your time will begin now.

15 PHOENIX: Okay. Good evening, hi. My name is
16 Phoenix, my pronoun is Phoenix. I am representing
17 the New York City Anti-Violence Project as an
18 Organizer with [INAUDIBLE 5:41:47] Academy cohort.

19 AVP empowers lesbians, gay, bisexual,
20 transgender, queer and HIV effected communities and
21 allies to end all forms of violence to organizing
22 education, counseling and advocacy.

23 As a person who experienced violence at the young
24 age, it impacted how I navigate through the world.
25 Community violence has impacted me on so many levels,

2 both as a queer nonbinary person of color as well as
3 a neurodiverse person.

4 I have had to deal with homophobic, transphobic
5 and abolish slurs since I was a kid. Even then it
6 has been extremely difficult for me to access
7 services that should be available for me through city
8 funded socio and education services.

9 In the media there has been a rise in violence on
10 public transportation and I remember have a session
11 with my medical provider about the incident that
12 happened to me on the subway where my life was
13 threatened and I was called a fucking fagot.

14 As I was sharing that experience with my
15 provider, they were dismissive and invalidating my
16 experience as a queer nonviolent person of color.
17 The whole situation made me feel unsafe in my own
18 city. And the night that happened, I was coming from
19 event on the celebration of gender being passed. One
20 of the very few legislative moments we have a
21 community.

22 I know what it is like to seek support and
23 services and be discriminated on because of my
24 identity as a queer, nonbinary, disabled person of
25 color. Many individuals who look like me don't feel

2 safe in their community. I am advocating for more
3 resources to address the violence that has directly
4 impacted my community. This includes restoring
5 funding for organizations doing anti-violence work
6 with LGBTQ people of color. As well as Hate Violence
7 Prevention Initiative that the Council cut last year.

8 We are still lacking accessible services and yet
9 systems that criminalize us are receiving greater
10 funding. In the initiative from the city has to look
11 into the broken mental health system and offer deep
12 investments in culturally competent mental health
13 services based in Black and Brown communities.

14 We know that the NYPD does not keep us safe and
15 one of the solutions is removing cops as first
16 responders for mental health emergencies. What keeps
17 us safe is increasing mental health services,
18 especially in marginalized communities.

19 Thank you for the opportunity to testify.

20 COMMITTEE COUNSEL: Thank you very much Phoenix.
21 Our next panelist will be Courtney Hauck. Courtney,
22 you can begin when you are prompted.

23 SERGEANT AT ARMS: Your time will begin.

24 COURTNEY HAUCK: Good evening. My name is
25 Courtney Hauck and I am a Pro Bono Scholar in the

2 Disability Justice Program at New York Lawyers for
3 the Public Interest or NYLPI.

4 Thank you for the opportunity to testify about
5 the life or death issue of providing a non-police
6 response to mental health crisis in New York.

7 When a loved one might harm themselves because of
8 the mental health crisis, the options in New York are
9 to call 911 or do nothing. Police are meant to
10 investigate crime, yet year after year we ask them to
11 perform a task that should be done by healthcare
12 providers and peers with lived mental health
13 experience.

14 Since 2015 alone, police in New York City have
15 killed at least 23 people experiencing mental health
16 crisis or who had a history of mental illness. Most
17 of those people were people of color. Each responds
18 to a mental health crisis starts that individual down
19 a path. Either towards recovery or towards forced
20 commitments, incarceration, homelessness or even
21 death. City Council has the power to choose
22 recovery. For over 30 years, a program in Eugene,
23 Oregon called CAHOOTS, Crisis Assistance Helping out
24 on the Streets has sent medical specialists and peers
25 to deescalate mental health crisis without police

2 involvement and in those 30 plus years, not one
3 worker or person experiencing a mental health crisis
4 has ever been seriously injured.

5 There model can and will work here. Already a
6 coalition of more than 80 organizations called
7 Correct Crisis Intervention Today NYC has developed a
8 plan to adapt CAHOOTS for New York. Using peers from
9 low-income communities of color, EMT's and a
10 dedicated crisis line. Further, program outcomes
11 will be tracked and evaluated by an advisory board
12 composed of 51 percent or more peers from low-income
13 Black, Latinx and other communities of color. This
14 can easily be added to City Council's newly Proposed
15 Initiative 2210, which NYLPI urges the Council not to
16 adopt as written. Since it will authorize far
17 greater police involvement than the Council intends.

18 Since police should play a minimal role, if any
19 in mental health crisis response, we urge City
20 Council to redirect less than 1 percent of the city's
21 annual NYPD spending to fund this program and provide
22 adequate crisis care for people experiencing mental
23 health crisis in all five boroughs. At no additional
24 cost to the city.

2 At the same time, the city can conserve vast
3 resources by lessening the burden on law enforcement,
4 in-patient psychiatric services and other defacto
5 first responders and avoiding claim payments related
6 to police encounters with people experiencing mental
7 health crisis. Please take action today. Please
8 provide funding to protect the 1.7 million city
9 residents living with mental illness.

10 Thank you and we welcome any questions from the
11 Council.

12 COMMITTEE COUNSEL: Thank you Courtney and I
13 believe Ruth Lowenkron is just here for her Q&A but I
14 will give a moment and unmute her just to be sure.

15 RUTH LOWENKRON: Thank you. You are absolutely
16 right. I am here just for questions. Thank you
17 though for asking.

18 COMMITTEE COUNSEL: Thank you very much. And we
19 will turn to our next panelist Steve Coe and Steve,
20 you can begin as soon as you are prompted.

21 SERGEANT AT ARMS: Your time will begin now.

22 STEVE COE: Oh, thank you. I want to thank
23 Council Member Levine for his attention over the last
24 six hours. I respect that.

2 Uhm, my name is Steve Coe, I was the Co-founder
3 of the Correct Crisis Intervention Today, which was
4 formed in 2012 after decades of violence against
5 people during a mental health crisis starting with
6 Elinor Bumpers back in 1984. Uhm, our thought eight
7 years ago was that if we train the police, then the
8 violence would end and we adopted a program and got
9 the city to train 15,000 police officers. But as you
10 just heard, almost two dozen people were killed after
11 the training began and we pivoted and part of the
12 pivot was based on planning sessions that we had with
13 peers and asked them to design a system. A crisis
14 system that they would prefer and came up with a
15 whole list of recommendations two years ago, which
16 included CAHOOTS.

17 Uhm and we brought them here, we introduced them
18 to the city. Uhm but now two years later, the city
19 is going to launch a pilot that doesn't include
20 peers. The CAHOOTS staff, almost 70 percent of the
21 people that do the outreach identifies a person with
22 a lived experience and you don't have to look very
23 far to find a model. In Queens, Transitional
24 Services teamed up with Long Island Hospital and
25 actually created a program to relieve the 105th

2 Precinct of 3,000 calls a year that were coming from
3 the campus of Creedmoor Hospital, where there is also
4 housing programs and outpatient programs and they had
5 a two person team. Operated from ten to six, they
6 responded within five minutes and 85 percent of the
7 people they encountered just wanted to talk to
8 somebody or they had an immediate concern.

