NYC Health

Testimony

Of

Alister F. Martin, MD, MPP
Commissioner of Health
New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

on

The FY27 Preliminary Budget

March 19, 2026
City Hall
New York City

Good morning, Chair Schulman and members of the committee. I am Dr. Alister Martin, Commissioner of Health at the New York City Department of Health and Mental Hygiene. I am joined today by our Chief Financial Officer, Aaron Anderson, and members of my senior leadership team. Thank you for the opportunity to testify today on our Preliminary Budget as it relates to public health.

I am proud to represent the Mamdani administration, which puts forward a vision of a New York City we can all afford. That agenda is not secondary to public health—it is central to it. In our city, one in four New Yorkers are living in poverty. We know that has devastating impacts on health. On average, New Yorkers in the poorest parts of our city die nearly seven years earlier than those in our wealthiest neighborhoods. That's seven fewer years to spend with those they love.

As we work to design a budget that supports a prosperous New York City, we do it with that in mind. We have our work cut out for us. The data makes it clear that the problems of health and wealth inequity are intimately related. The good news is that the solutions are too. Mayor Mamdani's affordability agenda and our health agenda are aligned. We are focused on buying New Yorkers more time, more health, and more joy in the city we all call home.

At the New York City Health Department, that work is not new. For decades, we have been working at the hyper-local level to meet New Yorkers where they are. Every single day, we are making systemic changes by building individual connections. In order to change the material conditions of people's lives at scale, we have to move one conversation at a time.

Many of our programs are built on that foundational understanding. For example, the City recently put $20 million toward the Strong Foundations Initiative, which will grow perinatal and early childhood mental health services and expand the Nurse Family Partnership program. I have seen firsthand just how meaningful that program is.

My mom worked as an NFP nurse for nearly 15 years. I know the impact of that program not by the statistics that measure its success, but by the children's books and toys that would pile up in the back of my mom's gold Chevy and the stories she told me about mentoring new moms who were considering going back to school or changing careers like she did. A few weeks ago, I got to be a part of making that announcement about the expansion of services in New York City, with my mom in the front row.

Public health happens in a million small ways, and it is grounded in the relationships we build across our city. All of that work, taken together, contributed to New York City reaching its highest life expectancy in recorded history. That didn't happen passively.
Our most recent data shows that in 2024, citywide life expectancy was 83.2 years. That's higher than pre-pandemic numbers, and it's a testament to a whole-of-government response to the COVID-19 pandemic, years-long efforts on overdose prevention, and longstanding community work to move the needle on chronic disease.

The increase in lifespan did not happen by accident, and it represents a monumental success. That said, we are far from finished. There are still devastating inequities in life expectancy by race, by neighborhood, and by income. We are working to improve health outcomes for New Yorkers harmed by the consequences of historic disinvestment.

We know, too, that we have to interpret these numbers in context. Today's landscape is entirely different than it was in 2024. Our latest data show none of the impact of the federal administration's efforts to sow distrust, revoke life-saving benefits, and send health care costs soaring. Public health and public services are being dismantled.

Yet we are working hard to maintain our progress in the health and longevity of New Yorkers. We stand as a bulwark against misinformation spewing out of Washington, DC. We have done so since the inauguration of this administration, and we will continue to do so in the months and years ahead.

For decades, the New York City Health Department was closely tethered to national and international public health infrastructure. In the past year, the United States has adopted an increasingly isolationist approach to international work and a fractured public health strategy domestically. We are left to fill in the gaps as much as possible.

Earlier this year, the United States withdrew from the World Health Organization. In the wake of that decision, we became the first municipal health department to join the WHO Global Outbreak Alert and Response Network.

Following an unprecedented overhaul of the federally recommended childhood vaccination schedule, we continue to distribute more than 2.5 million doses of pediatric vaccines to health care providers across our city and to offer clear guidance where the federal government creates confusion. On Monday, a federal court temporarily blocked the CDC's attempt to change the longstanding childhood vaccination schedule. That is a public health win, but it also speaks to the gravity of the federal misinformation we are up against.

Without reliable leadership at the Centers for Disease Control and Prevention, we are creating new avenues for collaboration and information. We continue to work with our regional partners as part of the recently formed Northeast Public Health Collaborative.

We are living in a time of heightened risk, and our team is working around the clock to protect the health of New Yorkers and everyone who travels through our city. That takes sustained investment from all levels of government and the private sector.

I will now turn to the funding that makes our operations possible.

The New York City Health Department has approximately 7,000 employees, all of whom serve more than 8.5 million New Yorkers, 24 hours a day, 7 days a week. 2025 marked the third consecutive year in which hiring outpaced staff departures. We are successfully rebuilding our team to full capacity and recovering from staffing shortages caused by pandemic burnout.

We have an operating budget of 2 billion dollars for fiscal year 2027. About one billion of that funding is City Tax Levy; the remaining billion dollars are sourced from federal, state, and private funding.

At the city level, we're grateful to see a continued commitment to public health as we discuss the 2027 Preliminary Budget. In particular, we are encouraged to see resources dedicated to child care site inspections. Funding was also added for outreach and education for Early Intervention services at 2-K sites.

In response to the outbreak of *Legionella* in Harlem last summer, additional resources have been appropriated to support more cooling tower inspections, disease surveillance and testing, and community outreach and education. We appreciate the new funding to avert future Legionnaires' disease community clusters as much as possible.

Additionally, we are happy to provide funding for community-based organizations that serve LGBTQ New Yorkers, especially as federal attacks on queer communities continue.

And lastly, as a kid from Queens, I am particularly excited to see start-up funding for a Jamica Neighborhood Health Action Center to invest in the health of this community. Our brick-and-mortar presence in priority neighborhoods is a critical part of our work, and I am encouraged by the resources to expand that model to Queens.

At the state level, the Governor's fiscal year 2027 Executive Budget for New York State provides crucial support for public health. I want to personally thank Governor Kathy Hochul and Commissioner James McDonald for restoring Article 6 matching funds of 36% to New York City. This reverses several years of cuts where New York City was the only jurisdiction in the state receiving a lower state reimbursement for core public health services, despite the fact that we are home to the most individuals with low incomes and the majority of Medicaid recipients in all of New York State. This year, New York State will finally restore parity between New York City and the rest of the state.

I am deeply grateful for the Governor's actions. I also want to thank Senator Rivera and Assemblymember Gonzalez-Rojas for championing this issue in Albany; we are pleased to see the Assembly and Senate include this in their budgets. Finally, thank you to Speaker Menin, Chair Schulman, and the entire Council for their continued advocacy.

The Health Department also supports Governor Hochul's proposed plan for universal child care, taxes on tobacco products, and a continued commitment to reproductive health care.
Finally, I'll speak to the federal budget. About 20 percent of our budget is federally funded. That amounts to approximately 500 million dollars. The majority of that funding goes toward emergency preparedness and infectious disease control.

We expect the federal government to honor its commitment and maintain that funding. But if history is any indication, we cannot rely on federal resources.

Last spring, the Trump administration unlawfully rescinded $11.4 billion in public health funding. Within that massive cut, approximately $100 million was earmarked for critical disease control and outbreak prevention infrastructure right here at the New York City Health Department. Thankfully, our funding was retained due to a successful lawsuit led by New York State Attorney General Letitia James.

That said, we must brace for possible future cuts. We are enduring coordinated and large-scale attacks on public health, and we do not foresee them letting up soon. We have a dual responsibility to care for New Yorkers and to serve as a national leader and a universal trusted source in public health. We remain committed to do just that.

I am very grateful for support at the state and city levels as we continue to defend public health each day. I am confident that even amid all these challenges, a healthier, more affordable New York City is on the horizon. Thank you for your attention. I'm happy to take your questions.

NYC OCME FY27 PRELIM BUDGET TESTIMONY
New York City Council Committee on Health, Committee on Mental Health and Substance Use, and Committee on Disabilities
Thursday, March 19, 2026, at 9:30 am

Intro and ACKs

Good morning, Chair Schulman, Chair Cabán, Chair Hanif, and members of the Committee on Health and the Committee on Mental Health and Substance Use, and Committee on Disabilities. On behalf of the Office of Chief Medical Examiner (OCME), thank you for your ongoing support and partnership across our 24/7 mission to serve the communities of New York City in times of most profound need.

I am Dr. Jason Graham, the Chief Medical Examiner for the City of New York. With me today from OCME are First Deputy Commissioner, Nicholas Schultz and Deputy Commissioner for Administration and Finance, Yvonne Williams. We appreciate this opportunity to provide an update on our budget and important current activities and look forward to answering your questions.

Accessible Excellence: An Expanded Vision for a Medical Examiner's Office

When we testified last year, I introduced OCME CARES, our then newly adopted set of core values. These abiding principles of Commitment, Accountability, Resilience, Excellence, and Service inform every aspect of our work and guide our interactions with all stakeholders.

This year, the agency is particularly focused on the core value of Excellence, striving day in and day out to achieve the highest quality in all aspects of our work at the intersection of public health and justice. Excellence raises the bar for what a medical examiner's office can achieve for the communities who rely on us during the most challenging moments.

Our vision is to deliver innovative solutions to the most pressing problems in public health and forensic science, provided by caring professionals and readily available for all New Yorkers in need. I would like to take this time today to share more about our planning and progress toward this vision of excellence, accessible to all.

GIFTS: Innovative Interventions to Save Lives

OCME is home to world-class, fully accredited laboratories that support our mission to deliver timely and accurate answers for stakeholders. Our Molecular Genetics Laboratory is the only facility of its kind in the country housed in a medical examiner's office, a trailblazing vision established in 2003. The Molecular Genetics Laboratory examines the DNA of decedents who,

often very young and otherwise healthy, die suddenly and without apparent explanation, to determine if there might be a genetic reason for their deaths.

Until recently, our lab could only deliver the news of a genetic cause of death and urge family members to seek testing for themselves. But with our focus on accessible excellence, we recognized we can and need to do more for the New Yorkers we serve. Now, with the launch of our Genetic Intervention Family Testing Services program, known as GIFTS, OCME can screen living, at-risk blood relatives at no cost, provide appropriate clinical genetic counseling and connect them to potentially life-saving care, closing a critical gap in services. We expect to begin testing our first family members soon.

Supporting Public Health: Impartial Data to Inform Policy

Working to prevent deaths may sound novel for a medical examiner's office, but for OCME, helping New Yorkers live longer and healthier lives is already part of our mission. OCME contributes to public health by providing impartial data from our forensic investigations that informs policy, and through many of our own ongoing innovations specifically in the effort to reduce deaths from accidental drug overdose.

Our Drug Intelligence and Intervention Group, known as DIIG, works with surviving loved ones and close contacts in the days and weeks following an overdose death, offering them support, resources, and often, simply an ear to listen. Staffed by social workers, epidemiologists, and program specialists, DIIG leverages the unique relationship of trust between our office and the communities we serve, reaching more than 4000 close contacts to date, nearly three-quarters of whom have accepted direct services and referrals to potentially life-saving interventions.

As we move forward, and deaths from overdose hopefully continue to trend downward, DIIG offers a pioneering and proven model for how OCME can utilize data-driven insights to help additional populations in New York City affected by a whole range of public health challenges known to have a social component. We aim to make this excellence in service, with its life-saving potential cutting across all walks of life, available to all.

CT Scanning: Strengthening Community Ties Through Excellence

The success of our mission depends on strong relationships with the community, and as we progress in excellence, our journey is expanding the trust necessary to advance our work. Well over a year ago, we began to implement postmortem CT scanning to elevate standards in diagnostic service. I am pleased to report that this technology has now been fully integrated into the practice of forensic medicine on the part of our medical examiners at OCME and is in

daily use at our pathology centers where it is making a difference in our partnerships with the community.

CT scanning is one of many steps we have taken to improve the working experience for our medical examiners, the highly trained forensic pathologists who directly deliver answers for families in the wake of tragedy. As you know, OCME has been grappling for several years with a serious shortage of medical examiners – a problem rooted in a multi-faceted national crisis that will not be fully resolved in the immediate future. However, we are pleased to report that our renowned Forensic Pathology Fellowship Program remains a beacon for training and recruitment, attracting talented and caring physicians who want to pursue their specialty here at the most comprehensive and complex medical examiner's office in the country. OCME has filled all six of our coveted fellowship seats for the academic year 2026-27, and we continue to hire medical examiners to serve New Yorkers from the ranks of graduates every year.

Our planning for the Science Park and Research Campus (SPARC) Kips Bay project is also actively underway. This first-of-its-kind health and science campus will become the new home of our Manhattan forensic pathology center and supporting facilities, serving as a training hub for the next generation of leaders in forensic science and medicine. OCME has been part of the bustling public health corridor in the Kips Bay neighborhood for more than a century, and we are excited to be partners in this transformative next step in life sciences innovation and workforce development for our city.

Maintaining Our Commitment to Families: Cold Case Breakthroughs and WTC IDs

While raising the bar for forensic science and medicine, OCME also stays grounded in our foundational purpose -- to provide answers for communities facing the most challenging times, no matter how long the mission takes. Few instances show the depth of this commitment more than our ongoing efforts to solve the coldest cases of missing and unidentified persons and return them to their loved ones.

Since 2017, our cross-departmental cold case team at OCME has newly identified more than 130 individuals, many from decades-old cases, missing from as far back as the early 1980s, across all boroughs of the city, including 20 victims of homicide. Leveraging our in-house expertise in identification investigations, forensic anthropology and DNA science, while tapping into partnerships with law enforcement and other agencies, we are bringing long sought peace to families and justice to those affected by crime.

Our commitment to families is not limited to the office and laboratory; we are also reaching into neighborhoods to bring assistance to those in need at no cost. For more than a decade, our annual NYC Missing Persons Day event has made expert resources and support

services available in person to families and friends seeking long-term missing loves ones. Credited with dozens of identifications since its start, we brought NYC Missing Persons Day to Queens for the first time last October. The event connected more than a dozen families with confidential help, bridging a gap for those still in need of closure.

The cold case and missing persons work of today extends directly from the lessons of our experience with the World Trade Center disaster of 2001. In the aftermath of the attacks, the pressing urgency to identify the 2,753 victims pushed the frontiers of DNA science and continues through the present moment – an enduring testimony to excellence. The scientific legacy of the unprecedented World Trade Center identification effort informs current, active forensic casework as well as our cold case efforts, while we also continue to identify those killed on September 11.

Over the past year, OCME made three new identifications of victims from the attacks on the World Trade Center in 2001 and linked dozens of remains to previously identified individuals. The new identifications –representing the 1651st, 1652nd, and 1653rd persons identified – resulted from renewed family outreach and advanced DNA analysis of recovered remains. The remains of 1,100 victims of the disaster have yet to be identified, but as we approach the 25th anniversary of this day that changed our city and world forever, we continue to make attempts, reaching out to new generations of family members, undeterred and undaunted by the passage of time. We honor their memory with our work to Remember, Reflect and Renew.

Thank you for this opportunity to testify today. We look forward to your questions.

Draft testimony for Commissioner Agarwal on MOPD's Budget Hearing on March 19th.

Good afternoon, Chair Hanif and members of the Committee.

Thank you for the first-ever opportunity to testify today on the Fiscal Year budget for the Mayor's Office for People with Disabilities.

My name is Nisha Agarwal. I have short black hair and brown skin. I'm wearing a black top and black trousers and multi-colored necklace. I have aphasia and I have my handy cane by my side. I am honored to serve as Commissioner of the Mayor's Office for People with Disabilities (MOPD).

Role of MOPD
MOPD's mission is to ensure that New York City is accessible and inclusive for the more than one million New Yorkers with disabilities who live and work in our city.

We believe that accessibility is not limited to a single program or agency. It is a citywide responsibility. MOPD works closely with partners across government and external stakeholders to ensure that policies, services, and programs consider the needs of New Yorkers with disabilities from the start.

Our Challenges
I would like to share the vision for MOPD under the leadership of Mayor Mamdani, but to understand the importance of this work, it is helpful to look at some of the challenges facing New Yorkers with disabilities. In employment, for example:[1]

- Just 40 percent of New Yorkers with disabilities of working age are employed, compared to 73 percent of the city's overall working-age population.
- And for those who are in the labor force, the unemployment rate is nearly double, 13 percent for people with disabilities compared to 7 percent citywide.

In education[2]:

- Almost 30 percent of adult New Yorkers with disabilities received less than a high school education, compared to 16 percent of the city's overall population.
- The opposite is true as well. While over 41 percent of the city's overall population received a bachelor's degree or higher, only 23 percent of people with disabilities had the same.

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[1] American Community Survey (ACS) data, 2019-2023.
[2] NYC Disabilities Statistics Spreadsheet, Mayor's Office for People with Disabilities from the American Community Survey (2019-2023), https://www.nyc.gov/site/mopd/publications/disability-statistics-in-nyc.page.

These inequities persist not because of a lack of skill or motivation, but because of structural barriers, inaccessible practices, and limited awareness of available supports.

Our Vision

Recognizing the challenges, MOPD's vision is to **strengthen, partner and expand** our services and policies for people with disabilities.

Strengthen

The key priorities from the Mayor -- affordable housing, access to health and mental health, accessible transportation, education equity, and employment opportunities -- are critical to people with disabilities and to most New Yorkers. Given that, part of our strategy is to strengthen some of our projects currently.

For example, NYC:ATWORK services provides a continuum of individualized services to both jobseekers and employers. For jobseekers, we offer career advice, resume and interview preparation, guidance on disclosure and reasonable accommodations, retention services, and support for those applying to City government. On the employer side, we provide recruitment support, pre-screened candidate referrals, and personalized hiring events.

This has been successful, but MOPD wants to strengthen and expand NYC:ATWORK by doing digital literacy training or mental-health support as people with disabilities rebuild confidence to reenter the workforce. There are also administrative hurdles and lengthy approvals for city jobs that can discourage both jobseekers and hiring managers. To accomplish this, we need to work with external stakeholders and internal stakeholders – our other city agencies – to do it well.

We also want to grow and strengthen the systemic change side as well. Using policy, research, and communications strategically, we can start to influence the decisionmakers at the city, state and federal levels and have an impact on people with disabilities.

Partnership

To expand our existing programs or to work on new priorities, building and expanding our partnership is key.

Disability Organizations: Disability advocates are trusted community messengers, have deep community ties, and an ability to focus on specific issues in depth. MOPD covers the wide range of disabilities services and accessibility, has convening power and access to City Hall and city agencies. MOPD should be a constant partner with disability advocates, working together on our shared priorities and, when we have disagreements, have an open discussion and next steps for resolution. MOPD should also ensure that less known

disabilities – e.g. language, learning and mental health disabilities – should be incorporated into these discussions.

City agencies. Historically, people with disabilities were brought in at the end of a project, not at the start. This was frustrating for people with disabilities, and it did a disservice to those agencies that were involved in the project because, in the end, we chose the faster design instead of the best design. In the new Administration, however, the heads of agencies that were chosen – including me! -- are into collaboration and problem-solving, and that is exciting. MOPD is nimble and knowledgeable on accessibility and inclusion for people with disabilities. The agencies have deep expertise in their issues and can incorporate accessibility and inclusion into projects, with MOPD's assistance. It is a win-win – it ensures that the city government is efficient and have a whole approach model, and New Yorkers – people with disabilities and the broader public – will recognize that the city works for them.

Broader Social Movements. In the 1960s and 1970s, disability advocates were in conversation with the civil rights, women's rights, LGBTQ+ rights, immigrant rights and anti-war movements. Now, in 2026, it feels more fragmented and siloed. It is important to pollinate those seeds again and, using MOPD's convening power, to cultivate the interconnected work that we are all doing.

Elected Officials. Everyone, including people in elected office, have people with disabilities in their lives – themselves, their family members, their friends, their neighbors, or their constituents. MOPD wants to work with electeds, especially city council, to share resources and information and, overtime, build our relationships with them.

<u>Expanding</u>

MOPD's vision is bold but doable, like New York City. We don't want to do the bare minimum; we want to be the best in the country, creating innovative ideas that will have ripple effect on other cities and states. We don't want to create programs and policies that include some and exclude others. The goal should be: If it helps us, it will help others.

We appreciate the Council's continued commitment to accessibility and inclusion and its focus on the needs of New Yorkers with disabilities. We look forward to continuing to work with both the Council and our partners across the administration to strengthen accessibility across city government.

Thank you again for the opportunity to testify today, and I look forward to answering your questions.

Mayor's Alliance for NYC's Animals®

Steve Gruber, Director of Communications
Mayor's Alliance for NYC's Animals

Testimony for
New York City Council Public Health Budget Hearing
Thursday, March 19, 2026

My name is Steve Gruber. I'm the Director of Communications for the Mayor's Alliance for NYC's Animals.

As I have stated before the City Council in the past: New York City needs to provide funding for free and low-cost spay/neuter and pet food pantries.

Many New York City pet owners are struggling to provide even the most basic care for their pets. Pet owners should not have to choose between buying food for their pets or food for themselves. They should not have to forego having their pets spayed or neutered because they cannot afford this routine surgery which is key to eliminating unwanted births as well as certain health and behavioral issues.

As a result of their inability to feed their pets or gain access to affordable vet care, including free or affordable spay/neuter services, too many pet owners are forced to make the heartbreaking decision to surrender their beloved pets to the city's overburdened animal shelters and rescue groups. And those same pressures that drive people to give up their pets also discourage potential pet owners from adopting. So our city shelters continue to remain at, or over, capacity.

For far too long the city has relied upon dedicated animal welfare organizations to shoulder the burden of providing free or affordable spay/neuter services and supply pet food to struggling pet owners. These organizations cannot satisfy the needs of our community.

Last year's city budget included $500,000 for 3,500 spay/neuter surgeries, a figure that represents only a fraction of actual demand. According to Voters for Animal Rights, we need to more than double that amount, to at least $1.5 million, which would more than double the number of surgeries to 10,000.

And this year's budget doesn't provide *any* funding for spay/neuter or pet food pantry.

This absence of funding is not acceptable. And it is not in keeping with the notion that New York City, the greatest city in the world, cares about its animals and the people who love and care for them.

New York City can do better. We implore the City Council to step up and provide funding to supplement the efforts of the private sector, to create and expand existing high volume spay/neuter resources and low-cost community veterinary facilities, and commit to providing accessible pet food pantries to meet the needs of the public and the rescue community.

Thank you.

JUMAANE D. WILLIAMS

TESTIMONY OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS TO THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH, MENTAL HEALTH AND DISABILITIES MARCH 19, 2026

Good morning,

My name is Jumaane D. Williams and I am the Public Advocate for the City of New York. I want to thank Chairs Schulman, Caban, and Hanif as well as the members of the Committees on Health, Mental Health and Disabilities for holding this hearing today, and allowing me the opportunity to testify.

As New York City faces new challenges in navigating public health emergencies without data and resources from the federal government, it is imperative that we invest in our public health system. The FY27 expense budget for the Department of Health and Mental Hygiene (DOHMH) sees a 13.59% decrease in funding from FY26 with proposed funding totaling $2.5 billion, down from $2.7 billion.[1] While the administration's preliminary budget does baseline critical funding for childcare, food assistance programs, and the newly launched 2-k initiative, this budget also fails to fund many programs that saw one-year investments in FY26, including but not limited to: the Maternal Health Campaign, Crisis Respite Centers, and the NYC 988 Crisis Intervention and Suicide Prevention Hotline.[2] While we understand that the city faces a budget crisis, we must grapple with the reality of what these new cuts entail, especially after three years of sustained PEGs under the previous administration.

The state's expanded funding for mental health is heartening to see, especially the commitment of $750 million in FY27 and $500 million annually thereafter for the Healthcare Stability Fund (HSF). While this will help mitigate some of the losses expected from the Big Ugly Bill, projections remain worrying: hundreds of thousands of New Yorkers will be left uninsured, an expected loss of generated economic activity to the tune of $14.4 billion with direct cuts to hospitals and health systems totaling $8 billion, and more than 65,000 jobs lost in hospitals and other community health centers.[3] In addition to HFS, the Governor's budget also proposes integrating care for mental health and substance use disorders,

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[1] "February 2026 Budget Function Analysis." *NYC Office of Management and Budget.*

[2] "Overview of the New York City Fiscal Year 2027 Preliminary Budget". *Citizens' Committee for Children.* March 2026.

[3] "BY THE NUMBERS: THE REPUBLICAN 'BIG UGLY BILL' WOULD HAVE DEVASTATING IMPACTS ON NEW YORK HEALTH CARE PROVIDERS, PATIENTS, EMPLOYEES AND COMMUNITIES." *Office of New York Governor Kathy Hochul.* July 2025.

increasing resources for supportive housing, and supporting non-profits that serve New Yorkers by ensuring reimbursements are consistent and timely.[4] These changes will not only help serve New Yorkers experiencing psychiatric illnesses, but also those suffering from substance abuse, two groups that face many barriers to care including lack of access to stable housing. I look forward to hearing from DOHMH on what the agency is doing to prepare for the impact of federal cuts and furthermore, how the city can work with our state partners to ensure that we are meeting the needs of New Yorkers.

Before I move on, I want to raise the issue of the new healthcare plan ratified by the Municipal Labor Committee back in September. Since implementation of the City of New York Health Benefits Program, I've heard countless issues raised by city workers as well as medical professionals frustrated with navigating this new system. Covering 750,000 city workers, this plan promised to cut the cost of the city's primary health plan by more than 10 percent while expanding coverage and benefits, but coverage and benefits have been negatively impacted for many and I believe the city must keep a close eye on how this program affects our bottom line.

Finally, I want to briefly highlight something that we should be moving away from. Last week, the federal government announced a new plan to allow the Department of Veterans Affairs (VA) to initiate guardianship proceedings in state courts for veterans who have no family and are "unable to make their own health care decisions."[5] Last year, as part of the FY26 state budget, Governor Hochul insisted on expanding the criteria to involuntarily commit someone for psychiatric treatment and in 2022, Mayor Adams announced a new policy to hospitalize homeless people deemed to be in "psychiatric crisis". Each of these attempts fail to recognize the harmful effects of involuntary treatment. Research shows that involuntary commitment can negatively affect a person's earnings, which leads to poorer outcomes. It can also sow distrust towards healthcare, which is problematic when a person needs to continue care outside the hospital.[6] In some cases, involuntary treatment can be a life-saving tool, but every person with a mental health condition is different. There is no perfect solution. I look forward to working with this administration to ensure that those in need of care are met with compassion and dignity. Thank you.

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[4] "Governor Hochul Unveils Proposals to Strengthen Support Systems and Make New York More Inclusive". *Office of NYS Governor Kathy Hochul.*

[5] Barry, E.; DeParle, J.. "V.A. Begins Drive to Put Some Homeless Veterans Into Guardianship". *The New York Times.* March 2026.

[6] "Involuntary Commitment". Cleveland Clinic.

JUMAANE D. WILLIAMS

Questions

1. The DOHMH Single Point of Access (SPOA) system provides vital mental health treatment interventions, like the Assertive Community Treatment (ACT) and Intensive Mobile Treatment (IMT) programs. The Preliminary Budget appears to include a $168 million cut to the Single Point of Access system. Are these funds actually being cut or have they been shifted elsewhere?
2. If so, how many fewer New Yorkers with the SPOA system serve? Does the administration have an estimate of how much it will cost?

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Testimony of Ryan Manganelli, Senior Manager, 32BJ Health Fund
New York City Council Hearing, FY27 Preliminary Budget Hearing, Health
3/19/26

Introduction

My name is Ryan Manganelli, and I am a Senior Manager of Policy at the 32BJ Health Fund, a large self-funded health plan that provides health care benefits to over 200,000 32BJ SEIU union members and their families using contributions from over 5,000 employers. Those union members are the front-line building services workers that keep our commercial and residential buildings in order and our airports and schools running. We are one of the largest self-insured funds in New York State.

The cost of participants' healthcare is paid using funds secured through the union's contracts with their employers. All medical claims are paid by the 32BJ Health Fund. Our Fund has no profits, no shareholders, and no financial interests other than providing our participants with high-quality, affordable healthcare. While the Fund uses a third-party administrator to manage our benefits, the cost of care provided to plan participants is paid entirely by the Health Fund using employer contributions. That means as healthcare costs go up, those costs are passed on directly to our Fund.

The Healthcare Affordability Crisis in New York: High Prices, Unequal Care

New York is facing a healthcare affordability crisis.

- Last year, **two out of every three New Yorkers (66%) delayed or went without healthcare due to cost.**
- Adults of color report going without care due to cost far more often than white adults. In New York, 81% of Hispanic/Latino adults went without care due to cost compared with 60% of white adults.
- **Since 2004, healthcare costs for 32BJ Health Fund participants have risen four times more than wages, with a 54% increase in wages and a 230% increase in health benefit costs.**
- With the expiration of enhanced premium tax credits, the average monthly cost of marketplace plans in New York is expected to rise sharply. **In the Bronx, for example, average monthly marketplace costs for a couple are projected to increase by 68%.**
- Cuts to Medicaid and the Essential Plan spurred by federal passage of H.R.1 will mean hundreds of thousands more New Yorkers will face the prohibitively high costs of purchasing health care on the individual marketplace—or be forced to go without coverage entirely.

In other words, the largest threat to New Yorkers' access to health care at this moment is its unaffordable cost, which is driven primarily by high hospital prices.

Why Hospital Prices Matter

Every dollar spent on higher-priced care is a dollar that can't be used for wage increases or other benefits. While many factors drive the rising cost of healthcare, our data -- and that of others – consistently points to one overwhelming contributor: rising hospital prices. No other factor has a greater impact on healthcare costs. Our Health Fund spends about $1.5 billion on healthcare each year, and over half of that spending is on hospital care.

According to the U.S. Bureau of Labor Statistics, the inflation rate for hospital prices has risen over 100% since 2009.[1] This compares to increases of about 50% for prescription drugs, housing, and food.[2] Data from the most recent hospital price transparency studies show that commercial purchasers in New York State paid 310% of Medicare for hospital services on average in 2022, while the national average was 250% of Medicare.[3] Though some will argue that Medicare rates do not sufficiently cover the cost of care, the extent of these markups do not add up. The Greater New York Hospital Association has stated that Medicaid covers about 70% of hospitals' costs to provide care, while Medicare covers 85%.[4] Assuming these figures and based on the commercial payer mix at New York hospitals, we estimate that commercial payments at 130% of Medicare would cover this claimed shortfall.

The hospital prices the 32BJ Health Fund pays have risen from 218% of Medicare in 2016 to 267% of Medicare in 2024. These amounts are substantial but would have been markedly higher without the difficult decision to remove a high-priced hospital system from our network in 2022. If the Fund paid the same rates that Medicare does for hospital services from 2016 to 2019, it could have saved $1.1 billion.[5] In recent years, spending increases are being driven by the *hospital outpatient sector.* In 2019, we spent roughly equivalent amounts on hospital inpatient and outpatient services. But from 2019-2024, our hospital inpatient spending decreased by 7% while hospital outpatient spending increased by 38%.

As a self-funded plan, hospital prices directly impact the 32BJ Health Fund's sustainability and ability to keep costs low for plan participants. If healthcare costs had only risen at the rate of inflation from 2012-2022, 32BJ SEIU members could have received an additional $5,000 in wages. When healthcare costs rise, those costs are passed directly onto working families and employers.

New York City's workers and employers need to be able to have a clear line of sight into hospital prices to understand which hospitals and what services are driving our health benefit costs. We know safety net hospitals like NYC Health & Hospitals do not contribute to this problem but the same cannot be said of the other major systems in New York City. Solutions should be targeted to the most expensive systems or where the most impact can be obtained.

New York City's Budget & The Office of Healthcare Accountability

As New York City faces a budget deficit and healthcare is increasingly unaffordable for many New Yorkers, it is a critical time to address one of the key drivers of healthcare spending: rising hospital prices. Public budgets and public employee health plans like New York City's are experiencing the same phenomenon as we are when it comes to high healthcare costs driven by rising hospital prices. This is why we have worked with City Council Speaker Julie Menin and members of the Health committee to create the nation's first municipal Office of Healthcare Accountability ("The Office" or "OHA"). In 2025 the Office released its first two public reports on healthcare cost drivers and hospital prices paid by the City public employee health plan. Notably, the second report released last fall included the Office's first comparison of the City plan's hospital prices to Medicare.

[1] U.S. Bureau of Labor Statistics, Consumer Price Index. https://www.bls.gov/charts/consumer-price-index/consumer-price-index-by-category.htm
[2] Id.
[3] RAND Hospital Price Transparency Study 5: https://www.rand.org/health-care/projects/hospital-pricing/round5.html
[4] Greater New York Hospital Association Testimony for SFY 2025-26 Joint Legislative Budget Hearing – Health. February 11, 2025: https://www.nysenate.gov/sites/default/files/admin/structure/media/manage/filefile/a/2025-02/gnyha-budget-documents.pdf
[5] 32BJ Health Fund. (Revised November 1, 2022.) Hospital Prices: Unsustainable and Unjustifiable.

Key Findings from OHA Medicare Benchmarking Analysis:[6]

- The City's average price across hospital systems increased from 238% of Medicare in FY2022 to 256% of Medicare in FY2024.
- Outpatient spending in the City plan is now exceeding inpatient spending.
  - The City's hospital outpatient prices rose from 250% of Medicare in FY2022 to 280% of Medicare in FY2024.
  - Outpatient emergency department prices were a standout – averaging nearly 600% of Medicare across the City plan.
- In FY2024, the City's prices compared to Medicare varied across New York City hospital systems.
  - The City's average hospital prices by hospital system ranged from 184% of Medicare (Mount Sinai Health System) to 313% of Medicare (Montefiore Health System).

As OHA prepares the release of its 2026 annual Local Law 78 report, it is critical that the Office continues to provide Medicare benchmarks for the hospital prices paid by the City employee health plan, so that we have a consistent point of comparison. Identifying hospital facilities and services that have high commercial prices relative to Medicare helps us understand where price markups may occur that have more to do with a hospital's market power than the underlying cost of providing care. It also allows us to track the relative rate of price changes across service categories. In our experience, the price of outpatient care relative to Medicare has risen at a much faster rate than the price of inpatient care relative to Medicare.

We also look forward to the next Local Law 78 report's inclusion of the City public employee HMO data from Emblem as noted in the September 2025 Medicare benchmarking appendix report.

The New York State public employee health plan recently published its second analysis of hospital spending and prices that shows similar patterns to the City plan. According to data provided by the New York State Health Insurance Plan (NYSHIP), which provides health benefits for 1.2 million State employees, retirees, and dependents, hospitals accounted for 41% of total healthcare spending in 2021.[7] This is slightly higher than the New York State average of 39%.[8] From 2022 to 2024, the NYSHIP Empire Plan (its largest plan by enrollment) reported spending about $4 billion on hospital care each year.[9] Two thirds of that spending, or $2.7 billion per year, went to ten large hospital systems downstate.[10] Nearly $1.5 billion per year was spent on only three large hospital systems: Northwell, NYU Langone, and NewYork-Presbyterian.[11] From 2022 to 2024, the NYSHIP Empire Plan saw negligible changes in hospital inpatient spending (1%), but an over 18% increase in hospital outpatient spending, such that total spending on outpatient services exceeded spending on inpatient services.[12]

We now have three years of information from the two largest purchasers in New York State showing that hospital spending is the largest component of healthcare costs. And we can see that those costs are driven by price increases at the largest academic medical centers in New York City.

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[6] Analysis of Facility and Professional Reimbursement for the Comprehensive Benefit Plan of the City of New York. Published September, 2025. https://www.nyc.gov/assets/doh/downloads/pdf/about/facility-professional-reimbursement-cbp.pdf
[7] Letter from Department of Civil Service to Senator Gounardes and Assemblywoman Cruz dated January 30, 2023
[8] Appendix Table e9c in: Emily K. Johnson et al., "Varied Health Spending Growth Across US States Was Associated With Incomes, Price Levels, And Medicaid Expansion, 2000–19," Health Affairs, 41(8): 1088–1097, https://doi.org/10.1377/hlthaff.2021.01834
[9] New York State Department of Civil Service. Empire Plan Hospital Pricing: Annual Report Years 2023 and 2024; New York State Department of Civil Service. Empire Plan Hospital Pricing: Annual Report Years 2022 & 2023. https://www.cs.ny.gov/extdocs/pdf/2024%20Hospital%20Transparency%20Report.pdf
[10] Id.
[11] Id.
[12] Id.

Reports and price transparency are an important first step. In the short time since OHA launched, it is making commendable progress to fulfill its Local Law 78 reporting duties and charge to produce a public facing, user friendly hospital price shopping tool. It is now time to leverage this information into action to stem the ongoing crisis of rising hospital prices. We urge the City Council, in partnership with OHA, to call large, private hospital systems to a hearing to explain these increases and their impact on working people, employers, and the sustainability of employer-sponsored health benefits in New York City.

What New York Can Do to Mitigate Rising Hospital Prices: The Fair Pricing Act (S.705A/A.2140A)

High and rising hospital prices matter for everyone in New York who has to balance a budget. In New York City and the surrounding metro area, most current data show the average total premiums are $9,615 for individual coverage and $28,189 for family coverage.[13] This is due to high hospital prices, rather than increasing utilization. For too long, purchasers, policymakers, and patients have been expected to shoulder the burden of unjustifiable hospital price increases. New York State needs to act immediately to lower commercial hospital prices and to slow those price increases over time.

One way to do this is to mitigate the incentives for large hospital systems to acquire independent physician practices, which drives up healthcare prices. After hospital systems acquire a physician practice, they charge higher prices for low-complexity services that have typically been provided in those offices, like imaging (X-rays, MRIs, and CT scans), drug administration, and preventive care visits. When physician practices are acquired by hospitals, their prices increase by an average of 14%.[14] A study from Brown University using New York State commercial claims data shows that hospital outpatient department prices are four times higher than doctor's office prices for these low complexity services, on average.[15] As an example, claims data from 32BJ Health Fund shows an average aggregate price of $23 for flu shot administration in the doctor's office compared to $183 in the hospital outpatient department.

The Fair Pricing Act (S.705A/A.2140A), sponsored by New York State Senator Liz Krueger and Assemblymember Chantel Jackson, would make New York the first state in the nation to ensure that the same procedure costs the same price no matter what setting the care is provided in. This is similar to enacted and proposed "site neutral payment" policies under the Medicare program. The proposal would do this by capping prices for certain routine, low-complexity services at prices comparable to those in doctor's offices, regardless of who owns the building.

The Fair Pricing Act would require hospitals to offer a contract for specific, routine services – already determined by the Medicare Payment Advisory Commission (MedPAC) – with prices capped 150% of Medicare. Providers would not be allowed to charge, bill, or accept payments above the cap. The bill would also explicitly prohibit facility fees for these services. Safety net hospitals, public hospitals, federally qualified health centers, critical access hospitals, sole community hospitals, and rural emergency hospitals are all exempt from the legislation. State-regulated payers would also be prohibited from reimbursing or entering into contracts that provide reimbursement rates in excess of the cap, and would not be allowed to hold participants responsible for amounts above that cap.

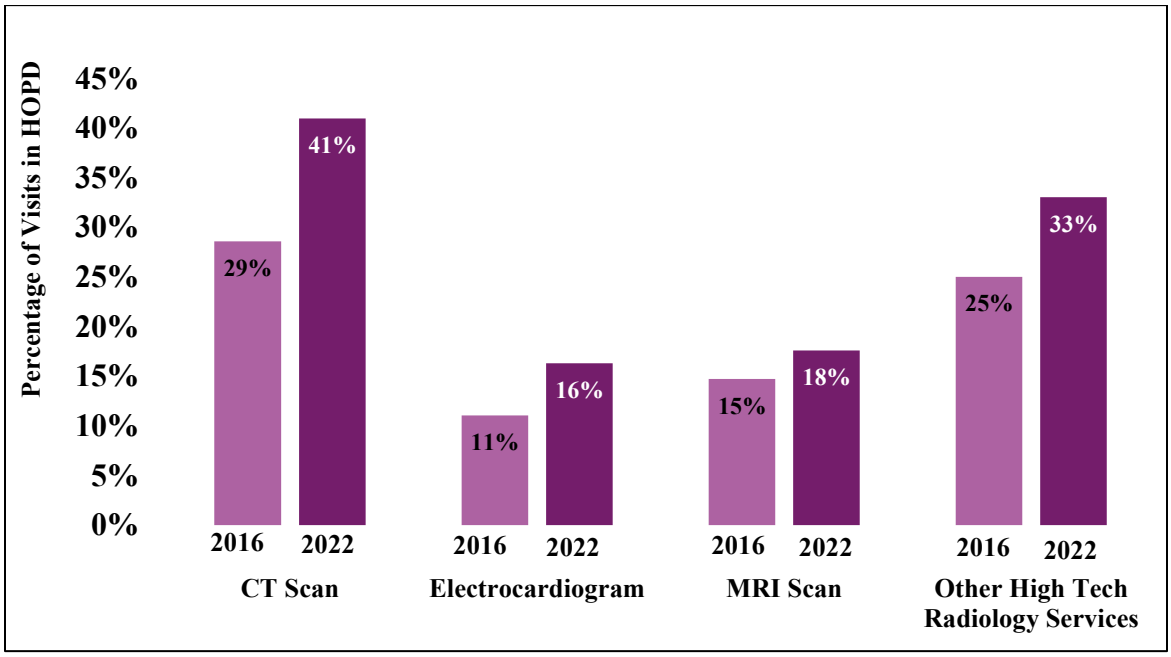
[13]For private sector employee plans. Medical Expenditure Panel Survey (MEPS) Insurance Component (IC) Data Tool: Private - Metropolitan Area. Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. https://datatools.ahrq.gov/meps-ic.

[14] Capps, C., Dranove, D., and Ody, C. (May 2018). The effect of hospital acquisitions of physician practices on prices and spending. Journal of Health Economics, 59:139-152. https://doi.org/10.1016/j.jhealeco.2018.04.001.

[15] Murray, R., Janjua, H., and Whaley, C. (February 11, 2025) Estimating Savings from the Fair Pricing Act and Commercial Site-Neutral Payments in New York State. Brown University Center for Advancing Health Policy through Research.

32BJ Health Fund has observed that certain basic services, like flu shots, x-rays, or MRIs, have shifted from the historical norm of being provided in a doctor's office to being provided in hospital outpatient departments. For example, in 2016, 71% of non-emergency CT scans for our participants in New York State occurred in a doctor's office, with 29% in a hospital outpatient department. By 2022, nearly 41% of CT scans were occurring in a hospital outpatient department (see Figure 1). There is no apparent clinical reason for this shift. This is particularly worrisome because the average hospital outpatient department price for a CT scan in our data is almost double that of a CT scan provided in a doctor's office. If non-emergency CT scans in New York hospital outpatient departments cost the same as those in the doctor's office, our Health Fund could have saved over $500,000 in 2022.