9 Prior to their interventions, the police were
10 transporting these people to the emergency room at
11 Long Island Jewish Hospital where 90 percent of them
12 were released after being seen in the emergency room.
13 So, not only are the police being used but the
14 hospital staff is being overburdened by a very simple
15 fix.

16 So, this represents a program that was developed
17 in the community, by providers uhm to uh respond to a
18 local need. Which brings me to 2210, which was just
19 mentioned. The City Council has proposed creating an
20 office of community mental health. The people that
21 actually know how to do this have been testifying all
22 day.

23 They never asked to help us respond to RFP's that
24 have created that have inadequate funding and
25 programs that aren't truly based on what people need.

2 Council Member Levine, I am sorry, I went over a
3 second here.

4 SERGEANT AT ARMS: Time has expired.

5 STEVE COE: Three action centers were set up in
6 communities. The staff from the Department of Health
7 did not want to leave the Long Island city office and
8 go work in these places because they felt they were
9 being demoted. And in fact, over time they hired
10 local people to work in these health centers. We
11 need a lot more places like that. Otherwise, and I
12 want to just shout out to Sara Liss on the report
13 that you drafted I think you were involved, for the
14 Council on the 2210.

15 It states very clearly that the problem is the
16 neighborhoods where there crisis occur are
17 characterized by violence and poverty and racism and
18 that if you want to stop the calls from coming, you
19 have to go into these neighborhoods and provide
20 services that people want to use and are appropriate.
21 Thank you.

22 COMMITTEE COUNSEL: Thank you very much Steve and
23 thank you to this entire panel. I am going to pause
24 very briefly here. If there are any questions or
25 comments.

1
2 Okay, thank you very much to all of you and we
3 will next turn to our following panel, which will be
4 Javier Osorio, Deirdre DeLeo, Annell Williams, Tamara
5 Morgan, Dr. Kathryn Messineo, Christopher Baez and
6 Nancie Katz.

7 Javier, you can begin as soon as you are
8 prompted.

9 SERGEANT AT ARMS: Your time will begin now.

10 COMMITTEE COUNSEL: Okay, we will come back to
11 Javier at the end. Uhm, let's turn to Deirdre DeLeo
12 and Deirdre, while we work to unmute you, you can
13 begin after the Sergeant prompts you.

14 SERGEANT AT ARMS: Time will begin.

15 DEIRDRE DELEO: Good evening Chair Louis, Chair
16 Levine, members of the NYC Committee of Mental
17 Health, Disabilities, Addiction and Committee on
18 Health. My name is Deirdre DeLeo and I am with
19 Visiting Nurse Service of New York. I appreciate the
20 opportunity to testify about our Geriatric Mental
21 Health Initiative Program, focused on providing -
22 sorry, Mental Health Services to Bronx seniors in
23 their homes.

24 VNSNY touches the lives of more than 44,000
25 individuals each day through in home and community

2 programs. We have been there during many of the
3 biggest public health and natural emergencies
4 including COVID-19.

5 Since March 2020, VNSNY has cared for more than
6 5,000 COVID positive New Yorkers. Our services
7 address mental health and substance misuse issues.
8 Programs including mobile crisis for adults and
9 children, assertive community treatment programs and
10 intensive mobile treatment teams. As well as
11 childrens home and school based crisis intervention
12 services.

13 67 percent of the adults and 90 percent of the
14 children we serve in our mental health programs are
15 of racial or ethnic minorities. Many of whom are
16 uninsured or have Medicaid. In FY 2021, the city cut
17 mental health program budgets by 15 percent. We are
18 asking to restore the Geriatric Mental Health
19 Initiative to its original funding.

20 When COVID hit, the Geriatric Mental Health
21 Initiative Program quickly pivoted from providing
22 traditional in person based services to telehealth
23 services. We provided services to 381 people in the
24 last Fiscal Year. In addition, we worked with all
25 clients weekly to address more concrete needs, such

2 as food, medication delivery, medical services and
3 COVID testing.

4 For example, we were working with an older
5 married male prior to COVID who was very ill and
6 homebound. In March 2020, he was diagnosed with
7 COVID and hospitalized. He was in and out of the
8 hospital for several months and was told he might
9 die. Our staff provided calls to him and also
10 provided supportive counseling to his wife.

11 He is home now and recovered from COVID and
12 credits GMHI services for giving him the strength to
13 survive COVID. As COVID has impacted the emotional
14 health of all New Yorkers, we are asking for the
15 Council to protect and make whole the funding for the
16 GMHI. Thank you.

17 COMMITTEE COUNSEL: Thank you very much Deirdre.
18 Uh, we will next turn to Annell Williams and Annell,
19 you can begin as soon as you are prompted.

20 SERGEANT AT ARMS: Your time will begin now.

21 COMMITTEE COUNSEL: Annell, we are having a
22 little difficulty hearing you. No, okay, we will
23 come back to you. We will work with you to fix that.
24 Uhm, let's turn to Tamara Morgan next and Annell, we
25 will come back to you right afterward.

2 Tamara, as soon as you are unmuted you can begin.

3 TAMARA MORGAN: Hi, good evening everyone. Uhm,
4 thank you to the Committee Chairs Louis and Levine
5 and all of the wonderful organizations here today
6 presenting. My name is Tamara Morgan and I am the
7 Community Partnerships Coordinator, an amazing
8 innovative nonprofit organization called the Adapt A
9 Design Association where we provide custom adaptive
10 equipment and educational programs through cardboard
11 carpentry and adapt a design practices to people with
12 disabilities and their communities.

13 Uhm, we have uh – we have added or presented
14 several uh initiatives to the City Council that we
15 are asking for funding for, for our Adapt for Access
16 program which supports about 80 to 100 individuals
17 with custom adaptive equipment so that they can fully
18 thrive at home, in school and in their community.
19 And now with remote learning and remote therapies
20 being something that our clients are largely involved
21 in, we are asking that our initiatives are considered
22 so that we can continue to support these individuals
23 where they are.

24 In addition to that program, we have also asked
25 for support through the Autism Awareness Initiative

2 to support our educational high school programs for
3 youth with autism where we are working with their
4 staff and paraprofessionals to teach them how to
5 create custom adaptations for their peers. And we
6 hope that uh all of these requests and appeals will
7 be considered in the Fiscal 2022 budget.

8 Thank you so much for your time and absolutely
9 happy to answer any questions that you might have and
10 here or with the written testimony. Thanks so much.

11 COMMITTEE COUNSEL: Thank you very much. Our
12 next panelist will be Dr. Katheryn Messineo, and you
13 can begin as soon as you are prompted.

14 SERGEANT AT ARMS: Your time will begin.

15 DR. KATHERYN MESSINEO: Hi, good evening. My
16 name is Dr. Katheryn Messineo and I am here
17 representing the Developmental Disabilities Division
18 of the New York Family. One of New York City's
19 oldest and largest nonprofit providers of human
20 services.

21 I would like to thank Chairman Levine and the
22 Committee Members for allowing me to testify and for
23 your unwavering commitment to building wellbeing
24 among our neighbors. I come before you today to
25

2 speak about the mental health impact of COVID-19 on
3 people with developmental disabilities.

4 The Family has been doing this work for decades
5 and the emotional toll that the pandemic has taken
6 with the grieving and depression is like nothing my
7 colleagues and I have seen before.

8 It is for this reason that we have requested
9 \$100,000 in City Council discretionary funding to
10 support mental health services for adults with
11 developmental disabilities. On a daily basis, our
12 agency helps adults with intellectual and
13 developmental disabilities live their best lives.
14 This population is disproportionately impacted by co-
15 occurring mental health diagnoses. And many have
16 extensive histories of trauma resulting from abuse,
17 abandonment, isolation and institutionalization in
18 restrictive and unsafe facilities like the
19 Willowbrook State School.

20 These traumas have been amplified by the
21 isolation restrictions and grief caused by the COVID-
22 19 pandemic. In one such case a gentleman who was a
23 former resident of the Brooklyn Developmental Center
24 and diagnosed with bipolar disorder lost his best
25 friend to COVID-19. He was having a difficult time

2 coping with the loss and was retriggered by the
3 feeling of isolation during the quarantine. Our team
4 provided him with grief counseling to meet his
5 cognitive abilities, taught him effective coping
6 strategies and showed him how to use the internet to
7 connect with his friends and his treatment team.

8 I am proud to lead a team that provides vital
9 behavioral and mental health services that help
10 people cope through these extraordinary
11 circumstances. Including evidence-based approaches
12 that are proven effective in helping people through
13 trauma and crisis.

14 Without our team of professionals, many of the
15 people we work would have no where to turn. As
16 mental health clinics in the community are rarely
17 equipped to manage their unique needs. We hope you
18 will join us to work to ensure that New Yorkers of
19 all abilities are equipped with the resources and
20 support that they need to thrive. Thank you for your
21 time.

22 COMMITTEE COUNSEL: Thank you very much. Our
23 next panelist is Christopher Baez. Christopher, you
24 can begin as soon as you are prompted.

25 SERGEANT AT ARMS: Your time will begin now.

2 CHRISTOPHER BAEZ: Yes, yes, hello. My name is
3 Christopher Baez and I am a Member of the New York
4 City Anti-Virus Project. The reason why I am
5 speaking today is because I want to demonstrate the
6 relevance of uhm, uhm, why accessibility for disabled
7 people is relevant, is very important in our
8 communities.

9 I myself, thoroughly understand the indeed for
10 you know, like for the budget to be allocated to
11 resources for people like me to provide services and
12 to provide uhm, ways for me to get around. Uhm, and
13 uhm, and I am a constituent of my community. I
14 identify as queer and uhm Latino and Brown of color
15 and uhm it's hard for us, for people in my community
16 to uhm to gain access to these resources.

17 So, when I heard about this meeting, I, I, I,
18 jumped on it and uhm in hopes that uhm my voice will
19 be heard uhm as representation of exactly uhm the
20 issues that the people in my community face. Uhm and
21 uhm so like, the money that's in the budget - in
22 hopes that the money for the budget can be allocated
23 to create programs, to create jobs, to create
24 resources and/or services.

2 Uhm, to provide food, programs and/or clothing.
3 Anything for the people in my community and that's
4 the reason why I am in this meeting. Uhm and also,
5 so I can learn more about how the operations are
6 handled in the city and how the money is disbursed.
7 And my passion is public health because you know my
8 dedication is trying to make a difference in my
9 community and just helping people out. And uhm, the
10 community members are in a position to have had to
11 deal with uhm circumstances such as hate violence and
12 discriminatory systems of uhm, that target them and
13 it is more so with disabled people especially myself.

14 I am here today because I believe in putting a
15 stop to violence. In order to do so, we need your
16 support and I believe that together we can do this
17 and I uhm, want to repeal laws that make it hard for
18 people in my community and people in general to
19 access spaces where they feel safe and gain the
20 resources that they need. Thank you.

21 COMMITTEE COUNSEL: Thank you very much
22 Christopher and we will next turn to Nancie Katz and
23 then we are going to try to go back and see if we
24 worked out the technical issues with Javier and
25 Annell.

2 So, Nancie, you can begin as soon as you are
3 prompted.

4 SERGEANT AT ARMS: Your time will begin now.

5 NANCIE KATZ: Wait a minute. Did you call Nancie
6 Katz?

7 COMMITTEE COUNSEL: Yes, Nancie, you can begin.

8 NANCIE KATZ: Oh, okay, I am sorry because I am
9 outside. I was waiting so long. So, I am going to
10 go and tell you everything in one minute, if you give
11 me one minute.

12 Okay, can you hear me?

13 COMMITTEE COUNSEL: Yeah, Nancie, you can go
14 ahead when you are ready.

15 NANCIE KATZ: Okay, so, I am the Director of a
16 very small organization called Seize in the Middle.
17 So, like some of the other people who testified
18 today, uhm, we are not widely represented and uhm but
19 I am deeply grateful to Council Member Louis and for
20 Council Member Levine for while listening to people
21 for hours and also including us in that.

22 So, we are very concerned about fresh food
23 access, as you heard from Nadia earlier. We have
24 Seize in the Middle and then we have an organization
25 we started by voters in Central Brooklyn called the

2 Brooklyn Food Health Council. And our idea is that
3 there are not enough access to fresh food and we are
4 worried that the Health Department is not putting in
5 enough investment in developing community run farm
6 stands. I think the American Heart Association
7 actually referred to it at one point in their
8 testimony about the fact that there is not enough
9 money put into the incentive programs around health
10 bucks and good stuff and prescription. In fact, none
11 of those programs have essential Brooklyn Pharmacy or
12 supermarket in them. Even though they are bragging
13 about the fact that they have that available.

14 So, we believe that the key to changing health in
15 the city is by giving people an opportunity to eat
16 healthy and we know that when people have the coupons
17 in their hands, they are going to buy fresh because
18 they care about their children. They care about
19 their grandparents and yet, that's a very limited
20 resource by the City Council, the Mayor's Office and
21 the Health Department.

22 So, we have proposed, one of our proposals is
23 \$150,000 ask to the New York City Council, Health
24 Council to - I mean the New York City - I am sorry,
25 City Council to redirect some of the funds you are

2 doing for low-income farmers markets to Seize in the
3 Middle and we are going to set up at least eight farm
4 stands run by local people, meaning local voters,
5 meaning local constituents who are going to run those
6 markets because we know that they can run them.