Figure 1: 32BJ Health Fund Claims Illustrate That Basic Procedures are Shifting to Hospital Outpatient Departments (HOPD) (from 2016 to 2022)



The Fair Pricing Act would create greater healthcare affordability and tangible savings for purchasers like 32BJ Health Fund, for New York City, and for patient out-of-pocket costs. According to 32BJ Health Fund's analysis of its claims, the Health Fund could have saved $31 million, or 2% of overall health benefit spend, in 2022 if this type of policy were in place.[16] We expect other self-funded plans in the state to see similar savings. A study of commercial claims data from health economists at Brown University shows large annual savings of over $120 million could be achieved for the New York City public employee and retiree health plan.[17] Overall, the study found that New York could see $1.1 billion in savings per year from this proposal. One important aspect to understand is that when treatment is rendered in a hospital outpatient department rather than a doctor's office, patients often have much higher out-of-pocket costs. This is because hospital care typically includes a deductible and higher coinsurance. The Brown University study estimates up to $213 million in savings going directly back into New Yorkers' pockets through lowered out-of-pocket costs.[18]

[16] 32BJ Labor Industry Cooperation Fund. The Need for Fair Hospital Pricing in New York. Published September 2024. https://32bjhealthinsights.org/resources/#32BJHealthFund

[17] Murray, R., Janjua, H., and Whaley, C. (February 11, 2025) Estimating Savings from the Fair Pricing Act and Commercial Site-Neutral Payments in New York State. Brown University Center for Advancing Health Policy through Research.

[18] Id.

Setting a cap on prices at a percentage of Medicare rates ensures a limit on the current arbitrary nature of prices in the commercial market. Medicare rates are set to reflect the cost of care for services and are based on extensive expert review. A rate cap at 150% of Medicare is above the level at which doctors' offices are currently providing these services in New York, which is 130% of Medicare on average.[19]

Though you will hear about hospitals being underfunded by public payers, which is true for many safety net and public hospitals, there is also another side of our healthcare system that has an enormous impact on healthcare affordability for patients in New York. This side is represented by the high-priced hospital systems that yield large market share and large profits in the current market. For example, NewYork-Presbyterian Hospital generally maintained operating profit margins at or above 15% from 2012 to 2024, NYU Langone Hospital had operating profit margins between 6% and 18%, and the Hospital for Special Surgery had consistently positive operating profit margins between 12% and 29% during this timeframe.[20] This is based on Medicare Cost Reports which are certified and submitted by the hospitals themselves.

Safety net and public hospitals are exempt from the Fair Pricing Act because these are not the hospitals charging New Yorkers high prices. We cannot let fear of the problems faced by struggling safety net or public hospitals prevent commonsense action to rein in the highest prices that leave our healthcare market vulnerable to profit-seeking behavior.

When hospitals raise prices on routine medical care provided in hospital outpatient departments that is safe to provide at a doctor's office, the added costs are shouldered by patients, families, workers, and employers. We can make healthcare pricing for routine services fairer and more affordable for all New Yorkers, without compromising access or quality of care.

[19] Id.
[20] Hospital Cost Tool published by the National Academy for State Health Policy. Accessed March 18, 2026. https://tool.nashp.org/

TESTIMONY ON THE BEHALF OF LOCAL 372 | NYC DEPARTMENT OF EDUCATION EMPLOYEES DISTRICT COUNCIL 37 | AFSCME

TO THE PRELIMINARY BUDGET HEARING ON MENTAL HEALTH, DISABILITIES, AND ADDICTION

MARCH 19, 2026

2:30 PM

Chairwoman Lynn Schulman, Chairwoman Tiffany Caban, and distinguished members of the committee, I am Denise Mieses, SAPIS Chairperson of Local 372 – NYC Board of Education Employees, District Council 37 – AFSCME. It is the honor of Local 372 to present this testimony on behalf of the 24,000 members we represent, including the 256 Substance Abuse Prevention and Intervention Specialists ("SAPIS") under the leadership of our President, Shaun D. Francois I. Local 372 respectfully requests the City of New York to fund the SAPIS program through a **dollar-for-dollar match** with the State Legislature.

Since 1971, SAPIS workers have provided a range of mental health and intervention services to the largest school district in the Nation, through teaching social-emotional strategies, and offering all behavioral support available so that our children are ready to learn. In group and individual settings, SAPIS use evidence-based programs approved by the Office of Alcohol and Substance Abuse Services ("OASAS") as positive alternatives for New York City public school students in need. SAPIS service grades K-12 throughout all of New York City's 32 school districts, including special education.

SAPIS have always been proactive in providing students and their families with the tools to navigate the myriad of societal, personal, and peer pressures that can derail healthy academic, social, and individual development. SAPIS are also responsible for monitoring behavior and offering resources and services to support students where they struggle to improve, including

individual work plans each year that are specially tailored to the needs of the students in the schools. Not only do SAPIS help students dealing with substance abuse, they also help navigate students through LGBTQ+ issues, their relationships with themselves and others, and any other life events that may impact their education. All of these stressors are interconnected, so in order to tackle these issues at an early age, inserting a SAPIS prevents the destructive cycle from continuing. For many years, the SAPIS program was funded through a combination of federal and state funding that passed through OASAS and, in previous budgets, the State Legislature and the City were constant champions for our students through funding the SAPIS program.

Notwithstanding, while we appreciate the City's consistent lead in proffering $2 million in funding towards the SAPIS program, it has not been enough to maintain our SAPIS and ensure their efficacy with our children. When the 2006 federal aid cuts occurred, the funding stream that we used to receive through OASAS was significantly reduced, resulting in the loss of over 200 SAPIS workers. And for the last eighteen years, the program has struggled to sustain with the reduced and stagnant budget totaling $2 million, making it almost impossible to hire and maintain additional SAPIS. Taking the already reduced budget, the rising costs of living impacting our families due to inflation, losing SAPIS workers due to retirement, and the rising need for services tackling the mental health crisis, juxtaposed against the anticipated additional federal cuts towards education under the current Federal Administration, it is imperative that the City of New York continue to protect and invest in vital programs such as SAPIS, for the mental wellness of our children, and the healthy development of our future leaders. For these reasons, we respectfully request that the City of New York allocate funding towards the SAPIS program.

The students of New York City Public Schools reside in the City's most underserved regions, experiencing trauma daily, and continue to be influenced by the lingering effects of the

coronavirus pandemic. New York City School administrators and staff can affirm that the spike in student disciplinary incidents demonstrate the continued emotional difficulties students have experienced since undergoing the stresses of the pandemic. According to the released 2024 school survey results, more New York City students than at any point in the past five years say that kids in their schools regularly bully each other.[1] More than half of the roughly 355,000 middle and high school students who responded to the city school system's annual survey earlier last year said their classmates are bullied, harassed, or work to intimidate each other – up from 44% in 2019. The rise in student reports of bullying comes as city schools continue to confront a swirl of old and new social challenges, such as family and financial losses experienced due to the pandemic, intense cyberbullying, exposure to pressures via social media, and more. This continues to prove that there is a higher need for more SAPIS in schools.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) encourages the use of evidence-based programs and practice. According to OJJDP, the use of evidence-based programs and practices generally have one or more rigorous outcome evaluations that demonstrate effectiveness by measuring the relationship between the program and its intended outcome(s).[2] Evidence also suggests that programs implemented at earlier stages in a child's life may be more effective in preventative efforts and providing behavior adjustments, conversely to programs implemented in later adolescent years, especially for high-risk populations.[3] With the youth's mental health crisis worsening due to the use of social media, the need for resources tackling mental health is crucial, and the need for SAPIS is greater. Increasing funding towards SAPIS is one of the solutions in addressing this mental health crisis.

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[1] Chalkbeat New York, "More bullying, teachers dissatisfaction with the chancellor: 5 takeaways from NYC's 2024 school survey," August 30, 2024, NYC students report more bullying in schools, 2024 survey shows - Chalkbeat

[2] Evidence-based Programs | Office of Juvenile Justice and Delinquency Prevention

[3] Park, 2008; Phillips, McDonald, and Kishbaugh, 2017; Webster–Stratton, Reid, and Hammond, 2004.

Two hundred thirty-six SAPIS are currently employed to provide programming and services to the City's 946,747 public school students. SAPIS are uniquely trained to provide a broad range of services and programming. SAPIS are positioned in the schools to be accessible to all students throughout the school day to provide a variety of services. An individual SAPIS can effectively reach approximately 500 students in need. Not only are there not enough SAPIS to place one in every public school, there are not even enough SAPIS to station one in every public-school ***campus*** (which can comprise more than five schools). Our SAPIS are instead moved to different campuses based on an evaluation as to who needs a SAPIS more. That should not be the system used to determine the needs of our children. Having to pick and choose which campus needs a SAPIS the most, leads to a reduction of additional support to our students, inevitably resulting in negative impacts, to students who need the support most. Due to these overwhelming circumstances, the previous allocation of $2 million does not meet the demands of these extraordinary times.

In 2024, the NYC Department of Education (DOE) updated Chancellor's Regulation A-411 to require that every school establish a multidisciplinary Crisis Intervention Team comprised of a school administrator, counselors and/or social workers, teachers, a Substance Abuse Prevention and Intervention Specialist (SAPIS), the school nurse, and any available school-based mental health providers (such as Article 31 Clinic staff).[4] The NYC DOE understands how important it is to have a crisis intervention team in every school, which is why it is important to have a SAPIS in every school.

[4] New York City Department of Education. (2024). A-411 SUPPORTING STUDENTS IN BEHAVIORAL CRISIS. In Regulation of the Chancellor. Retrieved December 7, 2025, from https://www.schools.nyc.gov/docs/default-source/default-document-library/a-411-final-07-25-24.pdf

This team must meet monthly, develop a Crisis Intervention Plan as part of the Consolidated School and Youth Development Plan, and engage in regular de-escalation training and professional development. However, despite the mandate, many schools lack sustainable funding and the necessary resources to hire enough staff for these teams, making it difficult to fully comply with the regulation's requirements in practice. That is why it is crucial for the New York City Council fund for a dollar-to-dollar match with the State Legislature towards the SAPIS program and be able to be in compliance with this mandate.

Local 372's goal is to once again partner with you and your colleagues in the City Council, along with the Mayor, in making a smart investment towards the quality of life for New York City students, their families, and communities at-large. It remains our shared responsibility to ensure that our children meet and exceed their potential. Without SAPIS, we are robbing struggling students of their opportunity to quality, competitive education, and ultimately, changing the trajectory of their futures. That is why Local 372 requests that the City of New York assist our efforts in pushing for **a dollar-for-dollar match** with the State Legislature in this year's budget. This would support the equivalent of an additional 80 full-time SAPIS positions, creating lifelines for up to 40,000 more students in need. We are committed to working together to make this possible.

If you have questions or need additional information, please reach out to Denise Mieses, the SAPIS Chairperson of Local 372 – NYC Board of Education Employees, District Council 37 | AFSCME. Again, thank you for the opportunity to submit the testimony for Local 372 NYC Board of Education Employees.

Advocates for Children of New York
Protecting every child's right to learn

Testimony submitted to the New York City Council
Committee on Health, Committee on Mental Health and Substance Use,
Committee on Disabilities

Re: FY27 Preliminary Budget – Health, Mental Health, Disabilities

March 19, 2026

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On behalf of Advocates for Children of New York (AFC), thank you for the opportunity to submit testimony on the Fiscal Year 2027 Preliminary Budget with respect to health, mental health, and the needs of people with disabilities. For more than 50 years, AFC has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students from low-income backgrounds. Every year, we help thousands of families, the majority of whom are families of children with disabilities, navigate the NYC school system.

AFC's budget recommendations, based on our work with families on the ground, include the following priorities related to the Department of Health and Mental Hygiene, as well as the needs of students with disabilities:

1. Extend and baseline funding for programs funded with dollars set to expire in June 2026, including:
    - Mental Health Continuum ($5M).
    - Sensory Exploration, Education & Discovery (SEED) program ($12M).
2. Make additional investments to address pressing needs:
    - Ensure all preschoolers with disabilities receive the special education evaluations, services, and classes they need and have the right to receive.
    - Address the shortage of service providers and fulfill the City's legal obligation to students with disabilities across grade levels ($100M).
    - Expand access to one-on-one or small group support for middle and high school students who need more help learning to read ($20M).
    - Hire behavioral specialists to support schools in meeting the behavioral and mental health needs of students ($8M).
    - Expand travel training to help students with disabilities learn to travel independently ($2M).

- Make more schools accessible to students, parents, educators, and community members with physical disabilities ($450M in capital funding over five years).

Extend and Baseline Funding for the Mental Health Continuum ($5M)
Each year, AFC works with students who have significant mental health challenges and who have been unable to access the mental health services they need to be successful in the classroom. As such, we understand the impact a program such as the Mental Health Continuum, a cross-agency partnership between NYC Health + Hospitals (H+H), New York City Public Schools (NYCPS), and the NYC Department of Health & Mental Hygiene (DOHMH), can have on student wellbeing.

The Mental Health Continuum supports students at 50 high-needs schools through school partnerships with Health + Hospitals mental health clinics, dedicated staff to provide students with timely access to mental health services, a NYC Well hotline to advise school staff, mobile response teams to respond to students in crisis, and training for school staff in Collaborative Problem Solving to build their capacity to address student behavior. This program, which is currently serving thousands of students, is supported with $5M in one-year city funding set to expire in June.

We strongly urge the Council to prioritize this investment in the mental health and academic success of New York City's young people and ensure the Fiscal Year 2027 budget extends and baselines funding for the Mental Health Continuum at its current funding level of $5M (H+H: $3.74M, NYCPS: $787K, DOHMH: $472K) so that this program, which is already up and running, can continue to provide valuable support to students and school communities to address mental health needs. Schools participating in the program have reported positive outcomes, including reductions in student suspensions, incident reports, and transports to hospital emergency rooms when students are in crisis. These outcomes demonstrate the positive impact the program is having on student wellbeing and school climate. Ensuring stable, baselined funding will enable the program to sustain the critical supports it provides to students and strengthen the capacity of school communities to address mental health challenges.

The City should extend and baseline funding for the Mental Health Continuum at its current funding level of $5M (H+H: $3.74M, NYCPS: $787K, DOHMH: $472K).

Extend and Baseline Funding for Sensory Exploration, Education, & Discovery (SEED) Programs ($12M)
The SEED program provides students with intensive sensory needs with small group support from occupational and physical therapists so they are better able to function in the classroom. This popular program, which was originally funded with temporary federal COVID-19 stimulus dollars, has been funded through a grant from the New York State Education Department since the stimulus funds expired two years ago, but the state grant expires this year.

The City should invest and baseline the funds needed to sustain the SEED programs.

Ensure all preschoolers with disabilities receive the special education evaluations, services, and classes they need and have the right to receive

We appreciate that Mayor Mamdani's Preliminary Budget extends and baselines last year's new investment of $70M for preschool special education services, evaluations, and staffing. However, even *with* this funding, New York City Public Schools (NYCPS) has been unable to fully meet its legal obligations to preschoolers with disabilities. In fact, in March 2026, NYCPS testified to the City Council that only 63% of preschoolers with disabilities are currently receiving all of their legally mandated services.

The City must invest the additional resources needed to ensure all preschoolers receive the special education evaluations, services, and classes they need and have the right to receive.

Adress the shortage of service providers and fulfill the City's legal obligation to students with disabilities ($100M)

More than 7,500 school-aged students with disabilities ended the 2024–25 school year still waiting for their legally mandated speech therapy to begin, while more than 6,600 students were waiting for occupational therapy, more than 5,400 students were waiting for counseling, and more than 650 students were waiting for physical therapy. Many more students waited months before their services began—services that NYCPS had determined were necessary for them to receive an appropriate education.

While the City has many choices when it comes to the budget, providing mandated services to students with disabilities is not optional. Federal and state law require the City to deliver all services specified in students' IEPs and to allocate sufficient funding to do so. Persistent service gaps and delays represent a failure to meet these legal obligations and undermine students' educational outcomes.

The City should add sufficient funding to ensure that all students receive their mandated services. This includes prioritizing the hiring of additional NYCPS service providers and adding per-session service slots for speech therapy and ninth session service slots for occupational and physical therapy so in-house providers can serve more students during the school day. When NYCPS is unable to assign a provider, it must issue a Related Service Authorization (RSA) voucher for families to obtain services privately. However, families often struggle to find providers willing to accept RSAs due to grossly inadequate reimbursement rates. To make RSAs a viable option, the City should increase RSA rates; establish a streamlined process for families to obtain higher rates without having to pursue due process hearings, similar to the existing process currently available to families of children attending private schools; and designate and train NYCPS staff to proactively assist parents in identifying providers who can serve their children through RSAs.

The City should add at least $100M—and whatever additional funding is necessary—to eliminate service backlogs, address the provider shortage, and ensure that every student with a disability receives the services mandated by their IEPs.

Expand access to one-on-one or small group support for middle and high school students who need more help learning to read ($20M)

One of the most fundamental responsibilities of our public schools is to teach children how to read. Strong literacy skills are essential for future employment, post-secondary education, and full participation in civic life. Yet far too many NYC students struggle to become skilled readers: only 56% of City students in grades 3–8, including just 27% of students with disabilities, are reading proficiently, according to the 2025 New York State tests. At AFC, we continue to hear from low-income families whose children have been struggling with reading for years, who have been unable to get help within NYCPS, and for whom paying for private tutoring—as families with greater resources routinely do—is simply not an option.

The City has taken important steps forward with NYC Reads, and it is critical to both sustain the progress made so far as well as to go further to ensure *all* students get the literacy support they need. Even when core instruction is strong, there will always be some students who need extra help and individualized attention to become strong readers, and thousands of middle and high school students missed out on the chance to receive effective reading instruction in elementary school. Many older youth, in particular, who have disabilities like dyslexia or are struggling with reading are unable to access the one-on-one or small group support they need, and their ongoing difficulty with reading takes a toll on their academic progress and social-emotional well-being.

The City should invest $20M to scale up promising initiatives and provide intensive intervention to more adolescents who need support to become proficient readers.

Hire behavioral specialists to support schools in meeting the behavioral and mental health needs of students ($8M)

Students with behavioral challenges are too often punished rather than supported, leading to suspensions and unnecessary involvement of emergency services or law enforcement—responses that disproportionately harm students of color and students with disabilities. While the City has invested in social-emotional learning and mental health supports, many schools still lack consistent, on-site access to trained professionals who can help staff respond effectively to challenging behaviors and prevent crises before they occur.

Schools need access to behavioral specialists who can work directly with educators and school staff to model, coach, and support the implementation of effective, individualized behavior supports for students, including students with autism and other disabilities, and provide concrete recommendations for helping students remain in the classroom. These specialists could also provide professional development in culturally responsive, trauma-informed, and evidence-based practices and help develop school-wide strategies that promote positive behavior. We urge the City to invest $8 million to hire at least one behavior specialist per school district, along with necessary supervisors and support from the Division of Inclusive and Accessible Learning, to support students directly and equip school staff with the tools needed to reduce crisis responses and improve academic and social-emotional outcomes.

The City should invest $8M to hire at least one behavioral specialist per district.

Expand travel training to help students with disabilities learn to travel independently ($2M)
Travel training equips students with disabilities with the skills needed to navigate public transportation independently—expanding access to internships, work-based learning, and post-secondary opportunities and reducing reliance on yellow bus service. However, many students with disabilities who could benefit from travel training are unable to access it.

NYCPS' District 75 travel training program has demonstrated positive outcomes, helping students gain independence, confidence, and essential life skills through intensive one-to-one instruction. However, limited capacity and persistent waitlists significantly constrain the program's reach, leaving many eligible students without this service. Opportunities for travel training are even more limited for students with disabilities who attend District 1–32 schools. Furthermore, the current program focuses on travel between home and school, yet it's also important for students to develop the ability to navigate and travel independently to a range of locations.

The City should invest $2M to expand travel training and help address these gaps. This funding would expand access to travel training for students with disabilities in District 1–32 schools, while also increasing capacity within District 75 schools. Funding would also support contracts with experienced community-based organizations that already provide high-quality travel training. These partners could train students directly while also building the capacity of school staff to scale the program. This expansion would help students develop the comprehensive travel skills needed for full participation in their communities, including access to internships, work-based learning, post-secondary opportunities, and employment.

The City should invest $2 million to expand travel training to help students with disabilities use public transportation independently, building critical skills for school, work, and life after high school.

Make more schools accessible to students, parents, educators, and community members with physical disabilities ($450M in capital funding over five years
More than 30 years after the Americans with Disabilities Act (ADA) prohibited discrimination on the basis of disability, physical barriers to full inclusion remain widespread in New York City's schools—and as a result, New Yorkers with disabilities continue to be excluded from buildings that are central to public life. In fact, only about a third of schools are fully accessible to students, teachers, parents, and community members with disabilities.

Five years ago, the situation was much worse—fewer than one in five schools was fully accessible as of the start of the 2018–19 school year—and New York City invested a historic $750 million in the 2020–2024 Capital Plan to improve school accessibility. While this funding has enabled significant progress, there is much work left to do: NYCPS itself estimated that it would take $1 billion in each of the next four five-year plans to reach "maximum practical accessibility" by 2045.

At a minimum, the City must make the investments necessary to keep pace with the work done over the past five years. The 2025–2029 Capital Plan currently includes $800 million for school accessibility projects, an amount that represents a *decreased* commitment to improving school accessibility once inflation is taken into account.

The City should allocate an additional $450 million—for a total investment of $1.25 billion—for school accessibility projects in the 2025–2029 Capital Plan, with the goal of making at least 45% of buildings that serve as the primary location for a school fully accessible by 2030.

Advocates for Children's full city education budget priorities are online at **https://advocatesforchildren.org/policy-resource/budget-priorities-2027**.

Thank you for the opportunity to submit testimony. We look forward to working with you as the budget process moves forward.

March 11, 2026

Dear Chair Schulman and Members of the Health Committee,

On behalf of the American Heart Association, thank you for the opportunity to submit written testimony in support of budget investments that will help address nutrition security and hypertension.

Heart disease is the leading cause of death for adults in New York City. Individuals may have a higher risk for heart disease if they have high blood pressure, eat an unhealthy diet, or because of other manageable contributing factors. High blood pressure, or hypertension, is a key risk factor for heart disease and stroke and often there are no obvious symptoms to indicate something is wrong. As of 2024, 31% of New Yorkers report having high blood pressure. [i]

In July 2023, NYC passed legislation which requires, subject to appropriation, the NYC Department of Health and Mental Hygiene (DOHMH) support making at-home blood pressure machines available at no cost to the public at federally qualified health centers in 5 high-need areas.[ii]To help those 2.5 million New Yorkers struggling with hypertension, NYC needs to make a significant investment to overcome financial barriers to better health. The American Heart Association urges New York City Council to invest $1 million to ensure that this law can be fully implemented.

According to the New York City Mayor's Office of Food Policy, about 1.2 million people in the city didn't have enough food to eat in 2022. The reality is 20% of New Yorkers including many children receive supplemental nutrition assistance program (SNAP) benefits. However, often these benefits don't meet all the needs and families go hungry. [iii]

The Association is supportive of investments that make fresh fruits, vegetables, and other nutritious foods more accessible and affordable. Individuals who utilize SNAP incentive programs consume more fruits and vegetables compared to the average New Yorker. [iv]That is why we are supportive of the following 4 programs to maintain and increase their current funding in the FY'27 Budget:

- $3.1 million in additional funding baselined beginning in FY'27for Get the Good Stuff.
- $700,000 baseline funding for Health Bucks.
- Increased funding for Groceries to Go.

- Expand the current produce prescription pilot, More Veggies.

To address the leading cause of death for adults in New York City. The American Heart Association is advocating that the New York City FY'27 Budget includes $1 million to fully implement the law that expands community access to at-home blood pressure machines to help the 2.5 million New Yorkers struggling with high blood pressure. In addition, the Association is supportive of funding for 4 programs that incentivize the purchase of fresh fruits and vegetables.

Sincerely,

Sincerely,

Jacob Zychick

Senior Regional Lead Government Relations, Community

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[i] Wales, KR, Austin, R, ParriganOades, K, Foglietta A, Campanella J. High Blood Pressure, New York State BRFSS Brief., No. 2026-02. Albany, NY: New York State Department of Health, Division of Chronic Disease Prevention, Bureau of Chronic Disease Evaluation and Research, February 2026. NYS BRFSS Brief (Number 2026-02)

[ii] N.Y.C. Admin. Code 17-188.2 Blood pressure machines in public places.

[iii] https://council.nyc.gov/data/emergency-food-in-nyc/#:~:text=According%20to%20the%20NYC%20Mayor%27s,family%20size%2C%20multiplied%20by%20three.

[iv] GusNIP NTAE. Gus Schumacher Nutrition Incentive Program (GusNIP) year 3 impact findings: September 1, 2021, to August 31, 2022. Prepared for U.S. Department of Agriculture, National Institute of Food and Agriculture. 2023. [

Arab American Family Support Center

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Serving all five boroughs of NYC

TESTIMONY OF THE ARAB AMERICAN FAMILY SUPPORT CENTER BEFORE THE CITY COUNCIL COMMITTEE ON HEALTH JOINLTY WITH THE COMMITEE ON MENTAL HEALTH & SUBSTANCE USE, AND THE COMMITTEE ON DISABILITIES

March 19, 2026

Good afternoon, Chair Tiffany Cabán, Chair Lynn Schulman, Chair Shahana Hanif, and members of the Committees on Health, Mental Health and Substance Use, and Disabilities. My name is Omar Kazi, and I am the Senior Director of the Mental Health Program at the Arab American Family Support Center.

AAFSC serves roughly 20,000 New Yorkers each year, and our staff speaks more than 20 languages. More than 70 percent of our clients were born outside the United States, many from historically underserved communities. Our work focuses on supporting families as they navigate challenges, maintain stability, and ultimately thrive.

We are also proud to be a member of the Asian American Mental Health Roundtable, made up of partners serving Asian American and immigrant communities and focused on highlighting the urgent mental health needs of these populations. At AAFSC, we are one of the few providers in the City offering free, in-language mental health services in Arabic, Bengali, and Urdu, and our programs are in high demand. Yet we, along with many community-based organizations providing in-language mental health services, do not receive City Council mental health initiative funding.

We offer mental health services are provided in trusted, culturally familiar settings, providing over 4,500 sessions last year through our Mental Health Counseling Program. At full capacity, we maintain a waitlist of 31 clients. Without an in-house psychiatrist, clients requiring psychiatric evaluation or medication management must be referred out, leading to delays, and disrupted or fragmented care. Bringing on a trusted in-house provider would strengthen care coordination and improve patient outcomes.

At the same time, immigration enforcement, anti-immigrant rhetoric, cuts to public benefits, rising food and housing insecurity, and increases in anti-Muslim and anti-immigrant hate are leaving our communities in crisis. Over the past year, AAFSC has experienced a 54 percent increase in demand for mental health services. We are seeing widespread fear and anxiety. Families are delaying critical care, parents are hesitant to send their children to school, and community members are avoiding medical services and not reporting violence or abuse.

In addition to mental health services, we provide domestic violence services, housing and benefits navigation, immigration legal support, and food distribution. This holistic approach is essential for long-term wellbeing, but sustaining this work is becoming increasingly difficult as demand continues to rise.

As needs continue to grow at a rapid pace, funding opportunities are becoming more competitive and government resources are shrinking, leaving critical gaps in services. To sustain and expand our mental health program, increased funding is essential. Additional support would allow us to hire more multilingual staff who reflect the communities we serve, as well as bring on a psychiatrist to avoid referrals and close gaps in care.

We respectfully request that the City Council support the following:

- $7.5 million for the AAPI Community Support Initiative
- $175,000 in discretionary funding through the AAPI Community Support Initiative for AAFSC
- $125,000 in discretionary funding through the Mental Health Services for Vulnerable Populations Initiative for AAFSC

Additionally, we urge the City Council to continue its investment in health care navigation and access by:

- Increasing funding for the Access Health NYC initiative to $4.5 million
- Maintaining $2 million in funding for the Managed Care Consumer Assistance Program (MCCAP)

We also urge the Council to ensure that more of this funding is directed to immigrant serving organizations, including those represented in our Roundtable.

Thank you for your time and consideration.

ASIAN AMERICAN MENTAL HEALTH ROUNDTABLE

Collective Care for Our Communities

Testimony to the New York City Council
Committee on Mental Health & Substance Use
March 19, 2026

Thank you, Chair Tiffany L. Cabán, and members of the Committee on Mental Health & Substance Use, for holding this hearing and providing us with the opportunity to testify. My name is Sofina Tanni, the Senior Program Coordinator at the Asian American Federation (AAF), where we proudly represent a collective voice of more than 70 member nonprofits serving 1.5 million Asian New Yorkers. We are testifying as part of AAF's Asian American Mental Health Roundtable, a coalition of 15 Asian-led, Asian-serving organizations that collaborate to address challenges, create solutions, and share resources to increase access to culturally competent mental healthcare.

Asian New Yorkers are living through a mental health crisis that is both urgent and largely invisible. Asian Americans are now the fastest-growing major racial group in New York City, numbering roughly 1.5 million people. Yet one in three Asian New Yorkers is low-income, Asian seniors endure the second-highest poverty rate of any racial group in the city, and nearly half (44%) of Asian New Yorkers have limited English proficiency. Additionally, over 70% of Asian New Yorkers are foreign-born, meaning immigration-related policies directly shape the daily realities of the majority of the community. For many families, day-to-day life is shaped by low-wage work, unstable housing, and complex caregiving responsibilities across generations. Since the COVID-19 pandemic, these pressures have been amplified by a surge in anti-Asian violence and harassment, economic shocks, social isolation, and a relentless output of anti-immigrant rhetoric and policies. AAF's Hope Against Hate findings show that a majority of reported anti-Asian incidents involve verbal harassment in public spaces, contributing to chronic stress, fear, and a sense of vulnerability in everyday life.

More recently, public charge rules and aggressive immigration enforcement have deepened fear and uncertainty across Asian immigrant communities. Even when policies shift, the long-term chilling effect remains: many families continue to avoid accessing public benefits, healthcare services, and mental health support out of concern that it could negatively impact their immigration status or that their information could be shared with federal authorities. Roundtable partners report that community members are increasingly hesitant to engage with any government-linked systems, including crisis services or emergency response systems like 911 and 988, due to fears of surveillance, detention, or deportation. This fear extends beyond undocumented individuals to mixed-status families, where seeking help for one family member may feel like a risk to the entire household. As a result, many people delay or avoid seeking care altogether, even as anxiety, depression, PTSD, and suicidality rise. Notably, suicide is the second-leading cause of death among Asian Americans ages 15–24, underscoring the urgency of this crisis.

In this hostile environment, the need for mental health support is immense, but the willingness and ability to seek help is deeply constrained. New York City continues to face a severe shortage of in-language,

culturally competent mental health providers who understand the cultural stigma, migration histories, and lived experiences shaping Asian communities. AAF's Asian American Mental Health Roundtable partners consistently report that language access remains one of the most significant barriers to care, particularly for older adults and recent immigrants. Too often, individuals are asked to navigate care in English or rely on inconsistent interpretation services, forcing them to share deeply personal experiences through a language they do not fully command. At the same time, many providers lack the cultural context to understand how racism, immigration stress, and intergenerational dynamics impact mental health. These gaps not only reduce the quality of care, but also erode trust in the system, reinforcing cycles of underutilization, delayed intervention, and worsening mental health outcomes across Asian communities.

These factors make the work of the organizations in our Asian American Mental Health Roundtable even more critical to ensuring that the pan-Asian community can access mental health services. We respectfully request that the City Council fund the following initiatives to sustain our mental health work and allocate more of this funding to Asian-serving organizations, like the organizations in our Roundtable:

- Hate Crime Prevention funding to support programs that use community-based solutions to decrease hate crimes;
- The Immigrant Health Initiative funding to reduce mental health stigma within our local Asian community.
- The AAPI Community Support funds to provide culturally relevant services to the Asian community.
- Mental Health Services for Vulnerable Populations Initiative funding to support the development of culturally and linguistically relevant mental health and related services.

It is critical to invest in organizations that provide in-language services to the Asian community in NYC and to increase funding for mental health initiatives tailored to the specific cultural and linguistic needs of Asian Americans.

CONCLUSION

We must do more to protect the emotional well-being and stability of immigrant Asian New Yorkers, particularly as our communities continue to navigate fear, stigma, and barriers to accessing crisis support. CBOs have proven expertise in providing culturally and linguistically competent care, yet only with adequate funding, representation, and investment can these systems truly serve our communities. The Asian American Federation, in partnership with our Asian American Mental Health Roundtable, remains committed to advancing culturally responsive mental health care and advocating for the needs of Asian New Yorkers. Thank you for your continued leadership and for the opportunity to testify today.

ASPCA Testimony on Strengthening Animal Welfare Infrastructure and Affordability in New York City

Submitted by:
Michelle Villagomez
Senior Director of Municipal Affairs
ASPCA

Good afternoon, Chair Schulman, and members of the Health Committee.

My name is Michelle Villagomez, and I serve as Senior Director of Municipal Affairs for the ASPCA. Thank you for the opportunity to share our testimony.

The ASPCA is headquartered here in New York City, and we work every day in partnership with city agencies, Animal Care Centers of NYC (ACC), and community-based organizations to keep pets and people together. Through our Community Medicine and Community Engagement programs, we provide direct services across all five boroughs, from affordable veterinary care and spay/neuter to crisis support for families at risk of losing their pets.

Recent reports on poverty in New York City reinforce what we see every day in our work. Many New Yorkers are navigating a deep affordability crisis, with rising costs for housing, food, and basic necessities leaving families with little margin for unexpected expenses. For households already under financial strain, even routine costs can become overwhelming, forcing difficult choices about how to allocate limited resources.

Today, I would like to focus on three critical areas where increased investment is needed:
1) Funding for Animal Care Centers of NYC (ACC)
2) Access to affordable veterinary care and spay/neuter
3) Support for a citywide pet food pantry

1. Animal Care Centers of NYC (ACC)

ACC is a cornerstone of New York City's animal welfare system. As the only open-admission shelter system serving all five boroughs, ACC provides essential care to animals and critical support to New Yorkers in times of need. The ASPCA is proud to be a long-standing partner in this work.

New York City has made significant capital investments in animal welfare infrastructure, including the Paul A. Vallone Queens Animal Care Center, with additional full-service shelters coming online in the Bronx and Brooklyn. This is an exciting and important moment.

But with these new facilities comes a clear and urgent reality: operations must keep pace with infrastructure.

We urge the Council and Administration to ensure that ACC's budget keeps pace with inflation, reflects the true cost of staffing and operations, and supports the workforce needed to operate these facilities effectively. This includes funding ACC's Community Pets Program, surrender prevention services, and its veterinary facilities, core components of keeping pets out of shelters and supporting families in crisis.

2. Affordable Veterinary Care and Spay/Neuter

Access to affordable veterinary care is one of the most significant challenges facing pet owners today and it is directly tied to the broader affordability crisis facing New Yorkers.

The importance of affordable veterinary care cannot be overstated. For many New Yorkers, particularly those in low-income communities, the cost of veterinary care can be prohibitive. This lack of access often leads to preventable health issues in pets, and in some cases, forces pet owners to make the heartbreaking decision to surrender their beloved animals to already overburdened shelters. By expanding affordable veterinary care and supporting surrender prevention programs, the city can help keep pets with their families, where they belong, and reduce the strain on our animal shelter system. The ASPCA provides veterinary care not only for owned pets, but also for animals in the care of ACC and for the city's robust and deeply committed rescue community. Through our Community Medicine programs, we delivered over 60,000 services in 2025 alone. While these numbers are significant, they only scratch the surface of the need. The demand for appointments at our clinics is high, with schedules often fully booked within minutes of opening.

New York City's cat rescue community is an essential but often under-resourced part of the animal welfare ecosystem. Thousands of volunteer rescuers are working every day to care for community cats, reduce suffering, and prevent unnecessary shelter intake. We estimate that there are tens of thousands of animals in need of spay/neuter services annually, with estimates reaching upwards of 85,000 surgeries for owned animals and significantly more when including community cats.

We are grateful to the Council for its $500,000 investment last year to support expanded spay/neuter capacity, including the pilot program operated by Flatbush Cats. This funding is making a meaningful difference. At the same time, the scale of need continues to far exceed current capacity, and there is a clear opportunity for the City to do more to expand access to these critical services.

3. Pet Food Pantry Funding

The affordability crisis is also driving a growing and urgent issue: pet food insecurity. Across New York City families are being forced to make impossible choices—between rent, groceries, medical care, and feeding their pets.

Through our Community Engagement work, we regularly meet pet owners who have run out of pet food, are sharing their own meals with their pets, or are considering surrendering a beloved animal due to financial hardship.

We strongly support dedicated City funding for a pet food pantry program and emphasize that it must be new funding, coordinated with human services systems, and designed in partnership with community-based providers.

The ASPCA has stepped in to provide emergency support where we can, but this is not a sustainable solution. The need for affordable veterinary care, shelter resources, and comprehensive animal support far exceeds what any single organization can deliver. The ASPCA's efforts are designed to supplement and enhance the existing animal welfare infrastructure, not to replace it. We strongly encourage the City to support other organizations and community stakeholders to expand the network of care for New York City's animals.

The ASPCA is proud to be a partner to New York City. We are here on the ground every day providing services and supporting families—but we cannot do this alone. We urge the City to invest in ACC operations, expand access to affordable veterinary care and spay/neuter, and fund sustainable pet food assistance programs. It is essential that the city take a proactive role in this effort, ensuring that no pet owner is forced to give up their companion simply due to a lack of resources.

We are here as a resource and a partner and welcome the opportunity to continue working with the Council.

Thank you for your time and consideration. We look forward to working together to support the animals and families who call New York City home.

Thank you.

March 19th, 2026

BMS Family Health and Wellness Letter to City Council for Support of School Based Health Center (SBHC) on behalf of Thomas Jefferson Campus Student Testimony.

Council Members: Chris Banks (District 42), Darlene Mealy (District 41) and, Sandy Nurse (District 37)

Our students at the Thomas Jefferson Campus do not have to choose between their education and their health. For more than two decades, the BMS Jefferson Campus School-Based Health Center (SBHC) has served thousands of students at the Thomas Jefferson Campus, delivering comprehensive, high-quality medical and mental health services.

School-Based Health Centers (SBHCs) are a cost-effective, high-impact investment that provide immediate, comprehensive medical and mental health services directly within the school setting reducing barriers to care while improving attendance, academic outcomes, and overall student well-being.

We respectfully urge the Council to allocate tax levy funding for SBHCs at a level of $100,000 per campus and $100 per student. Through New York State Department of Health Article 6, this funding is matched at 20%, making SBHCs a highly efficient use of City dollars at a lower cost than a school nurse while providing significantly expanded services.

For many of our students, the SBHC is their primary source of healthcare.

Students consistently describe the SBHC as a critical and reliable source of care that removes barriers such as cost, transportation, and time. They emphasize that access to on-site care allows them to receive immediate support, remain in school, and stay focused on their education. Students also highlight the importance of confidentiality and trust, noting that the SBHC provides a safe space to navigate sensitive and difficult situations.

Their voices highlight the real impact.

- *"There was a time when I passed out, and the SBHC helped me get well again and communicated with my parents. Everything turned out okay, and I felt better." (9th Grade)*
- *"I was in really bad pain, and they did everything they could to make it stop. They checked on me every 10–20 minutes to make sure I was okay." (12th Grade)*
- *"SBHC is always reliable when I need them. They gave me a physical when my primary doctor wasn't available." (10th Grade)*
- *"When I was having a pregnancy scare, they helped me stay calm and supported me through it." (11th Grade)*

- *“Without SBHC, I wouldn’t have been able to access the medical care I needed.” (10th Grade)*
- *“SBHC helps students stay healthy so they can focus on learning… I feel like every school should have this.” (9th Grade)*
- *“Schools should continue to have SBHCs because it’s completely confidential. They ensure safety and help with difficult situations.” (11th Grade)*

These testimonies demonstrate that School-Based Health Centers are not just convenient, they are essential. They ensure students receive timely care, support their mental and physical well-being, and directly contribute to improved attendance and academic success.

Without School-Based Health Centers, many of our students would go without critical healthcare, widening existing inequities and negatively impacting both health and educational outcomes.

Thank you for your continued support and commitment to the health of New York City’s youth.

Acknowledgment

SBHCs: Affordable and Accessible Health Care - Keeping Children and Teens in School and Parents at Work

NYC funded SBHCs are an efficient way to spend city tax levy dollars

	OSH SCHOOL HEALTH MODEL	SCHOOL BASED HEALTH CENTER MODEL
Model	**NYCDOH Model – High School > 2,000 Students**	**SBHC Model – High School > 2,000 Students**
Main Provider	2 RNs (Nurse), supplies RN supervisor	Nurse Practitioner, Family Physician, LCSW
Other providers	8 hours of MD session a month	Fulltime, onsite - Family Medicine MD, Social Worker, LPN, Psychologist, Patient Care Technician, Community Health Organizer, Receptionists
Services	✓ First Aid ✓ Addressing 504 needs ✓ Diabetic monitoring if any ✓ Sports Physicals, Working Papers, Pre College PEs	✓ First Aid ✓ Addressing 504 needs ✓ Diabetic monitoring if any ✓ Sports Physicals, Working Papers, Pre College PEs ✓ Primary Care, including management of Chronic illnesses ✓ Laboratory tests ✓ Reproductive Health Care ✓ All available methods of contraception including IUD insertion on site, Depo, Ring, etc. ✓ STI/HIV counseling education and testing and treatment for STI referrals to treatment for HIV + kids ✓ HPV vaccine for boys and girls, plus all other immunizations ✓ Mental Health Services provided by LMSW ✓ Dental care provided by hygienist and Dentist
Cost to the city	**$300,000**	**$300,000**

It costs $150 per student to have a SBHC
And it is cost neutral for the city.

March 19, 2026

My name is Tanya Copeland and I am the Co-Founder and President of Bronx Community Cats, a trap/neuter/return organization in The Bronx. We are based in Council District 14.

My organization has arranged for spay/neuter services for over 5,300 cats since our inception in September 2020.

However, today I am writing as a Bronx resident, a pet owner, and a volunteer for two community-based organizations: Positive Tails and Bronx Dog Haven. The former provides financial support for emergency veterinary cases, vaccination and wellness clinics, and spay/neuter, while the latter operates a bimonthly pet food pantry in the South Bronx.

Last December in freezing temperatures, we helped our colleagues at Bronx Dog Haven distribute dog and cat food to over 200 families. I want to be clear pet food pantries offer supplemental food assistance to hardworking families, and is not the primary method by which pet parents feed their companion animals.

Unfortunately, the demand for services in our borough far outweighs the available resources and it should also be noted that a disproportionate number of pets from The Bronx are still being relinquished to Animal Care Centers for issues related to housing and finances.

This places a great strain on our already-overburdened municipal shelter system, nonprofit rescue organizations, and individual rescuers: we are already paying for the consequences of inaccessible, unaffordable veterinary care.

I think at this point we should all recognize that spay/neuter is no longer an elective procedure--it's basic, preventative healthcare-- and requires an accompanying public health strategy to lessen the societal burden of sheltering and caring for homeless animals.

New York City has an opportunity to become a leader in an animal welfare. We hope the Council will extend their commitment to funding upstream solutions such as spay/neuter and include a Citywide pet food pantry in the next fiscal budget.

Testimony of
Michael Schnall

Director of Government & Community Affairs
Brooklyn Botanic Garden

New York City Council
Committee on Health jointly with
Committee on Disabilities

Preliminary Budget Hearing
March 19, 2026

Good afternoon, my name is Michael Schnall and I am the Director of Government & Community Affairs for Brooklyn Botanic Garden.

Thank you for the opportunity to testify about the Fiscal Year 2027 preliminary budget.

ABOUT BBG
Founded in 1910, Brooklyn Botanic Garden (BBG) is an urban botanic garden that connects people to the world of plants, fostering delight and curiosity while inspiring an appreciation and sense of stewardship of the environment. Situated on 52 acres in the heart of Brooklyn and open year-round, the Garden is home to over 12,000 kinds of plants and more than 30 specialty gardens.

ROOTED IN ACCESSIBILITY: A NEW CITYWIDE INITIATIVE TO FUND THE EXPANSION OF ACCESSIBILITY IN CITY-SUPPORTED GARDENS

Nowhere in the City's Reso C document is there a dedicated, baselined source of funding for accessibility. For the first time ever in 2025, Brooklyn Botanic Garden (BBG) joined with the New York Botanical Garden (NYBG), Queens Botanical Garden (QBG), and Snug Harbor Cultural Center & Botanical Garden to seek support for our work to create accessible spaces, programming and events, signage and digital accessibility, training for staff, and vital resources to maintain and improve accessibility for all. We're joining forces again to ask for the Council to create a new initiative in Fiscal Year 2027.

New York City's four botanical gardens in Brooklyn, Queens, The Bronx, and Staten Island contribute uniquely to the city's ecosystem, culture, and community, and serve as vital educational and cultural hubs that enrich the urban experience. All four gardens are

committed to making its gardens, exhibitions, programs, and facilities accessible to all who visit. Making websites accessible to all, providing learning opportunities for visitors of all ages, all developmental and cognitive levels, providing workspaces for students to work comfortably, and ensuring accessibility to all by wheelchair, are all part of botanical gardens' continuing work to improve the visitor experience.

Additionally, all four institutions have been partners in their work with the NYC Department of Education's District 75 population, bringing the botanical garden experience to students with diverse needs.

A LEGACY INITIATIVE FOR THIS CITY COUNCIL

Since there is currently no single citywide initiative in the New York City budget that addresses the City's commitment to accessible botanical gardens, we urge this committee and the Council generally to fund this groundbreaking, legacy making commitment of $1M for Fiscal Year 2027 ($250K for each garden), to support the city's four botanical gardens. If funded, will use this funding to:

- Increase the number of dedicated staff leading accessibility initiatives
- Increase dedicated programming
- Host events for children and seniors
- Improve and increase professional development for garden staff
- Redesign and improve signage and wayfinding beyond ADA compliance

We look forward to your support and thank you for the opportunity to testify. I would be happy to answer any of your questions.

Rooted in Accessibility

A citywide initiative to fund the expansion of accessibility in City-supported gardens

Brooklyn Botanic Garden | NYBG | Queens Botanical Garden | Snug Harbor Cultural Center & Botanical Garden









Fiscal Year 2027 Request: $1,000,000

Fiscal Year 2027 support helps our work to create accessible spaces, programming and events, signage and digital accessibility, training for staff, and vital resources to maintain and improve accessibility for all.

New York City's four botanical gardens in Brooklyn, Queens, The Bronx, and Staten Island contribute uniquely to the city's ecosystem, culture, and community, and serve as vital educational and cultural hubs that enrich the urban experience. All four gardens are committed to making its gardens, exhibitions, programs, and facilities accessible to all who visit. Making websites accessible to all, providing learning opportunities for visitors of all ages, all developmental and cognitive levels, providing workspaces for students to work comfortably, and ensuring accessibility to all by wheelchair, are all part of botanical gardens' continuing work to improve the visitor experience.

Additionally, all four institutions have been partners in their work with the NYC Department of Education's District 75 population, bringing the botanical garden experience to students with diverse needs.

There is currently no single citywide initiative in the New York City budget that addresses the City's commitment to accessible botanical gardens. With a commitment of $1M for Fiscal Year 2027 ($250K for each garden), the city's four botanical gardens will use this funding to:

- **Increase the number of dedicated staff leading accessibility initiatives**
- **Increase dedicated programming**
- **Host events for children and seniors**
- **Improve and increase professional development for garden staff**
- **Redesign and improve signage and wayfinding for ADA compliance**

Contact Mike Schnall at mschnall@bbg.org with questions or for more information.

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Testimony of Elizabeth Valdez, Systems Advocate,
Brooklyn Center for Independence of the Disabled (BCID),
New York City Council Preliminary Budget Hearing
on the Mayor's Office for People with Disabilities
March 19, 2026

My name is Elizabeth Valdez and I am the Systems Advocate at Brooklyn Center for Independence of the Disabled, an Independent Living Center supporting people with all disabilities in Brooklyn and beyond. I am here today to urge the Council to significantly increase its commitment in the budget for the City Council for the Mayor's Office for People with Disabilities (MOPD).

More funding and a greater role for MOPD is essential for New Yorkers with disabilities. MOPD has been severely underfunded since its inception, first in 1968 and in its different iterations since then. With new council leadership, a newly formed Disabilities Committee, a new administration at City Hall and a new MOPD commissioner, now is the time to reverse the years of neglect.

People with disabilities encounter City government in one way or another every single day, whether it's to live independently, access transportation; obtain and maintain accessible housing; and to participate fully in their communities. When we face barriers in working with City government, agencies, and programs, we often end up in worse settings: nursing homes, the city's shelter system, carceral programs, or substandard congregate sites. These outcomes are catastrophic for the individuals who experience them and, ultimately, more costly for the city and state budgets.

Budgets and resource pools for MOPD have not grown with the city budget, as the Council has highlighted in recent budget reviews. Unfortunately, in the 2026-2027 budget, MOPD would see no increase from the $678,657 it received last year—unless the Council finds additional funds.

Meanwhile, other cities have increased their commitments to MOPD offices for people with disabilities, with the understanding that their MOPDs can prevent bad outcomes and improve the quality of life for everyone. For example, a 2022 report from Center for an Urban Future showed that New York City only spends $.88 per capita on MOPD, while other cities like Washington, D.C. ($28.69), Los Angeles ($12.09), and Chicago ($8.19) spend significantly more.

More funding for MOPD can make a huge difference. In spite of the best efforts of New York City's MOPD over the years, City agencies and programs still are not adept at working with people with disabilities: there are communication breakdowns, accessibility barriers, and a lack of understanding of disability supports and services.

With expanded funding, MOPD can do more to support people with disabilities as they interact with housing and benefits systems, agencies that oversee shelter systems, and rights-accessing agencies. It can expand its outreach so that City agencies treat disabled New Yorkers with respect and accessibly.

MOPD can help prevent a person with a disability from losing their housing or benefits because the City doesn't understand how to communicate with them. MOPD can prevent disabled people from losing access to their rights because a city-funded program hasn't anticipated their accommodation needs. Working closely with groups like BCID, an empowered MOPD can help expand services, improve accessibility, and ensure that more people receive the support they need to live with dignity and independence.

BCID and the City's other four Independent Living Centers work closely with MOPD to meet the needs of the city's inhabitants with disabilities. We don't do so as a discreetly billed service, we do so because we know people need the support. We are excited to have a new MOPD commissioner with a record of success in city government, but we know that MOPD deserves more resources to make successes happen for people with disabilities.

We hope you will make a serious commitment in the budget for MOPD and continue to communicate with Independent Living Centers and other disability-led groups so that we can expand MOPD's impact together. Thank you for the opportunity to speak.

CALLEN-LORDE

NEW YORK CITY COUNCIL PRELIMINARY BUDGET
HEALTH COMMITTEE HEARING
March 19, 2026

Written Testimony Submitted by Kimberleigh Joy Smith, MPA
Executive Vice President for Public Policy and Communications
Callen-Lorde Community Health Center

Thank you, Chair Schulman and Members of the Health Committee, for the opportunity to submit written testimony.

Callen-Lorde Community Health Center is a global leader in LGBTQ+ healthcare, serving more than 24,000 New Yorkers annually, including thousands of transgender and gender nonbinary (TGNB) patients and one of the largest outpatient populations of people living with HIV in New York State. We provide comprehensive, affirming care regardless of ability to pay, serving communities disproportionately impacted by HIV, poverty, housing instability, and systemic inequities.

As the City considers its FY2027 budget, we recognize the significant fiscal constraints reflected in the Administration's financial plan, including multi-year budget gaps and a projected $5.4 billion shortfall. At the same time, the Preliminary Budget makes clear that the vast majority of new spending is directed toward closing existing gaps and mandated needs, leaving limited room for new programmatic investment.

In this context, it is critical that the New York City Council work with the Administration to sustain—and increase—City Tax Levy (CTL) funding for HIV prevention, care, and treatment in FY2027. CTL investments are the most stable and flexible funding source available to protect essential public health programs, particularly as federal and state funding become increasingly uncertain.

Sustained and expanded CTL funding is necessary to maintain the City's Ending the Epidemic efforts, preserve access to care, and ensure that New York does not lose ground at a pivotal moment. **As outlined below, this includes sustaining and increasing investments in the Ending the Epidemic initiative, protecting and expanding access to gender-affirming care, strengthening local public health infrastructure, and prioritizing resources for communities most impacted by HIV.**

Federal Instability Requires Local Leadership

Although the FY2026 federal budget nominally maintained funding for major HIV programs, recent federal actions have introduced significant uncertainty. The U.S. Department of Health and Human Services has notified Congress of its intent to terminate more than $600 million in Congressionally appropriated public health funding, including HIV-related CDC grants that support prevention infrastructure nationwide.

Even where funding has not yet been rescinded, delays and administrative instability have already led to workforce and programmatic reductions across jurisdictions. These developments underscore that federal funding can no longer be assumed to be stable or reliable.

More broadly, ongoing federal interference in public health, including attacks on scientific integrity, the spread of misinformation, and destabilization of longstanding programs—has weakened trust and undermined core public health systems.

For New York City, this means CTL funding is no longer supplemental, it is foundational.

Medicaid Cuts Under H.R.1 Threaten HIV Outcomes

The passage of H.R.1 represents a significant threat to HIV care and prevention efforts. Medicaid is the largest source of insurance coverage for people living with HIV, covering approximately 40% of adults under age 65 with HIV nationally.

Under H.R.1, New York State is projected to lose more than $7.5 billion in annual federal funding, with an estimated 450,000 New Yorkers at risk of losing health insurance coverage.

Loss of coverage—even temporarily—can interrupt access to HIV treatment, undermine viral suppression, and create barriers to prevention tools such as PrEP. These disruptions increase the risk of HIV transmission and worsen long-term health outcomes.

Increased CTL investment will be essential to offset these losses and maintain continuity of care.

Persistent Inequities and Slowing Progress

Despite meaningful gains, HIV continues to disproportionately impact communities of color, immigrants, people living in poverty, and TGNCNB individuals.

Recent data show that progress toward ending the HIV epidemic in New York City has slowed at a time when funding and support for HIV programs are under increasing threat.

Reductions in funding and access will result in:

- Decreased access to testing, treatment, and prevention services
- Increased barriers to insurance and safety net programs

- Higher rates of HIV transmission and HIV-related mortality

Sustaining and increasing CTL funding is essential to ensuring that resources are directed to communities most impacted by HIV and that inequities are not further exacerbated.

Protecting Access to Gender-Affirming Care

Access to gender-affirming care is essential to both individual health and broader public health outcomes, including HIV prevention and care.

TGNB communities experience disproportionately high rates of HIV and face significant barriers to accessing care. Federal actions targeting gender-affirming care—including efforts to restrict access and condition funding—pose serious risks to patients and providers.

These actions have already contributed to increased fear, instability, and barriers to care among patients. Limiting access to medically necessary, affirming care will exacerbate disparities and undermine public health.

City investment, particularly through CTL funding, must ensure that access to gender-affirming care is protected and expanded. Callen-Lorde supports the recommendations of the New York City Trans and Queer Provider Advocacy Coalition.

Specifically, we call on the City Council to include the following investments in the FY27 budget:

- Increase The Trans Equity Initiative Fund to **$10M**
- Increase The Gender Affirming Care for Youth Fund to at least **$15M**
- Increase The Supports for Persons Involved in the Sex Trade Fund to **$10M**
- Increase The Mayor's Trans Emergency Care Funding to **$4M**
- Create a **NEW** LGBTQIA+ Immigrant Fund at **$15M**

Strategic Investment in a Constrained Fiscal Environment

While the City faces difficult fiscal choices, investments in HIV prevention and care are both life-saving and cost-effective. Failure to invest will lead to higher long-term healthcare costs, increased reliance on emergency services, and worse population health outcomes.

CTL funding provides the City with the ability to make targeted, strategic investments that protect public health infrastructure and avoid more costly downstream impacts.

Recommendations

To protect public health and advance equity, Callen-Lorde urges the New York City Council to:

1. **Sustain and Increase City Tax Levy (CTL) Funding for HIV in FY2027**
   Ensure stable, flexible funding to maintain and expand HIV prevention, care, and treatment services.

2. **Sustain and Increase Funding for the Ending the Epidemic Initiative**
   Protect and grow investments critical to achieving the City's HIV goals.
3. **Protect and Expand Access to Gender-Affirming Care**
   Continue and increase investments in TGNCNB healthcare services.
4. **Strengthen Local Public Health Infrastructure**
   Prepare for and mitigate federal funding disruptions.
5. **Prioritize Equity in Resource Allocation**
   Direct resources to communities disproportionately impacted by HIV.

Conclusion

New York City has long been a national leader in the fight against HIV and in advancing health equity for LGBTQ and all New Yorkers.

Today, that leadership must be reaffirmed through sustained and increased City investment.

New York City Council Fiscal Year 2027
Executive Budget Hearings
Committee on Health and Committee on Mental Health, Disabilities, and Addiction
March 19, 2026

Testimony of Nathalie Interiano, VP of Policy and Advocacy
Care For the Homeless

Good afternoon, my name is Nathalie Interiano, and I am the VP of Policy and Advocacy at Care For the Homeless.

Care For the Homeless has over 40 years of experience providing medical and behavioral health services exclusively to people experiencing homelessness in New York City. We are a nationally recognized nonprofit that unites health care, shelter, and social services in one coordinated, innovative model of care. Through this integrated approach, we deliver comprehensive, compassionate services that improve health outcomes and create pathways to stability. In addition to our direct service work, we advocate for policies that expand access to housing, health care, and supportive services, ensuring that individual care and public policy work together to create lasting change for our city's most vulnerable neighbors.

I'm here today to speak about the impact of the upcoming Medicaid cuts, the importance of supporting health focused initiatives, and to urge the Council to include $4.5 million for Access Health NYC in the FY 2027 budget.

I'd like to thank the Health Committee Chair, Lynn Schulman, Mental Health and Substance Use Committee Chair, Tiffany Cabán, Disabilities Committee Chair, Shahana Hanif, and members of the respective committees for their extraordinary commitment to making sure New Yorkers can access the health services they need to address the health inequities experienced by the communities we serve.

As we navigate the growing changes coming from the federal government, we are concerned about the impact it will have on the health of the communities that we serve. The connection between housing and homelessness is widely understood, but the equally strong link between health and homelessness is often overlooked. People experiencing homelessness include children and youth, families, older adults, people with disabilities, and others without permanent housing. While individual health care needs vary widely, all people need, and deserve, access to health care. [1] With that context, I'd like to turn to Medicaid and H.R. 1 compliance.

Medicaid and H.R. 1 Compliance

As New York State prepares to comply with the Medicaid-related requirements of H.R.1 (The One Big Beautiful Bill Act), we are deeply concerned about the law's impact on people experiencing homelessness. It is imperative that New York State adopt implementation strategies that minimize coverage losses for this population. It is equally important that NYC agencies partner with community-based organizations to utilize existing systems and reduce administrative barriers for both health care

[1] "Homelessness and Health: What's the Connection?, 2025".National Health Care for the Homeless Council. February 9, 2026. https://nhchc.org/wp-content/uploads/2025/10/homelessness-and-health-connection-fact-sheet.pdf

providers and individuals trying to maintain their Medicaid coverage.

People experiencing homelessness face unique challenges in accessing health insurance and needed health care services. H.R. 1 will require more frequent eligibility redetermination, address verification, and community engagement/work requirements. These changes will result in high disenrollment rates among a population that has significant health care needs and unique barriers to complying with administrative requirements. H.R. 1 will likely reverse the substantial progress made in expanding coverage, improving health outcomes, and reducing uncompensated care costs.

Many people experiencing homelessness were ineligible for Medicaid prior to the ACA's expansion. Since 2014, the uninsured rate for this population has declined by 60 percent in states that opted to expand coverage, including New York.[2] During this period, we have seen improved access to comprehensive care, better health outcomes, and lower use of emergency services. H.R. 1 now puts that progress at risk, but there are options that New York State can implement moving forward. As New York looks to address homelessness more broadly, Medicaid must remain a key tool to both improve care and help reduce homelessness.

We have provided recommendations to the state on how to mitigate the impacts of H.R. 1 on people experiencing homelessness. Many of these suggestions will require the collaboration of the city to implement. The suggestions are as follows:

Eligibility Redeterminations

Conduct redeterminations no more than every six months: The law allows redetermination twice per year to ensure ongoing eligibility. More frequent redetermination unnecessarily disrupts coverage for otherwise eligible individuals and increases administrative burdens for both state systems and enrollees.

Address Verification

- **Include homeless services provider addresses in verification activities:** Starting January 1, 2027, states must regularly obtain address information for Medicaid enrollees from reliable data sources to prevent multi-state enrollment. People experiencing homelessness are much less likely to have a stable address and instead use a service provider's address (health center, shelter, drop-in center, etc.). The state must maintain an accurate list of these addresses to prevent erroneous disenrollments simply due to unfamiliar or non-traditional addresses. The city can provide that information.

Community Engagement / Work Requirements

- **Require only one month of compliance prior to application or at renewal**: Medicaid applicants are required to demonstrate compliance with work requirements at least one month immediately preceding the application or at renewal time (but states have the option to require up to three months). Requiring only one month of compliance will simplify the process for both state systems and individuals and make it more likely that people can access needed care in a timely manner.

[2] "Health Insurance and Revenue at HCH Programs, 2024." National Health Care for the Homeless Council, February 9, 2026. https://nhchc.org/resource/health-insurance-and-revenue-at-hch-programs-2024/.

- **Broadly define "medically frail" as an exemption category**: The law allows someone who is "medically frail or otherwise has special medical needs" to be exempted from the work/community engagement requirement. This includes people with "a substance use disorder," "a disabling mental disorder," and "serious and complex medical conditions" to be exempt. People experiencing homelessness often have significant, chronic health care issues even if they are not actively engaged in treatment (which may not be available to them, even if they have attempted to access it).

  New York State could create a list of ICD-10 codes that indicate medical frailty and use claims data from recent years and/or attestations from health care providers to substantiate automatic exemptions (note: health care providers already document health status/conditions for federal disability benefits).

- **Include all substance use treatment providers**: The law allows those participating in "a drug addiction or alcoholic treatment and rehabilitation program" to be exempt from the work/community engagement requirement. The state must ensure that outpatient visits to community health centers/federally qualified health centers and other types of primary care providers, addiction counselors, and/or licensed social workers who also offer behavioral health care are counted as valid exemptions [to include visits for medications for opioid use disorder (MOUD)].

- **Add medical respite care to "short-term hardship event" definition**: The law gives states the option to allow a one-month exemption for "short-term hardships" that include "outpatient care relating to a stay in an inpatient hospital, nursing facility, or other acute care setting." New York State should include this type of care in its definition of short-term hardship event. [Background: medical respite care is acute and post-acute medical care for people experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital].

- **Exempt people experiencing homelessness via data-matching**: **New York State should consider where and how people experiencing homelessness can be included in existing exemptions.** Searching Medicaid claims data and/or health care systems codes is one possible approach. A second approach includes matching data with local HUD funded Homeless Management Information Systems (HMIS) to identify people who are experiencing homelessness. A third approach allows self-attestations of homelessness from individuals or a recognized service provider. **The city can also help provide information to the state to facilitate automatic exemptions for folks experiencing homelessness enrolled in Medicaid via existing systems already capturing that information.**

Thoughtful policy choices crafted in partnership with the state around Medicaid eligibility, verification, and exemptions, can significantly reduce coverage losses while strengthening the state's broader efforts to improve health outcomes and reduce homelessness. Medicaid has been, and must remain, a critical foundation for stability, health, and housing.

City Council Health Focused Initiatives and Access Health

As service providers navigate the cuts to essential federal programs, it is imperative that the city expand available resources to help meet the needs of our most vulnerable neighbors. The investments in discretionary-funded health initiatives have been a valuable funding source in helping provide community-based services citywide.

At CFH, our consumers are burdened with navigating a complex health care system to address multiple co-occurring chronic health conditions while also experiencing the trauma of homelessness. Our goal is to reduce the barriers to accessing health care as well as social services, which are integral to stabilizing the lives of those we serve. **It is imperative that the FY27 budget invests in the collective priorities of the Access Health initiative, which includes an enhancement of our funding to $4.5 million**. This increase is necessary to meet the growing demands community-based organizations face in serving individuals who are navigating multiple stressors such as behavioral health crises, housing instability, and homelessness.

Access Health NYC (AHNYC) is a city-wide initiative that enables community organizations across NYC to provide education, outreach, and assistance to all New Yorkers about how to access health care and coverage. Access Health fills an information gap, providing critical outreach and education to hard-to-reach populations across NYC who are experiencing barriers to healthcare access and coverage. These include those who are uninsured, undocumented, have limited English proficiency, disabilities, LGBTQ+, and are unhoused.

At CFH, the Access Health Initiative allows us to reach people experiencing homelessness to not only help them access primary medical and behavioral health services but also to help establish a focus on preventative health care. Our team helps educate and enroll consumers into health insurance programs and connect them to our primary care and behavioral health services**. In FY25 (the last complete funding cycle), we assisted over 3,880 individuals with health insurance inquiries, enrolled 720 individuals in a health insurance plan, educated 1,900 individuals on available behavioral health services, and linked 190 to a behavioral health provider.**

We also receive discretionary funding from HIV/AIDS Pathways to Care, Mental Health Services for Vulnerable Populations, and the Speaker's Initiative which funds our outreach services. This funding has allowed us to further scale this program to increase the number of unstably housed individuals we engage in accessing comprehensive health services. Outreach is conducted in shelters, soup kitchens, drop-in centers, safe havens and in partnership with neighboring community programs enabling us to connect with folks experiencing homelessness in places where they are already accessing services. Our team facilitates access to health education about HIV prevention. **In FY25, we engaged 6,690 individuals and connected 4,503 individuals to comprehensive medical and behavioral health services. We also provided HIV related education to 495 individuals, and 727 individuals received HIV testing, navigation services, and were linked to PrEP, PEP or HIV medication.**

These programs are essential in the fight to end homelessness and connect underserved communities to essential health services. Access Health and the health focused initiatives funded by the Council are critical components to reducing barriers to health care access in the fight for health equity.

Despite the challenges experienced in the last several years, community-based organizations like ours continue to fill in the gaps for our strained healthcare and mental healthcare system. Given the

upcoming changes to federal programs, the demand for our services and support will continue to grow exponentially.

An enhancement to AHNYC will ensure the city can better address complex and emerging health needs through trusted community-based support.

In closing, we urge the Council to act decisively to protect and strengthen the health care safety net for New Yorkers experiencing homelessness. At a time when federal changes threaten to undo years of progress, the City has an opportunity to lead with compassion and foresight. By adopting thoughtful Medicaid implementation strategies and investing $4.5 million in Access Health NYC, you can help ensure that our most vulnerable neighbors remain connected to care, stability, and dignity. These investments are not only critical to improving individual health outcomes, but also to advancing broader efforts to reduce homelessness and promote health equity across our city. We stand ready to partner with you in this work and thank you for your continued commitment to the communities we serve.

If you have any questions, please reach out to Nathalie Interiano at ninteriano@cfhnyc.org

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Testimony for the Fiscal Year 2027 Preliminary Budget: Disability

March 19, 2026

To the Committee on Disabilities:

My name is Molly Senack, and I am testifying today on behalf of the Center for Independence of the Disabled, New York (CIDNY) as their Education and Employment Community Organizer. This testimony is supported by Sharon McLennon Wier, Ph.D., MSEd., CRC, LMHC, Executive Director of CIDNY.

As an Independent Living Center, CIDNY has provided critical services to people with disabilities in NYC since its founding in 1978. By providing services that address the social determinants of physical health, mental health, education, employment, housing, and transportation, as well as providing support for the development of independent living skills, CIDNY helps people with disabilities navigate the ever-changing service system, and enables them to live independent, fully integrated lives in the community. In the twelve-month period between October 2024 and October 2025, CIDNY served roughly 75,000 consumers- out of the nearly 2 million adults with disabilities who, according to the NYS Department of Health, live in NYC.

Yet despite making up over a quarter of NYC's population, the City office designed to serve this community- the Mayor's Office for People with Disabilities (MOPD)- currently receives less than $1 million in City funding. This is not sufficient funding to adequately address the numerous interconnected barriers people with disabilities face in their daily lives, including in the areas of:

Employment:

In 2024, according to the Bureau of Labor Statistics (BLS), only 37.4% of disabled people between the ages of 16 and 64 were employed in the United States. According to the same report, employees with a disability were almost twice as likely to work only part-time as people without a disability (31% vs 17%), and less likely to work in traditionally higher paid managerial or professional positions than people without disabilities (37.9% compared to 44.1% respectively). Meanwhile, the American Community Survey reported that even when people with disabilities did work fulltime, their median salary was more than $9,000 lower than the median salary for people without disabilities ($48,937 vs $58,113); and among working-age people between the ages of 16 and 64, poverty was more than twice as prevalent in the disabled community as in the non-disabled community (24.2% vs 9.9%). For people with disabilities seeking gainful employment, there exists a gap in hiring, a gap in advancement, and a gap in wage parity.

However, critical programs meant to address these gaps (e.g., NYC: ATWORK, which works with both employers and employees developing partnerships, conducting trainings, guiding applicants through the job seeking process, addressing accommodation issues, providing benefits counseling, doing outreach to expand program participation, and offering other employment resources and support) remain understaffed and underfunded, severely limiting the scope of what they can achieve.

Additionally, these gaps are compounded by systemic intersectional bias (69% of people with disabilities in NYC are people of color, and people with disabilities are more likely to identify as female than male). The use of artificial intelligence has already begun to exacerbate the impact of this bias (the University of Washington, the United Nations, the National Academy of Social Insurance, the International Labour Organization, the Human Rights Law Review, and several other research groups have all reported that AI usage in employment processes poses a significant threat to the disabled community by inadvertently filtering out job applications that mention disability or anything disability related). Greater investments in employment services are necessary to address the barriers faced by people with disabilities seeking employment, whether those barriers are historic or emerging.

Transportation:

CIDNY is a strong advocate for accessible, equitable transportation for people with disabilities. New Yorkers with disabilities continue to face significant barriers that limit individual mobility and also contribute to broader systemic inequities. The inaccessibility of public transit disproportionately impacts Black and low-income communities (according to a study by the Pew Research Center, Black workers are more likely than white workers to rely on public transit, with 34% of Black commuters in major U.S. cities using buses or trains compared to 14% of white commuters. Additionally, transit deserts—areas with limited or no access to reliable public transportation—are more prevalent in low-income neighborhoods). We urge the Council to prioritize funding to improve public transit accessibility, ensuring that people with disabilities can fully participate in economic and civic life. Additionally, we strongly support the expansion of the Fair Fares program to cover individuals up to 200% of the federal poverty level. Many low-income New Yorkers with disabilities struggle to afford transit costs. Expanding Fair Fares would be a crucial step toward addressing these disparities and ensuring equitable access to public transportation.

Health:

Many people with disabilities face mental and physical health issues that are due to their residential environment. People living in the Bronx, Harlem, and Brooklyn are reportedly facing health issues associated with addiction and depression. Substance use and overdoses disproportionately affect Black and Latino communities. According to American Addiction Centers, some addicts may never seek help to recover as the healthcare system is expensive and they are afraid of having medical debt.

The ability of people with disabilities to access healthcare providers who meet their needs is also heavily impacted by intersectional bias. For example, Black women are reportedly facing a 40% higher death rate from breast cancer compared to White women. This disparity is due to the lack of diagnoses at a young age and lack of effective treatment. (https://www.bcrf.org/about-breast-cancer/black-women-breast-cancer-disparities/).

Housing:

New Yorkers, particularly those with disabilities, are facing a huge lack of affordable and accessible housing. Landlords are charging three months (first month rent, last month rent, and security deposits) to rent a new apartment. And landlords may terminate applications when prospective tenants disclose disabilities.

Greater investments are needed to ensure fair and just proceedings related to housing applications, to combat the discrimination that people may encounter when their disabilities are disclosed, and to ensure that individuals with disabilities are not denied the reasonable housing accommodations and modifications they entitled to by law.

In addition, some landlords increase the rent every year in a way that is not compliant with the NYC rent guidelines (3% yearly or 4.5% every two years). Tenants may fear losing their apartments when denouncing rent gouging or lack of accessibility.

Voting:

Voting access remains another critical civil rights issue. CIDNY conducts poll site accessibility surveys and works directly with voters with disabilities to ensure they can cast their ballots independently and privately. New Yorkers with disabilities face higher rates of inaccessible polling places, inadequate voter education, and other systemic barriers that suppress their political voices, due to longstanding racial and disability-related disparities in election accessibility. We call on the City to increase investment in accessible voting technology, expand language access for disabled voters, and enforce existing protections under the ADA and Help America Vote Act. New York City must take proactive steps to remove these obstacles and uphold the fundamental right to vote for all residents.

Education:

According to NYC Department of Education data, over 20% of students in the NYC school system have at least one disability. Unfortunately, students with disabilities often face unnecessary and disproportionate barriers in their schools, contributing to these students being twice as likely to drop out of high school as their nondisabled peers (10.7% vs 4.7%, according to a 2021 National Center for Education Statistics [NCES] report). These barriers include:

- Inaccessible curricula and physical school buildings (according to the 2023 Advocates for Children Report, *Access (Still) Denied*, less than one third of public schools in NYC are considered fully accessible);

- A backlog in Individualized Education Programs (IEPs), which has resulted in some students having to wait years to receive legally mandated accommodations and related services. This backlog can begin as early as preschool: in March of 2025, 4,570 children were not receiving a single one of their mandated services;
- Funding for school mental healthcare (e.g., $5 million for the Mental Health Continuum) is at risk of being eliminated from the FY27 budget, despite the fact that, according to a 2024 comprehensive report by the NYC Department of Health and Mental Hygiene, 48% of NYC teenagers reported experiencing depressive symptoms, 24% reported wanting or needing mental healthcare within the last 12 months and not getting it, and 9% reported attempting suicide;
- Staffing shortages of teachers, service providers, guidance counselors, social workers, and paraprofessionals that limit access to critical supports. For instance, the NYC Department of Education estimates that there are about 1700-1900 paraprofessional vacancies alone in NYC schools, and other analyses estimate the number of vacancies might be in the 3000s; and
- Busing. 43% of students who take yellow school buses in NYC have at least one disability. According to data analyzed by the NYC Council in 2022, school buses are delayed an average of 45 minutes for students with disabilities, forcing students to miss critical class time and even mandated services.

These barriers unfortunately often continue through college: a 2022 NCES report found that almost 40% of college students with disabilities who asked for accommodations did not receive them.

Mental Healthcare:

CIDNY recognizes that people with disabilities includes people with mental health disabilities. We must understand that people with disabilities can experience psychological trauma associated with their disabilities. Mental health services are a critical resource needed for disability-focused independent living centers. The New York City council must provide the financial support to both children and adult aged programs that address the needs for people with mental health disabilities. This consists of school-based programs, young adult services, adult services, and older adult services which properly addresses the age-based social isolation that some seniors may face.

Climate:

As NYC continues to see an increase in days that break records- record heat, record cold, record flooding, record smoke, record snow- it is critical to consider the broad impact that climate change has on the disability community. People with disabilities are more likely to live below the poverty line, meaning they are less likely to be able to afford higher utility bills, putting many people with disabilities in the difficult (and often deadly) position of choosing between physical and financial safety. Jobs in climate-impacted industries (e.g., warehousing, waste management, manufacturing, and food services) are more prevalent among people with

disabilities than among people without disabilities. People with disabilities, particularly those who are immunocompromised, can face health risks that are exacerbated by poor air quality. Street closures, elevator outages, public transit reroutes, etc. that occur due to weather-related damage are more than service disruptions when there aren't accessible alternatives, creating additional barriers for people with disabilities to get to work, to attend school, to make doctors' appointments, grocery shop, or- during more urgent emergencies- to evacuate an area that has become dangerous.

There are approximately 2 million people with disabilities in NYC facing a multitude of interconnected barriers on a daily basis. **There are several investments the City can make to address some of the barriers this population consistently faces, including:**

- **Baselining the Mental Health Continuum ($5 million)**
- **Including an additional $450 million (a total investment of $1.25 billion) for school accessibility projects in the 2025-2029 Capital Plan**
- **Expanding NYC: ATWORK to double its staff from 6 to 12**
- **Increasing investments in accessible voter technology**

However, it is also critical to have an office whose primary purpose is to address the multitude of interconnected issues specifically impacting the disability community, and to ensure that office is adequately equipped to do so. **To this end, CIDNY requests that MOPD be funded at $10 million.** An investment of this size only sounds large when it is compared to current inadequate funding levels, not when compared to the size of the population MOPD is supposed to serve. The Department of Veterans' Services for instance, serves 140,000 people with an overall budget of $5 million. MOPD is expected to serve 2 million people for under $1 million. MOPD needs sufficient funding for staffing, for outreach, and for implementing critical initiatives across the City. As it stands, MOPD currently refers much of its work out to nonprofit service providers. It is also vital that MOPD have RFP capabilities, in order to help nonprofits fund that work.

We thank the Council for their time and effort, and for their continued investment in equitable opportunity for the disability community.

Sincerely,

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The **Center for Justice Innovation** is a non-profit organization that seeks to transform the policies and practices of the justice system to make it fair, effective, and humane. The Center operates the following sites throughout New York City.

Family | Criminal | Community Development | Civil/Housing

Click on the name of any program to learn more.

STATEN ISLAND

1. Staten Island Justice Center

MANHATTAN

2. Harlem Community Justice Center
3. Headquarters
4. Manhattan Justice Opportunities
5. Midtown Community Court

MULTI-BOROUGH

6. Legal Hand (Bronx, Brooklyn, Queens)

BRONX

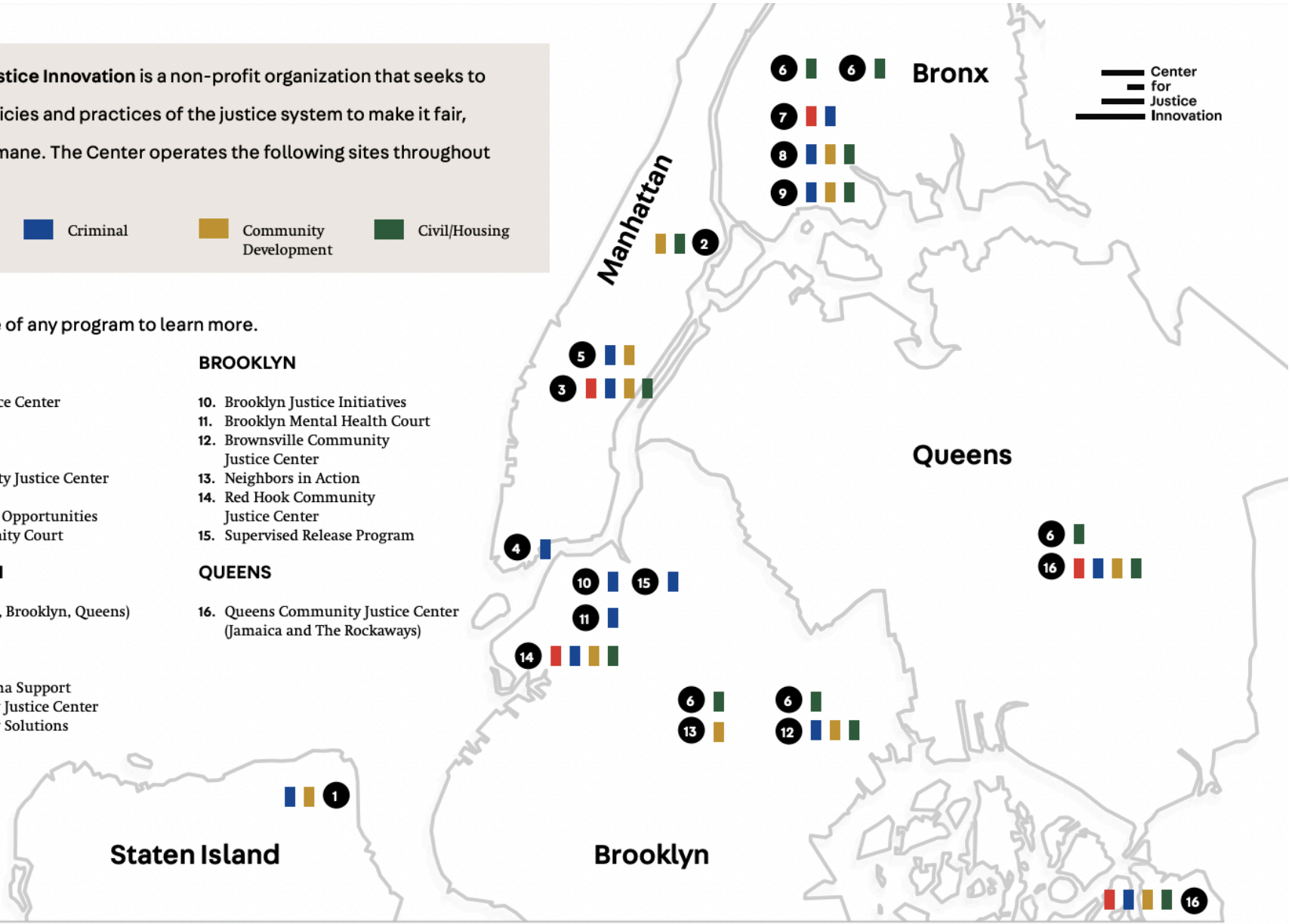
7. Bronx Child Trauma Support
8. Bronx Community Justice Center
9. Bronx Community Solutions

BROOKLYN

10. Brooklyn Justice Initiatives
11. Brooklyn Mental Health Court
12. Brownsville Community Justice Center
13. Neighbors in Action
14. Red Hook Community Justice Center
15. Supervised Release Program

QUEENS

16. Queens Community Justice Center (Jamaica and The Rockaways)



Citywide

- Access to Justice
- Alternatives to Incarceration
- Driver Accountability Program
- Gender and Family Justice
- Neighborhood Safety Initiatives
- Parent Support Program
- Project Reset
- Restorative Justice Practices
- RISE Project
- Strong Starts Court Initiative
- Youth Action Institute
- Youth Impact

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Center for Justice Innovation
New York City Council
Committees on Mental Health and Substance Use,
Health, and Disabilities
March 19, 2026

Good morning Chairs Cabán, Hanif and Schulman, esteemed members of the Committees on Mental Health and Substance Abuse, Disabilities, and Health. My name is Shlomit Levy and I serve as the Project Director of the Center for Justice Innovation's Brooklyn Felony Diversion programs, including Brooklyn Mental Health Court and Brooklyn Felony Alternatives to Incarceration. Thank you for the opportunity to testify today.

We would like to recognize the significant investments made in the City's mental health infrastructure in the Preliminary Budget. From the expansion of psychiatric emergency services at Bellevue Hospital to increased mobile units and compassionate outreach, it is clear that this administration understands the importance of prioritizing mental health care for our most vulnerable New Yorkers.

We understand the significant financial challenges New York City faces. However, the mental health system remains under serious strain, even with these new investments. Court-based and community programs are critical front doors to care for New Yorkers who otherwise cycle between streets, emergency rooms, and correctional facilities. Failure to fund these mental health programs adequately will only serve to exacerbate costs, widening the City's growing budget gaps as individuals cycle through our most expensive systems.

Mental health and substance use challenges are deeply connected to community safety, neighborhood stability, and long-term well-being across New York City. Too often, individuals and families encounter behavioral health systems only after a crisis—when an arrest, child welfare involvement, or acute emergency forces intervention. Sustainable public safety requires a different approach: smart investments in programs that connect people to care early, address underlying needs, and ensure that courts and community systems serve as pathways to treatment and stability rather than gateways to deeper system involvement.

Court-Based Programming

Brooklyn Mental Health Court

Launched in 2002 as the first mental health court in New York, Brooklyn Mental Health Court (BMHC) seeks to craft meaningful responses specifically for defendants with serious mental illness (such as schizophrenia or bipolar disorder), who are facing felony charges and would otherwise be jail- or prison-bound. In the years since, BMHC has served as a model for jurisdictions across the city, state, and country in its successful approach to addressing both

treatment needs and the public safety concerns of the community. Program success has been well documented, producing results such as: a 73 percent compliance rate, along with a statistically significant reduction in re-arrests for active participants; and a 17 percent reduction in likelihood of reconviction versus a comparison group.[1] Through 2025, over 1,500 participants have received treatment, satisfied program requirements, and graduated, all while avoiding the harms of incarceration.[2] Additionally, referrals have doubled over the past 10 years. This growing demand reflects the broader realities of mental health needs in Brooklyn's communities and jails.

The Court-Involved Youth Mental Health initiative of BMHC provides specialized support to youth ages 18 to 24, who have unique social and cognitive needs and who represent a growing percentage of cases the program serves. Since 2017, nearly 200 youth in this age range have been served by Brooklyn Mental Health Court.[3] Thanks to City Council support, Brooklyn Mental Health Court hired a dedicated Youth Engagement Social Worker to lead youth programming and foster close relationships with participants. Renewed funding will enable Brooklyn Mental Health Court to continue and strengthen youth-focused programs, provide participants with meaningful activities, supply healthy meals and snacks to participants, continue essential training for staff, and maintain the position of Youth Engagement Social Worker.