7 We know they are capable but there is no
8 investment. There is no using city money to do
9 economic development through healthy businesses, even
10 though it has been professed many times, our
11 experience is that it's just not there.

12 So, we are really asking you to relook at this
13 thing because the key to health is eating healthy and
14 that is a systemic discriminatory racism problem in
15 this city that I unfortunately am saying that after
16 ten years of fighting very hard to get policies that
17 would give more to the community -

18 SERGEANT AT ARMS: Your time has expired.

19 NANCIE KATZ: For people to eat healthy. So,
20 it's number 110752. I hope you will look at it and
21 you will look at our, our petition is
22 change.org/freshcouponsforall. Which really takes
23 about funding coupons like health bucks that people
24 can shop for fresh produce.

25 I am passed my number right? My three minutes?

2 COMMITTEE COUNSEL: Oh, Chair Levine, you are on
3 - you are hard to hear again.

4 It's okay, okay, well we will move onto the next
5 panelist. Thank you Nancie.

6 NANCIE KATZ: Thank you.

7 COMMITTEE COUNSEL: And we are going to try to
8 come back to Javier and then Annell. So, Javier, uh
9 please accept the prompt to unmute from the host and
10 you can begin as soon as you are prompted.

11 SERGEANT AT ARMS: Your time will begin.

12 JAVIER OSORIO: Can you all hear me now?

13 COMMITTEE COUNSEL: Yes, we can hear you, thank
14 you.

15 JAVIER OSORIO: Good afternoon. Uhm, uh, thank
16 you all for this opportunity to offer my testimony.
17 My name is Javier Osorio, I am the GMHI program for
18 Sunnyside Community Services in Queens.

19 I would like to take this opportunity to
20 specially thank my City Council delegation from
21 Queens for their support and always making sure that
22 we get all the assistance that is needed.

23 As we all know, none of us were really prepared
24 for this uh, uh, crisis. Which was extremely
25 difficult and challenging in the beginning,

2 especially for the population that we serve, the
3 older adults.

4 Uhm, Sunnyside Community Services transitioned
5 from outside work in March of last year in 2020 and
6 it was extremely difficult to be able to offer the
7 services that I usually use or that I usually offer
8 at the senior center where I was able to provide
9 supportive counseling in person, groups, telephone
10 counseling, as well as home visits for the homebound
11 clients in the community.

12 Uhm, a year later, I am able to say that even
13 though and despite the fact that it was very
14 challenging in the beginning, I am able to offer
15 supportive groups through conference calls. Uhm,
16 supportive counseling individually through telephone
17 calls, Zoom calls and also, I am able to provide or
18 facilitate groups through Zoom. Uhm, it has been
19 extremely challenging but I understand that there is
20 a tremendous need for my program to continue to be
21 funded especially because uh, this population has
22 been extremely effected by this pandemic. And I know
23 that in a couple of months, we are going to see more
24 people needed my services.

2 Something that I wanted share with you all is
3 that last year in the beginning of the pandemic,
4 there was one of my clients who actually needed to
5 have access to uhm psychotherapy, unfortunately the
6 system works sometimes a little slowly and just it
7 might take a couple of weeks, a couple of months in
8 order for someone to receive services. Through my
9 program, this person was able to receive supportive
10 counseling because prior to the pandemic, he had just
11 lost his wife and he was in tremendous need of
12 someone to talk to.

13 I was able to talk to this person throughout
14 maybe three weeks, weekly and a year later, I can say
15 that this person is feeling much better and therefore
16 I know and understand why the GMHI is so important.

17 So, I really would like to thank all of you for
18 listening and I would like to ask the City Council to
19 restore our funding. It as cut from \$86,000 to
20 \$73,000. So, I really hope that with this testimony,
21 that you can all understand that this GMHI program is
22 extremely needed. Thank you.

23 COMMITTEE COUNSEL: Thank you very much Javier.
24 And we will next turn back to Annell Williams. And
25 Annell, you can begin as soon as you are prompted.

2 ANNELL WILLIAMS: Great, can you hear me?

3 COMMITTEE COUNSEL: Yes, we can hear you now.

4 ANNELL WILLIAMS: Awesome, thank you. Hi, good
5 evening distinguished Council Members of New York
6 City. My name is Annell Williams, I am the Program
7 Director for Hanock[SP?] Substance Abuse Outpatient
8 Treatment Program.

9 Our program has been around for at least 28 years
10 whereas we provide individual services, counseling
11 services, group services as well as psychotherapy
12 services.

13 As you are aware, mental health and substance use
14 disorder is a really big concern. Not just in New
15 York City but it is just all over the world pretty
16 much. But as the start of the pandemic last year,
17 the first quarter of the pandemic you had overdose
18 deaths of at least a spike up to 380 deaths. That
19 was just for the first quarter. That's not including
20 from the rest of the year whereas if you discuss
21 October, May to October 2020, you had an increase of
22 low-income New Yorkers who experienced the highest
23 rates of poor mental health, reporting symptoms of
24 anxiety and/or disorder.

25

2 42 percent of Hispanics and 39 percent of African
3 Americans reported anxiety and/or depression. And
4 which 50 percent to 75 percent of those numbers
5 actually, those individuals contacted my program at
6 least four to five phone calls I received requesting
7 substance use disorders recovery assistance.

8 People maybe do not understand or maybe might
9 miss the point of the fact that mental health and
10 substance use disorder coincide with each other.
11 Sometimes it just takes something as simple as
12 someone, a loved one passing away whereas the
13 individual may not just – they become depressed or
14 maybe want to use to numb their actual feelings of
15 emotions surrounding just death.

16 Also, as you know, individuals lost their jobs
17 during COVID and that put another strain on
18 individuals mental health as well as substance use
19 disorder to increase.

20 Lastly, one of the things I would like to discuss
21 is keep in mind that you have children that are
22 actually conducting remote learning. Where as they
23 are around individual loved one, parents,
24 grandparents, etc. that are suffering from mental
25

2 health disorders and substance use disorders. Which
3 can cause trauma to the children.

4 It can cause child abuse. As you see in the
5 recent weeks, you have domestic violence that have
6 increased and child abuse has increased as well. So,
7 it is super important to maintain services and
8 maintain these services surrounding mental health and
9 substance use disorder. It's a much needed, not just
10 for just low income, just overall for the City of New
11 York.

12 As you said, we were the one's that were most
13 impacted throughout the entire pandemic. And I think
14 that we need to pay attention to our children of the
15 future because they are the ones that are going to be
16 sitting in these seats and they can be traumatized
17 and we don't want them to be traumatized. We want
18 them to be able to speak upon services as well.

19 So, I hope I made an impact. I hope that you
20 have listened to me and thank you so much for the
21 opportunity. I am honored.