Strong Starts Court Initiative

The Strong Starts Court Initiative is a Family Court-based program that provides specialized, two-generational support to infants, toddlers, and their families involved in child protection proceedings. Serving children from birth to age three—the most critical period of early development—the initiative works with families whose cases are before the New York City Family Court following allegations of abuse or neglect filed by the Administration for Children's Services.

Strong Starts addresses a significant gap within the child welfare system by integrating expertise in infant development and infant mental health directly into court processes. Through comprehensive clinical assessments, ongoing consultation, and coordinated service planning, the program helps judges, attorneys, and caseworkers make developmentally informed decisions that promote safe parenting, strengthen caregiver-child relationships, and reduce harmful disruptions such as placement instability or prolonged separation.

First piloted in the Bronx in 2015 and now operating across all five boroughs and additional counties, Strong Starts connects families to high-quality, targeted services while fostering collaboration among courts, child welfare agencies, and providers. Evaluations of the program have demonstrated an increased rate of family preservation, greater efficiency in case resolution, enhanced family well-being, and a reduced likelihood of future abuse or neglect petitions.[4] In addition, Strong Starts strengthens systemwide practice by training legal

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[1] Rossman, S.B., J. Buck Willison, K. Mallik Kane, K. Kim, S. Debus-Sherrill & P.M. Downey (2012, July). Criminal Justice Interventions for Offenders with Mental Illness: Evaluation of Mental Health Courts in Bronx and Brooklyn, New York. New York, NY: Urban Institute.
https://www.urban.org/sites/default/files/publication/25576/412603-Criminal-Justice-Interventions-for-Offenders-With-Mental-Illness-Evaluation-of-Mental-Health-Courts-in-Bronx-and-Brooklyn-New-York.PDF

[2] Center for Justice Innovation. (2025). Brooklyn Mental Health Court Database. [Data file].

[3] Ibid.

[4] Sharlein, J. (2021, August). Helping the Youngest Start Life Strong: A Mixed Methods Evaluation of the Strong Starts Court Initiative.
https://www.innovatingjustice.org/sites/default/files/media/document/2021/SSCI_eval_full_report_FINAL4.pdf

professionals in early childhood development, extending its impact beyond participating families. City Council funding will allow the Strong Starts Court Initiative to reach more families, strengthen early intervention, and improve outcomes for some of the City's most vulnerable children during a critical period of development.

Community-Based Programming for Adults

Midtown Community Justice Center: Community First

The Midtown Community Justice Center's Community First program serves community members experiencing varying levels of housing insecurity and homelessness in the Times Square area. The program also serves participants facing housing insecurity from across the Midtown Community Justice Center's programs, including the Manhattan Misdemeanor Mental Health Court, Emerging Adult Court, Arraignment Part (AP6), and Project Reset. While New York City is service-rich, the field often operates in silos, creating a disjointed system of care for the most vulnerable populations. Often, those who need support live under the radar until a moment of crisis like an arrest or an emergency room visit forces a response. As a pre-crisis intervention, Community First seeks to facilitate continuity of destigmatizing and client-centered care for some of the city's most disconnected residents through mobile case management, street outreach, and assistance for court-involved and diversion participants.

Community First's Community Navigators share lived experience with participants, offering peer support to help clients achieve self-identified goals such as obtaining transitional or permanent housing, substance use treatment, mental and physical health care, identification, financial benefits, employment, and legal assistance. The model differs from existing street outreach initiatives by focusing on building trusting relationships and meeting community members "where they're at" before making linkages to longer-term services provided by community-based organizations in the Midtown Community Justice Center's network. The time spent building trust with community members in need results in those individuals confidently engaging in critical services with greater chances for long-term success. Since launching in 2021, the Community Navigator team has engaged 1,649 individuals in more than 5,064 interactions through the end of 2025.[5] With continued City Council support, Midtown Community Justice Center will seek to expand Community First to partner with the NYPD, and the City's new Department of Community Safety, to provide an alternative response to quality-of-life concerns in Midtown.

EmpowerHER: Pathways to Justice

EmpowerHER: Pathways to Justice is a gender-responsive program for female ATI participants. The goal of the ATI programs is to offer a single point of access to a wide array of community-based services as alternative sentencing options in criminal cases, thereby reducing incarceration and improving public safety by addressing the underlying issues that lead to justice system involvement. At the Center's Staten Island Justice Center and the Queens Community Justice Center, there has been an increase in the number of female participants (including female-identifying participants) referred to ATI programming, a trend that is reflected

[5] Center for Justice Innovation. (2026). Justice Center Application database. [Data file].

nationwide. Research shows that women who come into contact with the justice system often have unique needs and experiences that differ significantly from those of men, meanwhile there are few organizations in New York City that offer gender-specific ATI programs for women.[6] Some of the unique needs of justice system-involved women include:

1. **Higher Rates of Abuse and Trauma**: Women involved in the justice system are more likely to have experienced physical, emotional, or sexual abuse compared to their male counterparts[7]
2. **Mental Health and Substance Use Disorders**: Women involved in the justice system tend to report higher rates of mental health issues and substance abuse[8]
3. **Economic Challenges**: Women involved in the justice system may face greater challenges securing stable, well-paying jobs upon release, impacting their ability to provide for themselves and their families[9]
4. **Parental Responsibilities:** A large portion of women involved in the justice system are mothers and often the primary caretakers for their children[10]

Internal data collected from female participants at the Staten Island Justice Center and the Queens Community Justice Center support these findings. With support from City Council funding, both Justice Centers will launch EmpowerHer: Pathways to Justice, which will provide both group and individual programming to address the needs of female participants. Funding will be used to hire a case manager for each site, who will deliver trauma-informed and gender-specific programming that address the intersections of trauma, race, gender, and sexuality for women involved in the justice system. Psychoeducational groups will aim to address the most pressing needs of women in the justice system, in tandem with individual case management services. The program's primary focus will be on addressing economic development, health, mental health, and parental support needs.

Bronx Community Solutions Driving While Intoxicated Treatment Initiative

Since 2010, Bronx Community Solutions (BCS) has assisted all individuals ordered by court mandate to complete a screening and assessment, DWI treatment, and enrollment in the Driver Accountability Program. This initiative began at the request of the judiciary, who noted that participants were having difficulty navigating the complicated network of private providers of these statutorily mandated services. While BCS never charges any cost to participants for services, private providers of DWI treatment regularly charge $300 to $400 to complete a screening and assessment. BCS has negotiated with several providers who have been willing to accept a reduced fee of $150 in order to serve the volume of court mandated cases that come

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[6] U.S. Department of Justice. (2020, August 13). *Women and Girls in the Justice System: Overview*. Office of Justice Programs. https://www.ojp.gov/feature/women-and-girls-justice-system/overview
[7] Ibid.
[8] *Women's Justice: A Preliminary Assessment of Women in the Criminal Justice System*. Council on Criminal Justice. (2024, July). https://councilonci.org/womens-justice-a-preliminary-assessment-of-women-in-the-criminal-justice-system
[9] U.S. Department of Justice. (2020, August 13). *Women and Girls in the Justice System: Overview*. Office of Justice Programs. https://www.ojp.gov/feature/women-and-girls-justice-system/overview
[10] *Overlooked: Women and Jails in an Era of Reform*. Vera Institute of Justice. (2016, August). https://www.vera.org/publications/overlooked-women-and-jails-report

from Bronx Criminal Court, but that still remains a significant financial hurdle for participants and a barrier to entering the treatment process as soon as possible.

Bronx Community Solutions is seeking funding from City Council to cover the costs of DWI treatment and assessments for BCS participants, and to fund the staffing of a DWI treatment coordinator so that BCS may continue to be relied on by the courts to do the necessary work of rapidly connecting mandated participants to treatment, resulting in safer streets for all New Yorkers. Over the last three years, BCS has assisted an annual average of 176 participants in the completion of their mandated DWI treatment. Since 2020, among the participants referred and followed by BCS through their treatment process, over 94% successfully completed treatment.[11] Currently, as an unfunded initiative, BCS utilizes the time of several members of the organization's intake and compliance departments to complete this work. The DWI Treatment Initiative will allow for the dedicated, full-time work of one treatment coordinator. If funded, this DWI treatment coordinator will be a bilingual Spanish and English speaker to best serve the community's demonstrated needs.

Community-Based Programming for Young People

Queens Community Justice Center UPLIFT

While men and boys of color are too often viewed as perpetrators in our society, many are victimized by violence. Despite being at high risk of violent victimization from multiple kinds of violence (community, interpersonal, family), young men of color who have been involved in the justice system are rarely recognized as crime victims, rarely self-represent as crime victims, and are rarely treated as survivors of crime by their communities or by the agencies that provide coordinated services.[12] Yet the overlap between victimization and justice system involvement should not come as a surprise. Among adult offenders, experience with childhood violence and trauma is high; in a study conducted with inmates in a medium security prison in New York State, more than two-thirds reported that they had experienced some form of childhood victimization. Nationally, approximately half of all young people involved in juvenile justice systems have a history of significant trauma.[13]

To address the high levels of exposure to community violence and trauma among young men of color in Queens, the Queens Community Justice Center piloted UPLIFT in FY2022, a program that provides trauma and healing services to justice-involved young men of color. By offering client-driven individual therapeutic sessions and supportive group workshops, case management and victim services assistance, and advocacy and mentoring, participants are supported to recognize, process, and heal their own trauma, resulting in better life outcomes. Given the program's initial success, the Justice Center was able to fully implement and sustain the program, thanks to the ongoing support of City Council.

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[11] Center for Justice Innovation. (2025). Justice Center Application database. [Data file].
[12] Sered, D. (2014, December). Young Men of Color and the Other Side of Harm. https://www.vera.org/publications/young-men-of-color-and-the-other-side-of-harm-addressing-disparities-in-our-responses-to-violence
[13] Weeks, R., & Widom, C. S. (1998). Self-reports of early childhood victimization among incarcerated adult male felons. *Journal of Interpersonal Violence, 13*(3), 346–361. https://doi.org/10.1177/088626098013003003

Few programs help address the trauma histories of young men that often perpetuate their justice involvement and halt their development into healthy adulthood. UPLIFT serves young men between the ages of 16-25 that live in Queens neighborhoods that face substantial environmental challenges, including high levels of violence, poverty, and unemployment. In particular, UPLIFT provides trauma and healing services to community members who have been touched by gun violence, in a manner designed to meet participants "where they are," in terms of type, intensity, and location of services. The Center is requesting continued funding to support this invaluable program.

Staten Island Justice Center Youth Impact & Youth Wellness Initiative

The Staten Island Justice Center, an operating program of the Center for Justice Innovation, has served Staten Island residents since 2009 through court-based services, youth prevention programming, and community partnerships aimed at improving public safety and reducing justice system involvement. Each year, the Justice Center serves over 2,000 individuals through supervised release, counseling, case management, employment support, leadership development, and wellness programming for both adults and youth.

In response to growing community needs, the Justice Center is working in partnership with the Richmond County District Attorney's Office to establish a Staten Island Community Justice Center modeled on successful sites in the Bronx, Queens, and Brooklyn. With City Council support, a 2023 public safety assessment identified local strengths, service gaps, and priority needs, informing the development and launch of new pilot initiatives.

The Justice Center seeks continued funding to sustain and expand these initiatives, including strengthening the Youth Impact restorative justice program through the addition of a Case Manager and expanding youth cohorts focused on music production, technology, and creative skill-building. These efforts aim to divert young people from the legal system, promote positive youth development, and advance community-based approaches to safety and prevention.

The Justice Center is also seeking support for their Youth Wellness Initiative (YWI), which provides wraparound support to court-involved and at-risk youth experiencing unmet mental health and social needs. YWI offers individualized services including wellness assessments, short-term counseling, restorative justice circles, peer mentorship, trauma-informed workshops, and family support. Referrals come from courts, schools, and community partners, allowing youth to access tailored interventions that promote healing, accountability, and community reintegration. With City Council support, YWI will serve 15 young people in Staten Island, funding key staff and resources

Conclusion

Together, these initiatives demonstrate that investments in mental health and substance use services are investments in public safety, family stability, and community resilience. By embedding treatment, trauma-informed care, and supportive services into courts and communities alike, these programs interrupt cycles of crisis, reduce future justice system involvement, and promote healthier outcomes for adults, young people, and families across New York City.

Continued City Council funding will allow the Center for Justice Innovation to sustain and expand proven models that connect New Yorkers to care, strengthen early intervention, and close gaps between behavioral health systems and the communities they serve. Supporting these programs ensures that responses to mental health and substance use challenges prioritize healing, accountability, and long-term stability—advancing a safer, more equitable city where public safety is built through care, prevention, and opportunity.

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Center for Justice Innovation FY27 Proposals

- **#2156900 - Center for Justice Innovation General Funds - $750,000**

Innovative Criminal Justice Programs (Renewal);
Speaker's Initiative

Description: This is an application to support the continuation of the Center for Justice Innovation's innovative criminal justice responses, community-based public safety initiatives, and access to justice programs across all five boroughs in New York City. City Council's support allows us to serve tens of thousands of New Yorkers with mental health services, family development, youth empowerment, workforce development, and housing, legal, and employment resource services. Our goal continues to be improving safety, reducing incarceration, expanding access to community resources, and enhancing public trust in government to make New York City stronger, fairer, and safer for all. With expanded funding, the Center will be able to make deeper investments in housing justice: a key priority area that underpins our efforts at large to build community justice.

Court-Based Programming

- **#2243510 - Brooklyn Mental Health Court - $250,000**

Speaker's Initiative (Renewal)

Description: Launched in 2002 as the first mental health court in New York City, Brooklyn Mental Health Court (BMHC) is a specialized court that seeks to craft meaningful responses to the problems posed by defendants with mental illness in the criminal justice system. Addressing both the treatment needs of defendants with mental illness and the public safety concerns of the community, BMHC links defendants with serious and persistent mental illnesses (such as schizophrenia and bipolar disorder) or neurodevelopmental disorders, who would ordinarily be jail- or prison-bound, with long-term treatment as an alternative to incarceration. BMHC performs psychosocial assessments and psychiatric evaluations, comes up with treatment plans, monitors clients' adherence to treatment plans, and refers clients to community-based services. For FY27,

BMHC is seeking renewal funding from the Speaker's Initiative to enhance its support of some the City's most vulnerable residents.

- **#2243598 - BMHC Court Involved Youth Mental Health - $150,000**

Court Involved Youth Mental Health (Renewal)

Description: The Court-Involved Youth Mental Health initiative of Brooklyn Mental Health Court provides specialized support to youth ages 18 to 24, who have unique social and cognitive needs and who represent a growing percentage of cases the program serves. Since 2017, more than 240 youth in this age range have been served by Brooklyn Mental Health Court. City Council support ensures that Brooklyn Mental Health Court can retain a dedicated Youth Engagement Social Worker to lead youth programming and foster close relationships with participants. Renewed funding will enable Brooklyn Mental Health Court to continue and strengthen youth-focused programs, provide participants with meaningful activities, supply healthy meals and snacks to participants, continue essential training for staff, and maintain the position of Youth Engagement Social Worker.

- **#2246404 - Strong Starts Court Initiative - $100,000**

Children Under Five (New)

Description: The Center for Justice Innovation seeks funding to build the capacity of the successful Strong Starts Court Initiative to meet the needs of infants, toddlers, and their families throughout New York City and help build a sustainable program not entirely dependent on private foundation support. The Strong Starts Court Initiative is a Family-Court-based project; it employs a two-generational approach to provide specialized supports for infants, toddlers and their families who have child protection cases, and it works to educate court-based professionals in an approach focused on early child development that will transform the traditional family court response to this extremely vulnerable population.

Community-Based Programming for Adults

- **#2246478 - EmpowerHER: Pathways to Justice, a gender-responsive program for female ATI participants - $300,000**

Speaker's Initiative (Renewal);
Alternatives to Incarceration and Reentry Programs

Description: This is an application to expand the Center for Justice Innovation's Misdemeanor Alternative-to-Incarceration (ATI) programming in Queens and Staten Island across two operating programs: Queens Community Justice Center and Staten Island Justice Center by adding EmpowerHER: Pathways to Justice, a gender-responsive program for female ATI participants. The goal of the ATI programs is to offer a single point of access to a wide array of community-based services as alternative sentencing options in criminal cases, thereby reducing incarceration and improving public safety by addressing the underlying issues that lead to justice system involvement. Funding will support staffing and program delivery to meet the unique needs of female ATI participants at the Queens Community Justice Center and Staten Island Justice Center.

- **#2247165 - Driving While Impaired - $100,000**

Member Item; Bronx Delegation (New/Renewal)

Description: Since 2010, Bronx Community Solutions (BCS) has assisted all individuals ordered by court mandate to complete a screening and assessment, DWI treatment, and enrollment in the Driver Accountability Program. This initiative began at the request of the judiciary, who noted that participants were having difficulty navigating the complicated network of private providers of these statutorily mandated services. While BCS never charges any cost to participants for services, private providers of DWI treatment regularly charge $300 to $400 to complete a screening and assessment. BCS has negotiated with several providers who have been willing to accept a reduced fee of $150 in order to serve the volume of court mandated cases that come from Bronx Criminal Court, but that still remains a significant financial hurdle for participants and a barrier to entering the treatment process as soon as possible, thus making Bronx streets safer. To eliminate this financial burden on participants and also expedite the treatment process, this application seeks funding to cover the costs of DWI treatment and assessments for BCS participants, and to fund the staffing of a DWI treatment coordinator so that BCS may continue to be relied on by the courts to do the necessary work of rapidly connecting mandated participants to treatment, resulting in safer streets for all New Yorkers.

- **#2243623 - Community First - $60,000**

Community Safety and Victim Services (Renewal)

Description: This funding would ensure continuity of Midtown Community Justice Center's (MCJC's) Community First program, which serves community members

experiencing varying levels of housing insecurity and homelessness in the Times Square area. The program likewise serves housing insecure participants from across MCJC's programs, including the Manhattan Misdemeanor Mental Health Court, Emerging Adult Court, Community Court, and Project Reset. While New York City is service-rich, the field often operates in silos, creating a disjointed system of care for the most vulnerable populations. Often, those who need support exist under the radar until a moment of crisis like an arrest or an emergency room visit forces a response. As a pre-crisis intervention, Community First seeks to facilitate continuity of destigmatizing and client-centered care for some of the city's most disconnected residents through mobile case management, street outreach, and assistance for court-involved and diversion participants. Community First's Community Navigators share lived experience with participants, offering peer support to help clients achieve participant-identified goals such as obtaining transitional and permanent housing, substance use treatment, mental and physical health care, identification, financial benefits, employment, and legal assistance. MCJC requests funding to support the Community First program through City Council's Community Safety and Victim Services Initiative.

- **#2243746 - Community First - $40,000**

Speaker's Initiative (New)

Description: This funding would ensure continuity of Midtown Community Justice Center's (MCJC's) Community First program, which serves community members experiencing varying levels of housing insecurity and homelessness in the Times Square area. The program likewise serves housing insecure participants from across MCJC's programs, including the Manhattan Misdemeanor Mental Health Court, Emerging Adult Court, Arraignment Part (AP6), and Project Reset. While New York City is service-rich, the field often operates in silos, creating a disjointed system of care for the most vulnerable populations. Often, those who need support exist under the radar until a moment of crisis like an arrest or an emergency room visit forces a response. As a pre-crisis intervention, Community First seeks to facilitate continuity of destigmatizing and client-centered care for some of the city's most disconnected residents through mobile case management, street outreach, and assistance for court-involved and diversion participants. Community First's Community Navigators share lived experience with participants, offering peer support to help clients achieve participant-identified goals such as obtaining transitional and permanent housing, substance use treatment, mental and physical health care, identification, financial benefits, employment, and legal assistance. MCJC requests funding to support the Community First program through City Council's Speaker's Initiative. In FY27, MCJC will seek to expand Community First to partner

with the NYPD, and the City's new Department of Community Safety to provide an alternative response to quality-of-life concerns in Midtown.

- **#2243711 - Community Justice - $19,000**

Boroughwide Needs (Renewal)

Description: The Midtown Community Justice Center (MCJC) is seeking support for its Community Justice Initiative from the City Council Manhattan Borough Delegation. The project will consist of three main components that will address identified needs and have lasting impact on the community and its residents: 1) Coalition Building; 2) Community Events & Outreach; and 3) Streamlined Case Management Services. Support from the Manhattan Borough Delegation will allow MCJC to bolster and expand operations of initiatives launched in response to community needs such as the Youth Advisory Board. Support from the Manhattan Borough Delegation will ultimately allow MCJC to extend its impact beyond our physical building to provide supports to residents on the ground in communities across Manhattan and foster formal feedback loops from community members regardless of justice system involvement. The Community Justice Initiative allows MCJC to offer services to people in our local communities outside of the courtroom and criminal justice system, and act as a trusted partner and convener in neighborhood enhancement efforts.

Community-Based Programming for Young People

- **#2246286 - Queens Community Justice Center UPLIFT - $100,000**

Mental Health Services for Vulnerable Populations (Renewal);
Court-Involved Youth Mental Health (Renewal);
Speaker's Initiative (Renewal);
Community Safety and Victims Services

Description: To address the high levels of exposure to community violence and trauma among young men of color in Queens, the Queens Community Justice Center piloted UPLIFT in FY22 with City Council support. Through the pilot, staff provided trauma and healing services to justice-involved young men of color, ages 16-25. Given the program's initial success, the Justice Center was able to fully implement and sustain the program, thanks to the ongoing support of the City Council. By offering client-driven individual therapeutic sessions and supportive group workshops, case management and victim services assistance, and advocacy and mentoring, UPLIFT participants are supported to recognize, process, and heal their own trauma, resulting in better life outcomes. This

year, the Justice Center requests funding to continue UPLIFT's critical work through the following initiatives: Court-Involved Youth Mental Health, Mental Health Services for Vulnerable Populations, Community Safety and Victim Services, and Speaker's Initiative.

- **#2247007 - Staten Island Justice Center/Community Justice Center - $200,000**

  Speaker's Initiative (Renewal)

  Description: In response to growing community need, the Staten Island Justice Center has worked in close collaboration with the Richmond County District Attorney's Office to plan and begin operationalizing programming for a Staten Island Community Justice Center. When fully implemented, this Community Justice Center will offer a robust array of programming, including replications of community-based interventions piloted and established at the Center for Justice Innovation's existing Community Justice Centers in the Bronx, Queens, and Brooklyn. In FY23, with City Council support, the Staten Island Justice Center conducted a public safety assessment, which sought to pinpoint community strengths, needs, and gaps in service for Staten Island residents. Continued City Council support has enabled the Staten Island Justice Center to use the results of the survey to inform the Community Justice Center planning process, as well as develop, pilot, and implement several new initiatives responsive to identified community needs. The Staten Island Justice Center respectfully seeks continued funding for FY27 to support this ongoing work, and, particularly, to sustain implementation of the piloted initiatives, and bolster programming by hiring a Youth Impact Case Manager.

- **#2246334 - SIJC Youth Wellness Initiative - $130,000**

  Court Involved Youth Mental Health (Renewal)

  Description: This is a renewal proposal for the Staten Island Justice Center's Youth Wellness Initiative (YWI), a program providing comprehensive wrap-around services to court-involved and justice-impacted youth in Staten Island, ages 12 to 18. The initiative aims to decrease the likelihood of long-term justice involvement while supporting those who may have unmet mental health needs. We specifically seek to engage youth who have either participated in community harm—such as assault, robbery, or gang violence—or who have experienced trauma through community or domestic violence. The primary objective of YWI is to foster restoration through transformative education, youth-led community engagement, peer support, individual counseling, and advocacy. The program also aims to help parents and guardians better support their children and help them navigate the justice system. Ultimately, participants are empowered to translate

their therapeutic encounters into opportunities to reintegrate and restore themselves within their communities.

THE DISTRICT ATTORNEY
BRONX COUNTY

DARCEL D. CLARK

March 9, 2026

Speaker Julie Menin
New York City Council
City Hall
New York, NY 10007

Dear Speaker Menin and Members of City Council:

On behalf of the Bronx District Attorney s Office, I am pleased to write this letter in support of key Center for Justice Innovation (formerly, Center for Court Innovation) FY27 City Council Applications. Funding will expand:

- pre-arraignment early diversion options;
- mental health supports;
- restorative justice programming;
- human trafficking survivor leadership initiatives at the intersection of intimate partner violence and gun violence; and
- innovative pilot programs that address pressing needs in communities within the Bronx.

These programs will enable the Bronx to move towards our shared vision of reducing unnecessary and harmful involvement in the legal system wherever possible and allow us to build public safety through sustainable community-driven solutions.

For the past several years, the City Council has supported the Bronx with **$710,000** to invest in early system diversion, which includes **Project Reset,** the Center's citywide pre-arraignment diversion model and same day at arraignments programming that re-directs New Yorkers with misdemeanor arrests from the court system. Project Reset Bronx includes borough-wide restorative justice circles to aid in diversion. This has offered relief from the collateral consequence's participants might otherwise experience if arraigned for low-level crimes. We support the Center in continuing to partner with the Council to implement the next generation of early system diversions for the Bronx to continue to lead the City in scaled restorative justice-based interventions. In 2025, Bronx Assist was launched, a promising pre-arraignment diversion program for certain Desk Appearance Ticket (DAT) arrests which is being piloted in the 44th Precinct with support from a two-year federal grant. CJI has demonstrated a willingness to partner on this project and has shown a willingness to see it succeed.

Thanks to meaningful changes in the treatment of trafficking victims in the justice system, the Center's **Bronx Human Trafficking Intervention Court** (HTIC) referrals continue to decline. **Project Healing and Empowerment through Advocacy and Leadership** (Project

HEAL) is a survivor leadership and peer support initiative for human trafficking survivors. Additionally, we support the Center's RISE Project which is used in Family Court and provides community-based intimate partner violence prevention services in communities most impacted by gun violence.

Since 2010, **Bronx Community Solutions (BCS)** has assisted all individuals ordered by court mandate to complete a screening and assessment, DWI treatment, and enrollment in the **Driver Accountability Program**. This initiative began at the request of the judiciary, who noted that participants were having difficulty navigating the complicated network of private providers of these statutorily mandated services.

Finally, we support continuation of the Center's **Innovative Core Funding** which addresses the immediate needs of all borough residents by piloting novel and effective approaches to anti-gun violence, victim services, and mental health services with diversion.

The Center has a long and documented history of conducting original research and operating direct service programs in the Bronx. Their mission to promote equality, dignity, and respect in communities aligns with my Office's vision. Together we can reimagine a fairer and more holistic approach to justice. We can do this by reducing incarceration as well as by building substantial and meaningful community-based support. I encourage the City Council to consider funding each of the Center's programs which will ultimately enhance fairness, accountability, and safety for the people of the Bronx.

Sincerely,

Darcel D. Clark

Darcel Clark

OFFICE OF THE DISTRICT ATTORNEY
RICHMOND COUNTY
MICHAEL E. MCMAHON
DISTRICT ATTORNEY

March 3, 2026

Speaker Julie Menin
New York City Council
City Hall
New York, New York 10007

Re: Support for Center for Justice Innovation Fiscal Year 2027 Initiatives

Dear Speaker Menin and Members of the New York City Council:

I am pleased to offer my strong support for the Center for Justice Innovation's Fiscal Year 2027 funding request to expand alternatives to incarceration, provide enhanced mental health supports, develop early diversion programming at the intersection of intimate partner violence and gun violence, strengthen restorative reentry options for individuals and their families, expand pre-court eviction prevention initiatives, and pilot innovative programs that address pressing community needs across New York City. These initiatives represent thoughtful, evidence-based approaches that reduce unnecessary and harmful involvement in the justice system while advancing public safety through sustainable, community-driven solutions.

The Center for Justice Innovation has a long and well-documented history of conducting original research and implementing direct service programs that promote equality, dignity, and respect in communities across New York City, including Staten Island. These values closely align with the vision of the Richmond County District Attorney's Office. My office has proudly partnered with the Center in the development of the Staten Island Community Justice Center, an initiative designed to reduce crime and incarceration, strengthen community trust in the justice system, and promote safer, more equitable neighborhoods through community-driven public safety strategies, youth opportunity, and economic mobility initiatives.

To maintain existing operations while expanding programming, Justice Center staff will dedicate time and expertise to developing new initiatives, including designing data collection and evaluation strategies to measure program effectiveness and ensure accountability. Through this partnership, we continue to reimagine a more holistic and equitable approach to justice—one that emphasizes prevention, diversion, and meaningful community-based support alongside traditional court responses. Investment in the initiatives outlined above will allow this work to continue and expand its impact in Staten Island and throughout the city.

I also urge the Council to support **Youth Impact Staten Island**. Formerly known as Youth Court, Youth Impact is a dynamic youth leadership development program focused on peer mentorship, violence prevention, and restorative practices. The program works to keep young people engaged in school and out of the criminal legal system while fostering a youth-centered approach to community safety and healing. Through structured in-school partnerships and civic engagement opportunities, participants gain valuable skills in oral and written communication, facilitation, conflict resolution, and research. They also learn about the structure and impact of the justice system and receive training in community planning and organizing, empowering them to become leaders and advocates within their communities.

Continued investment is also critical to addressing the mental health needs of court-involved and at-risk youth. Individuals experiencing persistent and untreated mental illness must have access to culturally competent, trauma-informed mental health care. To address existing gaps in services for Staten Island youth, I urge the Council to continue and expand support for the Staten Island Justice Center's **Youth Wellness Initiative**. This program provides vital mental health services that promote healing and stability for young people involved in, or at risk of entering, the justice system. Importantly, the initiative also provides holistic support to families by offering resources and guidance to parents and caregivers of participating youth.

Finally, I support the continuation and expansion of the Center's **Driver Accountability Program**, which offers a constructive and restorative response to dangerous driving offenses. This program seeks to meaningfully change risky driving behavior among individuals charged with driving-related offenses in criminal court while promoting greater accountability and safer streets for all New Yorkers.

Thank you for your consideration of this request as the Council makes important funding decisions on behalf of the City of New York. If you have any questions, please contact Agency Chief Contracting Officer and Grants Coordinator Dr. Lisa Sloan at (718) 556-7089 or by email at Lisa.Sloan@rcda.nyc.gov.

Sincerely,

Michael E. McMahon
District Attorney

·130 Stuyvesant Place · Staten Island, New York 10301 · Telephone (718) 876-6300·

CHARLES B. WANG
COMMUNITY HEALTH CENTER

New York City Council Joint Committee on Health, Committee on Mental Health and Substance Use, and Committee on Disabilities
FY 2027 Budget Hearing
Written Testimony Presented by Edmond Loi
Charles B. Wang Community Health Center
March 19, 2026

Thank you for the opportunity to testify today. My name is Edmond Loi. I am testifying on behalf of the Charles B. Wang Community Health Center (CBWCHC). CBWCHC is a Federally Qualified Health Center with locations in Manhattan and Queens. In 2024, we served over 65,000 unique patients through nearly 300,000 patient encounters. Eighty-three percent of our patients had household incomes that were at or below 200% of the federal poverty guideline and 77% were best served in a language other than English. Sixty percent of our patients were uninsured or were covered by Medicaid. CBWCHC's core clinical services are internal medicine, obstetrics/gynecology, pediatrics, dental, mental health, and primary eye care. Support services include care management, social work, and health education. CBWCHC, along with many healthcare organizations around the country, is facing cuts to healthcare funding but remains open to serve the community regardless of patients' race, gender, income, legal status, or ability to pay. This is only possible in part because of support from City Council discretionary funding. I am testifying today to ask for the Health Committee's continued support of several initiatives so that we can continue to meet the health needs of many vulnerable New Yorkers.

The Check Hep B Program, under the Viral Hepatitis Initiative, provides essential patient navigation and culturally and linguistically appropriate care management for New York City residents with chronic hepatitis B and C infections. Nationally, the US fell short of its 2025 goal of reducing hepatitis B deaths to 0.37 per 100,000 people in 2023, recording 0.44 deaths per 100,000 people that year (2025 Viral Hepatitis National Progress Report, CDC, p. 6). As of 2022 in New York City, more than 314,300 people are living with either hepatitis A, B, or C (Working Toward a Hep Free NYC: 2023 Hepatitis A, B, and C in NYC Report, NYC DOHMH, p.3). Many were unaware of their infection or did not receive proper care until enrolling in this program. If left unmonitored or untreated, 1 in 4 individuals with chronic infection will develop serious liver problems, including liver cancer. CBWCHC's Check Hep B Program has a strong record of success: since 2014, the program has successfully provided education and navigation services for 583 individuals, linked 570 individuals to medical care, and initiated treatment for 200 individuals.

Through the Access Health Initiative, we provide outreach and education to the Asian American community about healthcare access and insurance coverage through Medicare, Medicaid, and the Pregnant Women/Prenatal Care Assistance Program (PCAP). Our activities include in-person workshops, educational radio programming, social marketing through mass media, and social media posts.

Finally, through the Cancer Services Initiative, we increase awareness of risk factors, symptoms, and treatment options for breast and colorectal cancers. The City Council's support enables CBWCHC to increase cancer screening through the provision of patient navigation services for several hundred members of the Chinese American community, many of whom are uninsured and broadly face linguistic, financial, and knowledge barriers to healthcare.

With continued funding and resources, our initiatives can continue to address the health disparities and inequities experienced by the communities we serve. Thank you for your time. I greatly appreciate the opportunity to present to all of you today and am happy to answer any questions.

New York City Council
City Preliminary Budget Hearing - Joint Committees on Health and Mental Health, Disabilities, and Addiction
Oral Testimony Presented by Rhonda Braxton, Vice President of Health & Wellness, Children's Aid
Thursday, March 19, 2026

Good afternoon, my name is Rhonda Braxton, Vice President of Health & Wellness at Children's Aid. On behalf of Children's Aid, I would like to thank the Committee Chairs and the members of New York City Council's various committees for the opportunity to submit testimony on the Fiscal Year 2027 Preliminary City budget.

Children's Aid recognizes that for children and youth to thrive, they must be able to grow up healthy and supported. Our health and nutrition programs are designed to meet the needs of the whole child and to center families as essential partners in supporting youth well-being.

As part of our holistic approach, Children's Aid integrates comprehensive health and nutrition services directly within community schools, centers, and clinics. Through two community health clinics and six School-Based Health Centers, we provide coordinated medical, dental, behavioral, and reproductive health care. Alongside these services, our nutrition programs also deliver education, gardening, food access, and culturally responsive activities across these sites.

Our six School-Based Health Centers are located in communities where families face significant barriers to accessing care. Last school year, these centers served more than 3,800 students and delivered over 20,000 visits. Visits reduce barriers to preventive care, ensure students remain up to date on immunizations, and connect families to critical follow-up services. For many students, these centers represent their only consistent access to health care.

At the same time, youth mental health needs have reached a critical point, especially as suicide is now the second leading cause of death among young people nationwide. Four of our School-Based Health Centers operate on-site mental health clinics, and all six connect students to additional community-based services. Without these accessible entry points, many students, particularly those experiencing trauma and instability, would go without care.

Despite their importance, School-Based Health Centers remain significantly underfunded. As a result, providers must absorb losses or rely on limited grant funding to sustain services. Looking ahead, the State's planned carve-in of School-Based Health Centers into Medicaid Managed Care on April 1, 2026 is expected to further reduce funding and threaten long-term

sustainability. Combined with uncertainty at the federal level, these pressures risk forcing clinic closures, with serious consequences for children and families. For this reason, we urge the Council to increase City Tax Levy funding to $25 million, ensuring that all 137 centers receive $100,000 per site, plus $100 per enrolled student.

Our food and nutrition programs are equally critical. For more than 20 years, Go!Healthy has provided nutrition education, food access, and culturally responsive programming across multiple boroughs, serving more than 3,000 individuals last year alone. These programs rely entirely on SNAP-Ed funding, which unfortunately was completely eliminated under H.R.1. This work—and the trusted community infrastructure behind it—is at risk of being completely dismantled by September 2026. Providers are already laying off staff and winding down programs due to ongoing uncertainty.

SNAP-Ed has been a cornerstone of New York City's public health strategy, reaching more than 1.8 million participants statewide and delivering proven savings in future health care costs. Losing this program would increase pressure on City-funded systems, from emergency food assistance to public hospitals, and undermine the City's prevention goals.

To mitigate this loss, we urge the City Council to establish bridge funding to sustain SNAP-Ed programming through community-based providers and to coordinate across HRA, MOFP, NYCPS, and DOHMH to close nutrition-education gaps. We also strongly support inclusion of all affected providers in any City investment aimed at preserving this critical work.

Thank you for your time and for your continued commitment to New York City's children and families.

Testimony of Alice Bufkin
Associate Executive Director of Policy and Advocacy
Citizens' Committee for Children of New York

Submitted to New York City Council Committee on Health, Disabilities and Addiction and the Committee on Health
CFY27 Preliminary Budget Hearing – Health, Mental Health and Substance Use, and Disabilities
March 19, 2025

For 80 years, Citizens' Committee for Children of New York (CCC) has been an independent voice for children advancing child and family well-being through research, advocacy, and civic engagement. With deep expertise in data, policy and child-serving systems, CCC champions proven solutions and mobilizes allies to secure reforms that improve child outcomes and promote equity. CCC drives systemic change to ensure every child is healthy, housed, educated, and safe.

Thank you Chair Caban, Chair Schulman, Chair Hanif and all the members of the City Council Committees on Health, Mental Health and Substance Use, and Disabilities for holding today's important hearing on the Mayor's FY27 Preliminary Budget and its impact on the health and mental health of New Yorkers.

Bolster Funding to Combat the Impacts of Health Coverage Loss

For decades, New York has been a national leader in reducing uninsured rates, particularly for children. Between 2008 and 2024, New York's child uninsured rate fell from 5.7% to 2.4%. This significant decline in the number of uninsured children can be attributed to decades of city, state, and national level advocacy aimed at expanding coverage options for children and families.

H.R.1 and other federal legislation threaten this progress. In May of 2025, Governor Hochul's office estimated that H.R.1 would result in $13.5 billion in annual healthcare losses for the state and cause nearly 1.5 million New Yorkers to become uninsured, largely as a result of newly established eligibility exclusions.[i] Additional coverage losses are expected as individuals struggle to comply with more complicated work requirements or lose access to subsidies that make healthcare coverage affordable. Though New York State is taking steps to preserve coverage for 1.3 million New Yorkers in the State's Essential Plan, more than 450,000 New Yorkers will lose public health coverage without further state action.[ii]

There is a long and established body of evidence demonstrating the relationship between parent and caregiver health coverage and children's coverage. When parents and caregivers gain health coverage, so do their children. Conversely, when parents lose health coverage, there is a greater likelihood that children will lose coverage too, even when they remain eligible.

The benefits of healthcare coverage for children are difficult to overstate. Children with health coverage are more likely to access preventive well-child visits, hearing, vision, and dental screenings, and on-time diagnosis and treatment. Inadequate health coverage results in higher rates of school absenteeism and dropout rates, as well as heightened risks of mental illness and poor health in adulthood. Moreover, a

healthy start to life depends on health coverage early on to ensure appropriate prenatal care that can reduce risks of infant mortality and preterm birth. Uninsured families also face greater risks of economic insecurity due to medical debt and financial hardship that can destabilize families and compromise child safety.[iii]

It is therefore imperative for the health of both adult and child New Yorkers that New York City make every effort to mitigate the harms of coverage losses that will result from federal legislation. We join other advocates in urging city leaders to enhance funding for the following programs/make the following investments in city programs:

- **Increase funding for NYC Care from $100 million to $200 million.** NYC Care provides vital services to New Yorkers who are undocumented or cannot afford health insurance. The program connects patients to services across H+H's facilities, helping patients access primary care, prescriptions, and specialists. Especially with the rise in uninsured New Yorkers due to federal actions, it will be essential for New York City to expand healthcare access options for its residents.
- **Increase funding for the Access Health initiative from $3.6 million to $4.5 million.** Access Health works through trusted community-based organizations to help educate New Yorkers about their healthcare options and connect them to services. In light of new federal work requirements, re-certification periods, and other barriers to coverage, it is particularly important to increase the number of trusted community workers able to connect residents to care.

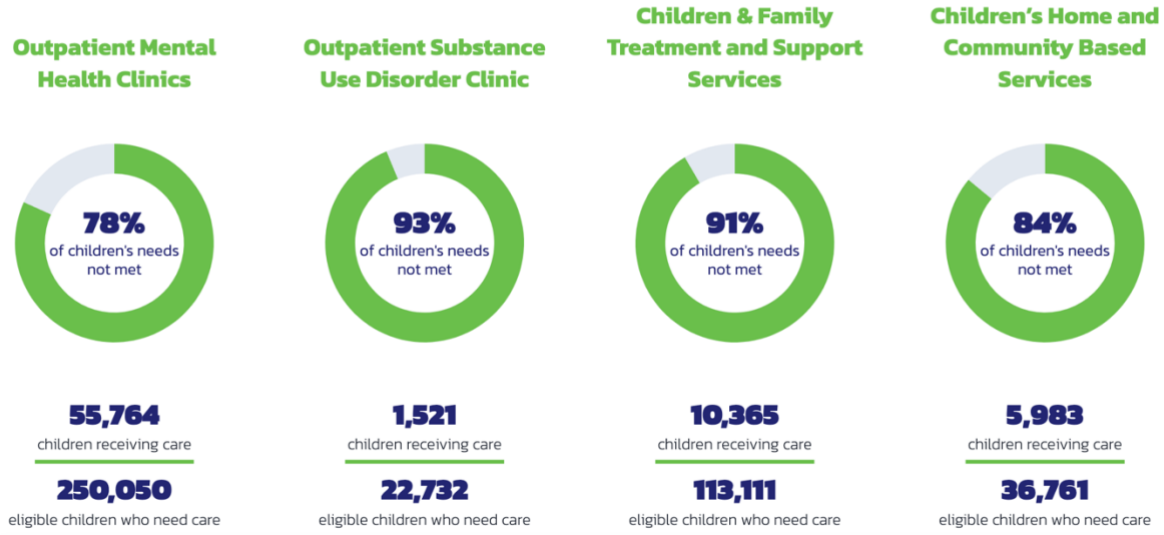
Addressing the Children's Behavioral Health Crisis

Throughout New York, families are sitting on waitlists for weeks, months, and even years for behavioral health services their children urgently need. As a result, parents are leaving their jobs so they can navigate the mental health system for their children; children are cycling in and out of ERs and hospitals; and young peoples' needs are becoming more acute, complex, and difficult to address as they grow into adults.

At the center of this crisis is a deeply-underfunded children's outpatient system, which prevents children and youth from accessing necessary preventive services. **In fact, a recent study by the Healthy Minds, Healthy Kids Campaign found that at most, 1 in 5 New York City children covered by Medicaid are accessing the outpatient behavioral health (mental health and/or substance use disorder) services they need.[iv]**

4 in 5 New York City Children Who Need Behavioral Health Care Are Not Receiving Critical Services

The charts below illustrate the percent of children in New York City who need outpatient services but are not receiving them.



Decades of underinvestment in the children's behavioral health system, including low salaries and insufficient reimbursement rates, have contributed to the long waitlists confronting families.

As city leaders negotiate the FY27 City budget, we urge you to prioritize the following city investments to support the mental, emotional, and behavioral health needs of young people.

<u>Restore Funding for City Council Mental Health Initiatives</u>

For years. the City Council Mental Health Initiatives have used non-traditional, community-based approaches to help identify children and families in need and offer developmentally appropriate services and support. These trusted community services respond and adapt to specific community needs and support programs not funded through state and federal sources.

Despite their value, funding for several of these initiatives was cut in FY24 and has never been restored, including Autism Awareness, Children Under Five, and Mental Health Services for Vulnerable Populations.

We urge city leaders to support these initiatives in the FY27 Budget by **providing a 3% increase across programs to match the citywide human services COLA initiative,** thus allowing providers to address the increasing costs of delivering services. We also recommend **increasing funding for Court-Involved Youth Mental Health to $6.85 million.**

We recommend funding for City Council Mental Health Initiatives at the following levels:

- **Court-Involved Youth Mental Health -- $6,850,000.** This initiative serves 3,000 youth annually **providing** assessments and connect**ing** youth and families **involved in the** criminal justice system to mental health services. Funded at $3.425 million in FY26, funding should be doubled to $6.85 million

in FY27 to support existing providers and expand to meet growing mental health needs of court-involved youth.

- **NYC 988 Crisis Prevention and Intervention Hotline -- $5,150,000**. This funding was made necessary after federal actions eliminating 988 Suicide & Crisis Lifeline's LGBTQ+ Youth Specialized Services. This funding helps the hotline reach LGBTQIA+ community as well as maintain adequate staffing levels and wait times.
- **Mental Health Services for Vulnerable Populations -- $3,809,990.** This initiative supports community-based behavioral health programs, including medication for individuals in transitional housing and mental health services for families with child welfare system involvement. *This initiative was cut by $270,000 in FY24.*
- **Children Under Five -- $1,602,917.** This initiative funds mental health treatment for children under 5, including screening and clinical evaluation, individual and child- parent psychotherapy, consultations with child-serving agencies, and trauma-informed interventions. Early childhood is a critical time to identify, prevent and treat stress & trauma, and to build resilience for kids and families. T*his initiative was cut by $230,769 in FY24.*
- **Autism Awareness -- $3,359,704.** This initiative supports wraparound services for autistic children in after-school, weekend, summer programs and during school closings. The programs also provides training to teach coping skills to families and caregivers impacted by autism. Approximately 2,000 children and families are served annually, including individuals without access to OPWDD services. T*his initiative was cut by $55,000 in FY24.*
- **Developmental, Psychological and Behavioral Health -- $2,323,157.** This initiative helps individuals with behavioral health needs and developmental disabilities, supporting harm reduction, clubhouses and more. The funding may support medically supervised outpatient programs, transition management programs, Article 16 clinics, recreation programs, or other behavioral health services.
- **LGBTQIA Youth All-Borough Mental Health -- $1,236,00.** This initiative supports comprehensive mental health services for vulnerable LGBTQ youth.
- **Mental Health Workforce Retention and Development -- $309,000.** This was a new initiative in FY24 and supports retention and recruitment of public-mental health professionals working at public-facing agencies/organizations.
- **Youth Peer Support Pilot – $257,500**. This was a new initiative in FY 25 and supported the launch of a new program for 14- 24-year-olds living with mental illness.

Invest in School-Based Behavioral Health Supports

Schools play an essential role in meeting the behavioral health needs of children, yet New York City's approach to addressing the students' social-emotional needs is fragmented and insufficient. Far too many students in crisis are still sent to emergency rooms, subjected to police intervention, or punished with disciplinary practices such as suspension.

Schools need resources and training to support the mental health of all students, rather than relying on punitive and traumatizing responses to student behavior. We urge you to take the following actions in the budget to support students' mental and emotional well-being.

- **Extend and baseline school-based mental health and social-emotional supports. The following programs are essential for supporting student mental well-being, but programs were funded for one year only in last year's budget and must be restored.**
    - **Restorative justice practices ($6 million).** Restorative practices address the root causes of troubling behavior, hold students accountable while keeping them in school learning, build and heal relationships, and teach positive behaviors. They also correlate with improved academic outcomes, school climate, and staff-student relationships.
    - **The Mental Health Continuum ($5 million),** an innovative model that integrates a range of direct services, including expedited mental healthcare, a NYC Well hotline to advise school staff, mobile response teams to respond to students in crisis, training for school staff in Collaborative Problem Solving, and culturally-responsive family engagement to students with significant mental health challenges. This cross-agency partnership (NYCPS, Health + Hospitals, Department of Health & Mental Hygiene) supports students at 50 high needs schools. This program has consistently been funded for one year only, threatening its sustainability; we urge city leaders to baseline funding this year ($787k for NYCPS, $3.75 million for H+H, and $472k for DOHMH).

- **Enhance Students' Access to Community-Based Services Provided through School-Based Mental Health Clinics (SBMHC)**

Article 31 School-Based Mental Health clinics provide on-site services to children during the school day, including diagnosis, psychiatry, and individual and family counseling. SBMHC staff work closely with school staff to identify children in need and coordinate services. They engage the whole family and can serve family members at their community location. SBMHCs provide crisis mental health services, ensuring children receive a compassionate response when they are in crisis and reducing the use of suspensions, detentions and punitive measures.

These clinics are primarily funded by Medicaid and, when available, private insurance. However, funding is deeply insufficient. For example, Medicaid does not cover services to children without a diagnosis, and clinics are not reimbursed for services provided to children without health coverage. Other essential supports that clinics can offer schools – such as mental health education and training for staff, de-escalating a child-in-crisis scenario to prevent law enforcement involvement, and consulting on specific behavioral supports for classrooms – are not reimbursable through the Article 31 SBMHC model.

A $3.75 million investment would enable up to 50 SMHC to provide the types of comprehensive wraparound services necessary to support students' mental and social-emotional needs . Flexible funding to meet the specific needs of schools could include hiring an after school social worker for the clinic; hiring a behavioral specialist to consult with clinic staff several times each week; hiring a family/peer support worker; hiring a clinician that specializes in working in schools and advising on behavior supports for students; and numerous other targeted interventions designed to complement the school-based mental health clinic model.

We urge city leaders to invest $3.75 million to expand school-based mental health clinic services in up to 50 clinics. Ultimately, we recommend a long-term goal of expanding funding to all SMHC's in the city.

Thank you for your time and attention to these critical issues.

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[i] New York State Office of the Governor. "Governor Hochul Updates New Yorkers on the Impact of House Republican Budget Bill to New York State's Health Care Economy." May 2025. https://www.governor.ny.gov/news/governor-hochul-updates-new-yorkers-impact-house-republican-budget-bill-new-york-states-health

[ii] New York State of Health. "Press Release Following Federal Funding Cuts." 2025. https://info.nystateofhealth.ny.gov/news/press-release-following-devastating-federal-funding-cuts-new-york-state-takes-new-action

[iii] Kaiser Family Foundation. (2024). *Medicaid and Children's Health: 5 Issues to Watch Amid Recent Federal Changes.* https://www.kff.org/medicaid/medicaid-and-childrens-health-5-issues-to-watch-amid-recent-federal-changes/; United Hospital Fund. (2023). *Medicaid Matters for Children's Health.* https://media.uhfnyc.org/filer_public/d7/ba/d7ba8459-1d8b-444f-a286-a33f9e8ef377/medicaid_part_3_children_web.pdf; Learning Policy Institute. (2024). *Medicaid Is More Than Health Insurance: It's a Lifeline for Public Schools.* https://learningpolicyinstitute.org/blog/medicaid-more-health-insurance-its-lifeline-public-schools; New York State Office of Mental Health. (2024). *Children and Youth Behavioral Health Services Dashboard.* https://omh.ny.gov/omhweb/tableau/children.html; Kaiser Family Foundation. (2024). *5 Key Facts About Medicaid and Pregnancy.* https://www.kff.org/medicaid/5-key-facts-about-medicaid-and-pregnancy/; Jennifer Tolbert, Clea Bell, Sammy Cervantes, Rakesh Singh. "The Uninsured Population and Health Coverage." KFF. October 8, 2025. https://www.kff.org/uninsured/health-policy-101-the-uninsured-population-and-health-coverage/?entry=table-of-contents-introduction

[iv] The full report and regional breakdowns can be found at: https://healthymindshealthykids.org/bh-gap-analysis/?region=New+York+State

New York City Council Fiscal Year 2027

Executive Budget Hearings

Committee on Health and Committee on Mental Health, Disabilities, and Addiction

March 19th, 2026

Testimony of Angelic Otero

Coalition for Asian American Children and Families

Good afternoon Chair Schulmann and members of the Committee. My name is Angelica Otero, I am a long time resident of Queens and a long time organizer in NYC working for justice for our immigrant families, women, LGBTQ communities, workers and young people.

I am here today to urge the Council to include $4.5 million for Access Health NYC in the FY 2027 budget. Access Health NYC is a City Council initiative supporting a network of 37 community-based organizations across all five boroughs that provide culturally responsive, language-accessible health education, outreach, and navigation services. These organizations help immigrant, limited-English proficient, uninsured, LGBTQ+, and disabled New Yorkers access healthcare, public benefits, and critical health information regardless of immigration status. Through community events, educational workshops, and outreach in trusted spaces such as cultural centers, food pantries, mosques, and churches, they reach residents who often face the greatest barriers to care.

Each year, Access Health NYC facilitates more than 15,500 connections to care, including over 9,000 healthcare referrals and more than 6,500 public benefits enrollments in over 30 languages. By helping residents access preventive care and coverage earlier, these organizations reduce reliance on emergency services and strengthen New York City's public health infrastructure.

This work is especially important given the barriers many immigrant New Yorkers face. While immigrants make up nearly 65 percent of the city's population and almost half of its healthcare workforce, they are significantly more likely to be uninsured and face challenges navigating healthcare systems due to language barriers, misinformation, and fear related to immigration



policies.

Community organizations are reporting growing fear and misinformation in immigrant communities that are discouraging people from seeking healthcare or enrolling in benefits they are eligible for. Proposed Medicaid cuts, threats to language access resources, and increased immigration enforcement concerns are creating significant barriers to care. At the same time, community-based organizations remain the most trusted messengers and are serving as a critical bridge, helping residents access coverage, navigate complex systems, and connect with safety-net providers.

Increasing funding for Access Health NYC to $4.5 million will strengthen this network, expand outreach to high-need communities, and ensure that vulnerable New Yorkers can access the care and resources they need.

Thank you for your time.

New York City Council Fiscal Year 2026

Executive Budget Hearings

Committee on Health and Committee on Mental Health, Disabilities, and Addiction

March 19th, 2026

Testimony of Miral Abbas, Health Partnerships Coordinator

Coalition for Asian American Children and Families

I am writing to urge the Council to include **$4.5 million for Access Health NYC in the FY 2027 budget.** With this investment, Access Health NYC can expand its network and support additional community organizations to meet the growing needs of our most vulnerable communities.

Access Health NYC is a City Council initiative that supports a network of 37 community-based organizations across all five boroughs providing culturally responsive, language-accessible health education, outreach, and navigation services. These organizations help some of New York City's most marginalized residents, including immigrant, limited-English proficient, uninsured, LGBTQ+, and disabled New Yorkers, access healthcare, public benefits, and critical health information regardless of immigration status.

Each year, Access Health NYC facilitates **more than 15,500 connections to care, including over 9,000 healthcare referrals and more than 6,500 public benefits enrollments in more than 30 languages.** By helping residents access preventive care and coverage earlier, these organizations reduce reliance on emergency services and strengthen the city's public health infrastructure.

This work is especially important given the barriers many immigrant New Yorkers face. Immigrants make up approximately 65 percent of New York City's population and nearly half of its healthcare workforce, yet they are significantly more likely to be uninsured and face persistent challenges navigating healthcare systems due to language barriers, misinformation, and fear related to immigration policies. These barriers create harmful "chilling effects" that discourage many people from accessing healthcare and benefits they are eligible for.

Access Health NYC is supported by four lead agencies that provide training, evaluation, and program guidance, including the Coalition for Asian American Children and Families (CACF). CACF is the nation's only pan-Asian children and families advocacy organization, working with more than 90 member organizations, youth and parent leaders, and community allies to advance equity and opportunity for marginalized AAPI communities across New York City.

Access Health NYC awardees provide essential language access, culturally responsive programming, and healthcare enrollment assistance while connecting residents to a range of health, legal, and housing resources. The initiative also provides regular trainings for organizations on complex topics such as hospital finance, healthcare access policies, and language accessibility to strengthen their ability to serve their communities.

Today, many of these organizations are responding to growing threats to immigrant health access. Federal policy changes, including proposed Medicaid cuts under H.R.1 and potential reductions to language access protections, risk further limiting access to critical healthcare services. Heightened immigration enforcement and confusion surrounding policies such as Public Charge have created significant fear among immigrant communities. A CACF study conducted with the NYC Department of Health and Mental Hygiene in 2019 found that more than 80 percent of organizations reported clients opting out of benefits due to these concerns.

Today and then, language barriers and a lack of clear, multilingual information continue to contribute to confusion and mistrust, leading many immigrants to avoid healthcare and public benefits they are eligible to receive.

Today, our AHNYC community-based organizations report that many immigrant families are **increasingly forced to deprioritize their health** in order to focus on urgent needs such as housing, food security, and personal safety. Organizations are also seeing a surge in mental health needs, with rising levels of anxiety, trauma, and depression linked to legal stress, family instability, and fear of enforcement. At the same time, culturally and linguistically accessible mental health services remain limited.

In this environment, community-based organizations serve as the backbone of the community safety net. Through trusted relationships and multilingual outreach, they help

residents navigate complex healthcare and immigration systems, connect to coverage, and access safety-net providers. They also provide critical real-time insight into the barriers facing immigrant communities, information that is often missing from official data sources.

Access Health NYC organizations were also critical to the City's response during the COVID-19 pandemic, often expanding outreach and services without receiving additional funding. Many organizations reported dedicating significantly more staff and resources than their Access Health funding covered in order to meet urgent community needs.

CACF also convenes collaborative learning spaces where organizations share strategies and address emerging challenges, including improving access to culturally responsive mental health services, strengthening partnerships between community organizations and hospitals to address language access barriers, and addressing increasing chilling effects and misinformation.

These trusted organizations meet people where they are, through community events, educational workshops, and outreach in familiar spaces such as cultural centers, food pantries, mosques, and churches. Because they are deeply rooted in the communities they serve, they are uniquely positioned to reach individuals who often face the greatest barriers to accessing care.

Our FY2024 evaluation highlights the impact of this work:

- In the past year, **over half of Awardee organizations** report reaching more than 2000 individuals through their health education and outreach efforts.
- Awardees predominately serve **immigrant communities** - a crucial focus for the AAPI community, where nearly 80% of individuals are immigrants, many of whom face linguistic isolation and ongoing uncertainty..
- **Three quarters of AHNYC awardees** provide vital health outreach, education, and referral services to asylum-seekers in NYC. Current asylum-seekers are diverse, hailing from across the globe, including Asia and the Middle East. For instance CACF recently engaged with organizations working refugees from Afghanistan/Middle East.

- **More than three quarters of Awardees** offer benefits navigation, in community health education, and referrals to essential social services, such as SNAP and healthcare.

- **More than 60% of Awardees (62.5%) reported an increased demand for translation services** amongst their clients, with many also seeking assistance with health insurance navigation.

- Above all, **community-based organizations remain trusted sources** for health services because they are embedded within and composed of the very communities they serve. This deep rooted trust is essential to ensuring equitable access to healthcare resources for marginalized communities.

Above all, community-based organizations remain trusted sources of information and support because they are embedded within and reflective of the communities they serve. This trust is essential to ensuring equitable access to healthcare resources for marginalized populations.

Increasing funding for Access Health NYC to $4.5 million would strengthen this trusted network, expand outreach to more high-need neighborhoods, and ensure that community-based organizations can continue connecting New Yorkers to the healthcare and benefits they need while supporting the city's broader public health and economic stability.

Thank you very much for your time.

Testimony to the New York City Council Committee on Mental Health and Substance Use for FY ’27 Preliminary Budget Hearing

March 19, 2026

Delivered by Jordyn Rosenthal, MSW
Director of Advocacy at Community Access

Community Access expands opportunities for people living with mental health concerns to recover from trauma and discrimination through affordable housing, training, advocacy, and healing-focused services. We are built upon the simple truth that people are experts in their own lives.

www.communityaccess.org

Thank you, Chair Caban, and members of the committee for holding this hearing on the FY '27 preliminary budget as it relates to mental health, disabilities and addiction.

Community Access was founded in 1974 to provide housing and support to people being discharged from psychiatric institutions. We are one of the leading providers of supportive housing in New York City, and the originators of an integrated housing model which has become a best practice nationally: affordable housing where families live alongside people living with mental health concerns. Our 300-person staff works daily to support thousands of New Yorkers through supportive housing, outpatient treatment, training, education, crisis respite, advocacy, and other healing-focused services.

Supportive Housing

We are grateful the City and State have recognized the benefits of and invested in supportive and affordable housing. Nonprofit housing developers like Community Access are mission-driven and committed to permanent affordability. We are natural partners for the City in ending the affordable housing and homelessness crisis.

We call on the Council to invest:

- **$65.3 million to preserve 325 supportive housing units in FY '27 budget,** this includes $44 million in Capital and $21.3 million in Services & Operating. The units preserved will count towards the preservation goal of 1,300 units under NYC 15/15 by the end of FY '30.

- **$20.3 million for 150 units of low-barrier housing** and a commitment to assess the need for transitional reentry housing and fund additional units accordingly.

Mobile Mental Health Supports

As the mental health needs of New Yorkers continue to grow, we need to invest in a continuum of services that are accessible when needed and available in the communities where people live. This means expanding models like the Intensive Mobile Treatment (IMT) program and the Behavioral Health Assistance Response Division (B-HEARD).

We call on the Council to:

- **Baseline funds to create additional Intensive Mobile Treatment (IMT) teams** to scale up community-based mental health treatment and eliminate the long waitlist within DOHMH's Single Point of Access system, including:
    - **$11 Million** for 8 more Intensive Mobile Treatment (IMT) teams
    - **$2 Million** for 4 more Forensic Assertive Community Treatment (FACT) teams

- **Invest $17.5 million in additional B-HEARD funding** to make non-police mental health crisis response available **24 hours a day** within its current operating

boundaries, and **include peer specialists**, who would bring valuable expertise to response teams.

- Additionally, the Council should advocate for **increased funding to expand the number of B-HEARD teams** to better serve the volume of eligible calls.
    - There are currently 18 B-HEARD teams, and New York City Health + Hospitals employs 38 social workers to staff them. This current ratio of teams to call volume is disproportionate . The City's own data show that the need for teams to respond to calls always surpasses the number of teams available.

<u>Peer Behavioral Workforce Investments</u>

As the city continues to grapple with increased needs for mental health services Community Access urges the city to meaningfully invest in the peer behavioral workforce.

We call on the Council to support:

- **Expanding the budget initiative** for **the peer behavioral health workforce** ($4.5M allocated in FY '26 budget) to **$6M in the FY '27 budget**.
    - This $1.5M increase should be paired with new eligibility criteria requiring the funds be directed to the peer behavioral workforce with an emphasis on positions that aid in community-based behavioral health crisis response systems and the continuum of care.

- **Community Access is specifically asking for $540,000 out of the $6M** to help us fund peers in positions that existing contracts and Medicaid billing currently do not cover in our funding structure These positions will have a transformational impact in people's lives across the city:
    - Four full-time peers will work in roles where they will support hundreds of people who are experiencing acute mental health crises, and;
    - Three full-time peers, including two new hires, will serve as instructors at our flagship Howie the Harp peer academy in Harlem—training dozens of peer workers to take on vital human service positions in housing organizations, clinics, shelters, hospitals, ACT/IMT mobile teams, and other community settings.

- **Holding a joint oversight hearing with the Committee for Mental Health, Addiction, and Disabilities and the Committee on Workforce Development on the topic of behavioral workforce development.**
    - This is especially pertinent as Mayor Mamdani promotes his vision for the Department of Community Safety, which requires a robust behavioral workforce. A comprehensive workforce strategy coupled with adequate funding will enable the city to take a coordinated approach to building a pipeline of behavioral health workers, while investing in professional

development and career pathways to retain talent.

<u>Living Wages for Human Service Workers</u>
As members of the Just Pay campaign, we support policies that will achieve equitable wages for human service workers in the long term.

We call on the Council to support and pass:

- **A 3% cost-of-living adjustment (COLA) for City-contracted human services workers from 2026-2027 to uphold the City's multi-year COLA deal commitment.** I cannot stress enough the importance of pay equity for our workforce, which increases the effectiveness of programs by reducing burnout and turnover. Mental health programs are more effective when trust is built and maintained over time.

- **Wage Equity Legislation (Int 0452-2026),** which would align nonprofit and government human services job titles and raise salaries for nonprofit human services workers.

Thank you for the opportunity to submit testimony. I look forward to working with Chair Caban and committee members, as well as our agency partners, to advance community-based service options and ensure providers citywide have the resources they need to offer the support our communities rely on.

If you and your staff have any questions, or if Community Access can offer direct support to members in your district, please reach out to me at jrosenthal@communityaccess.org or call 212.780.1400 x 7726

NYC Council Committee on Health Jointly with the
Committee on Mental Health, Disabilities and Addiction
Preliminary Budget for FY27: Health
March 19, 2026

The Community Health Care Association of New York State (CHCANYS) appreciates the opportunity to provide testimony to the New York City Council Committees on Health, Mental Health, and Disabilities and Addiction on the New York City Mayor's Preliminary Budget for Fiscal Year (FY) 2027.

Background

CHCANYS is the primary care association representing New York's 70+ federally qualified health centers (FQHCs), also known as community health centers (CHCs). CHCs are the backbone of New York's healthcare safety net. Collectively, health centers serve more than 2.5 million New Yorkers across nearly 900 sites statewide. Health centers deliver comprehensive, high-quality primary and preventive care, behavioral health services, dental care, and essential social supports, regardless of a patient's insurance status or ability to pay.

In New York City, CHCs care for over **1.3 million patients** at **more than 460 sites**, serving as the city's essential safety net for primary care. CHCs care for some of the most vulnerable New Yorkers: 76% live at or below the Federal poverty line, 63% depend on Medicaid or CHIP, 13% are uninsured, and 31% are best served in a language other than English.

As New York City navigates complex challenges, we urge the NYC Council to invest in CHCs, the frontline providers keeping New Yorkers healthy no matter their income, language, or background.

CHCANYS NYC FY 2027 Budget Priorities

- **I.** Increase investment in Community Health Centers
- **II.** Expand School-Based Health Center Support
- **III.** Build a Stronger Healthcare Workforce

I. Increase Investment in Community Health Centers

CHCANYS requests that the City of New York make targeted investments in primary care, with a focus on community health centers. CHCs provide essential care to underserved communities, yet decades of underfunding and underinvestment threaten their ability to serve those who need them most. Primary care plays a critical role in keeping people healthy by catching health issues early, managing chronic conditions effectively, and preventing unnecessary emergency room visits. Yet, despite accounting for roughly 35% of all health visits annually, primary care receives only 5-7% of the total healthcare spending.[1]

Additionally, CHCs must contend with New York's outdated Medicaid reimbursement rates; set 1999/2000 and long out of step with inflation, workforce costs, and growing demand. CHCs depend on Medicaid to keep their doors open, it is the single largest source of CHC revenue, accounting for 42% of total CHC revenue statewide. As a result, CHCs are experiencing significant financial strain. A 2024 Urban Institute analysis found that CHC costs, on average, are 44% higher than the maximum allowable CHC

[1] pcmh_evidence_report_2019_0.pdf (thepcc.org)

Medicaid rate, meaning Medicaid reimburses only about 70 cents on the dollar for the care that CHCs provide. This leaves health centers struggling to cover rising costs for personnel, benefits, equipment, medical supplies, and facilities.

Across the five boroughs, some health centers have already been forced to close sites, reduce services, or lay off staff. At a time of persistent healthcare workforce shortages, these financial pressures make it even more difficult for CHCs to compete with for-profit healthcare employers to recruit and retain providers of all types, especially for nurses, behavioral health clinicians, and dentists.

CHCs now face additional strain from the impending federal changes under H.R.1, which will disproportionately harm CHCs compared to other providers. More frequent Medicaid eligibility redeterminations, work requirements, threats to the Essential Plan, and reduced Marketplace subsidies are expected to result in 1.5 million New Yorkers losing coverage, with the number of uninsured patients at CHCs projected to triple. In New York City, health centers stand to lose $224 million annually and the number of uninsured patients is expected to multiply three-fold, from more than 181,000 to over 503,830—a 178% increase. Mission critical services such as school-based health centers, OB/GYN care, dental services, and urgent and same-day care are at the highest risk of being impacted.

Community health centers are counting on the New York City Council to protect and sustain their role as New York City's healthcare safety net. **Therefore, CHCANYS respectfully requests that the NYC Council:**

- **Prioritize investments in community health centers** and ensure that CHCs are included in the City's broader population health agenda.
- **Accelerate the pending implementation of the NYC Care program expansion (INT.1668-A)**, enacted by the NYC Council on October 10, 2021, to enroll CHCs into the NYC Care program to ensure CHCs can access funding to continue providing care to the uninsured.
- **Support FY27 State budget proposals that strengthen CHC funding**, including Invest $300M in CHCs, CHC Telehealth Payment Parity (Senate One House Budget Part MM), and Protect 340B (Senate One House Budget Part W) in the final enacted budget.

By taking these steps, the Council can help ensure community health centers have the resources they need to continue to serve as New York City's primary care safety net.

II. Expand School-Based Health Center Support

Community health centers operate more than half of New York State's 250+ school-based health centers, many of which are located throughout New York City. These SBHCs provide students with critical access to comprehensive primary and preventive care, including mental health and dental services, directly on school campuses. By providing care where students already care, they help ensure continuity of care, address behavioral health needs, and reduce unnecessary emergency room visits and hospitalizations. Additionally, SBHCs help reduce school absences and support better academic outcomes. In underserved communities across New York City, where families often experience barriers to accessing primary care, SBHCs are a bridge between the healthcare and education systems.

Despite their essential role, the City's investment in SBHCs remains limited. New York City currently has 137 operational SBHCs, yet only 35 receive direct City support. The City provides $7 million in City Tax Levy (CTL) funding, which is matched by the New York State Department of Health through Article 6 at 20%, bringing total baseline funding to $7.8 million. This funding supports only those 35 sites, leaving

102 SBHCs without direct City financial support. As a result, many SBHCs must rely on a patchwork of federal, state, local, and private funding to sustain operations, an unsustainable approach that cannot keep pace with the growing health needs of New York City students.

To ensure SBHCs can sustain and expand these vital services, CHCANYS respectfully urges the New York City Council to establish a stable and predictable funding model that provides consistent baseline support for every SBHC campus and reflects student enrollment. **CHCANYS requests increasing CTL funding to approximately $25 million, which would allow the City to support all 137 SBHCs.** With the 20% Article 6 match from the New York State Department of Health, total support would reach nearly $30 million, providing approximately $100,000 per campus plus $100 per enrolled student.

III. Build a Stronger Healthcare Workforce

Workforce shortages are already limiting New York City's CHCs from meeting the growing demand for primary care and essential health services. Across the city, CHCs report increasing difficulty recruiting staff at every level, including medical assistants, nurses, behavioral health clinicians, dentists, dental hygienists, and dental assistants. The outlook remains challenging, National Center for Health Workforce Analysis[2] projects persistent shortages for all types of providers between 2023 and 2038, including nursing shortages and physician shortages, particularly in primary care. Decades of chronic underfunding and disinvestment have compounded the problem. Without the ability to offer competitive salaries, CHCs struggle to attract and retain qualified staff. The insufficient staffing has also led to increased burnout, as remaining employees shoulder the responsibilities of vacant positions, undermining retention and the overall stability of the workforce. These factors have led to unprecedented workforce attrition, directly affecting operations and patients' access to care.

The challenge is compounded by barriers that discourage students and residents from entering critical healthcare fields such as primary care and dental hygiene, barriers like high educational costs and compensation that lag behind specialized healthcare professions. Emerging policy changes could worsen the situation. The Department of Education is proposing to redefine "professional student," a change that would exclude PA students, nurse practitioners, and other health professions from the category and thereby limit their access to federal student loans. By reducing financial support, fewer students may enter these essential healthcare fields, further exacerbating the workforce shortage.

Targeted investments in the healthcare workforce are urgently needed to ensure CHCs can continue providing essential healthcare services to communities across New York City. **The Council should consider strategic actions, including:**

- **Increasing funding for existing workforce programs.**
- **Creating new loan repayment opportunities** for nurses, behavioral health professionals, and other critical staff.
- **Expanding workforce development initiatives** to strengthen recruitment, training, and retention across the CHC network.

[2] https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections

Conclusion

CHCANYS appreciates the opportunity to submit this testimony, underscoring the critical role of CHCs as New York City's primary care safety net. We urge the Council to prioritize investments in CHCs and the healthcare workforce to ensure all New Yorkers have access to care.

With questions or follow up, please contact Jane Ni, Assistant Director of Policy, at jni@chcanys.org.

Community Healthcare Network Testimony
For Committee on Health

March 20th, 2026

Thank you for the opportunity to testify. My name is Erin Verrier and I serve as Director of Government and External Affairs for Community Healthcare Network, otherwise known as CHN. CHN is a Federally Qualified Health Center (FQHC) with 14 sites citywide that provide critical primary care and social services for patients in underserved communities. Reaching close to 65,000 individuals annually, CHN welcomes patients of all ages, regardless of their ability to pay.

While our services are many, I write today to attest to the work we do for maternal and child health, and, specifically, our prenatal care coordination program. In recognizing the ongoing challenges of ensuring healthy birth outcomes for mothers and children, as a community-based provider, CHN has made a commitment to enhancing our prenatal care and postpartum services, introducing a care coordination model for pregnant patients that supports them throughout their pregnancy and during the critical postpartum period. Our prenatal care coordinators, now known as Mother and Child Health Coordinators, help pregnant patients manage health appointments, provide health education, connect patients to community resources, and refer them to services already within CHN, including mental health, social work, and nutrition, all with the overarching goal to improve maternal and infant health outcomes and reduce barriers to care.

CHN was grateful to receive Speaker initiative funding in Fiscal Year 2025 to expand our prenatal care coordination program. This allowed CHN to hire additional staff and establish the program across all CHN sites. We are now asking City Council to keep its commitment to improving maternal and child health outcomes by supporting continuous funding for CHN's prenatal care coordination program through the Speaker's initiative. Without this funding, CHN would likely have to reduce services and potentially limit the number of people who have access to this critical model.

On another note, CHN is asking for support to help expand our medical mobile unit services throughout the borough of Brooklyn. For this fiscal year, we have made a capital request for the purchase of a new medical mobile unit which will provide comprehensive preventive healthcare and ancillary services that include behavioral health and substance use disorder treatment. This program will specifically target individuals engaged in the Brooklyn criminal court system, helping to ensure individuals in need of critical mental health and substance use disorder services have ready access to a provider. CHN has a long history of providing mobile-based community health services and this new mobile van will allow us to meet additional needs specifically for justice-involved individuals.

On behalf of CHN, I thank you for the opportunity to provide this testimony and thank you for your continuing support of our work.

Testimony of Housing Works
Before
The New York City Council Committees on Health and Mental Health and Substance Use
Regarding
Mayor's Preliminary Budget
March 19, 2026

Thank you, Chairpersons Schulman and Cabán, and Members of the Committees on Health and on Mental Health and Substance Use, for the opportunity to provide testimony on behalf of Housing Works, a healing community founded in 1990 with a mission to end the dual crises of homelessness and AIDS. We currently provide a range of integrated medical, behavioral health, housing, and support services for over 15,000 low-income New Yorkers annually, with a focus on the most marginalized and underserved—those facing the challenges of homelessness, HIV, mental health issues, substance use disorder, other chronic conditions, and incarceration. and, most recently, migrants displaced from their homes due to violence or other crises who seek safety and a better life in the United States. Our comprehensive prevention and care services range from over 750 units of supportive housing to medical and behavioral health care delivered through our six Federally Qualified Health Centers, including licensed New York State Article 31 Office of Mental Health (OMH) Office of Mental Health and Office of Addiction Services and Supports (OASAS) programs, to legal services and job training.

Housing Works is also a founding member of the *End AIDS NY Community Coalition* (EtE Community Coalition), a group of over ninety healthcare centers, hospitals, and community-based organizations that are fully committed to ending AIDS as an epidemic in all New York communities and populations.

We will highlight a few urgent priorities here and comment on actions needed to transform our City's failed response to the homelessness and mental health crises that continue to drive poor individual and public health outcomes among NYC's most marginalized residents.

We Must Prepare for Unprecedented Threats to the Health of New Yorkers

Housing Works calls upon the City Council to act in this year's budget to address the very real uncertainty and urgent threats posed by Federal actions that already have and will potentially continue to undermine essential NYC medical and public health systems.

The U.S. Department of Health and Human Services (HHS) has already taken drastic steps to transform the nation's public health infrastructure and federal workflows. A sweeping reduction in force (RIF) and reorganization of HHS agencies and operating divisions threaten to dismantle the federal infectious disease infrastructure and undermine decades of progress to end the HIV and viral hepatitis epidemics.

The proposed HHS consolidation of other federal HIV programs under the new Administration for a Healthy America (AHA) threatens to erase decades of disease-specific expertise that has been critical to progress in HIV prevention and treatment. Folding HIV into a broad, non-specific framework risks undermining the technical assistance, data systems, and program infrastructure that health departments and providers rely on daily. Without dedicated HIV expertise at the federal level,

we risk losing ground on prevention, disrupting care systems, and reversing progress toward ending the epidemic.

While we continue to make progress towards ending New York's HIV epidemic, the impact of the unprecedented COVID-19 pandemic impacted our headway on the State's longstanding HIV, hepatitis C (HCV), and overdose crises, and now federal actions targeting the most vulnerable New Yorkers pose new threats to our efforts to address the stark and persistent health inequities they experience.

Now is the time for City Council to increase funding for essential HIV and hepatitis B and C public health services, and, at a minimum, to allow DOHMH the flexibility to reallocate its City tax levy funding, if necessary, to core functions such as HIV testing, surveillance, and prevention should the federal government reduce or eliminate federal funding that currently supports these functions.

Finally, Housing Works notes the potential impact of Medicaid cuts on the health of New Yorkers. As you know, last year's federal H1 legislation included drastic changes to Medicaid to fund tax cuts for the wealthy, including the institution of new work requirements. These cuts to Medicaid would have a significant impact on New Yorkers. Nearly half of New York City residents are enrolled in Medicaid, the majority of whom are children, older adults, and people with disabilities. In New York City, 60% of children are covered by Medicaid, and 55% of babies born in the city are born to parents covered by Medicaid. Approximately $56 billion flows through New York City's health care system to cover care for residents enrolled in Medicaid.

These cuts to Medicaid spending would have a significant impact on people with HIV. Medicaid is the primary source of insurance coverage for people with HIV, with roughly 40% of adults with HIV enrolled compared with 15% of adults in the general population. Medicaid is the primary payer for HIV care and treatment, accounting for an estimated 45% of all federal spending on these services, not including state contributions. Meanwhile, the failure to extend the Affordable Care Act (ACA) health exchange premium tax credits will leave many New Yorkers, including people with HIV, unable to afford any health care coverage. Equally disturbing is the fact that an estimated 250,000 immigrant New Yorkers are currently prohibited from enrolling in Medicaid, the Essential Plan, or public health programs. It is critical to note that while Ryan White supports HIV care for persons without health coverage, the Ryan White program could not support the number of persons with HIV who face potential loss of Medicaid coverage.

New York's HIV and LGBTQ+ communities have never been in greater need for New York State leadership. We face an unprecedented series of federal attacks on Medicaid, erosion of the national public health infrastructure, instability in funding for programs key to achieving the end of the epidemic like healthcare, housing, and harm reduction, and federal actions targeting LGBTQ+ communities already disproportionately impacted by HIV. Together, these attacks place lives at risk and jeopardize New York's ability to sustain our plan for Ending the Epidemic, and our decades of progress in HIV prevention, care, and health equity.

Housing Works and the EtE Community Coalition, on behalf of the marginalized New Yorkers we serve and represent, implore the City Council to ensure essential funding for the services that sustain and support our most vulnerable citizens and the City agencies and non-profit providers that work

on the front lines of public health, poverty, and homelessness to meet critical needs, and to ensure that taxpayer investments support evidence-based interventions demonstrated to be effective at improving individual and public physical and behavioral health.

Make Investments to Promote Individual and Public Health

Sustain and Accelerate NYC's Progress Towards Ending Our HIV Epidemic

New York City and State have made significant progress implementing the historic 2015 *Ending the Epidemic (EtE) Blueprint* recommendations developed collaboratively by HIV community members, providers, advocates, and public health authorities. Our EtE efforts enabled us to "bend the curve" of the epidemic by the end of 2019, decreasing HIV prevalence for the first time since the epidemic began. However, **new challenges and troubling trends demand a sustained and even accelerated NYC HIV response** if we are to reach our goals of ending our NYC HIV epidemic in every community and for all New Yorkers.

Despite a 32% reduction in new HIV diagnoses in NYC since 2014, after decades of decline we are deeply troubled that new HIV diagnoses have increased in NYC in the last two years, with a 5.4% increase in new HIV diagnoses from 2023 to 2024, following a 6.9% increase from 2022 to 2023. Meanwhile, while HIV health outcomes have improved across all communities, stark and unacceptable disparities persist in HIV's impact on Black and Latino/Hispanic communities, transgender New Yorkers, young men who have sex with men, and poor New Yorkers. In 2024, Black and Latino/Hispanic New Yorkers accounting for 85% of people newly diagnosed with HIV in NYC, and 42% of people newly diagnosed with HIV lived in high- or very-high poverty ZIP codes. The COVID-19 pandemic exacerbated barriers to HIV prevention and care, suppressing uptake of pre-exposure prophylaxis (PrEP), HIV testing, and connection to care, and progress on improving HIV care outcomes have remained flat in recent years.

Confronting these challenges and the threats to our public health infrastructure described above in order to end the HIV epidemic in all New York communities and populations requires both sustained EtE efforts and new action to advance health equity. Together with DOHMH, community-based providers have worked hard to regain momentum lost due to COVID and to continue the work necessary to end our HIV epidemic. The end of NYC's HIV epidemic is within our reach. Now is the time for renewed efforts if we are to end our HIV epidemic for all New York communities and populations and advance health equity.

Fund the New York City Council Pathways to Care Initiative at $15M
In last year's FY26 budget, the NYC City Council combined its longstanding Ending the Epidemic and HIV/AIDS Faith and Community Based Initiatives to create the City Council's HIV/AIDS Pathways to Care Initiative, and flat funded the combined initiative at the FY25 budget level of $11,339,653.

The organizations and activities funded through HIV/AIDS Pathways to Care are essential to our NYC HIV response, providing community-based, culturally competent HIV prevention and care services that have driven our progress on ending the epidemic and that are critical if we are to continue to make equitable headway towards EtE goals. These services are more essential than ever considering persistent HIV health disparities, and as we face new federal barriers to engagement and retention in effective HIV prevention and care. Efforts funded include innovative approaches to

improve health care coordination and data-to-care strategies, targeted services designed to meet the unique needs of members of priority populations, and efforts to improve uptake of comprehensive HIV prevention, including PrEP. A network of dozens of faith-based organizations is funded to deliver HIV outreach services to their congregations, as well as information and support on a range of topics, including HIV, STI, and hepatitis C testing, treatment, and prevention; community mobilization; and reducing stigma and discrimination.

In light of the continued uncertainty in federal support for the HIV response, the troubling increase in new HIV infections, and the challenge posed by the stark and unacceptable inequities in HIV's impact on Black, Hispanic, and low-income New Yorkers, we urgently ask the NYC City Council to **increase FY27 funding of the critical HIV/AIDS Pathways to Care initiative to at least $15M annually**, to enhance and expand the community-based services repeatedly demonstrated to be most effective for engaging disparately impacted New Yorkers in effective HIV prevention and care.

We also respectfully request that the City Council work with the Administration on plans to baseline this funding, so that providers and their clients have the certainty of ongoing support for these critical services.

Invest $10M Annually to Fully Fund the NYC Sexual Health Clinics and Enhance Services
Housing Works and the End AIDS NY Community Coalition call on the City Council and the Administration to make an additional $10M annual investment in the City's essential Sexual Health Clinics. The NYC Sexual Health Clinics are a core component of the City's status neutral EtE efforts, providing sex-positive, gender-affirming sexual, reproductive, and harm reduction services for New Yorkers, regardless of ability to pay, insurance coverage, or immigration status. Annually, these clinics serve more than 35,000 New Yorkers and provide over 60,000 visits. However, the reopening of some clinics closed during the COVID-19 crisis has been delayed and two clinics, in Riverside and Crown Heights, remain closed. Consequently, the number of visits to the clinics has not returned to the pre-COVID-19 pandemic numbers, despite increased need, as rates of sexually transmitted infections (STIs) are on the rise, PrEP uptake among Black and Latino/Hispanic communities disproportionately affected by HIV continues to trail uptake among White communities, and progress toward bringing down new HIV diagnoses each year has slowed and, in the last two years, reversed, with troubling increases in new HIV diagnoses over the past two years after decades of decline. It is critical to reopen clinics that remain closed due to COVID-19. While we understand that the Riverside Clinic will not reopen, we urge the City to provide the necessary funding to fully reopen the Crown Heights location.

In addition, all Sexual Health Clinics must offer comprehensive, state-of-the-art sexual health and supportive services needed to effectively address the full range of overlapping sexual health needs. This requires additional investments to expand clinic hours of operation, expand services to include such essentials as medication abortion, hepatitis C treatment, and establishing "Quickie Labs" at additional clinics (currently, only Chelsea and Fort Greene have Quickie Labs) to provide "express," automated and streamlined STI testing. A strong, City-wide network of Sexual Health Clinics is essential to provide routine care, stop the ongoing rise in bacterial STIs, address pernicious health disparities in HIV diagnosis and outcomes, and remain prepared for the next emergent health crisis.