22 COMMITTEE COUNSEL: Thank you very much and now –
23 and thank you to this entire panel. I will now pause
24 briefly if there are any Council Member questions or
25 comments.

2 CHAIRPERSON LEVINE: Well, I just want to thank
3 all of you for what you are doing for New Yorkers
4 with disabilities and others who need support from us
5 right now more than ever. Because of the impact of
6 the pandemic on this community. Because of the
7 economic shock on this community. And we really
8 support you in your efforts and I know you need
9 funding from City and this is a tough budget year and
10 uhm, we have to make sure that the people you serve
11 are not harmed by uhm budget cuts that curtail the
12 services that you are providing them.

13 So, uhm, thank you. Thank you for your work and
14 you have my commitment to advocate for you for the
15 funding that your organizations need.

16 COMMITTEE COUNSEL: Thank you very much Chair
17 Levine and thank you to this entire panel. Our next
18 panel will include John Sentigar, Marilus
19 Castellanos, Scott Daly, Liz D'Imperio, Alice Bufkin
20 and Christina Alerio. John Sentigar, you can begin
21 as soon as you are prompted.

22 SERGEANT AT ARMS: Your time will begin now.

23 COMMITTEE COUNSEL: John, we can't hear you. I
24 am not sure if you are having issues with unmuting.

25

2 Okay, we are going to circle back to John at the end
3 of this panel.

4 Okay, we are going to turn to Marilus
5 Castellanos. So, Marilus, you can begin as soon as
6 you are prompted.

7 SERGEANT AT ARMS: Your time will begin.

8 MARILUS CASTELLANOS: Good evening Chair Louis,
9 Chair Levine and Committee Members. Thank you for
10 the opportunity to speak today. I am Marilus
11 Castellanos Senior Program Director of Early
12 Childhood Mental Health and Family Wellness at
13 University Settlement.

14 For 135 years, University Settlement has provided
15 holistic community and family programming from
16 pregnancy to our elders across Manhattan and
17 Brooklyn. For our very youngest, University
18 Settlement's Butterflies program provides a continuum
19 of supportive mental health services to children
20 under five, their families, teachers and childcare
21 staff in our early childhood centers as well as
22 clinical treatment to families in our community. We
23 are grateful for the Council's Children under Five
24 Initiative which supports Butterflies.

2 Last year, we received a 15 percent cut to our
3 funding. This year, we call on the Council at
4 minimum to restore the CU5 Mental Health Initiative
5 Budget in full and we urge the Council to increase
6 funding to meet the increased need of Family and
7 Children's Mental Health Services across the City.

8 Through the COVID pandemic, we never stopped
9 offering services. Always finding a way to reach the
10 families that we knew needed us. In the fall, our
11 Early Childhood division moved to a blended, in
12 person and virtual model. Clinicians continue to
13 provide mental health services virtually and one on
14 one consultations to see if families and teaching
15 staff could benefit from additional support.

16 But for so many, access to stable Wi-Fi and
17 working technology remains a challenge. And yet
18 another sign of the social inequities that COVID has
19 exposed. So often we hear that children are
20 resilient but children are not immune from stress and
21 trauma. Our babies and children are much more
22 preceptive than we often give them credit for and
23 certainly absorb and carry the weight of the
24 anxieties, fear and sadness of the adults and
25 caregivers around them.

2 Over the last year, our teachers have noticed how
3 our littlest New Yorkers have been impacted by the
4 stress and changes related to the pandemic. Because
5 COVID safety protocols require mask wearing, an
6 additional social distancing in classrooms, children
7 are limited to the types of nurturing social
8 interactions they can have with their teachers or
9 peers.

10 Put simply, some of our children have forgotten
11 how to play. At our Center and Park Slope, teachers
12 have observed four year old's, some of whom have been
13 with our center since they were two, forget how to
14 interact and develop mentally appropriate ways.
15 Typical behaviors one might expect like cooperative
16 play have been impacted by the collective anxieties
17 and traumas we have all experienced over the past
18 year.

19 We know that COVID-19 will have a lasting impact
20 on all of us, including our youngest. We need more
21 mental health supports in our early childhood centers
22 as our teachers have been bearing the brunt of the
23 emotional work to support themselves, their families
24 and so many others through this difficult time.

2 We need to increase and continue to support
3 children under five and their families with the
4 appropriate coping strategies to handle this
5 difficult transition and develop creative ways to
6 continue offering virtual programming in the future.

7 To do all of this, we need the City to prioritize
8 and fund CU5 Mental Health Initiative. Thank you for
9 your time and I will answer any questions.

10 COMMITTEE COUNSEL: Thank you so much for your
11 testimony. We will next turn to Scott Daly. Scott,
12 you can begin as soon as you are prompted.

13 SERGEANT AT ARMS: Starting time.

14 SCOTT DALY: Good evening everyone and thank you
15 all for sticking around this long. It's been a long
16 day for everybody. Council Members, Council Member
17 staff and fellow CBO's. My name is Scott Daly and I
18 am the Senior Director of the New York Junior Tennis
19 and Learning NYJTL.

20 We provide free tennis for kids between the ages
21 5 and 18 years of age throughout the five boroughs.
22 You might say to yourself, why am I testifying at the
23 Health and Mental Wellness hearing.

24 Kids have been locked in for too long. We know
25 that they have to get out. We know, we saw it last

2 summer when we were able to open up at numerous
3 locations in the parks late summer. We put in a
4 brand new set of protocols. We have been running
5 since the end of July up to and including the very
6 day. We have had over 26 programs. We service in a
7 traditional year over 85,000 kids of the City of New
8 York.

9 They are low-income most of them. We strut
10 across the demographics of 25 percent Asian, 25
11 percent Latino, 25 percent African American.
12 Demographic extends to the ten year old and younger.
13 They make up two-thirds of what we do. We get the
14 kids when they are young. We give them a physical
15 activity. Tennis was one of the first programs that
16 was acknowledged to be safe to reopen and we went
17 after it. And the minute we were able to get a
18 permit, we were out there.

19 The aerobic exercise, the cardio, the
20 coordination on the health end, the psychological
21 effect, the work ethic, the discipline, the
22 sportsmanship, teamwork. I could go on and on but we
23 all realize the value of sport and what a kid learns.

24 In addition, NYJTL is an outlet for these kids.
25 It is something to relieve the stress and anxiety.

2 We let the kids be kids by going out and playing. We
3 have implemented, we follow all state and city rules.
4 We follow the USTA, the industry guideline. I sat
5 and I met with 25 of my senior staff members and we
6 put together a separate set of protocols.

7 We have extra staff members. Everybody is out
8 there with PPE's. The program can be safely run. I
9 just want to say thank you to City Council for
10 funding us under the initiative physical education
11 and fitness. We are seeking \$1.2 million and
12 hopefully we are going to be able to maintain what we
13 have received in the past \$800,000.