Fully equipped, staffed and functioning Sexual Health Clinics are of particularly critical importance as many New Yorkers face the loss of Medicaid or Affordable Care Act coverage, as well as non-

citizens barred from enrolling in available health coverage. It is absolutely essential that a robust system of Sexual Health Clinic Services be available to meet the needs of these uninsured or underinsured New Yorkers if we are to continue to meet our obligations to all New Yorkers.

Increase Funding for the Council's Peer Specialists Initiative by $1.2M (for total funding of $5.7M annually) to Include Dedicated Resources for HIV Peer Specialists

We applaud the New York City Council for its vision and leadership in allocating $4.5M in new Peer Specialists Initiative funding in FY2025-2026 to "support mental health peer specialists focusing on suicide prevention, crisis response, services for the LGBT community, youth services, violence prevention and community safety, services for individuals living with infectious diseases, services for individuals with substance abuse disorders, family services, and provider workforce development." We ask the City Council to sustain funding of your Peer Specialists Initiative at a level at least equal to the FY26 funding and to increase initiative funding by $1.2M to expand Peer Specialist employment opportunities for people living with and at risk for HIV.

Including HIV Peer Specialists as part of our efforts to End the Epidemic is a low-cost, high-impact, evidence-based strategy to increase health care access; support the safety net and intensify the impact of under-resourced organizations through job placement of well-trained and deeply committed frontline HIV Peer Specialists; and provide life-changing economic mobility opportunities for people living with and at risk for HIV. HIV Peer Specialists have a potent "superpower" in that they reflect and represent the communities in which they work—people on PrEP, women living with HIV, older people living with HIV, LGBTQ+ and TGNC individuals, and people with substance use disorder.

Peers have faced similar challenges and share lived experiences with the people they serve. As such, they bring valuable knowledge, insights, and cultural/linguistic competencies to their work. Combined with specialized training, these qualities make HIV Peer Specialists an exceptionally effective force in advancing our Ending the Epidemic priorities. Investing in HIV Peer Specialists is more essential than ever as our communities face looming "mandatory community engagement requirements" for Medicaid eligibility and other unprecedented barriers in accessing healthcare, employment, benefits, HIV prevention, treatment, and other supportive services proven to reduce persistent health disparities (as demonstrated by the most recent HIV surveillance data).

The additional $1.2M in initiative funding would fund $850,000 to CBOs to hire people living with and at risk for HIV in paid Peer Specialists positions; and $350,000 to Path to Jobs, Inc. to match Peer Specialists to jobs, offer technical assistance/capacity building to CBOs, and provide ongoing support to ensure successful Peer placements to the entire network of Peer Specialists-funded providers.

Invest $4M to Advance PrEP Equity

Despite its proven efficacy, PrEP uptake remains alarmingly low among Black and Hispanic New Yorkers, women, and those over 50—populations disproportionately impacted by HIV. In 2024, Black and Hispanic individuals made up 85% of new HIV diagnoses in New York City but only 25% of PrEP prescriptions. Women accounted for 24% of new HIV diagnoses but only 8% of PrEP prescriptions.

New York City must act boldly to eliminate these disparities by investing in community-rooted outreach and scaling access to the latest prevention tools, including a groundbreaking new option, lenacapavir.

Approved by the FDA in June 2025, this ultra-long-acting injectable PrEP requires just two doses per year and has shown 96–100% efficacy in preventing HIV in clinical trials. This new PrEP option will make PrEP more accessible to communities vulnerable to HIV infection. It holds transformative potential for people facing barriers to traditional PrEP access.

To fully realize the promise of all PrEP modalities, the End the Epidemic (EtE) Coalition urges the City Council and the Administration to invest $4 million in additional funding to the New York City Department of Health to expand culturally tailored PrEP education, navigation, and services through community-based providers.

Enhance and Baseline the Trans Equity Programs Initiative at $10M Annually

Housing Works and the EtE Community Coalition were very pleased to see the increase in last year's FY26 budget for the Trans Equity Programs Initiative to $6.45 Million. We call on the City Council and Administration to continue to enhance and baseline funding for the Trans Equity Programs initiative to $10 Million annually, to better support a range of services to help empower the transgender and gender non-conforming (TGNC) communities. Funding supports education programs, workforce development, health care navigation, legal guidance, community workshops, and mental health programs, among other services. The City Council has already taken important action to counter the unprecedented attacks on TGNC people and their rights, but this federal administration's persistent actions through executive orders and directives to erase transgender identities, eliminate medically necessary health care for TGNB people, and threaten all support and care provided for the LGBTQ+ community, are meant to paralyze, frighten, and divide. As these new challenges exacerbate ongoing economic troubles (e.g., increased needs for mental health, substance abuse, and food supports), we expect the needs of TGNC service providers in NYC to continue to increase dramatically in FY27. It is essential to strengthen the ability of these programs to serve transgender New Yorkers, including delivery of HIV and sexual health services to transgender New Yorkers, including HIV and STI testing, prevention, care, and supportive services.

It is also imperative to empower trans-led programs with the funding necessary to sustain and grow their works. Since the creation of the Trans Equity Programs initiative, more trans-led organizations have been created, but due to the way initiative funding operates, it is nearly impossible for new groups to receive funding or for any trans-led funded groups' award to increase.

To meet real need and elevate trans leadership, the End AIDS NY Community Coalition calls on the NYC City Council to increase the Trans Equity Programs funding to $10M; make the application process more accessible by contracting a technical assistance provider to provide free support to eligible applicants who have been left out of past funding cycles; and prioritize trans-led organizations for funding.

Expand and Baseline the City Council's Viral Hepatitis Prevention Initiative $5M

It is also critically important to sustain efforts to end the co-occurring hepatitis C (HCV) epidemic. The NYC City Council's Viral Hepatitis Initiative established in 2014 has provided a strong public health response to NYC's hepatitis B and C epidemics. To adequately address NYC's viral hepatitis epidemic and fully implement the Plan to Eliminate Viral Hepatitis as a Major Public Health Threat in New York City by 2030, the End AIDS NY Community Coalition proposes that the City significantly increase the $2.4M allocated by the Council for this initiative in FY26, and that the Administration baseline this funding to expand the NYC City Council's Viral Hepatitis Initiative as follows.

Approximately 314,300 NYC residents are estimated to be living with chronic hepatitis B and C. Given these high rates of infection, it is crucial to sustain and expand the Viral Hepatitis Prevention Initiative to safeguard the health of hundreds of thousands of New Yorkers, and to provide a model and beacon of hope for similar initiatives across the nation and the world. This additional funding for the NYC Health Department would support critical investments to purchase Xpert® point-of-care hepatitis C RNA tests to distribute citywide and GeneXpert® Xpress IV molecular testing systems to support increased testing, with a focus on areas with highest prevalence of undiagnosed hepatitis C; support and improve Hep B and Hep C patient navigation programs to increase access to care and treatment; build NYC's hepatitis B and C surveillance infrastructure; and increase public awareness and provider training, among other key investments in our viral hepatitis prevention and care infrastructure.

Invest in the City's Human Services Workforce and Infrastructure

The Preliminary Budget plan fails to make critically needed investments in the City's non-profit sector.

Invest in the City's human services workforce.
The Preliminary Budget plan once again this year fails to make critically needed investments in the City's non-profit workforce. Housing and homeless service providers, and other members of the human services workforce, made up predominantly of women of color, are grossly underpaid. Housing Works, as part of the #JustPay Campaign, urge the city to invest in the human services workforce so that New Yorkers receive consistently high quality and effective social services. Specifically, we call on the City to continue to fund the 3% cost-of-living adjustment (COLA) for City-contracted human services workers from 2026-2027 to uphold the City's multi-year COLA deal commitment, and to Pass Wage Equity Legislation (Int 0452-2026), which would align nonprofit and government human services job titles, and through that, raise salaries for nonprofit human services workers.

Support Human Services Agencies with Adequate Indirect Funding
It is also time for meaningful action to address the underfunding of critical non-profit infrastructure needs. Non-profit human service organizations that have been on the front lines of the HIV, viral hepatitis, COVID-19, and mpox responses face ongoing and new challenges as the result of years of severe underinvestment in essential infrastructure needs. While we welcomed adoption by the City several years ago of a contracting agency's approved Federal indirect rate after years of inadequate funding, to date total contract amounts still have not been adjusted to reflect the additional infrastructure funding, and social service agencies employing their approved indirect rate are

required to cut direct services by an amount equal to the additional indirect costs covered. Housing Works and the End AIDS NY Community Coalition call on the Council to support the funding required to amend each existing NYC human services contract as soon as practicable to increase the total contract amount to reflect the contracting agency's approved Federal indirect rate "below the line" without impacting contract funding for direct services.

Prioritize Care, Not Criminalization, of New Yorkers With Mental Health Needs

We call on the City Council and the Mayor to fund real solutions to the mental health crisis affecting so many New Yorkers, young and old, and the lack of adequate and accessible care, especially for low-income New Yorkers in Black and Latino/Hispanic communities and those experiencing homelessness.

Housing Works and the End AIDS NY Community Coalition continue to strongly oppose efforts to expand involuntary inpatient and outpatient commitment initiatives, and in particular any effort to involuntarily commit an individual based on a determination of "*substantial inability of the person to meet his or her basic need for food, clothing, shelter or medical care."* For over 35 years, Housing Works has successfully employed low- threshold, harm reduction strategies to engage the most marginalized New Yorkers in effective care to address co-occurring medical, mental health, and substance use disorders. What we have learned first-hand is that New Yorkers struggling to cope with serious mental health issues face multiple, significant barriers to voluntary access to the care they seek, especially those who are also trying to survive without a safe, stable place to live. These often-insurmountable barriers include a lack of supportive housing, low reimbursement rates for needed services, a shortage of health care professionals, high caseloads, and low pay for contracted service workers that makes it difficult to recruit or retain staff. As one result, on any given day, there are approximately 1,400 people with serious mental illness in City jails, where mental health services are woefully inadequate, leaving our most vulnerable New Yorkers to cycle between the streets, shelters, and jails with little or no access to voluntary care.

At Housing Works, we know from regular experience how difficult or impossible it is to access care for serious mental illness. We are unable to access desperately needed mental health even for residents of our supportive housing programs. Indeed, a significant challenge facing Housing Works and other supportive housing providers are the unmet needs of residents who experience significant mental health crises, often combined with substance use disorder. We provide over 700 units of supportive housing for the most vulnerable New Yorkers, including many residents people dealing with co-occurring mental health and substance use issues. While the overwhelming majority of residents manage these and other issues through behavioral health care provided by Housing Works or other community-based providers, not infrequently a resident will experience a crisis that necessitates transfer by EMS to the hospital. Invariably, these residents are released within a few hours, with no outpatient treatment plan. In one extreme case, Housing Works called emergency services four times over the course of three days for a resident experiencing psychotic episodes. Each time he was released back to us without any intervention, to the frustration not just of Housing Works but also the NYPD and EMS. Supportive housing is a compassionate and effective intervention, but without access to inpatient and outpatient mental health and substance use disorder treatment, untreated residents pose threats to others in a supportive housing environment that can eventually lead to their eviction – the worst possible outcome for the resident and the community.

End Street and Subway Sweeps and Coercive Involuntary Removals

At least our Housing Works residents are not struggling to manage severe mental illness while experiencing homelessness in a NYC that continues to treat mental illness and substance use disorder among low-income New Yorkers as criminal justice rather than public health issues. We must urgently adopt effective, evidence-based approaches to meet the immediate needs of the many sheltered and unsheltered people coping with untreated or undertreated chronic medical and/or behavioral health issues and adopt harm reduction approaches that provide every New Yorker with the safe, stable housing necessary to engage in behavioral health care, including private rooms for those struggling with mental health issues.

Housing Works, on behalf of the vulnerable New Yorkers we serve and represent, are deeply disappointed by the resumption by this Administration of sweeps of homeless encampments. Regardless of the agency responsible for carrying out such sweeps, harassing people experiencing homelessness through sweeps of the subways or encampments of those who opt for survival in public rather than entering frightening shelters is not a solution. We must stop stigmatizing people experiencing homelessness, especially those who are dealing with untreated or undertreated chronic medical and/or behavioral health issues while trying to survive in shelter or on the streets
We have called for an immediate stop to street and subway sweeps by the police and sanitation department that are used to harass and intimidate vulnerable New Yorkers who choose to sleep on the streets or in subways rather than often-dangerous congregate shelters. Homeless outreach, conducted by trained outreach workers instead of the police, must focus instead on connecting people to resources they want, including low-barrier shelters and permanent housing. Likewise, our response to behavioral health crises must change, with increased funding and commitment to support and expand competent, evidence-based, interventions to address mental health and substance use disorder emergencies that are conducted solely by mental health professionals, with no police involvement unless specifically requested by a response team.

Transform the City's Failed Response to Homelessness and Behavioral Health Issues

We strongly agree that the City has both a legal and a moral obligation to assist homeless New Yorkers suffering from untreated severe mental illness who are unable to meet their basic needs. But an involuntary removal approach skips over the issues of a seriously underfunded public mental health system and almost complete lack of safe and appropriate housing placements for people with serious mental illness. It is meaningless and even cruel to harass and involuntarily remove people in an attempt to force them into a system of care that lacks the capacity to serve them. In addition, due to the continued involvement of police in mental health episodes, much of the provision of mental health care has now fallen to our carceral system.

As noted in the New York State Comptroller's report on Services for the Unsheltered, New York City's unsheltered population continues to grow despite a dramatic increase in spending on services, there is little evidence that current efforts are effective in moving people from the streets into permanent housing, and it is critical that we develop a better understanding of what type of interventions are truly effective in meeting the needs of this most marginalized and vulnerable group of New Yorkers. Housing Works implore New York City to transform the City's ineffective response to the homelessness crisis by urgently adopting innovative, evidence-based approaches that will save lives and money.

We must stop treating mental illness and substance use disorder among low-income New Yorkers as criminal justice rather than public health issues and instead adopt harm reduction approaches that

provide every New Yorker with the safe, stable housing necessary to engage in behavioral health care, including private rooms for those struggling with mental health issues. While we welcome the Mayor's acknowledgement that additional investments are needed to address the needs of unsheltered New Yorkers, it is important to note the ongoing barriers posed by existing models of care for those who have been afraid or unwilling to engage with the Department of Homeless Services. Truly low-threshold facilities that combine a drop-in center with on-site medical and behavioral health care with private hotel rooms to provide transitional housing without preconditions are perhaps the most effective way to engage unsheltered persons with behavioral health needs who are unable or unwilling to access more traditional shelter or treatment programs.

Make a New York City Council Investment of $12M Annually in a Meaningful, Evidence-Based Intervention to Address the Crises of Homelessness and Mental Health

After five years of fruitless efforts to work with the New York City Department of Homeless Services (DHS) to open an innovative new model of comprehensive housing and services for unsheltered New Yorkers, Housing Works seeks $12M annually in New York City Council funding for the project, which would support at least 150 private safe haven rooms, a co-located drop in center with on-site medical and behavioral health crisis care, and access to a full range of health, mental health, and substance use services through a Housing Works Federally Qualified Health Center.

The model involves operating a drop-in center with co-located private safe haven transitional beds; its cornerstones include delivering on-site medical and behavioral health care through a harm reduction modality, prioritizing safe haven beds for drop-in center clients who reject "traditional" entryways into DHS shelters, and addressing chronic physical and behavioral health conditions that persist among drop-in and safe haven clients alike. These innovations were developed in thoughtful consultation with DHS and based on Housing Works' experiences delivering DHS-funded services at the height of the COVID pandemic, including operating two DHS COVID isolation/quarantine hotels and providing medical and behavioral health services at all DHS COVID isolation sites citywide.

Between 2020 and 2023, Housing Works received both DHS and OMB approval to operate the proposed model at three distinct locations: Chelsea, Chinatown, and Jamaica. Unfortunately, in all three cases, the sites fell through for different reasons (in June 2020 the Chelsea hotel owner pulled out one week before opening, betting that NYC tourism would rebound; in May 2022 the hotels union persuaded the Mayor to object to and kill the Chinatown project; and in February 2023 the Jamaica hotel operator reneged on its deal with Housing Works to pursue—successfully—a more lucrative contract to use the site as a DHS City Sanctuary Facility).

Most recently, in 2025, Housing Works identified a former Holiday Inn on West 48th Street in Manhattan as a potential site. This location, a former DHS COVID quarantine hotel which Housing Works operated between 2021 and 2022, would have provided 166 private safe haven beds and 50 drop-in center chairs, and Housing Works proposed to acquire it through DHS's nonprofit-owned (NPO) program to fund the acquisition and renovation, under which the site would have remained available for City use for a full 60 years, making this an excellent investment for New York City. Most significantly, the site was located two blocks from the Housing Works Westside Health Center, which provides robust primary and mental health care services, including services operated through our FQHC's "Health Care for the Homeless" designation and our licensed Article 31 Office of Mental Health Program. The proximity of these two sites would have enabled a robust model of

care that would supplement on-site medical and behavioral health crisis care with access to the full services available at the 48th Health Center, saving the City hundreds of thousands of dollars in staffing expenses. Unfortunately, however, DHS informed Housing Works that it would no longer support the project because they were only interested in facilities located at the ends of the transit lines in Coney Island, Staten Island, and the Bronx. Today, this facility is no longer for sale.

Despite these setbacks, Housing Works remains committed to bring its model of street homeless services to one of New York City's most impacted neighborhoods such as Midtown West (including Hell's Kitchen and edges of the Theater District and transit hub) which has long experienced an unmet need for street homeless services and substance use and mental health interventions. We propose to leverage our 35 years of experience providing housing, supportive services, and primary and behavioral health care to populations other providers deem "too difficult to serve." Our goal is to pilot a model that 1) engages NYC's hardest-to-reach populations who reject "traditional" DHS services, 2) provides sustained high-quality care to addresses chronic medical and mental health conditions, substance use, and overdose, 3) demonstrates long-term cost savings by reducing avoidable utilization of hospital emergency department and other city resources, and 4) works intensively with stabilized residents to secure appropriate permanent housing placements.

We seek a site with proximity to one of Housing Works' six Federal Qualified Health Centers, in order to leverage the full range of medical and behavioral health care for "stabilization center" clients. As we understand that opioid use, overdose, and co-occurring medical and mental health conditions are among the top public health issues experienced by street homeless populations, we will focus on leveraging on-site medical and behavioral health teams who can provide 24/7 crisis intervention and navigate clients toward buprenorphine induction, ongoing mental health care, and other appropriate interventions available at one of our community health centers. Staff between the two sites would work hand in hand to monitor client progress and health outcomes through interdisciplinary team meetings, integrated case conferences, and shared client data across our common electronic medical record and case management systems.

In 2023, Housing Works was awarded a grant from the New York State Health Foundation (NYSHF) to conduct a rigorous academic evaluation of the proposed model; while the grant was returned when the last site fell through, NYSHF has graciously invited us to reapply when a new site becomes available. Through a multisector partnership of government, nonprofit, and academic partners, we hope to provide an evidence-based model that would strengthen New York City's ability to better address unsheltered homelessness and its associated issues.

Increase Availability and Improve Access to Community-Based Mental Health Care

New York City and State have been left with a fragmented care system that fails many of its citizens, ultimately filling up correctional institutions with patients needing psychiatric and behavioral health care. Today we find ourselves in a situation where New York State's acute care hospitals (Article 28 authorized Diagnostic and Treatment Centers) provide the largest share of inpatient psychiatric services. Just under a hundred New York State acute care hospitals have inpatient psych program beds. Of the total available psych beds in the mental health-care system, New York State's psychiatric hospitals represent just under 30% of the state's inpatient psych capacity. And the New York City Health + Hospitals System (NYC H+H), our largest public safety net hospital system, holds the lion's share of certified inpatient psych capacity in the city. We know how important understanding the mental health care delivery system is to recognize how woefully under-bedded the state is already in terms of inpatient psych capacity. Still, the ongoing need for beds, overall psych

beds in New York has declined since the implementation of the Berger Commission (aka Hospital Closing Commission) and restructuring recommendations. Due to this, we know the state primarily regulates the distribution and planning of beds. Therefore, the City must continue calling on the State for more beds, but local efforts and funding must be focused to:

- Support existing evidence and promising housing, social service, and public health models to address socioeconomic stressors that worsen the mental well-being of all New Yorkers, especially marginalized communities.
- Ensure equitable review when deciding needs and where to place psychiatric beds. This assessment must not occur at the State Department of Health in a vacuum, but with critically necessary community input and leadership.
- Stress that our voluntary (private) hospitals and academic medical centers take their fair share of expanding psych beds because our public hospitals have disproportionately provided inpatient behavioral care.

Equally important is the scale-up of effective voluntary community-based mental health care. Coercive mental health treatment has not proven to have better outcomes than voluntary treatment, and is disproportionately applied to Black, Latinx, immigrants, LGBTQI people, and other communities of color who are often over-diagnosed and under-served. There are exemplary voluntary mental health programs that engage people with serious mental illness that should be expanded and invested in, including recovery-based mental health programs, respite centers, peer supports, clubhouses, harm-reduction programs, and other trauma-informed culturally and linguistically appropriate care that is accessible to Black, Latino and other New Yorkers of color.

Remove NYPD from Mental Health "Co-Response Teams"

Creating a safe NYC requires deep and sustained investments in creating strong, healthy, and safe communities - not more policing. While we welcome Mayor Mamdani's appointment of a new deputy mayor tasked with creating and then overseeing a new office of community safety, this "first step" is not an adequate solution to the crisis we face. We call on the Council and Administration to immediately remove NYPD and police from mental health "co-response teams" and cut funding for these positions from the NYPD. Redirect this funding to strengthen the non-police mental health response, including: 1) crisis response teams that do not include police officers and 2) community-based mental health services and programs that can provide general mental health services (including crisis prevention), crisis response and post-crisis wraparound support.

NYPD co-response teams should be eliminated, and NYPD should have no role in the mental health response. People in crisis don't need police, they need trained mental health workers and peers who will respond without violence and connect them to services. When police respond to people who are/or perceived to be in mental health crisis, they are more likely to end up in jail, hurt, or worse - killed by officers. In 2021, at least 104 people were killed in the US after police responded to someone "behaving erratically" or having a mental health crisis. When police respond to mental health crisis calls, they endanger New Yorkers who really need services and support, and low-income members of BIPOC communities are at greatest risk. According to the last publicly available data, NYPD Mental Health Co-Response Teams were only able to connect people to services 32% of the time, with no data about if these folks were able to stay connected to services. In comparison, mental health teams that are comprised of peers and mental health workers have a 98% success rate of getting people connected to services. Not surprisingly, according to the Mayor's Office of

Community Health, Black, Latinx, and Asian American Pacific Islander New Yorkers are significantly less likely to be connected to mental healthcare than White New Yorkers, and the highest poverty neighborhoods have over twice as many psychiatric hospitalizations per capita as the lowest poverty neighborhoods in New York City.[1]

Additional Investments Needed to Transform the City's Failed Homeless Response

In addition to the priorities identified above, Housing Works stresses the need for increased NYC resources and innovative new approaches to transform the City's inhumane and ineffective response to the homelessness crisis. Through our work over the past few years providing COVID isolation and quarantine services for New Yorkers experiencing homelessness, Housing Works has come to deeply appreciate how awful and dehumanizing the City shelter system is, and the urgent need to transform the way homeless people are treated in New York City. We must stop criminalizing and harassing people experiencing homelessness and stop stigmatizing people experiencing homelessness, especially those who are dealing with behavioral health issues while trying to survive in shelter or on the streets. We urgently need new approaches and a new vision for what is acceptable.

Invest in the Development of Housing With Deep Affordability

Of course, addressing our housing and homeless crises requires substantial new City investments in housing with deep affordability, including supportive housing for those who need it. Housing Works calls for $2.5 billion in additional new construction financing each year for the next five years for apartments specifically built for homeless and extremely low-income New Yorkers, including: doubling the set-aside in new affordable housing developments for homeless households from 15 to 30 percent, to produce at least 6,000 new apartments per year; and building an additional 6,000 apartments per year for households with extremely low incomes. The high delinquency rate in commercial buildings also presents an opportunity, and we call for a dedicated NYC funding stream and the appropriate level of zoning relief to convert these properties to affordable housing.

Accelerate the City's Commitment to Create Supportive Housing

Housing Works welcomed last year's actions to accelerate realization of its commitment to develop 15,000 new NYC-funded supportive housing units by 2030, including shifting the focus of the 15/15 from the scattered site model to the creation of congregate, single site supportive housing units, the funding provided for rental assistance over three years to support and preserve 15/15 units. We urge the City Council to ensure that the NYC 15/15 initiative is employed to accelerate production and preserve older housing stock, and to remove arbitrary barriers to the housing created. It is equally important for the City to amend eligibility for the program to remove, to the extent possible, the requirement that residents meet the federal definition of "chronic homelessness." This definition can be difficult or impossible for many people experiencing homelessness to demonstrate, and while we acknowledge that it is a requirement for programs funded at least in part by Federal Continuum of Care homeless housing funding, the City should not employ the definition to define eligibility for any program that does not receive CoC funding.

Improve and Expand the CityFHEPs Program

Housing Works is grateful for the improvements to the CityFHEPs program enacted by the City Council in 2023 and fully support efforts to enforce their full implementation by the Administration.

[1] https://mentalhealth.cityofnewyork.us/dashboard/

We urge the City Council to refuse to settle the Vincent v. Adams litigation and continue to pursue full implementation of CityFHEPS expansion approved by the Council, including clarification that access to CityFHEPS vouchers extends to all residents of New York City emergency or transitional housing, including those operated by DHS, DYCD, HRA, MOCJ, HPD, HRO, HASA, etc., homeless drop-in centers, transitional housing, and street homeless households who don't already have access to a rent subsidy, regardless of immigration status.

The expansion and implementation of CityFHEPS are crucial tools in realizing our shared goal of a more affordable New York for working-class and low-income New Yorkers. To accomplish this goal, New York City must invest in cost-effective solutions like CityFHEPS that keep people in their homes and get people housed and out of the expensive and disruptive cycles of shelter and other institutional settings.

As just one example, The MOCJ Emergency and Transitional Housing Program (MOCJ ETH) provides up to twelve months of a safe stable place to live for people leaving incarceration without housing, while providing vocational, educational, and therapeutic services as well as assistance to secure permanent housing. Housing Works, as one of several non-profit MOCJ ETH program providers, provides 356 beds combined with skills building, job training, access to medical and behavioral health services, and housing placement assistance. Originally initiated during the COVID crisis, the MOCJ ETH program has been continued and expanded in recognition of the fact that New Yorkers leaving incarceration often require housing assistance and supportive services to make a successful transition back into the community. However, while many of our program participants complete job training and secure employment they are not able to afford housing on the open rental market.

During the COVID crisis, MOCJ ETH program participants had access to Emergency Housing Vouchers (EHV) under the Housing Choice Section 8 program, but the supply of those vouchers has dried up, and our MOCJ ETH participants are not eligible for any other housing subsidies. Like other supportive housing programs for the justice-involved population, the MOCJ Transitional Housing Programs generate reductions in shelter and jail use, inpatient hospitalizations and related Medicaid costs, and substance use. However, this worthwhile investment is squandered when at the end of a successful 12-month transitional housing stay, participants who have completed educational and job training programs, and are stable and employed, are pushed back into homelessness in the mass shelters or on the streets, and in the worst-case scenario end up back in jail. It makes no economic sense to spend over $130/day on shelter or over $500K annually to keep someone at Rikers, when the City has invested $50K to $60K annually in supportive transitional housing but is unwilling to afford participants a housing voucher that would cost only $25K to $36K a year.

Even with expansion, as you know the CityFHEPs process is plagued by unpredictable and lengthy delays, rampant discrimination from landlords and brokers, and administrative missteps that discourage applicants, alienate landlords, and prolong homelessness. We urge the Council to address aspects of the program that undermine its efficacy, including using your oversight authority to hold DSS accountable for streamlining the CityFHEPS application and fixing administrative delays that prevent households from obtaining shopping letters and cause households to experience months-long delays in processing housing packets. These fixes will enable households to move out of homelessness quickly and avoid eviction. Likewise, we urge the Council to hold the Administration accountable to reverse the CityFHEPS rent hike that would increase working tenants' share from

30% to 40% after 5 years, as required by Council. As noted below, we also ask the Council to increase funding, as noted below, for enforcement of source of income protections.

Fund Non-Profit Legal Services Organizations to Address Source of Income Discrimination
To maximize the effectiveness of existing NYC voucher programs, including HASA rental assistance and CityFHEPs vouchers requires more consistent and effective legal action to enforce the City prohibition on source of income discrimination. Housing Works and the End AIDS NY Community Coalition respectfully assert that in addition to any enforcement resources added to the City's Human Rights Division, at least $4M in funding be made available annually to support contracts with non-profit organizations with a record of successful litigation to address the continued illegal discrimination by brokers and landlords who refuse to accept government-funded rental vouchers.

Ensure That Agency Savings Efforts Preserve Essential City Programs and Human Services
Housing Works supports the stated intent of the Mamdani Administration's Executive Order 12, directing the appointment of Agency Savings Officers to identify streamlined processes and efficiencies to generate savings for the City. It is critical, however, that the City pursue these goals without undermining the staff and resources needed to meet the most basic needs of New Yorkers. Arbitrary cuts and hiring freezes under the previous administration undermined many City agency functions, resulting in massive delays in supportive housing placements, processing applications for public assistance, food stamps, and rental subsidies, as well as crippling delays in reimbursement of non-profit providers for services delivered. These delays are a direct result of agency understaffing at City agencies responsible for delivering human services and social supports. As one example, HRA's HIV/AIDS Services Administration (HASA) is chronically understaffed, making it difficult or impossible for housing providers to meet the needs of New Yorkers with HIV experiencing homelessness.

Specifically, we implore the City Council and the Administration to proceed carefully with any cost-saving initiatives that would impact the essential services delivered by the Department of Social Services, the Department of Homeless Services, DOHMH, and the community-based providers they fund, and to instruct Agency Savings Officers within these agencies to in fact consider the need for restoration of funding and/or staff lines required for efficient delivery of services for our most vulnerable neighbors. Agencies responsible for managing public health and wellbeing, as well as their non-profit partners, must be protected from systemic funding cuts that undermine resources needed to protect public health and meet basic human needs.

Support Evidence-Based Housing First Harm Reduction Housing Interventions
From our beginning, Housing Works has been committed to a low-threshold, harm reduction approach to housing assistance, where admission and retention in housing is based on behaviors, rather than status as a drug user, person with mental health issues, or other condition. Residents are held accountable, as we all are, for the behaviors and conditions necessary to live safely with neighbors, are entitled to privacy within their own home, and are encouraged to feel safe to share behavioral health needs or crises without concern about jeopardizing housing security or being required to engage in a particular course of treatment. Our programs demonstrate that this approach works, empowering residents to take action to improve their health and wellbeing, as shown by the high rate of viral load suppression, consistently over 90%, among the formerly homeless people with HIV we house. We have successfully employed a "Housing First" approach for over 35 years, which

prior to the current federal administration was widely acknowledged as an evidence-based model that was endorsed as best practice by HUD and HRSA.

On behalf of the homeless and formerly homeless New Yorkers we serve, we implore New York City leadership to continue to support and fund "housing first" low-threshold housing interventions from federal attacks. We are deeply grateful for New York State Attorney General Letitia James' leadership in bringing a lawsuit and securing a temporary injunction to protect billions of dollars in U.S. Department of Housing and Urban Development that provide housing and other services to help address homelessness through HUD's Continuum of Care (CoC) program. For decades, CoC prioritized the "housing first" approach to fighting homelessness, providing immediate shelter to those in need without forcing them to meet burdensome requirements that can leave many without a safe place to sleep.

In November, the Trump administration attempted to impose new and illegal conditions on CoC grants that threaten to upend the services the program supports, including a drastic cut in funding for permanent supportive housing that could result in the eviction of some 7,000 formerly homeless households in New York City, barring CoC funding from organizations that acknowledge the existence of transgender or nonbinary individuals or that practice harm reduction, excluding programs that provide services for mental disabilities to prioritize those that only serve people with physical disabilities, and imposing new conditions to withhold funds from regions that do not conform their local homelessness laws to the administration's priorities regarding sweeps of persons experiencing unsheltered homelessness and other forms of criminalization of homelessness.

It is critical for New York City to stand firm in its support for evidence-based policies and housing interventions demonstrated to end homelessness for individuals and improve lives, and to protect formerly homeless New Yorkers and those still experiencing homelessness from federal attacks on critical funding for these programs.

Conclusion

In conclusion, Housing Works calls on the Council and the Administration to be bold when it comes to addressing NYC's overlapping humanitarian and public health crises that drive poor individual and public health outcomes among NYC's most marginalized residents. We call for increased Council oversight of the City's mental health and homeless responses, an increased emphasis on peer and community health workers, a focus on cultural competency in service delivery, and implementation and rigorous evaluation of innovative new approaches.

Thank you for your consideration. Please direct any questions to Anthony Feliciano, Vice President of Community Mobilization at Housing Works, Inc., at a.feliciano@housingworks.org.

Community Service Society

Powering a more equitable New York

President and
Chief Executive Officer
David R. Jones, Esq.

Executive Vice President and
Chief Operating Officer
Steven L. Krause

Community Service Society of New York

Testimony before the New York City Council Committee on Health and
Committee on Mental Health, Disabilities and Addiction
Preliminary Budget Hearing

March 19, 2026

Good afternoon. My name is Juan Pinzon, Senior Director of Government Relations at the Community Service Society of New York (CSS). I would like to thank the Chairs and Committee members for the opportunity to testify today on behalf CSS.

CSS has worked with and for New Yorkers since 1843 to promote economic opportunity and champion an equitable city and state. We power change through a strategic combination of research, services, and advocacy to make New York more livable for people facing economic insecurity. By expanding access to healthcare, affordable housing, employment, opportunities for individuals with conviction histories, debt assistance, and more, we make a tangible difference in the lives of millions. Our Health Initiatives programs help over 130,000 individuals enroll in and use health coverage annually.

Today I want to focus on what New York City can do to mitigate the devastating effects of the federal H.R.1, passed by Congress last year, on access to health coverage and care for low-income New Yorkers. The law threatens the stability of coverage programs that many New Yorkers rely on, including Medicaid and the Essential Plan. These programs are lifelines for millions of residents who otherwise could not afford care.

As federal policy changes ripple through the health system, New York City must take proactive steps to protect residents who depend on these programs. The FY2027 budget presents an opportunity for the Council to invest in community-based solutions and improve transparency so that New Yorkers can continue to access the care they need.

1. **Support community-based initiatives that help residents navigate coverage and care**

First, the City should continue to support and strengthen trusted community-based consumer assistance programs that help New Yorkers understand their options and maintain coverage. It is important to fund community-based agencies because of the palpable fear many immigrant residents have when going to government agencies.

Programs such as the Managed Care Consumer Assistance Program (MCCAP) and Access Health NYC play a critical role in helping residents navigate complex health insurance systems and understand their rights as healthcare consumers. These initiatives provide funding to grassroots organizations who provide culturally competent, multilingual assistance that is particularly vital for immigrant communities who often face additional linguistic, legal, and cultural barriers when seeking care.

At a time when federal changes may create a climate of fear, confusion, coverage losses, or new administrative hurdles, these programs will be more important than ever. Sustained and expanded support for community-based assistance ensures that New Yorkers, especially those in historically underserved communities, have safe and trusted places to turn for help enrolling and renewing their coverage, resolving insurance problems, and understanding their health care rights.

Since 2020, MCCAP has handled more than 21,000 consumer cases, secured over $1 million in healthcare related savings for consumers, and achieved a 90 percent favorable outcome rate. Importantly, MCCAP's culturally and linguistically competent services ensure that consumers are not left to navigate these barriers alone: seven in ten MCCAP clients are people of color, and 66 percent speak a foreign language at home, underscoring the program's role in reducing racial, linguistic, and economic disparities in access to health coverage and care.

The recent expansion of MCCAP's network from 12 to 20 agencies, made possible by the Council's additional $1 million investment in FY26, has strengthened our ability to reach even more New Yorkers in need of healthcare advocacy and navigation services in response to the first waves of HR1 cuts. In just the first six months of the current fiscal year, the majority of newly funded expansion agencies have successfully recruited staff, and CSS has trained this expanded workforce to deliver MCCAP services directly in communities. As a result of this rapid ramp-up, MCCAP is already seeing nearly a 40 percent increase in cases from December 2025 through February 2026 compared to same period in prior years—demonstrating both the urgency of need and the effectiveness of this investment.

Maintaining and expanding MCCAP's $2 million allocation in FY2027 is essential to ensure that New York City residents continue to receive trusted assistance during a

period of unprecedented change in health coverage policy. Without continued support, the progress made in expanding capacity and reaching more New Yorkers at risk of losing coverage would be jeopardized.

We also urge the City Council to support a $4.5 million allocation for Access Health NYC to support community-based organizations as they engage in efforts of outreach and public health education.

2. Urge the State to preserve coverage through the budget process

Second, the Council should adopt a resolution calling on the Governor and State Legislature to allocate at least $2.3 billion in the State's budget required to preserve coverage for 480,000 citizen and legal immigrant New Yorkers slated to lose Essential Plan coverage over the next 9 months.

This is particularly urgent because New York has the opportunity to protect coverage through State action. Immigrant communities stand to be disproportionately affected by federal policy changes, and New York City is home to the vast majority of these residents. In fact, 76 percent of immigrant New Yorkers live in New York City, meaning decisions made in Albany will have an outsized impact on the health and economic stability of our city.

CSS has recently released a reportthat describes options for New York State to consider in response to cuts to the eligibility and financing of health insurance for lawfully present immigrants and citizen New Yorkers.[1]

Time is of the essence. As the State budget negotiations approach completion, the Council's voice can help ensure that New York maintains its long-standing commitment to expanding—not shrinking—access to health coverage. The Council must act now to make a difference for New York City residents.

3. Promote healthcare transparency tools so residents can find affordable care

[1] M. Wagner and Elisabeth R. Benjamin. "Mitigating the Impact of HR1 on New York's Health Insurance Landscape: Four Policy Proposals to Preserve Coverage," Community Service Society of New York. March 2026.. https://www.cssny.org/publications/entry/mitigating-the-impact-of-hr1-on-new-yorks-health-insurance-landscape.

Finally, in a changing healthcare landscape where some New Yorkers may unfortunately end up with unaffordable coverage—or no coverage at all—the City must use every tool at its disposal to help residents find affordable care.

One promising step is the creation of New York City's Health Care Price Comparison Tool, developed by the New York City Office of Healthcare Transparency. This tool has the potential to help New Yorkers compare the cost of common medical services across providers, allowing them to make informed decisions and avoid unexpected bills.

However, the tool is currently extremely difficult to find. It is buried deep within the New York City Department of Health and Mental Hygiene website, meaning many residents who could benefit from it do not even know it exists.

The City should ensure that this resource is widely promoted and easy to access. A simple online search for healthcare price comparisons in New York City should lead residents directly to a standalone consumer-friendly website featuring this tool and features actionable guidance about how to access hospital financial assistance and medical debt assistance through programs like MCAAP (described above). Public awareness campaigns, partnerships with community organizations, and stronger search visibility could dramatically expand its impact.

Improving access to this tool would empower New Yorkers to make informed healthcare decisions while also increasing accountability among providers and insurers. In a health system that is often opaque and confusing, transparency is a powerful consumer protection.

The federal policy landscape has shifted in ways that threaten access to health coverage for many New Yorkers. But New York City is not powerless. By investing in community-based consumer assistance programs, urging the State to preserve coverage, and strengthening transparency tools that help residents find affordable care, the City can take meaningful steps to protect the health of its residents.

CSS looks forward to working with the Council to ensure that every New Yorker, regardless of income, immigration status, or language, can access the care they need.

Thank you for the opportunity to submit this testimony today.

Kathleen Collins
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Email address: kclawprof1@gmail.com

March 18, 2026

Council Member Lynn C. Schulman
Chair
New York City Council Committee On Health

Council Member Tiffany L. Caban
Chair
New York City Council Committee On Mental Health and Substance Use

Council Member Shahana Hanif
Chair
New York City Council Committee On Disabilities

Sent Online at https://council.nyc.gov/testify/

Emailed to: testimony@council.nyc.gov

T2026-1365 New York City Council Budget and Oversight Hearings on The Preliminary Budget for Fiscal Year 2027 The Preliminary Capital Plan for Fiscal Years 2027-2030, and The Fiscal 2026 Preliminary Mayor's Management Report

T2026-1366 New York City Council Budget and Oversight Hearings on The Preliminary Budget for Fiscal Year 2027 The Preliminary Capital Plan for Fiscal Years 2027-2030, and The Fiscal 2026 Preliminary Mayor's Management Report

T2026-1367 New York City Council Budget and Oversight Hearings on The Preliminary Budget for Fiscal Year 2027 The Preliminary Capital Plan for Fiscal Years 2027-2030, and The Fiscal 2026 Preliminary Mayor's Management Report

Dear Chair Schulman, Chair Caban and Chair Hanif;

My name is Kathleen Collins. I am a native New Yorker who is a congenital quadruple amputee who uses a wheelchair. I am on the board of Disabled In Action of Metropolitan New York, Inc. (also known as Disabled In Action or DIA).

Disabled In Action is a 501(c)(3) grassroots civil rights organization run by and for people with disabilities. Disabled In Action's mission is to eliminate discrimination for people with all kinds of disabilities.

The Mayor’s Office for People with Disabilities is chronically underfunded—and it shows.

While New York City’s budget has grown to over $115 billion, the Mayor’s Office for People with Disabilities funding has not kept pace with inflation, rising costs, or the growing disability population. This is not just underfunding—it is invisibility.

Mayor’s Office for People with Disabilities is meant to ensure accessibility is built into every City policy and project. But without adequate resources, accessibility becomes an afterthought. The failures at the Hunters Point Library are a clear example of what happens when inclusion is not built in from the start.

If we want different outcomes, we must invest differently. The Mayor’s Office for People with Disabilities must be funded to act proactively—at the beginning of planning, not after mistakes occur.

We also need to expand the “At Work” program, which has strong potential but limited reach due to lack of funding. At the same time, the City must educate employers—especially small businesses—that most accommodations are simple and affordable.

This is not just about fairness—it is about economic growth. When New Yorkers with disabilities can work and participate fully, the entire City benefits.

We urge the Council to significantly increase funding for the Mayor’s Office for People with Disabilities so it can fulfill its intended purpose.

Thank you for this opportunity to submit comments.