14 If I don't ask for more, we are not going to get
15 it. If I can get more, we are going to put it on.
16 Costs have gone up across the board. We used to get
17 \$1.2, we were cut back in 2008.

18 SERGEANT AT ARMS: Time expired.

19 SCOTT DALY: At that time, minimum wage was
20 \$6.50. We have additional staff. We have members
21 there. Continued funding in the '22 budget will help
22 us meet our vision. Arthur Ash believed tennis could
23 transform the lives of poor children of color just
24 like him. With your support, we continue to change
25

2 the lives of thousands of kids in the City of New
3 York.

4 We can't do this without your support. On behalf
5 of all the youngsters, parents, I want to thank you
6 all for your time, attention and the funding you give
7 us. Thank you.

8 COMMITTEE COUNSEL: Thank you very much Scott.
9 And it looks like we have been rejoined by John
10 Sentigar. So, uhm, John, when you are ready and the
11 Sergeant queues you, you can begin.

12 SERGEANT AT ARMS: Starting time.

13 JOHN SENTIGAR: Can you hear me now?

14 COMMITTEE COUNSEL: Yes, we can hear you.

15 JOHN SENTIGAR: Alright, I switched to my phone.
16 Alright, good evening. My name is John Sentigar and
17 I am the Director of Development and Communications
18 at Covenant House New York. Where we serve youth
19 experiencing homelessness ages 16-24. I want to
20 thank the Committee on Mental Health, Disabilities
21 and Addiction for the opportunity to testify today.

22 CHNY is the city's largest nonprofit adolescent
23 care agency serving homeless, runaway and trafficked
24 youth. On a nightly basis, we provide shelter to
25

2 approximately 300 young people experiencing
3 homelessness.

4 Our youth are primarily people of color and over
5 one-third of them have spent time in the foster care
6 system. Many have experienced abuse or neglect at
7 the hands of parents or other caregivers and a
8 disproportionately high percentage of our youth
9 struggle with the pervasive impact of trauma, mental
10 health issues and substance abuse.

11 We provide young people with food, shelter,
12 clothing, medical care, mental health and substance
13 use services, legal services, high school equivalency
14 classes and much more. And all of these services
15 help young people overcome the trauma of homelessness
16 and move towards stability.

17 During the past year, I don't think I need to
18 tell anyone but due to the pandemic, our mental
19 health team has received an increase in reports of
20 depression and anxiety from our young people and we
21 see an increase in reports of substance use.

22 We have worked with young people who have lost
23 jobs and loved ones in the past year and who have
24 reported increased feelings of hopelessness about
25 their future.

2 We have worked with many young people who
3 experience job loss in March and April of last year
4 and people are still struggling to find jobs.

5 And just a couple of examples of young people
6 that we have worked with this past year due to COVID-
7 19. In April of last year, our mental health team
8 worked with a young mother in our Mother Child
9 Shelter Program who came to CHNY after the death of
10 her partner who had died from COVID. She was
11 overwhelmed with grief and unsure of how to explain
12 this death to her child.

13 In December of 2020, the mental health team
14 worked with a young person who was struggling with
15 depression and feelings of hopelessness. She
16 identified the loss of in person school as one of the
17 causes of these feelings and reported that she was
18 scheduled to graduate high school in June of '21 but
19 she had stopped attending her remote classes.

20 And just two of these examples are examples, we
21 have many but they speak directly to the need for
22 more funding for comprehensive services for youth
23 experiencing mental health difficulties. And these
24 examples also lay parallel to the concerns expressed
25 earlier today by Council Member Louis and her request

2 of funding the reallocated to programs that address
3 these issues as well as their intersection to racial
4 inequity.

5 CHNY is doing everything we can to meet this
6 increased need for mental health services for our
7 young people, however, we cannot do it alone and we
8 need the city's support to help us fund our mental
9 health services which includes currently a part-time
10 psychiatrist and a team of social workers.

11 All this programming is partially funded through
12 DOHMH, we have not seen an increase in that funding
13 in several years despite the fact that we continue to
14 innovate and serve more youth each year.

15 Additionally, we do not receive any City Council
16 funding for our mental healthcare programming.
17 Assistance from the Council could go along way
18 ensuring up additional programming staff it needs and
19 we are asking from the Council for \$100,000 -

20 SERGEANT AT ARMS: Time expired.

21 JOHN SENTIGAR: This funding cycle for help from
22 the Council to fund the critical work of our
23 dedicated mental health team.

24 Infusion of this additional money through the
25 Council will not only support the work we currently

2 do but it will also allow us to expand to more youth
3 and support the enhancement of our services. I thank
4 the New York City Council for consideration of this
5 request.

6 COMMITTEE COUNSEL: Thank you very much John. We
7 will next turn to Liz D'Imperio. Liz, you can begin
8 as soon as you are prompted by the Sergeant.

9 SERGEANT AT ARMS: Starting time.

10 LIZ D'IMPERIO: Okay, thank you so much
11 Chairpersons Levine and Louis. Uhm and all Council
12 Members for this opportunity to testify today.

13 My name is Liz D'Imperio, I am the Director of
14 Health Promotions for the American Lung Association
15 in the New York City office.

16 The American Lung Association is the nations
17 longest standing voluntary public health association
18 with the mission to save lives by improving lung
19 health and preventing lung disease.

20 In New York State, over 400,000 children live
21 with asthma. A chronic disease of the lungs that
22 causes wheezing, breathlessness, chest tightness and
23 coughing. If not well controlled, even under normal
24 circumstances asthma can greatly limit a persons
25 quality of life and even cause uhm death.

1 Asthma is the leading cause of school
2 absenteeism. The burden of asthma in New York
3 remains highest in New York City. According to the
4 New York City Environmental Health Data Portal from
5 2017, 158,000 children ages 0 to 13 where 11.2
6 percent have been diagnosed with asthma. Some of the
7 highest burden is found in the Bronx, East and
8 Central Harlem, North and Central Brooklyn, South
9 Jamaica and Rock Away. These numbers, the numbers in
10 these areas reflect almost twice the national
11 average.

12 The Open Airways for Schools program, educates
13 and empower children who are fun an interactive
14 approach to asthma self-management. The program
15 features children with asthma ages 8-11 how to detect
16 warning signs of asthma, avoid their triggers, make
17 decisions about their health. The curriculum is six
18 30 minute lessons taught by a school nurse during the
19 school day.

20 OAS has taught in all elementary schools across
21 the five boroughs and New York City is the leader in
22 school asthma education programs. The OAS curriculum
23 is grounded on the national heart, lung and blood
24 institutes evidence based guidelines for diagnosing
25

2 and managing asthma. The Lung Association has
3 provided the program in New York City elementary
4 schools since 1996. In that time, we have trained
5 over 3,000 facilitators who have helped 75,000
6 children with asthma successfully complete the
7 program.

8 The American Lung Association has dedicated staff
9 working in partnership with the New York City
10 Department of Health Center for Health Equity and
11 Community Wellness and the Office of School Health to
12 train and certify OAS facilitators.

13 A vital component of the success of the program
14 is our ability to provide the facilitator with
15 program materials needed to teach the curriculum.
16 The school nurses are expected to teach two groups of
17 up to ten children in each school year. They would
18 not be able to accomplish this without the support
19 that we provide.

20 The partnership has led to on average every
21 school year, 3,000 to 3,500 children graduating as
22 asthma experts. The funding for this year was cut by
23 30 percent from \$121,000—

24 SERGEANT AT ARMS: Time expired.

2 LIZ D'IMPERIO: To \$87,118. The funding has
3 remained at \$121,875 since 2010. It is not
4 reinstated we will be unable to deliver the full day
5 training including intensive asthma pathophysiology
6 to the nurses and to provide the curriculum material.

7 This will have a direct impact on almost 3,500
8 children with asthma in New York City.

9 Today, we have heard about the responsibilities
10 of the school nurse have increased to meet the
11 demands of COVID-19. We cannot also expect them to
12 make photocopies of an open airways curriculum that
13 the American Lung Association is prepared to do.

14 The OAS program needs to have the full funding
15 reinstated to continue the critical work of
16 guidelines based to asthma self-management, education
17 to the children with asthma in New York City. Asthma
18 education is a key priority to the expert panel
19 guidelines for achieving and maintaining asthma
20 control.

21 And so, with that, I thank you for your continued
22 commitment to the health of New York City children
23 and for your continued efforts to fund the Open
24 Airways for Schools program. Thank you very much.

2 COMMITTEE COUNSEL: Thank you very much for your
3 testimony. We will next turn to Alice Bufkin.

4 Alice, you can go as soon as you are ready.

5 SERGEANT AT ARMS: Starting time.

6 ALICE BUFKIN: Good evening. My name is Alice
7 Bufkin and I am the Director of Policy for Child and
8 Adolescent Health at Citizens Community for Children.
9 A multi-issue childrens advocacy organization
10 committed to ensuring every New York child is
11 healthy, housed, educated and safe. Thank you to the
12 Chairs and the Committee Members for this opportunity
13 to testify today.

14 In the time I have, I want to flag a few key
15 issues impacting the health and mental health of New
16 York's children. I first want to address the City
17 Council's Health and Human Services Initiatives which
18 received an average of 15 to 20 percent cut in last
19 years budget.

20 As you have already heard about repeatedly today,
21 these cuts effected community-based organizations
22 across a broad spectrum of services ranging from
23 maternal and child health to mental health to
24 services designed to connect New Yorkers to the
25 healthcare safety net. We believe these services are

2 essential to recovery and urge the Administration and
3 the City Council to fully restore cuts from last
4 years budget.

5 I also want to echo so many before me in
6 highlighting the enormous toll this pandemic is
7 having on the mental health of young people.
8 Children have faced a year of loss, illness, economic
9 insecurity, disrupted learning, isolation and
10 anxiety.

11 Mental health needs are rising, access to care
12 has declined and the results has been a surge of
13 children in psychiatric distress, hospitalizations
14 and families left on the wait list desperate for
15 care.

16 In the face of this, we urge the City to restore
17 cuts to community schools and SONYC. Programs like
18 SONYC in community schools provide children with the
19 vital connections to their peers and a wide range of
20 youth and community services which can help prevent
21 children's behavioral health needs from escalating.

22 Community schools suffered a \$3 million loss in
23 last years adopted budget and SONYC is looking at
24 elimination for services for 24,000 children.

25 Additionally, we join many other advocates in urging

2 the city to make significant additional investments
3 for behavioral health in schools, including a direct
4 clinical supports for students, investments in the
5 mental health continuum and investments in whole
6 school restorative practices.

7 In addition, we join other advocates you have
8 heard from today in urging city leaders to restore
9 and enhance funding for the city's mental health
10 initiatives which saw a 15 percent cut in last year's
11 budget.

12 As a result of these cuts, 40 percent of
13 providers report serving fewer people. 20 percent
14 had to layoff staff and 30 percent had to cut staff
15 hours. Programs like Children under Five and Mental
16 Health Services for vulnerable populations are a
17 bedrock for supporting children and families who had
18 experienced trauma or are in need of mental health
19 services. It is imperative that these funds be
20 protected.

21 In our written testimony, we lay out the amounts
22 we and our partners believe should be restored or
23 enhanced for each of these initiatives.

24 Finally, we urge City leaders to develop a
25 comprehensive plan to address the secondary health

2 impacts of COVID-19 on young people. Natural data
3 shows a precipitous decline in preventive and primary
4 care rates since a state of emergency was declared.

5 Clearly a 22 percent decline in vaccinations and
6 a 44 percent decline in physical, cognitive and
7 developmental child screening services.

8 During the height of the pandemic in New York
9 City, there was an 82 percent decline in early
10 intervention referrals and 67 percent decline in
11 evaluations and a 15 percent decline in EI services.
12 We urge city leaders to commit additional investments
13 to connect and reconnect children to the preventive
14 and primary care they lost as a result of the
15 pandemic.

16 Our written testimony provides more detailed
17 recommendations. Thank you for your time today and
18 for all your work on behalf of children and families
19 in the city. Thanks so much.

20 COMMITTEE COUNSEL: Thank you very much and our
21 next panelist will be Christina Alerio. Christina,
22 you can go as soon as the Sergeant queues you.

23 SERGEANT AT ARMS: Starting time.
24
25

2 CHRISTINA ALERIO: Thank you. Uhm, thank you so
3 much everyone and thank you for the opportunity to
4 provide testimony today.

5 Uhm, I am here talking on behalf of the
6 organization I work for as Director of Operations
7 Tech is Unlimited. Tech is Unlimited is an NYC based
8 not-for-profit organization that teaches computer
9 science thinking and technology skills to
10 neurodiverse youth teams and young adults. Our
11 mission is to open up the field of technology to
12 students with disabilities, especially those with
13 autism spectrum disorders to help them become the
14 techies of tomorrow by creating, developing and
15 sharing the tools of technology in a supportive and
16 nurturing individualized environment we are working
17 to change the paradigm for education and employment
18 for young people with disabilities.

19 We have programs throughout the year and
20 including afterschool, weekends, holidays and summer
21 and serve hundreds of students ages 7-21 a year
22 throughout all of New York and have served 500
23 students virtually during the pandemic.

24 We hope to receive funding through the Autism
25 Awareness Initiative, which has had such a large

2 impact on helping people with autism. Our
3 organization exists because young people with ASD are
4 chronically underemployed despite their heightened
5 interest in computers and in stem fields. And the
6 growing need for professionals who specialize in
7 computing.

8 This gap between the potential people with ASD
9 have to contribute meaningfully to society and the
10 difficulty they face attaining opportunities to do so
11 is particularly striking given that a large number of
12 people effected by ASD.