Very truly yours,

Kathleen Collins
New York City Council District 2

Bronx Independent Living Services • Brooklyn Center for Independence of the Disabled • Center for Independence of the Disabled, New York • Civics League for Disability Rights • Disabled In Action of Metropolitan New York • Downstate New York ADAPT • Greater New York Council of the Blind of the American Council of the Blind of New York State • Harlem Independent Living Center • Metropolitan Asian Deaf Association • National Federation of the Blind of New York, Vanguard Chapter of Greater New York • New York DeafBlind Advocates • One Heart, One Vision • Staten Island Center for Independent Living

March 20, 2026

Council Member Lynn C. Schulman
Chair
New York City Council Committee On Health

Council Member Tiffany L. Caban
Chair
New York City Council Committee On Mental Health and Substance Use

Council Member Shahana K. Hanif
Chair
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T2026-1367 New York City Council Budget and Oversight Hearings on The Preliminary Budget for Fiscal Year 2027 The Preliminary Capital Plan for Fiscal Years 2027-2030, and The Fiscal 2026 Preliminary Mayor's Management Report

Dear Chair Schulman, Chair Caban and Chair Hanif:

The undersigned disability organizations submit this testimony to the New York City Council Committee On Health, the New York City Council Committee On Mental Health and Substance Use, and the New York City Council Committee on Disabilities.

The Mayor's Office for People with Disabilities (MOPD) is chronically underfunded—especially when compared to similar agencies in other major cities. Even as the overall city budget has grown to over $115 billion, MOPD funding has not grown, or even kept pace with increased

costs and the ever-increasing disability population as our City's population ages. This failure to increase funding for MOPD is not just underfunding, it is invisibility.

Despite its critical mandate to serve as the bridge between New York City government and the disability community, and to ensure that all City policies, programs, and initiatives are inclusive, historically MOPD has not consistently been positioned or resourced to fulfill that role effectively. This gap has had real consequences, as seen in the accessibility failures at the new inaccessible Hunters Point Library in Long Island City—a high-profile example of what happens when disability inclusion is not meaningfully integrated from the start of any construction project or the developing of any service, program or activity.

To meet its mandate—and to prevent future failures—MOPD's funding must be dramatically increased. It is only with adequate resources, that MOPD can play a proactive, rather than reactive, role in shaping a totally accessible New York City.

One critical area for expansion is the At Work employment program. This initiative has strong potential but remains underutilized due to limited outreach to employers and New Yorkers with disabilities. It must be scaled up to actively engage employers across all sectors, large corporations, small businesses, and government agencies alike, as well as unemployed New Yorkers with disabilities.

At the same time, the City must invest in education campaigns that demystify accessibility and reasonable accommodations, particularly for small businesses. Many employers do not realize that making a workplace accessible is often straightforward and very affordable.

In addition, workforce development must go beyond technical training. To truly reduce unemployment among people with disabilities, programs must also include social and professional skills development—ensuring individuals are fully prepared to succeed and advance in the workplace.

Investing in accessibility and employment is not just a moral or legal obligation—it is a very smart economic strategy. Every dollar spent that ensures that New Yorkers with disabilities can work, participate, and fully access all New York City has to offer will generate multiple returns in increased tax revenue, reduced reliance on public benefits, and a much stronger City economy.

In sum, we ask that the City Council significantly increase funding to MOPD so MOPD can truly be able to carry out its mission since a city that is safer and accessible to people with disabilities results in a better city for all New Yorkers.

Thank you for the opportunity to comment today since equal access to all New York City’s services, activities, programs and facilities is important to all New Yorkers. If you would like additional information or have any questions, please do not hesitate to contact the undersigned organizations.

Thank you for your continued work on behalf of all of us.

Sincerely,

Bronx Independent Living Services

Brooklyn Center for Independence of the Disabled

Center for Independence of the Disabled, New York

Civics League for Disability Rights

Disabled In Action of Metropolitan New York

Downstate New York ADAPT

Greater New York Council of the Blind of American Council of the Blind of New York State

Harlem Independent Living Center

Metropolitan Asian Deaf Association

National Federation of the Blind of New York, Vanguard Chapter of Greater New York

New York DeafBlind Advocates

One Heart, One Vision

Staten Island Center for Independent Living

* Bronx Independent Living Services

Bronx Independent Living Services' (BILS), a non-profit, community-based organization dedicated to empowering all people with disabilities, philosophy is based on the belief that people with disabilities can and should make their own decisions and take control of the issues that affect their lives. From helping to devise simple, practical aids for everyday living to assistance in negotiating the maze of bureaucracy, BILS strives to make individuals aware of the range of opportunities and programs available to them and to which they are entitled. Since BILS's beginning in 1983, BILS has assisted people with disabilities by demonstrating ways of breaking down barriers.

Brooklyn Center for Independence of the Disabled

The Brooklyn Center for Independence of the Disabled (BCID), founded in 1956, became in independent living center in 1981. We are disability-led and provide free services to and advocate for the civil rights of disabled people in Brooklyn and beyond.

Center for Independence of the Disabled, New York

As an Independent Living Center, the Center for Independence of the Disabled, New York (CIDNY) has provided critical services to people with disabilities in New York City since its founding in 1978. By providing services that address the social determinants of physical health, mental health, education, employment, housing, and transportation, as well as providing support for the development of independent living skills, CIDNY helps people with disabilities navigate the ever-changing service system, and enables them to live independent, fully integrated lives in the community.

Civics League for Disability Rights

The Civics League for Disability Rights is a group for New Yorkers with disabilities and their friends who advocate for themselves and their communities and are constantly educating themselves to do so more effectively.

Disabled In Action of Metropolitan New York

Disabled In Action of Metropolitan New York (DIA) is a fifty-six (56) year old, 501(c) (3), grassroots, civil rights organization run by and for people with disabilities. DIA’s mission is to eliminate discrimination for people with all kinds of disabilities.

Downstate New York ADAPT

Downstate New York ADAPT (DNY ADAPT), a chapter of National ADAPT, national grassroots, non-hierarchical community of people with all types of disabilities advocating for the civil rights of people with disabilities, including, but not limited to, the right to live and fully participate in the larger community. Downstate New York ADAPT covers the five counties in New York City, the two counties on Long Island as well as Westchester, Dutchess, Orange, Rockland, Putnam, Ulster and Sullivan counties in New York State.

Greater New York Council of the Blind, a chapter of the American Council of the Blind of New York State

The Greater New York Council of the Blind (GNYCB) is a chapter of the American Council of the Blind of New York State (ACBNY) which is a nationwide member - driven advocacy organization that strives to increase the security, independence, economic opportunity, and quality of life for people who are blind and experiencing vision loss.

Harlem Independent Living Center

The Harlem Independent Living Center (HILC), incorporated on May 31st, 1990, to address the lack of access to independent living services by people with disabilities in Harlem and surrounding areas, is a disability-focused organization that advocates for community change and empowers people to be independent. Harlem Independent Living Center's objective is to provide an array of independent living services to persons with disabilities to increase their ability to function independently within their community. The Center is a community-based, non-residential, non-medical, consumer-controlled organization that provides a “peer” approach to services, i.e., a place where people with disabilities frequently assist their peers.

Metropolitan Asian Deaf Association

The Metropolitan Asian Deaf Association (MADA), a 501(c)(3) nonprofit, founded in 2002, is an advocacy organization which works to improve the lives of Deaf Asian New York City residents by increasing and improving their self-awareness and self-esteem as well as by advocating for meaningful systemic changes to improve the lives of Deaf Asian New Yorkers in New York City.

National Federation of the Blind of New York, Vanguard Chapter of Greater New York

The National Federation of the Blind of New York's Vanguard Chapter of Greater New York believes in the full capacity of blind people and believes that blind people have the power, influence, diversity, and determination to help transform dreams into reality.

New York DeafBlind Advocates

New York DeafBlind Advocates is a group of New Yorkers living with deaf blindness seeking the creation of a funded statewide co-navigator program, and promotes greater awareness of DeafBlind concerns, issues and our culture.

One Heart, One Vision

One Heart, One Vision is a 501(c) (3), grassroots, nonprofit, charitable organization that provides services to disabled and blind women in underserved communities and is engaged in advocacy.

Staten Island Center for Independent Living

Staten Island Center for Independent Living's (SICIL) mission is to provide individuals with disabilities with the information, life skills training, and facilitative assistance which will result in independence and integration in their own community. SICIL is committed to providing the support, information, and resources necessary for people with disabilities to reach their full potential.

March 21, 2026

To: New York City Council Committees on Health, Mental Hygiene and Substance Use, Disabilities

From: Toni Smith, New York State Director, Drug Policy Alliance

Testimony for New York City Council Joint Preliminary Budget Hearing: Committee on Health, Committee on Mental Health and Substance Use, Committee on Disabilities

The Drug Policy Alliance (DPA) appreciates the Committees for holding this hearing and respectfully submits this written testimony.

Drug Policy Alliance is a non-partisan 501(c)(3) nonprofit organization with tens of thousands of members nationwide, including in New York state. The Drug Policy Alliance (DPA) addresses the harms of drug use and drug criminalization through policy solutions, organizing, and public education. We advocate for a holistic approach to drugs that prioritizes health, social supports, and community wellbeing. We believe that seeking medical care, including care for substance use disorder, should be met with accessible, evidence-based options and not expose people to harm, such as surveillance, criminalization, or civil punishment, including penalties impacting child custody.

After years of rising deaths, overdose deaths in New York City declined by 28% in 2024, dropping from 3,056 deaths in 2023 to 2,192 in 2024.[1] While our investments in care – such as preventative care, access to medications for opioid use disorder, street outreach, syringe services, education on safer drug use, overdose prevention, and on-demand treatment – are working, we need to pay particular attention to where substance use-related harms remain acute.

There continue to be systemic shortcomings in the health and social responses to drug use and mental health needs, particularly for Black and Latino New Yorkers, who disproportionately face structural and systemic barriers to care and targeting by the criminal legal system. In recent years, the consequences of these shortcomings have intensified.

- 2025 data show a 30 percent increase in drug arrests, and in areas such as the South Bronx, an increase as high as 45 percent. Low-level arrests account for more than half of all drug arrests and Black and Latino New Yorkers remain overrepresented.[2]

- Risk of overdose death is many times higher[3] for people recently released from incarceration and, unacceptably, overdose death rates among Black and Latino New

Yorkers remain about twice as high as the rate of overdose death among white New Yorkers.[4]

- The leading cause of pregnancy-associated death in the city is mental health conditions, including substance use disorder. A concentration of these deaths is occurring postpartum, when parents often experience trauma related to separation from their infant.[5]

In recent years, New York City has embraced some practices that chip away at drug war conventions that create these types of harms.

In 2020, Health + Hospitals began requiring providers to obtain informed consent before drug testing pregnant people and their newborns. This has contributed to a 37% drop in newborns removed by ACS while keeping parents with their newborns and without negative impact on child safety.

In 2021, the city authorized the opening of two overdose prevention centers by OnPoint NYC, one of the city's 15 syringe service programs. To date, these centers have provided a safe, non-stigmatizing space to individuals nearly 250,000 times. This winter, these sites provided 24-hour shelter and safety to hundreds of people during the city's weather emergencies.

These are powerful demonstrations of providing care instead of punishment, and there are concrete ways the city can continue to build on these successes.

Pregnancy, Substance Use, and Access to Care

New York City is facing a profound crisis of maternal mortality, overdose, and family separations. We emphasize for the Council that solutions to counteract these devastating conditions must 1) address and remove barriers to accessing voluntary, evidence-based care for maternal substance use disorder (SUD) and 2) focus on responses to drug use among reproductive-age people that shift practice away from punishment and toward appropriate care.

New national public health research shows overdose is now the leading cause of death among pregnant and postpartum women,[6] outpacing obstetrical complications, and this is a dire issue in New York. Additional new research indicates that punitive policies toward people who use drugs during pregnancy – mandatory reporting and termination of parental rights – fail to reduce substance use.[7] Thankfully, New York City has begun to move away from punitive approaches, and we want to highlight what is working and where there is more effort needed.

In New York City we have seen progress in recent years due to efforts made by advocates, impacted parents, and New York City's Health + Hospital system to end the practice of drug testing pregnant patients and newborns without their consent. In 2020, New York City's Health + Hospital system began requiring providers to obtain informed consent before administering a toxicology test on a pregnant patient and has since expanded the policy to newborns; several private hospitals followed suit.[8]

The results have been significant and show that respecting patients' rights and focusing on care—not punishment—keeps families together and children safe. According to Administration for Children's Services (ACS) data from 2020 – 2024 analyzed by NYC Family Policy Project: [9]

- An 80% drop in ACS investigations alleging parental drug use for mothers of newborns; and a 90% drop for Black birthing people
- A 37% drop in newborns removed by ACS (for any reason), meaning more newborns stay with their family
- ***Data do not show any negative impact on child safety from the reduced number of ACS investigations.***

We appreciate the strides made in New York City and encourage this Council and Administration to continue to build on this momentum in the face of the profound crisis and show how NYC can set a national example.

We also acknowledge there is still much to be done. In the most recent NYC Maternal Mortality Review Committee (MMRC) report analyzing data from 2022[10] (the most current data available), overdose remains a persistent cause of pregnancy-associated mortality in NYC. The MMRC highlights that the leading cause of pregnancy-associated deaths in NYC in 2022 was mental health conditions, including substance use disorder, which accounted for more than 31% of deaths, followed by cardiovascular conditions at 12%.[11] The MMRC also points to the fact that, of the 80% of women and birthing people who experienced at least one social and emotional stressor, "involvement with Child Protective Services (CPS) or history of childhood trauma was present in 31.8% of these cases."[12]

Because of these findings, the MMRC recommendations include:[13]

- *Policymakers and Government:* "NYS Office of Children and Family Services should direct NYC ACS and hospital systems to stop the practice of notifying Child Protective Services (CPS) because of a history of a CPS case or an open CPS case at birth."

- *Health Departments:* "NYC Health Department should share data on ACS involvement in maternal deaths with City Council and NYS Department of Health to support the creation of an oversight committee to investigate the connection between ACS involvement and maternal death and to explore avenues for legal accountability for harm to pregnant people, mothers and parents."

- *Health Departments:* "NYS Office of Children and Family Services, NYC Health Department, NYS Department of Health and other agencies, including the criminal legal system, should convene a body of experts and impacted families to make collaborative assessments of ACS policy to improve policies around maternal mental health and substance use screening practices in hospitals and other perinatal clinician settings to provide support and end family separation. Then, create a citywide public awareness campaign aiming to destigmatize and normalize perinatal mood and anxiety disorders, substance use, and intimate partner violence using such policies."

- *Facilities:* "All birthing facilities should have holistic assessment and referral services to all clinician types, including peer specialists, who should be involved in the patient's care during pregnancy and postpartum with patient empowerment, voice, and choice."

The MMRC data show a concentration of pregnancy-associated deaths due to mental health, including substance use, toward the latter part of the postpartum period (from 43 days to 1 year post-partum);[14] this is correlated with the period when parents who have had an ACS case may be facing additional hurdles to reunify with their infant. Prior MMRC analysis of maternal deaths from 2016-2020 showed 13% had evidence of ACS involvement and the majority of deaths due to overdose taking place in late post-partum.[15] Further research shows hesitation to seek prenatal care within communities that are targeted and overrepresented within the family regulation system.[16] Based on this, involvement with ACS can be understood as an avoidable risk factor and we encourage the Council that New York's investments on this issue should be focused on community-based solutions not directed through agencies that are contributing to the problem, such as ACS.

For example, we understand that ACS has recently launched a $21 million partnership between New York City Administration for Children's Services (ACS) and New York City Department of Health and Mental Hygiene (DOHMH) under the banner of the Early Childhood Partnership. We are concerned that embedding mental health consultants within ACS-contracted settings risks creating a pipeline into ACS surveillance and leads to family separation, just like "test-and-report" practices. The program description further suggests that parents may receive increased material supports if they enroll in services. Access to basic medical care and essential resources should not be conditioned on participation in programs connected to ACS. At a minimum, parents must receive clear and transparent information about how their participation may lead to ACS surveillance. We urge the City Council to invest in voluntary, evidence-based, and community-based care for pregnant and postpartum people with substance use disorders.

This is the time for NYC to prioritize investments that will curb the overdose crisis within this population and give families access to the necessary supports and services to ensure they can provide safe, nurturing environments for children – by avoiding family separation and without involving the child welfare system. In order to achieve these outcomes, New York's policies, practices, and investments must be guided by evidence-based care for children and families and account for the generational harms of the child welfare system or child protective services, also referred to as the family regulation system (FRS). Actions should be rooted in reproductive justice and trauma-informed care and material support for community-based groups leading treatment and family support work that is voluntary and evidence-based.

Low-Threshold Services

Compounding the city's housing crisis is the ongoing privatization of public spaces and erosion of "third spaces" - social spaces that are not home or workplaces, such as churches, libraries, and

parks. For New Yorkers experiencing homelessness and substance use disorders, their presence in, and use of, public spaces is often met with shame, hostility, ridicule, and forced removal. As a guiding value, the city should affirm public spaces as shared spaces for all New Yorkers. At the same time, for community members who lack access to housing or other private spaces in which to practice basic hygiene activities and intimate activities related to survival and care of their bodies and minds, designated, low-threshold harm reduction sites fill this critical need.

In 2025, the city committed 4 million dollars[17] to site a drop-in space in the South Bronx to address community concerns of public drug use, public intoxication, and overdose. The planned site would provide low-threshold respite, meals, laundry, showers, and other hygiene services while also providing medical and mental health care, peer support and overdose prevention and response in the surrounding area.

It's critical that this investment is fulfilled in FY2027. Roberto Clemente Plaza - "the Hub" - has been barricaded closed for nearly a year, cutting off a key public space in the South Bronx. A brick-and-mortar drop-in space would support local efforts to reopen the plaza while minimizing unwanted survival activities that occurred in the plaza prior to its closing.

In addition, the city should scale up harm reduction services and outreach teams in other geographic hotspots and unserved parts of the city. Geographic hotspots include locations such as homeless encampments, transit hubs, and neighborhood areas with a concentration of people struggling with drug use and unmet mental health needs, and homelessness. This can include new linkage and respite centers and the strengthening of existing drop-in centers that meet the unique needs of people experiencing homelessness and substance use disorder. The city should target the availability of 24/7 operations in high-need areas.

Crisis and Community Response

Key to the city's public health infrastructure is providing the public with clarity about who to call for crisis and community needs and instilling confidence in the city's prompt and comprehensive response. The newly established Mayor's Office of Community Safety can facilitate better interagency coordination in preventing crises and addressing community concerns. Specific to substance use-related public health needs, the city should work toward implementing non-police responses to 9-1-1 behavioral health calls involving substance use. This includes implementing training and protocol to identify behavioral health calls involving substance use, dispatch appropriate non-police responders, provide competent and compassionate on-site response, and transfer care to appropriate centers and programs. Similarly, non-police response to 9-1-1 calls for overdose emergencies should become the standard response.

Regarding 3-1-1 quality of life calls, better sharing of call data between the Departments of Sanitation, Homeless Services, Parks, and Health and Mental Hygiene will improve identification of trends in 3-1-1 calls related to homelessness, public drug use, and drug-related litter and proactively analyze where outreach teams and services should be deployed.

Drug Supply Surveillance

In 2021, the Department of Health and Mental Hygiene piloted the first drug checking program in New York State.[118] This public health intervention was established to reduce overdose deaths and other harms and to establish a feedback loop of regular data about the changing unregulated drug supply. When a person knows what exactly is in their drug supply, they are better prepared and more likely to employ life-saving strategies to reduce harm, such as choosing to use lower doses, avoid mixing drugs, or not to use alone.

Distinct from the more broadly accessible fentanyl or xylazine testing strips – which only confirm if a sample is positive or negative for these substances – drug checking technology offers a granular level of information on the various substances that may be present in a sample. Through the use of onsite FTIR (Fourier Transform Infrared) spectroscopy, the program provides timely and detailed information about the unregulated drug supply, helping to inform public health decisions.

Despite the recent decline in overdose deaths, the rise in synthetic opioids, namely fentanyl, in the unregulated drug supply continues to be a large contributor to overdose deaths. Now, more than a decade since fentanyl entered the U.S. drug supply, the question that consumers, providers, public health professionals and other stakeholders are increasingly asking when addressing issues related to opioid use is not whether there is fentanyl in the drug supply, but how much and in combination with what other substances. For the past five years, New York City has been able to answer this and other questions better than we have ever been able to answer.

New York City's drug checking program operates at six harm reduction sites across the Bronx, Manhattan, and Brooklyn.[19] In October 2023, the New York State Department of Health (DOH) followed suit and launched the statewide Community Drug Checking Program, which now serves Buffalo, Syracuse, Utica, Watertown, Glen Falls, Albany, Schenectady, Hauppauge, Ithaca, Johnson City, Norwich, and the Bronx.[20]

As of January 2026, 3,833 community drug samples have been tested. The results of the sample analysis are publicly available.[21] Importantly, the community drug checking data provides more than the results of the drug sample analysis. Through conversations with consumers of the drug supply, the city is also able to report on what people expected to be in their drugs, a critical piece

of information to understanding how to assess the relative potency of the supply and how to minimize the risks of overdose.

Outside of community-based drug checking, data on the composition of the city's drug supply is acquired retroactively through toxicology tests when someone dies, or through law enforcement executing buy-and-busts and drug seizures. These sources lack nuanced information about the substances individuals expect or intend to use, and the symptomatology associated with the supply. Incorporating findings from the FTIR machines with user-informed data improves the city's ability to identify concerning trends and educate the public.

This leading approach to monitoring and identifying emerging threats in the unregulated drug supply is an important piece of the city's health infrastructure and must continue to be funded at adequate operational levels, especially in the face of cuts to federal public health funding and oversight. In addition, the city should work closely with the state Department of Health to maximize the impact of drug checking data.

Overdose Prevention Centers

In 2021, New York City authorized the first two government-sanctioned Overdose Prevention Centers (OPCs) in the United States. OnPoint NYC – a longstanding community-based organization - opened and operates these sites.

Overdose prevention centers (OPCs) save lives by preventing overdose deaths. Trained professionals are on-site to immediately intervene at the earliest signs of overdose. They bring people off the streets and into settings where care is accessible, diverting public drug use.[22] OPCs are a pathway to recovery, connecting people to substance use disorder treatment and critical health and social services. They are endorsed by American medical and public health associations, prosecutors and law enforcement officials, and parents who have lost their children to overdose.[23] OPCs reduce overdose deaths and infectious diseases, connect people to treatment and services, improve community safety, and save money. Two OPCs operate in New York City, and a third operates in Providence, Rhode Island. Nearly 200 more operate around the world.[24]

In December 2025, OnPoint NYC marked the fourth anniversary of their overdose prevention centers, releasing new data that underscores the program's impact on overdose prevention, public safety, and community health in New York City.

Since launching the OPC program in November 2021, OnPoint has:[25]

- Successfully intervened in all 2,004 overdoses, resulting in no fatalities
- Served over 7,000 unique participants and provided a life-saving space to people in need nearly 250,000 times
- Generated an estimated $58 million in cost savings for the city by reducing emergency response, hospitalizations, and other public-system costs

- Diverted more than seven million units of hazardous waste away from NYC parks, sidewalks and other public spaces

For the first time since 2018, overdose deaths have declined in the historically Black and Brown neighborhoods in northern Manhattan and the Bronx, communities directly served by OnPoint.[26] New York City officials have credited the organization's work as a contributing factor in the reduction of deaths.

New York City Code Blue Cold Weather OPC Operations

In February 2026, New York City prepared for its second stretch of extreme cold weather of the year. Following 17 cold weather-related deaths in January, including three reported overdose deaths, as part of the city's Code Blue severe weather emergency planning, the mayor's office and Department of Health and Mental Hygiene partnered with OnPoint NYC to expand to 24-hour operations at both of their sites between February 6th and 9th.[27] Throughout the weekend, OnPoint remained open as a warm, medically supported, and safe indoor option—serving 896 unique New Yorkers and providing overnight sleeping space for approximately 150 people per night across both sites. This response directly prevented exposure-related harm, overdoses, hospitalizations, arrests, and emergency system strain during extreme conditions.

The public health impact was clear. One community-based overdose was reversed during hours OnPoint is normally closed—without EMS involvement—and no EMS calls occurred across either site during the extended operations. Across both locations, overdoses were safely managed on-site by trained staff. Participants repeatedly reported that they would have otherwise used alone or outdoors had OnPoint not been open.[28] Additionally, extended clinical staffing during nights and weekends filled a critical gap in care. Nurses provided wound care, stabilized over-amps, replaced lost medications, and offered low-threshold medical support at times when participants typically have no access to health care.[29] The Code Blue response demonstrates that OPCs are a critical community-based service that extends beyond overdose prevention. OPCs invite people into care who are often excluded from traditional healthcare settings, housing, social services, and civic society.

The city called on OnPoint two more times in February and March, to be a 24-hour site during sever weather.

We applaud the city for leading the nation on this cutting-edge health intervention and for incorporating these sites as part of the city's weather emergency response infrastructure. We urge the council to explore funding appropriations and legislation to further support, expand, and protect this nationally renowned model.

Conclusion

Amidst federal uncertainties and local public health and housing crises, the New York City Council can act to protect the city's bold public health leadership and increase the impact of existing

investments. We look forward to continued communication with the committees and relevant city agencies to prioritize investments that increase access to low-threshold spaces, reduce barriers to care, strengthen public health surveillance, and foster trust between patients and providers.

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New York City Council Committee on Health Jointly with the Committee on Mental Health and Substance Use, and the Committee on Disabilities – Fiscal Year 2027 Preliminary Budget Hearing

Testimony of EmblemHealth

March 19, 2026

On behalf of the thousands of New Yorkers we employ and serve, EmblemHealth would like to thank Chair Schulman, Chair Cabán, Chair Hanif, and members of the Committee on Health, the Committee on Mental Health and Substance Use, and the Committee on Disabiltities for providing the opportunity to share information on the programming at EmblemHealth Neighborhood Care and how we can better address the needs of our communities with funding support from the City Council.

EmblemHealth Neighborhood Care is a non-profit providing free, culturally competent health and wellbeing support at 15 sites across New York City's five boroughs. Our team provides one-on-one support and individuals come to us with any challenges they may be facing. We provide connections to community resources to address social determinants of health needs such as food, transportation, and housing, and connection to medical providers for health care services. We provide free health and wellness classes that help individuals learn healthy behaviors and make connections in the community, with topics including Zumba, art therapy, and cellphone literacy. We also have virtual programming available to ensure we can reach homebound individuals. We are located in many under resourced communities, and our staff represent and reflect the communities they serve. We provide services and support in English, Spanish, Mandarin, Cantonese, and Haitian Creole, and 81% of our team members are bi or trilingual. In 2025, we supported community members in over 103,000 encounters at our sites. We also welcomed nearly 60,000 attendees at over 4,700 wellbeing classes and special events, including 96 food pantry and farmers market events where we reached nearly 9,700 recipients. We are seeking funding to enhance our ability to address the most pressing health and wellbeing needs of our communities, particularly around food insecurity, and loneliness and social isolation.

We are seeking $50,000 in city-wide initiative funding for Older Adult Centers, Programs, and Services. This funding would enhance the support and programming we provide that is tailored to the mind and body wellbeing needs of older adults. Over 23% of individuals we serve are over the age of 65, making us uniquely positioned to address their challenges. With funding support, we would create social spaces, increase food access, and host special events to address the wellness needs of older adults, which complement our ongoing classes such as chair yoga and digital literacy. We have found that creating a safe, social space for individuals to gather is integral to combatting the loneliness and social isolation challenges that many older adults face, especially since we know that in New York City, 28% of adults over the age of 65 live alone.[i] We also know that loneliness and social isolation can increase risk for heart disease, type 2 diabetes, dementia, and more – and with 1 in 3 American adults reporting feeling lonely, and 1 in 4 reporting a lack of social and emotional support, it's critical that we provide comprehensive support to this community.[ii] By focusing programming on enhancing food access, social connectivity, and learning healthy behaviors, we can ensure that the basic needs of older adults are more fully met, and we create opportunities for them to thrive.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

We are also seeking $50,000 in city-wide initiative funding for Access to Healthy Food and Nutritional Education, as well as $50,000 for Feeding our Communities funding. Food access is the primary concern of those coming through our doors, and we know that food insecurity is on the rise across all five boroughs, impacting over 1.4 million NYC residents.[iii] [iv] Funding support would bolster our ability to address food insecurity, while connecting individuals to additional resources, support, and our free health and wellness classes. It's this unique approach that our trusted team members offer that ensures that individuals aren't just given a bag of food, they're met where they are and are connected to ongoing support. Specifically, funding would allow us to host lunch socials that include health education, address hunger, and create connections in the community. We would also like to bolster the number of food distributions we hold and keep more shelf-stable food items on hand, to offer immediate relief to those who come seeking connections to food resources. Recognizing that there can also be stigma related to accessing food, we would also like to offer healthy snacks to our class participants, to build trust as a food partner, and provide a snack before anyone needs to ask. Ultimately, funding support would enhance food security and wellbeing at Neighborhood Care, with the aim of preventing health complications and supporting healthier lives and futures for all community members.

We have also requested Council district level funding for each of our 15 Neighborhood Care sites. With $10,000 in local funding for individual locations, we would address wellbeing needs of the community through enhancing food access, creating social connection spaces, and offering wellbeing programing to help community members learn healthy behaviors. We are also seeking $10,000 in Support Our Older Adults funding, which would allow us to target programming to reach the large older adult population that we serve, foster supportive environments for connection, and combat loneliness and social isolation. We are also seeking $10,000 in Food Pantries funding, which would enable us to increase the number of food distributions we hold, keep more shelf-stable items on hand, and offer snacks at our health and wellness classes, building upon the trust we have fostered in the community. With local funding support, we could provide more culturally appropriate support that is responsive to the most pressing needs we see among the community members we serve.

EmblemHealth Neighborhood Care is proud to provide free resources, education, and community connection for many underserved communities. With your support we hope to expand our reach and increase our impact even further. Thank you for your consideration and we look forward to continuing to work together to ensure that everyone in our communities has access to equitable, holistic wellbeing support, education, and resources.

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New York City Council Fiscal Year 2027

Executive Budget Hearings

Committee on Health and Committee on Mental Health, Disabilities, and Addiction

March 16, 2026

Access Health NYC Written Testimony

Testimony of Juan Carlos Grajeda, Bilingual Program Manager at
Emerald Isle Immigration Center ("EIIC")

Good afternoon, my name is Juan Carlos Grajeda and I am the Bilingual Program Manager at Emerald Isle Immigration Center. I'm here today to urge the Council to include $4.5 million for Access Health NYC in the FY 2027 budget. The Access Health NYC program has allowed us to expand and improve our outreach efforts though community presentations/workshops, either within our organization or with community partnerships, and in collaboration with our education programs in which we are able to assist many individuals in our immigrant communities with healthcare rights and options, advocacy and education for health insurance enrollment and guiding those who cannot enroll in a health insurance to get free or low-cost healthcare services. EIIC has developed extensive expertise in the area of health insurance and has become a valuable resource within our underserved communities.

I'd like to thank the Health Committee Chair Lynn Schulman and members of the Health Committee; as well as the Chair Linda Lee and members of the Committee on Mental Health, Disabilities, and Addiction for their extraordinary commitment to making sure New Yorkers can access the health services they need, and for supporting Access Health NYC for over 9 years.



Access Health NYC is a city-wide initiative that enables community organizations across NYC to provide education, outreach, & assistance to all New Yorkers about how to access health care and coverage. Access Health fills an information gap and provides critical outreach and education to hard-to-reach populations across NYC who are experiencing barriers to healthcare access and coverage, such as those who are uninsured, who are undocumented, who have limited English proficiency, have disabilities, are LGBTQ+, and who are unhoused.

In FY25, through Access Health NYC, we reached over 2,000 individuals through 36 training sessions, 8 community presentations/workshops, and more than 10 outreach events, delivered primarily in English and Spanish in Queens and the Bronx.

As the long-term impacts of the COVID-19 pandemic continue to challenge our communities' health and economy, community-based organizations like ours continue to fill in the gaps for our strained healthcare and mental healthcare system. Given the influx in new arrivals, the demand for our services and support has spiked.

Enhancing AHNYC can bring additional support for emerging health concerns and connect vulnerable communities, such as asylum-seekers, to critical health information and referrals.

An enhancement to AHNYC will ensure the City can better target challenging health needs through trusted community-based support.

Thank you very much for your time.

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Written Testimony of Mohanraj "Rick" Rahiman
Director, Adult Behavioral Health Clinic
Emma L. Bowen Community Service Center

Before the New York City Council
FY27 Budget Hearing

Hello Chairpersons, Schulman and Caban,

My name is Mohanraj "Rick" Rahiman, and I serve as the Director of the Adult Behavioral Health Clinic at the Emma L. Bowen Community Service Center in Harlem. Thank you for the opportunity to testify—and for your continued leadership in advancing access to community-based mental health care across New York City.

Every day, we serve individuals living with serious mental illness who are navigating complex, intersecting challenges—substance use, chronic health conditions, housing instability, and trauma. These are New Yorkers too often failed by fragmented systems. At Bowen, we provide something different: a fully integrated, community-based continuum of care that treats the whole person.

Through coordinated clinical services, care management, addiction treatment, and peer-driven supports, our clients are not just stabilized—they are reconnecting to community, rebuilding routines, and moving toward independence.

To sustain and expand this impact, we respectfully request the following investments:

- **$885,500 for Rainbow Clubhouse**, a cornerstone of our continuum and a nationally recognized, evidence-based model of psychosocial rehabilitation. Through a structured Work-Ordered Day, members work side by side with staff to operate the program—building skills, restoring purpose, and advancing toward employment and long-term stability. This model consistently reduces hospitalization, increases engagement, and creates pathways to independence.
- **$80,000 to expand Peer Specialist roles** across all mental health and addiction programs. We are deeply grateful to the Council for its leadership in advancing peer workforce initiatives. This investment builds on that vision—embedding certified peers with lived experience into care teams to strengthen trust, improve engagement, and drive better recovery outcomes.
- **$35,000 to strengthen services for veterans**, particularly Black and Latino veterans who face disproportionate barriers to care. Funding will expand trauma-informed, culturally responsive services and improve coordination across systems to ensure veterans receive the comprehensive support they have earned.
- **$25,000 to expand services for LGBTQIA+ clients**, in response to a 20% increase in Black and Latino individuals seeking care. This funding will ensure access to affirming, culturally competent behavioral health and supportive services that meet people where they are.

Demand for services continues to rise, particularly in communities like Harlem where disparities in access to care remain persistent. At the same time, providers face workforce shortages, rising costs, and increasing pressure to meet more complex needs with fewer resources.

City Council discretionary funding is essential to sustaining this work—supporting our workforce, expanding access, and ensuring that community-based providers can continue delivering high-quality, coordinated care.

These investments are not just about programs—they are about people. They are about stability, dignity, and the opportunity for every New Yorker to live a healthier, more connected life.

On behalf of the clients we serve and the staff who stand with them every day, I urge the Council to continue and expand support for community-based behavioral health services in the FY27 budget.

Thank you for your leadership and your partnership.

equity advocates

Testimony Submitted by
Mikaela Perry, Advocacy Manager, Equity Advocates
Before the New York City Council
FY27 Executive Budget Hearing:
Committee on Health

March 19, 2026

Thank you to Councilmember and Chair of this committee, Lynn C. Schulman, for holding the Executive Budget hearing and the opportunity to submit this testimony. My name is Mikaela Perry, and I am the Advocacy Manager at Equity Advocates, a nonprofit organization that builds the capacity of food justice leaders from across New York State to advocate collectively to dismantle food inequity through policy and systems change. We accomplish this through policy development, advocacy education and training, and coalition leadership.

Equity Advocates convenes the NYC Food Policy Alliance, a network of 60+ food system stakeholders that advocate for public policies to ensure equitable access to a healthy, sustainable food system.

Last year's passage of the federal H.R. 1 bill unleashed the largest cuts to food assistance in our nation's history, leaving New York City to manage a food affordability crisis. Under H.R. 1, roughly 180,000 New York City households are projected to lose their SNAP benefits, half of whose members are children and senior citizens. Estimates suggest that 70,000 residents in our city will be pushed below the poverty line every single year starting in 2028. As the federal government retreats, the City must step forward..

We urge the Administration and City Council to enact a budget that invests in access to healthy, affordable food, strengthens urban agriculture and supports the next generation of farmers, and fosters long-term resilience and economic opportunity in the City's food system. Specifically, we respectfully request your support for the inclusion of the following recommendations in the FY27 City Budget:

1. **Increase baseline funding to $100 million for Community Food Connection (CFC)** to meet the growing demand for food assistance across NYC. We applaud the City Council for increasing this critical investment to $74.5 Million in its Fiscal Year 2027 Preliminary Budget Response. Due to an 83% rise in emergency food visits from 2019 to 2024, NYC's emergency food system is under unprecedented strain. An investment of $100 million in CFC is essential to meet the growing demand for food, address increasing food prices and cuts to SNAP, and provide critical support for vulnerable communities facing worsening affordability and food insecurity crises.

According to the 2023 New York City True Cost of Living Report, published by United Way of New York City, 50% of working age New Yorkers are struggling to cover their basic needs. Families struggling to make ends meet live in every NYC neighborhood but across family composition, work status, and education, the report finds that people of color are disproportionately likely to lack adequate income. Further, 80% of households below the True Cost of Living had at least one working adult and the presence of children in the household almost doubles the likelihood that a household will have inadequate income.

Federal Cuts to hunger programs make an already dire situation even worse. Now is the time to meet current need and prepare for the increased demand for emergency food that will likely occur due to federal actions that weaken SNAP, freeze funding for pantries and farmers, and raise food prices. Food pantries are the last line of defense against hunger for so many of our neighbors, yet these essential services are being asked to do more with less.

A substantial investment in funding for the CFC would accommodate the increased costs of adding fresh food into the program, rising cost of produce, and continued need in New York City. This increase will also help to address the inefficiencies found in using third-party vendors particularly in the procurement of kosher and halal items. Kosher- and halal-observant New Yorkers make up 21% of enrollees in GetFoodNYC. It is critical the City's food assistance programs have sufficient kosher and/or halal certified product available and allocate funding to agencies that can effectively store and distribute that food in a culturally competent way. Finally, we urge HRA to engage in an outreach and education campaign to ensure smaller, community-based providers are able to participate in the program, and are adequately supported to continue serving their communities.

2. **Increase funding for Health Bucks to $700,000, Maintain $3.1 Million in Funding for Get the Good Stuff, and Increase Funding for Groceries to Go to $14 Million** to enhance reach and impact.

Health Bucks, New York City's longstanding farmers market SNAP incentive program, has been baselined at $500,000 for several years, which is no longer sufficient to meet growing demand. The current $500,000 in baselined funding for Health Bucks is divided between supporting SNAP incentives at farmers markets and providing free Health Bucks to community and faith-based organizations (CBOs) for distribution through their nutrition and health programs. In 2024, the NYC Department of Health and Mental Hygiene (DOHMH) received 600 applications from CBOs but was unable to fully fund all requests, leaving organizations underfunded or without support entirely.

By distributing Health Bucks through CBOs that integrate them into nutrition and health

programming, the program reinforces nutrition education efforts, ensuring that participants have both the knowledge and the financial resources to choose locally grown and seasonal fruits and vegetables. This incentive structure strengthens the impact of nutrition education, increasing the likelihood of sustained behavior change. Importantly, Community Health Bucks are not tied to SNAP participation, making them a vital resource for individuals ineligible for public benefits, particularly in light of federal cuts to SNAP and barriers to immigrant families' access to public assistance.

Additionally, by increasing funding for Health Bucks, local farmers and producers selling at farmers markets will see increased sales, bolstering our local economy. Over 75% of farmers in New York State are small-scale, and financially bolstering this program provides an increased opportunity to support small-scale businesses, especially women- and BIPOC-owned farms.

Get the Good Stuff, which provides SNAP users with matching dollars to purchase fresh produce at participating grocery stores, should also be funded at $3.1 million and expanded to include more stores and communities. The current $10 per day match cap for SNAP incentives should be increased to further support families in purchasing sufficient ingredients for their families. As food prices have risen substantially, $20 is not adequate to purchase fruits and vegetables to last several days, particularly for larger households. By increasing investment in these programs, the City can make fresh, healthy food more accessible to low-income communities while maximizing federal funding opportunities.

Finally, we urge the council to fund **Groceries to Go** at $14 Million to expand the program's reach and extend the current 18-month participation limit. Groceries to Go serves a uniquely vulnerable population: NYC Care members who are ineligible for SNAP, often due to immigration status, and are managing chronic conditions like hypertension or diabetes. By providing monthly credits of up to $270 that cover not just food, but also delivery fees and tips, this program is a lifeline for homebound New Yorkers and those with limited food accessibility options who cannot physically shop in person.

According to recent program evaluation funded by the NY Health Foundation, the program's success is undeniable, with redemption rates reaching as high as 99.9% and documented improvements in participants' diet and health. The infrastructure—including a highly efficient, multi-lingual call center and a customized data system—is already in place and ready to scale. What is missing is the city's investment. Increasing funding will ensure that the City can move beyond the current enrollment of 4,000 participants and provide long-term, stable food security to those who fall through every other safety net. It is estimated that for every extra $1 Million the city invests in this program, an additional 1100 people can enroll in this program. This does not include their household members,

which when taken into account would support an additional 1650 household members in accessing food per $1 million investment.

Together, these three programs provide an incredible opportunity for the city to increase food security for its residents, despite cuts at the federal level. We urge the council to include funding for these programs in the FY27 Executive budget.

3. **Allocate $100 Million** in capital funds to support Mayor Mamdani's initiative to develop City-owned supermarkets. Both scale and sustained operational investment will determine the success of this initiative. Achieving real affordability requires a model that operates at sufficient scale, which our partners Community Food Advocates have identified at an initial 20 stores. While the $70 million included in the Preliminary budget is an impressive baseline amount to initiate this project, long-term success will depend on ongoing operational funding. Current projections suggest approximately $20 million per store in annual subsidy—roughly $100 million annually for the first five stores— is necessary to ensure sustained affordability, quality jobs, and a dignified grocery experience for New Yorkers.

   We also encourage the council to consider administration of this program, and highlight the need to ensure there are pathways to source food from local and regional farmers and producers in order to ensure New Yorkers are accessing the freshest ingredients, and our local economy is bolstered. Offices such as the Mayor's Office of Urban Agriculture have existing relationships with urban farmers within the five boroughs and farmers throughout the regional foodshed. This office in particular is primed to ensure the food in the city-owned supermarkets is purchased through values-alignment, especially from BIPOC, Women-owned, and small-scale producers. When sourcing is considered, city-owned supermarkets could be a catalyst for an initiative that spans food security, climate justice, and economic development. Through this initiative and careful administration, NYC has an unprecedented opportunity to lead as an example to other municipalities across the nation in providing accessible, affordable, local food.