13 ASD effects people's all socioeconomic
14 backgrounds. 1 in 54 children in the US is diagnosed
15 with ASD. Our hope and the hope of the organizations
16 trying to receive funding through the Autism
17 Awareness Initiative is to address the staggering
18 statistic, which has only been exacerbated by the
19 pandemic. Provide meaningful programming that will
20 enrich their lives and create opportunities that
21 would otherwise – they would have otherwise not had.

22 Thank you so much for your time.

23 COMMITTEE COUNSEL: Thank you very much Christina
24 and our next panelist will be James Meagher. James,

2 you can testify – begin your testimony as soon as you
3 are prompted.

4 SERGEANT AT ARMS: Starting time.

5 JAMES MEAGHER: Great, thank you so much. Uhm,
6 good evening and thank you for the opportunity to
7 testify before you today regarding the health and
8 mental health portions of the preliminary budget.

9 My name is Jimmy Meagher and I am Policy Director
10 at Safe Horizon. The nations largest nonprofit
11 victims services organization.

12 Safe Horizon offers a client centered to trauma
13 informed response to 250,000 New Yorkers each year
14 who have experienced violence or abuse. And we are
15 increasingly using an antiracist lens to guide our
16 work with clients with each other and in developing
17 the public positions we hold.

18 Whether we are called on to provide expert
19 testimony at an oversight hearing or to assist a
20 constituent in crisis, we are proud to partner with
21 the City Council in a collective effort to make our
22 city safer for all.

23 We look forward to helping you and your staff
24 learn how to best support survivors and connect them

2 to the resources available in your borough and
3 community.

4 Over many years the City Council has been a key
5 supporter of our programs, helping adult, adolescent
6 and child victims of violence and abuse. City
7 Council funding fills in gaps where no other
8 financial supports exist and allow us to draw down
9 critical dollars from other sources.

10 Moreover, this funding demonstrates the value
11 that you and your colleagues place in helping
12 survivors of all ages access desperately needed
13 shelter, support services, legal assistance and
14 counseling.

15 My written testimony will be more detailed but
16 for the sake of time I will provide an abridged
17 update on several key initiatives that are funded by
18 the City Council and contracted through DOHMH.

19 These initiatives, the Court Involved Youth
20 Mental Health Initiative, Children under Five Mental
21 Health Initiative and Viral Hepatitis Prevention
22 Initiative provide critical funding to Safe Horizon
23 that allows us to provide trauma informed healing,
24 healthcare and mental healthcare to our clients and
25 their families.

2 The City Council's Court Involved Youth Mental
3 Health Initiative allows our counseling center to
4 share our unique vision, expertise and network of
5 services by focusing on the unaddressed trauma that
6 is so often at the root of behaviors that precipitate
7 the involvement in Family Court of Children and
8 Youth.

9 Specifically, uhm our project focuses on training
10 providers who work with youth to recognize the signs
11 of trauma. Intervene with traumatized youth who are
12 engaging in attempts at coping that take in extreme
13 form, such as actions or thoughts of harm to self or
14 others.

15 The City Council's Children under Five Mental
16 Health Initiative help support our work with the
17 youngest victims of crime. Without trauma informed
18 intervention, there may be lifelong developmental
19 consequences. And the City Council's Viral Hepatitis
20 Prevention Initiative helps Safe Horizons street work
21 project, increase our capacity to connect potentially
22 hepatitis C effected clients to testing, medical
23 care, treatment and infection control services.

24 This funding helps increase our capacity to
25 identify youth at risk. Uhm, although these

2 initiatives are health and mental health focused,
3 they are connected to public safety as well. Health
4 and mental health treatment means individual safety
5 and public safety. Trauma healing means individual
6 safety and public safety.

7 And in keeping with that sentiment, we are here
8 to testify as well that the city needs greater and
9 equitable investments in robust trauma informed
10 health and mental health programming including for
11 better, safer, more just, antiviolenence responses to
12 heath and mental health crisis.

13 We know that the NYPD's budget continue to grow
14 even as crime rates dropped dramatically in New York
15 and that officers were asked to respond to an ever
16 increasing of -

17 SERGEANT AT ARMS: Time expired.

18 JAMES MEAGHER: Issues. Uhm, we must invest in
19 crisis response systems that honor and prioritize
20 power sharing, de-escalation in community. We must
21 invest in systems that emphasize pure response and
22 that include folks with lived experience in their
23 design and we must invest in systems and response
24 that are trauma informed and reduce harm.

2 Thank you so much for the opportunity to testify.
3 I am happy to answer any questions.

4 COMMITTEE COUNSEL: Thank you very much and that
5 concludes that panel. If we have inadvertently
6 missed anyone, please use the Zoom raise hand
7 function and we will call on you to testify.
8 Otherwise, that concludes the public portion of our
9 hearing.

10 So, I am just going to wait one moment to see if
11 anyone – we have inadvertently missed anyone.

12 Okay, seeing no one, I will turn it back to you
13 Chair Levine for any concluding remarks.

14 CHAIRPERSON LEVINE: My goodness what an
15 incredible hearing this has been thanks to your
16 testimony. This final panel closing us so strong. I
17 want to thank everyone who toughed it out over seven
18 hours. Every single bit of testimony is now
19 recorded.

20 The video is publicly available and actually your
21 remarks are transcribed for the record and if you
22 submit written testimony, that enters into the
23 record. So, this is an incredibly important document
24 of what I think are smart, compassionate, compelling
25 priorities for our city's health and mental health

2 budget. Which require that as we come out of this
3 pandemic, we invest in the communities that have been
4 hit hardest that we fight cuts at all costs and that
5 we begin to build for the long haul new systems that
6 will tackle the deepened inequality that has been
7 revealed in this pandemic.

8 So, I am just so grateful to everyone who spoke
9 today who spent these seven hours with us. I want to
10 thank you Committee Counsel Sara Liss for your seven
11 hours. Can we do a – folks who are still here, a
12 virtual applause for Sara and also, other Committee
13 Staff Anne Balkin as well as our Co-Committee Counsel
14 Harbani Ahuja and our Finance Expert who has been
15 pulling double duty to prepare for this hearing
16 Lauren Hunt.

17 Uhm, we have such incredible staff. You are
18 lucky as a community of health advocates that you
19 have such good staff in the City Council Health
20 Committee and I am grateful to them as well.

21 So, this is going to conclude our hearing. I
22 think Madam Committee Counsel, are we done at this
23 point?

24 COMMITTEE COUNSEL: Yes, that concludes and you
25 could call the official time out loud.

2 CHAIRPERSON LEVINE: Okay, do I have to read out
3 the time? Is that how this works? At 7:54, we are
4 ready to conclude. Thanks so much. Be safe
5 everybody. Bye, Bye.

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date April 15, 2021