The NYC Food Policy Alliance also supports the following in the FY27 City Budget:

STRENGTHEN FOOD SECURITY

- **Combat older adult hunger by investing $60 million in congregate meals at Older Adult Centers**, to account for steep increases in inflation over the last several years. In addition, ensure NYC Aging has at least $27 Million in funding to provide homebound older adults with home-delivered meals 365 days per year.
- **Continue to fund the following Council Discretionary Initiatives:**
  - $8.47M for the Food Pantry Initiative
  - $2.134M for the Access to Healthy Food and Nutritional Education Initiative
  - $1.4M for the Food Access and Benefits Initiative

equity advocates

INVEST IN URBAN AGRICULTURE

- **Allocate at least $250,000 to fund the Mayor's Office of Urban Agriculture (MOUA)** to ensure strong food systems, climate justice, and economic justice within the administration. MOUA has proven its impact by leading programs such as **Reimagining Farm to School in NYC** and **Values Aligned Purchasing.** These programs align with the administration's priorities of greening public schools, providing access to fresh local foods for students, increasing agricultural and climate education for youth, and supporting local farmers in NYC's foodshed. This office has seen tremendous success with a small staff, and an increased investment will only multiply their impact. Further, we urge the incoming Administration to move forward with appointing an Urban Agriculture Advisory Board, as required under Local Law 123, to strengthen accountability and space for community voice.
- **Maintain $2.6 Million in funding for GreenThumb and $6.2 Million for NYC Community Composting programs** to provide essential resources for community gardeners.

BUILD LOCAL FOOD ECONOMIES

- **Create a $5 million Food Justice Fund** for community-led projects designed to grow food justice and build wealth in BIPOC and low-income communities. In *Food Forward NYC*, the Mayor's Office of Food Policy calls for the establishment of a Food Justice Fund. We urge the City to invest in this program at $5 Million and offer grants for both planning and implementation projects serving high need areas identified by Racial Equity Task Force. Funding would be allocated directly to community food organizations historically serving NYC residents with a demonstrated history of meeting the cultural and food needs of their communities. As this field of work requires long term investments, the fund should prioritize 2 year grant cycles and allow for flexibility on spending deadlines upon receiving grants. We also ask that the City explore a private-public partnership and leverage its convening power to secure matching investment from local philanthropic foundations.
- **Increase Council Discretionary funding** to $4.9 Million for the Worker Cooperative Business Development Initiative to allow for a specific focus on those operating in the food sector and maintain $1.5 Million for the Citywide Community Land Trust Initiative.

We thank you for the opportunity to testify and we look forward to working with the City Council to achieve these goals in the upcoming budget.

Mikaela Perry
Equity Advocates
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Fountain House Written Testimony for the 3/19/2026 Joint Preliminary Budget Hearing by the Committee on Health, Committee on Disabilities and Committee on Mental Health and Substance Use

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Fountain House is very grateful to the Council for the continued work to improve NYC's mental healthcare system and for the legislation passed and enacted to this point over the past several years from the Mental Health Roadmap.

As we all know, the City is facing a mental health crisis; these issues have been around for a long time as a result of long-term divestment from holistic care and have been further exacerbated in recent years. In order to properly address these complicated issues and meet our City's growing mental health needs, we need a comprehensive, well-resourced continuum of mental healthcare that is informed by the people it is intended to serve.

We appreciate that the Council's priorities focus on investments in prevention, community-based care, bolstering the mental health workforce, increasing public awareness of available services, and more. Tackling the complex and overlapping mental health needs of New Yorkers will require numerous approaches and creative solutions.

Investing in Clubhouse Infrastructure and Programming

We are deeply thankful for the attention and investment in clubhouses around NYC in recent years. The City's dedication to increasing the capacity of people served by clubhouses is much needed and we look forward to continuing to grow the model, especially in under-served and under-resourced areas of the City. We know so many more people living with SMI can benefit from clubhouses in their neighborhoods and are hopeful for a future where many more have access to the care and services offered in clubhouses.

In order to expand access to clubhouse services for more people with SMI across the City, we must continue to raise awareness for the model. Awareness has grown in recent years but there is still more to be done. The City should work to increase referrals and enhance public recognition through specific steps such as: (a) a robust, Ad Council-style public awareness campaign in partnership with all 18 clubhouses across the boroughs; and (b) promotion of health and other provider partnerships, including introducing curricula that educate hospitals and other medical providers about clubhouses, such as Partners in Care.

Clubhouses are an underutilized component of the City's mental health continuum. In addition to providing core psychosocial services, they are frequently pioneering programming that goes far beyond that scope. Fountain House is continually innovating our programming and available services to meet the growing needs of diverse populations. Several of these innovative programs do not currently receive public funding and provide essential support for members and the broader community. We have submitted a few discretionary funding applications this

fiscal cycle and hope that the Council will be able to support these programs. Two of these applications are mentioned below, the Social Enterprise program and the newly developed Financial Hub, and both help people living with SMI to develop crucial skills around employment, money management and more.

First, we have requested $250,000 from the Council for our Social Enterprise program, a recovery-oriented workforce development model designed for adults living with SMI. Unlike traditional workforce programs that emphasize rapid placement or earnings growth, FH integrates employment into a broader system of mental health recovery. Employment is treated as a therapeutic and rehabilitative process that supports long-term stability, social inclusion, and sustained participation in community life.

Fountain House currently operates four social enterprises: Jackrabbit Deliveries (Meals on Wheels), Bee Well (peer services), Rockdove (temporary employment), and Fountain House + Body (boutique selling environmentally sustainable, low-waste household products).

We developed these social enterprises in response to the shortcomings of Transitional and Supported Employment opportunities. FH aims to connect its members to "meaningful work." This means not creating new roles or busy work, but providing roles that are necessary for the functioning of the business/organization, and which members can be trained in and paid at least minimum wage to do.

Additionally, we have requested Council and Speaker funding to support a new, exciting and desperately needed initiative called the Financial Hub. The Financial Hub is a resource area with the goal of growing members' confidence and autonomy around finances. It will provide members with support around managing their money by storing money for those who do not have a bank account, distributing loans for emergencies, handling petty cash for the clubhouse, providing tax services, and having a fee-free ATM. Staff in the Financial Hub will assist interested members with opening a bank account at the nearby TD Bank, with which the organization has a partnership. The Hub will also offer courses related to financial literacy, budgeting, and scam awareness. Finally, the physical space of the Financial Hub is designed to resemble a bank to help grow members' comfort level in financial institutions and practice utilizing one. Although the Hub is located in the Hell's Kitchen clubhouse, it is a resource for members at the Bronx and Harlem clubhouses as well.

This program was created in response to significant barriers faced by people living with SMI. Many members who have been excluded from traditional banking systems instead rely on check cashing services that charge high fees or predatory lenders with extremely high interest rates. Additionally, traditional financial institutions do not help customers navigate public benefit rules, which can place individuals at risk of losing essential support, such as healthcare and housing assistance. Another benefit that members voiced for the Hub is that this program is helping their recovery, as many members help run all aspects of the program alongside staff,

building social and financial confidence, and workforce skills that support greater participation in the community.

Critically, we also support the Council's Mental Health Clubhouse Initiative, which supports and sustains small clubhouses throughout NYC via Council discretionary funds. We urge the Council to fund this initiative in FY27 with $3.79 million in citywide discretionary funds, as requested by these clubhouses. We are grateful that the Council continues to recognize the importance and support the operations of the smaller clubhouses that did not receive DOHMH contracts and are hopeful there will be a path to more sustainable funding in the coming years.

Clubhouses provide a dignified, person-centered approach to addressing mental illness that saves lives — increasing the likelihood for recovery, making our communities more whole and safe, and breaking needless cycles of homelessness, incarceration, and neglect. It's a model with tremendous promise and one that should be better integrated with the City's current systems of care.

Implementing Community-Centered Housing

Fountain House recently published a policy brief with our partners from Corporation for Supportive Housing called "Community Centered Housing: Aligning Social Practice and Supportive Housing." In the brief, we discuss how people living with serious mental illness, as well as people with histories of homelessness, experience high rates of social isolation and loneliness. Social isolation and loneliness not only impact psychological and emotional well-being but also put people at notably greater risk for negative physical health outcomes and premature death. Connection to others, a sense of purpose and means for personal growth are crucial to attaining and sustaining mental illness recovery. Thus, while supportive housing is essential, it is not sufficient on its own without accompanying social supports.

The clubhouse model utilizes a nonclinical treatment approach called social practice that provides intentional community to help people recover from mental illness. Given the compelling evidence base that exists for how social practice effectively supports people living with serious mental illness in clubhouses, Fountain House and Corporation for Supportive Housing are exploring how social practice can be integrated into supportive housing to maximize its potential to help people more holistically. We are eager to discuss this concept further and figure out how the City can begin implementing this approach to enhance existing housing and mental health services.

Investing in a Mental Health Continuum of Care and Holistic Crisis Response System

As mentioned throughout, we think clubhouses are a critical component to a robust mental health system, including playing a key role in the crisis response system. Clubhouses are important interventions that can help keep people out of crisis and out of the hospital and that also provide a warm community for people to come back into if they do experience a crisis at any point. Many Fountain House members have intimate experiences with the crisis response

system and in 2023, we published our report, "Rebuilding the Mental Health Crisis Response System in New York City," based on the insights and recommendations of more than 100 members.

These are important contributions to the ongoing discussion on reforming crisis care to better meet people's needs. The Council has continued to prioritize improving the system at many different junctures and we are glad to see the recent introduction of legislation to provide greater transparency on crisis response calls and their outcomes in order to provide a better picture of the current system to identify and address gaps in care. We are also supportive of the idea to create a 988 task force dedicated to improving the system, as well as a campaign to help the public accurately identify and describe people in crisis so they can be connected to the appropriate services through 988. Both of these were identified as needs by our members in our white paper. The Council's recognition of the need to have peers in the room for these conversations to provide their invaluable input is critical as well.

We were encouraged by the crisis response reform agenda and budget wins from the Progressive Caucus last year and look forward to further advancing these recommendations this cycle. These also include efforts to expand other community-based care models through investments to eliminate the waitlists for services and get people care quickly. The City must ensure people are receiving timely care and have a variety of options in services to tailor to their specific situations. IMT and ACT teams are proven models providing intensive and comprehensive care directly in the community and should absolutely be expanded to meet the demand.

We look forward to continuing to work with the Council to make our mental healthcare system responsive to the needs of all New Yorkers. The greatest city in the world can and should be the most innovative and humane in addressing these complex, intersectional issues.

Thank you very much for reading this and for your consideration. We are happy to answer any questions and connect further.

Contact:
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Testimony to the City Council Committees on Health and Mental Health budget
March 19, 2026
Delivered by Ashley Santiago-Conrad, Freedom Agenda

Good afternoon, Chair Caban, Chair Schulman, and committee members. Thank you so much for allowing me to testify today. My name is Ashley Santiago. I am a Senior Community Organizer with Freedom Agenda, and we're one of the organizations leading the Campaign to Close Rikers. I'm also a native New Yorker, and a resident of Queens.

For the past 32 years, I have watched our City overly invest in systems of punishment like the Department of Correction instead of systems of healing and true rehabilitation. My 24-year-old nephew, Mychael, who has been diagnosed with Autism and Disruptive Mood Dysregulation Disorder (DMDD), sat on Rikers Island for 2.5 years in dire need of mental health care and healing. Instead of getting that care, and treatment that could address the root cause of his behaviors, the real mental health crises that my nephew often experienced there were labeled as tantrums by Correction Officers who were not trained to respond to his clinical needs.

At a cost of over a half a million dollars per year to keep someone in Rikers for a year, New York City spent over $1 million to keep Mychael at Rikers. But despite all that money spent, he got NO substantial rehabilitation or treatment.

Coming from a low-income Latinx neighborhood in Queens created a lot of barriers to adequate treatment for my nephew, even though he struggled with mental health challenges from a young age. Without access to quality treatment, his symptoms became severe, which led to interactions with law enforcement and several psychiatric hospitalizations. After leaving Rikers, my nephew spent two years in upstate prisons, where he was subjected to solitary confinement and abuse from guards. He came home this year, and my family is facing the reality that his mental health has worsened, and the systems of support are so insufficient.

This story is far too common. There are over 1,600 people at Rikers Island who are diagnosed with a serious mental illness, and that number has increased by 83% since 2022.

In the written testimony I submit, I will include a detailed budget analysis from the Campaign to Close Rikers that outlines urgent funding needs to make treatment is available to people who need it, instead of allowing them to spiral into crisis and end up at Rikers. **We are urging the City Council to allocate an additional $21.1M to meet community mental health needs, including:**

- **$11M more to eliminate the waitlist for Intensive Mobile Treatment (IMT) teams**.
- **$2M more to create four more Forensic Assertive Community Treatment (FACT) teams**. **$1.7M to establish an outpatient competency restoration pilot program.**
- **$3M in capital funds to support 60 new residential treatment beds** for people with serious mental illness and with co-occurring addictions.
- **$3.5M to open more crisis respite centers,** in compliance with Local Law 118-2023.

The combined cost of these programs is less than DOC's uniform overtime spending in just one month. **The plan to close Rikers Island approved by this Council in 2019 marked a commitment to take a more effective approach to public safety.** That shift requires spending our money differently, and this is the year to finally do it.

We also urge the City Council to renew and expand the speaker budget initiative for the peer behavioral workforce (Chart #30 in the FY '26 budget) to $6M in the FY '27 budget. This $1.5M increase should be paired with new funding eligibility criteria requiring the positions to be part of the peer behavioral workforce with an emphasis on positions that aid in community-based behavioral health crisis response systems and the continuum of care.

Sincerely,

Ashley Santiago-Conrad
Senior Community Organizer, Freedom Agenda
Aconrad@urbanjustice.org

CLOSE RIKERS

DECARCERATE ✷ DEFEND ✷ DIVEST & REDISTRIBUTE

FY2027 City Budget Analysis & Priorities

At a cost of nearly half a million dollars per person per year, Rikers Island is the most expensive and least effective tool our City has to create community safety. Unfortunately, key investments to promote well-being and reduce incarceration are missing from the Preliminary Budget. To align the FY2027 budget with the City's legal and moral obligation to Close Rikers, it must include:

1. **An additional $21.2M to meet mental health needs outside of Rikers,** including:
    a. **$11M more to eliminate the waitlist for Intensive Mobile Treatment (IMT) teams.** Though $11M was added in last year's budget, the waitlist to access this evidence-based program was last reported as 672 people. The proposed funding would allow for 8 more teams, each serving 27 people.
    b. **$2M more to create four more Forensic Assertive Community Treatment (FACT) teams.** Though $4.5M was added for ACT teams in last year's budget, the combined waitlist for all ACT teams was last reported at 682 people, and there is particular need for teams that serve people returning from jail and prison (FACT). The City should also work with the state to eliminate the waitlist for all ACT teams.[1]
    c. **$1.7M** to establish an outpatient competency restoration pilot program for 50-75 people who might otherwise be waiting at Rikers for transfer to a state hospital.
    d. **$3M in capital funds to support 60 new residential treatment beds** for people with serious mental illness and with co-occurring addictions.[2]
    e. **$3.5M to open more crisis respite centers,** in compliance with Local Law 118-2023. Though $2.5M was added in last year's budget, New York City still does not have four more crisis respite centers than it did in 2023, when Local Law 118-2023 was passed.
2. **An additional $48.5M for diversion and reentry services through the Office of Criminal Justice (OCJ), including:**
    a. **$1.3M** to restore cuts to Alternatives to Incarceration (ATI) programs, and **$3.3M** to restore cuts to Reentry Services.
    b. **$10M** in additional funds for ATI programs and **$10M** in additional funds for Reentry Services, as recommended by the ATI/Reentry Coalition, to bring these evidence-based models to scale.
    c. **$6.89M** to expand programs serving court-involved youth with mental health needs.
    d. **$20.3M**[3] to establish at least 150 units of low-barrier housing for people with court-involvement and mental health diagnoses.
    e. OCJ should also publish an analysis of the full need for transitional reentry housing, and conduct a data match to generate an updated eligibility list for Justice Impacted Supportive Housing (JISH), a permanent reentry housing model.[4]

[1] ACT teams are typically funded and licensed by the State. For FACT teams, the City adds approximately $675,000 per team, to offer focused reentry services.
[2] State funding through OASAS would provide operational funds.
[3] Approximately $135,000 per unit, based on similar Safe Haven models.
[4] While JISH funding would come through DOHMH, OCJ coordinated the first (and only) data match, when the program was launched.

3. **An additional $3M to increase the Board of Correction's oversight capacity.** The Board of Correction has testified that they need at least 27 more staff roles than they currently have[5] to adequately carry out their oversight responsibilities, and would ideally have a budget set at a minimum percentage of the Department of Correction.[6]

Meanwhile, DOC remains over-resourced. With new management in place, the focus should be better deployment of resources, not hiring more staff. The FY2027 budget should:

4. **Eliminate vacancies for DOC uniformed staff, to begin to rightsize the agency**
    a. The Department of Correction has 7,060 authorized positions for uniformed officers, but as of January 1, 2026 they employed 5,759 and 1,301 positions were vacant.[7] Filling these vacancies would cost an additional **$174M annually.**[8] Given the administration's stated commitment to reducing incarceration and cutting wasteful spending, these uniformed vacancies should be eliminated.
5. **Reduce overtime spending** by consolidating operations and permanently closing jails on Rikers, starting with the vacant Anna M. Kross Center, where 109 officers are still assigned.[9]
6. **Conduct a staffing analysis before the release of the Executive Budget,** to determine how many staff DOC actually needs to operate the facilities it currently manages.

DOC Budget Breakdown

- The Preliminary Budget proposes spending at least **$2.99 billion[10] for jail operations in FY2027**. This represents a 5% increase from last year's adopted budget.
- The Preliminary Budget shows an authorized headcount of **7,060 uniformed DOC officers**. With approximately 6,800 people in custody, this amounts to a **staffing ratio that is 4 times higher than the national average**, and more than **2 times more officers** than will be required to operate the borough jails.[11]
- DOC is on track to spend **over $370 million on overtime** for uniform staff in FY26, 132% above their adopted budget.[12]
- New York City spent at least **$485,801 annually to incarcerate one person** at Rikers in FY2025.
- Most of DOC's costs are driven by staffing. The FY2027 budget projects that 87% of DOC expenses will be staff salaries, overtime and benefits.

Frequently Asked Questions

Does the Department of Correction have a shortage of staff?

No. In her contempt order issued in November 2024, Judge Laura Swain wrote *"enormous resources—that the City devotes to a system that is at the same time overstaffed and underserved—are not being deployed effectively."* In *A Shrinking System with Similar Spending,* the Independent Budget Office reported that

[5] Based on testimony from the Board of Correction on March 7, 2025 that approximately 60 staff are needed to fulfill their mandate. BOC's proposed staffing in the F27 budget is 33 people, and total agency budget of $3.67M, per Departmental Estimates.
[6] Board of Corrections representatives previously advocated increasing their budget to a minimum percentage of DOC's.
[7] Per Independent Budget Office
[8] Based on $133,756 per officer, as calculated by the Vera Institute.
[9] February 2026 Departmental Estimates, Fiscal Year 2027 - All Volumes p. 1379
[10] Including expenses, associated fringe benefits, pensions, and debt service. February 2026 Preliminary Budget Expense Revenue Contract
[11] The Independent Rikers Commission estimates 3,240 officers will be needed in the borough jail system.
[12] Per Independent Budget Office

between 2014 and 2023 "DOC staffing declined by 24%, while the jail population fell by 45%." Mismanagement has resulted in excessive overtime for officers - that is bad for the workforce, for people in custody, and isn't fiscally responsible. The solution for this is better management, not more hiring. Reducing DOC's headcount is an important first step to rightsizing the department.

If they are not understaffed, why is there a shortage of officers to cover posts and provide services?

The Board of Correction's death investigation reports give an insight into the most serious failures at DOC. They do not show that staffing shortages led to these tragedies - rather, they describe instances in which officers did not complete their required tours, or left their assigned posts (not to cover another post, but to socialize with other officers).

Does DOC need to replace officers who are retiring?

Eliminating vacancies would not prevent DOC from replacing officers who quit, retire, or are terminated. It could push DOC to more effectively supervise and manage their very large staff. In 2025, 470 uniformed staff left the Department, but DOC was able to hire only 445 officers, despite lowering eligibility requirements, increasing pay and benefits, and conducting extensive recruitment efforts, including a $5M recruitment campaign in FY26.

How does NYC's jail spending compare to other cities?

DOC's budgeted headcount of more than one uniformed officer for each incarcerated person is more than 4 times higher than the national average. NYC's is the only jail system among the nation's 50 largest cities that has nearly as many officers as people in custody.

What will we do about those jobs? Aren't a lot of correction officers people of color, and women?

DOC has provided a good-paying job for many New Yorkers of color, and women. But many of these workers share honestly that they would have preferred other career paths, and would not recommend the job to others. Also, incarceration should never be maintained to preserve jobs. Our City should work to create more good-paying jobs in the sectors where we need them, like behavioral health and human services. Because of DOC's attrition rate, they are not likely to implement substantial layoffs, even as they transition to the borough jails. Rather, New Yorkers may increasingly choose other careers, including as we scale up the kind of work that the Department of Community Safety will carry out.

Testimony – Winn Periyasamy, Director of External Affairs, Goddard Riverside
NYC Council Preliminary Budget Hearing – Health, Mental Health and Substance Use and Disabilities Committees
03.19.26

Thank you to Speaker Menin, Chair Caban and members of the NYC Council for the opportunity to testify today. My name is Winn Periyasamy and I'm the director of external affairs at Goddard Riverside, a multi-service settlement house serving over 22,000 New Yorkers who come across the city across ages, incomes, health statuses and more. We work with our community members, provider partners and government allies towards a fair and just society where all people can make choices that lead to better lives for themselves and their families. We are grateful to all four committees chairs here today for their work to make a more accessible, more healthy City at large and offer several mental health priorities for your consideration today.

Goddard has appreciated the leadership of the Council in creating and enhancing the Mental Health Clubhouses initiative and we urge the Council to restore and enhance this funding at $3.79 million to cover the true costs of this clubhouse work in the face of the needs from community members seeking to join these clubhouses. We are also just one clubhouse amongst the wider clubhouse movement across New York City and urge the administration and the Council to work with clubhouses of all sizes to improve the clubhouse funding model, promote the clubhouse model to providers and the public, increase funding for workforce opportunities for clubhouses, and support us in recruiting, retaining and growing the staff workforce for clubhouses.

We are grateful to the Council for allocating $4.5 million for a new citywide initiative, currently called the Peer Specialists Support initiative, which funds peer workers across a number of community-based settings including our TOP Clubhouse. We ask the Council to continue and expand this line of funding to $6 million and support fellow providers call to refine the initiative's funding eligibility criteria to emphasize peer positions that air in community-based behavioral health crisis response systems and the continuum of care.

In addition, we have a number of mobile response teams, including IMT, ACT and Youth Adult ACT teams. We join other providers in calling on the City to fully fund the number of mobile response teams necessary to eliminate the waitlists for IMT and ACT Teams, including $11 million for IMT.

Finally, we are a proud member of the Supportive Housing Network of New York and, in addition to building new units of supportive housing, manage hundreds of supportive housing units across Manhattan and soon to be the Bronx. We stand with other providers in calling on the City to invest at least $65.3 million to preserve 325 supportive housing units in FY27, including $44 million in capital funding and $21.3 million in services and operating support. This will both assist in addressing needed preservation investments while counting towards the City's goal of preserving 1,300 units under NYC 15/15 by the end of 2030. We also urge the city to continue funding at least a 3% cost-of-living adjustment (COLA) for city-contracted human

services workers, including behavioral health and supportive housing workers, and call on the Council and Administration to pass Intro 452, the Human Services Wage Equity legislation sponsored by Council Member Stevens. Our City's behavioral health workforce do necessary, valuable work with vulnerable populations and are too often undercompensated by government contracts. We appreciate elected officials' increasing focus on behavioral health policy, and implementation of these recommendations will help providers like Goddard to keep and grow the workforce while ensuring further investments in preservation of supportive housing supply into the future.

Thank you for your time and care for our City and its most vulnerable. Please reach out to wperiyasamy@goddard.org for any questions about this testimony and we look forward to continuing to partner with the Council and the Administration towards a stronger City for all of us.

Good afternoon Chair and members of the Committee,

My name is Hector Garcia, and I'm here on behalf of Goodwill Industries of Greater New York and Northern New Jersey.

Goodwill removes barriers to work for New Yorkers who have been historically sidelined from the workforce. We serve more than 30,000 people each year through a range of programs, including two mental health Clubhouses and two Personalized Recovery Oriented Services programs, known as PROS.

I'm here today to speak about the importance of investing in community-based mental health services, including PROS and the broader Clubhouse model, which Goodwill is proud to be part of alongside partners in the New York Clubhouse Coalition.

Our PROS programs serve some of our most vulnerable neighbors: people living with serious mental illness who face high rates of homelessness, substance use, hospitalization, and justice system involvement, and very low rates of employment. Only one in five adults with serious mental illness is employed Demand for these services is growing as psychiatric beds decline and rates of serious mental illness rise. At Goodwill's PROS programs in Harlem and Astoria, we serve nearly 300 people each year.

These programs fill a critical gap between inpatient care and stable community living. The period after discharge is often the most vulnerable. Access to PROS programs during this time can shape the trajectory of a person's life.

When individuals cannot access or remain engaged in these programs due to lack of investment, the costs are high for both the individual and the City. People are more likely to cycle through emergency rooms, repeated hospitalizations, and the shelter system, driving up public costs and system strain.

PROS interrupts that cycle.

It provides structured, ongoing support that helps individuals manage their mental health, build essential life and work skills, and reconnect to employment.

The current funding structure of PROS does not cover the cost of delivering these services, leaving Goodwill to fill the gaps. This is not a sustainable model. It threatens current services and limits our ability to expand to meet growing deman.

Investment in these programs is both clinically effective and fiscally responsible. It reduces reliance on high-cost systems while helping more New Yorkers achieve stability, independence, and participation in the workforce.

We are grateful for the Council's Mental Health Services for Vulnerable Populations initiative and urge continued investment in PROS programs, as well as Clubhouse models, that are delivering long-term recovery and stability across our city.

At Goodwill, we believe no talent should be left on the sidelines. With the right support, the individuals we serve can work, contribute, and thrive.

Thank you for your time and your leadership.

Good afternoon, my name is Aysha E. Schomburg, CEO, at Healing New York. Thank you, Chair Caban and the committee for the opportunity to testify today.

Founded in 1875 as the New York Society for the Prevention of Cruelty to Children, Healing New York is the nation's first child protection agency. Today, our work focuses on two core areas: Clinical Services and Prevention.

We have an urgent need to hire more clinical therapists who can provide mental health support for children and youth ages 5-21. Our clinical services include **Trauma Recovery** for children who have experienced child abuse and neglect. Using evidence-based therapy, our bilingual clinicians help children address anxiety, depression, fear, and post-traumatic stress disorder. We are a referral partner of ACS, the city's foster care agencies, and other child-serving organizations. Children can receive in-person and virtual therapeutic care, at no cost, for as long as they need to recover.

We also provide **Therapeutic Supervised Visitation** for families referred by the court system. These visits include coaching and therapy groups for both visiting and custodial parents to help families heal**.** We are one of only two providers of therapeutic supervised visitation in the City, and the only one that offers it **free of charge to families.**

This year, we opened our **Family Healing Center** with an emergency cash assistance program for urgent needs like utility bills and groceries. We're also working with a coalition of partners to help connect our families to broader social services when needed. Our approach ensures we are addressing the whole picture of need to help families stabilize.

Last year, **we served clients in 39 Council districts**, almost all of whom are low-income and come from predominantly Black and Latine communities.

Our second program, the **Training Institute**, focuses on prevention. We educate

children, caregivers, and professionals about sexual abuse and online sexual exploitation. Our school-based workshops fulfill the annual requirement under New York State's Erin's Law. We also train parents and caregivers on how to talk with children about these difficult topics, and support professionals in identifying, reporting, and preventing abuse, and recognizing and managing their own secondary trauma.

Last year, we held school trainings in **21 Council districts.**

We currently have a wait list for our programs. Council funding would allow Healing New York to hire additional therapists and expand our capacity to meet the overwhelming need. Thank you

Testimony

New York City Council

Monday, March 19th, 2026

Robert Desrouleaux

Program Director The Hepatitis C Mentor and Support Group, Inc

Thank you for the opportunity to speak to you today. I want to thank Chair Schulman and other council members for supporting the hepatitis community in the past. I am here today as a representative of the Hepatitis C Mentor and Support Group. I have been working for 12 years on the ground in with the underserved communities, providing training on education and supportive services within syringe exchange programs and drop in centers. I work closely with the Founder/ Executive Director of HCMSG, Ronni Marks who in addition to being a patient, has experience working with both patients and providers. Educational groups and supportive patient mentoring services have been shown to be important elements of successful and cost effective medical care for patients with Hepatitis C and other chronic health conditions. These services improve the quality of life, as well as medical outcomes for patients.

The training HCMSG provides for healthcare providers help them to have a better understanding of how to work with all patients with an emphasis on high risk populations, such as people with substance use disorder, those co infected with HIV, the LGBTQ community, Youth and Women of child bearing age dealing with Hepatitis C.

Our hope is to see us provide a model for the entire country, with NYC as the first City to eliminate Hepatitis C. We need increased services for hepatitis, peer navigators, harm reduction and syringe exchange services.

This is why it is critical that we reduce missed opportunities to screen and diagnose patients who seek care in emergency rooms and hospitals as well as educating providers and staff on the stigma faced by people who use drugs. There are opportunities to move towards elimination by increasing the focus on treating patients who are in the hospital for extended periods of time. Education is needed in overdose prevention, Hepatitis and HIV. People need to understand the syndemic connection between substance use and infectious disease.

As an educator in the field and someone who has witnessed the lack of knowledge in the communities, I can tell you firsthand what an impact this virus has on the lives of those affected. There is such power in having supportive services and patient navigators. It is essential for patients to work with people who understand what they are going through and can help them get through the process, making it easier for patients to adhere to treatment. In many cases it has helped to reduce the feeling of stigma associated with having Hepatitis.

Please help us ensure that all New York City residents have access to Hepatitis C testing, treatment and care regardless of race, gender, or economic status.

Thank You

Robert Desrouleaux

Testimony

New York City Council Preliminary Budget Hearing on Health Jointly with the Committee on Mental Health, and Substance Use and the Committee on Disabilities- March 19th, 2026

To Chairperson Schulman, and Members of the Committee.

Thank you for the opportunity to speak to you today. I want to thank you for supporting the hepatitis community these past few years. I am a patient who was cured of Hepatitis C. I facilitated support groups for 18 years at NYU Langone Health and am the founder and director of The Hepatitis C Mentor and Support Group, Inc. (HCMSG)

HCMSG provides education and supportive services for anyone affected by Hepatitis C and living with both HIV & HCV. Educational groups and supportive patient mentoring services have been shown to be important elements of successful and cost-effective medical care for patients with hepatitis C and other chronic health conditions. These services improve the quality of life, as well as medical outcomes for patients.

We at HCMSG are dedicated to eliminating Hepatitis C and addressing healthcare inequities through partnerships with SSPs, OPC's, clinics, hospitals, and any community-based organizations in need of our services. We value the wisdom of communities and strive to serve populations who have been most neglected and stigmatized.

It is essential for patients to work with people who understand what they are going through without judgement, who can build trust and help them get through the process, making it easier for patients to adhere to treatment. In many cases it has helped to reduce the feeling of stigma associated with having hepatitis and living with both HIV and HCV. Stigma can prevent or delay people living with Hep C from seeking care or social support.

The NYC Health Department estimates that nearly 330,000 people are living with chronic hepatitis B & C in New York City. Without care and treatment, it could progress to serious liver disease, liver cancer and death.
The rate of liver cancer remains high among NYC residents.

This is why it is critical for the City Council to continue to support the Unified Viral Hepatitis Preliminary Budget FY2027 proposal. I serve on both the NYC Coalition and the NY State Hepatitis C Elimination task force. I hope to see us provide the model for the entire country, with NY as the first City and State to eliminate Hepatitis C. We need increased funding to expand services for hepatitis, peer navigators, harm reduction services and more overdose prevention centers. People need to understand the connection between substance use and infectious disease.

As a patient who has been cured from hepatitis C and one who works with patients, I can tell you firsthand what an impact this virus has on someone. It affects the whole body, not just the liver. Being cured has been the key to having people start to turn their lives around.

Continued and increased support of the Viral Hepatitis Initiative is vital to the health and wellness of New York's most vulnerable. We have the infrastructure, we need more funding to expand these services. Please help us ensure that all New York City residents have access to hepatitis C education, testing, treatment, and care regardless of race, gender, or economic status.

Let's make NYC the first city to eliminate hepatitis!

Thank You,
Ronni Marks
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New York City Council Oversight Hearing, Committee on Mental Health and Substance Use, and Committee on Disabilities on FY27 Preliminary Budget

March 19, 2026

We would like to thank the Council's Committee on Mental Health and Substance Use and the Committee on Disabilities for holding this oversight hearing on the City's FY2027 Preliminary Budget. My name is Lori Podvesker, and I am the Director of Policy at INCLUDEnyc. For over 42 years, INCLUDEnyc (formerly known as Resources for Children with Special Needs) has helped hundreds of thousands of NYC families navigate the complex special education service and support systems.

Today, we testify to urge the Council to fully fund the Autism Awareness Initiative in FY2027. New York City families with young children on the autism spectrum living at home have always been forced to navigate a fragmented service system where medical, educational, and therapeutic supports do not coordinate. However, severe provider shortages and already enacted Medicaid cuts are causing longer waitlists and reduced service hours. These barriers, along with state and federal budget uncertainties, threaten to worsen disparities, especially for low-income families, in accessing Early Intervention.

This funding will ensure that community-based organizations like INCLUDEnyc can continue providing essential guidance and information to families navigating the complex world of special education, OPWDD services, mental health support, and recreational and social activities and groups. This support has never been more critical than now, as systemic hurdles become even more significant in the coming year—including program shortages and continued reduced civil rights enforcement—that threaten to further segregate young children with autism and widen the achievement and opportunity gaps with non-disabled children.

According to the most recent public data from New York City Public Schools (NYCPS) on students with disabilities, more than 33,000 children with autism ages 3-21 received special education services in 2024. According to the most recent Mayor's Management Report, in the first four months of Fiscal 2026, 4,800 children received services from the Early Intervention Program, a 9% increase from the 4,400 served in the first four months of Fiscal Year 2025.

Our Help Line saw a 10% increase in demand last year and received nearly 1,500 of autism related calls from families and professionals. We also had a 21% increase in the number of attendees at our autism related workshops for children under 5. In June, we held our annual Outdoors for Autism, a sensory-friendly event for children on the autism spectrum and their families; nearly 600 people attended, with almost half under 18.

We urge the Council to restore funding to the Autism Awareness Initiative to the level it was funded at in FY 23 and apply a 3% increase to help providers address the rising costs of providing services for a total investment of $3,416,351 in FY27. These funds provide vital resources for programs that would otherwise have no other City support. Thank you for taking the time today to consider this important matter. We look forward to partnering with you to improve equity and access for all young people with disabilities in New York City.

Sincerely,

Lori Podvesker
Director of Disability and Education Policy

Jihoon Kim, LMSW, CRPA-P
President & Chief Executive Officer
194 Washington Avenue, Suite 300
Albany, NY 12210
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Jihoon Kim, LMSW, CRPA-P
President & CEO, InUnity Alliance
Testimony Before the
NYC Council Committee on Mental Health and Substance Use

March 19, 2026

Preliminary Budget Hearing – Mental Health and Substance Use

Chairs Schulman, Cabán, Hanif and members of the Council. Thank you for the opportunity to testify. My name is Jihoon Kim. I serve as President and CEO of InUnity Alliance. I am also a social worker and peer professional by training, and a person in long-term recovery.

It's an honor to be here today representing 150 substance use disorder (SUD) and mental health (MH) community-based organizations. In addition to advocacy, InUnity Alliance provides training and serves as the exclusive certifying body for peer recovery credentialing in New York.

Our members formed InUnity Alliance to strengthen coordinated, person-centered care while preserving the specialized expertise of each service system. Substance use disorders and mental health conditions remain leading contributors to disability and preventable death. They are also closely tied to housing instability, child welfare involvement, and legal system contact.

Structural pressures are reducing capacity and delaying access to care when early intervention is most protective and cost-effective. Rates do not cover the actual cost of delivering services, and unpredictable grant payments make it difficult for programs to plan and operate with stability.

NYC cannot reduce crises, including homelessness, without addressing the conditions that limit the capacity of community-based services designed to prevent them. In addition to continuing funding for current SUD and MH initiatives included in our written testimony, we urge you to:

- *implement the Intensive Mobile Treatment expansion investment, including the step-down program pilots, in the budget last year;*
- *invest in supportive housing to preserve existing units;*
- *continue funding a 3% COLA for contracted human services workers and apply a 3% increase to all other NYC Council initiatives to align with the citywide COLA.*

Jihoon Kim, LMSW, CRPA-P
President & Chief Executive Officer
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Last, vocational treatment services have seen a sharp increase in referrals from the NYC Human Resources Administration due to work requirements for Supplemental Nutrition Assistance (SNAP), or food stamp benefits, and soon for Medicaid. An assessment of need with funding to support the increase in service recipients is necessary to sustain these programs.

Thank you to the NYC Council for championing these life-saving initiatives. I appreciate the Committee's time and consideration of these requests and am available to provide additional information.

THE COLLECTIVE VOICE FOR ADDICTION & MENTAL HEALTH IN NY

INUNITY ALLIANCE

Substance Use Disorder and Mental Health in NYC

InUnity Alliance is a statewide community of 150 substance use disorder (SUD) and mental health (MH) organizations, with an extensive network of programs operating across every borough of New York City (NYC).

WHAT IS THE ISSUE?

SUD and many mental illnesses are preventable and, like other health conditions, early access to services dramatically improves outcomes and reduces the likelihood of housing instability, child welfare involvement, and contact with the legal system. Within NYC, structural inequities drive higher exposure to risk factors and greater barriers to services.

- In 2023, three of the top ten causes of premature death in New York City were directly related to substance use or mental health. Drug poisoning ranked third, suicide ranked fifth, and alcohol-related mental disorders ranked ninth.
- In 2021, 34,000 NYC residents experienced a psychiatric hospitalization.
- In 2024, roughly 14,550 emergency department visits in New York City were attributed to drug overdose.

FUNDING REQUESTS

NYC Council

Peer Specialists Supports — $6M, Funds certified peers to engage individuals in care and strengthen recovery.

Opioid Prevention & Treatment — $3.2M
Neighborhood-based prevention, treatment, and overdose reversal. Reduced in FY24; not restored in FY25.

Mental Health Services for Vulnerable Populations — $3.8M
Community-based services, including support for families involved in child welfare and individuals in transitional housing. Reduced in FY24; not restored in FY25.

Children Under Five — $1.6M
Early childhood screening, trauma-informed treatment, and child-parent psychotherapy. Reduced in FY24; not restored.

Older Adult Mental Health — $3.5M, Community-based services in non-clinical settings.

Developmental & Behavioral Health — $2.3M
Services for individuals with developmental disabilities and behavioral health needs, including outpatient and clubhouse programs.

Court-Involved Youth Mental Health — $6.85M
Assessment and linkage to care for justice-involved youth (serves ~3,000 annually).

LGBTQIA+ Youth Mental Health — $1.2M, All-borough mental health services for vulnerable youth.

Workforce Retention & Youth Peer Support — $309K, Supports recruitment, retention, and peer programming.

Mental Health Clubhouses — $3.79M, Sustains small clubhouses; recommend baselining to ensure year-round stability.

School-Based Mental Health Clinics — $3.75M
Stabilizes up to 50 clinics providing on-site psychiatry, counseling, medication management, family engagement, and crisis response. Medicaid does not cover full costs.

Mental Health Continuum — $5M (Baseline Needed)
Integrated model in 50 high-need schools through DOE, H+H, and DOHMH partnership. Recommend baselining to ensure sustainability.

Administration

Citywide Human Services Cost-of-Living Adjustment — 3%, allowing service providers to address rising costs, and the same increase to all other initiatives to match.

Supportive Housing — $65.3M, Preserves 325 supportive housing units in FY2027, toward the goal of 1.3K units under NYC 15/15 by the end of 2030.

Intensive Mobile Treatment (IMT) Expansion — $11M, Expands community-based teams providing intensive mental health care.

Step-Down Program Pilots — $4.5M, Provides transitional support for individuals leaving Assertive Community Treatment(ACT) and IMT programs.

Trauma Recovery Centers — $4.9M, Provides trauma-informed care and case management for survivors of violence.

NYC 988 — $5M, 24/7 crisis response providing counseling, de-escalation, and connection to community care.

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New York City Council Fiscal Year 2027
Preliminary Budget Hearings
Committee on Committee on Health jointly with the Committee on Disabilities, and the Committee on Mental Health and Substance Use
March 19, 2026

Natsuko Okazaki, Director
Japanese American Social Services, Inc

Good afternoon, my name is Natsuko Okazaki and I am the Director at Japanese American Social Services, Inc. (JASSI). Thank you very much for holding this hearing and providing the opportunity to testify.

JASSI is a proud member of the 18% and Growing Campaign. Led by CACF, 18% and Growing is a critical and diverse city-wide campaign **uniting over 90 AAPI-led and serving organizations across New York City to fight for a fair and equitable budget that protects the needs of our most vulnerable community members**. We advocate as a collective in solidarity to hold New York City accountable in providing the necessary resources to serve and empower the diverse needs of all AAPI New Yorkers and other communities of color as *"We Are Building A Community Too Powerful To Ignore."*

AAPI communities across New York City are historically underserved and under-supported directly due to the marginalization of the community. Though AAPI New Yorkers represent almost 18% of the population, the community struggles to be seen as worthy of city resources. AAPI communities need access to health insurance, linguistic accessibility across institutions and agencies, childcare, legal services, housing, educational support, domestic violence support, and so much more. The need for resources often falls on the shoulders of CBOs and nonprofits to fill the gap created by city government. This is an equity issue in the budget and consistently gets in the way of AAPI communities

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truly feeling supported.

JASSI aims to improve and maintain an independent lifestyle and maximize the quality of life for the senior citizens. During fiscal year of 2025 (July 1st, 2024 through June 30, 2025), JASSI staff made a total of 3,797 contacts and assisted 511 seniors in need. The most common inquiries we received from our clients were regarding the following issues; 1) JASSI Program/Events; 2) Health Insurance (Medicare);3) Public Benefits, Entitlements, Social Security, and MSP; 4) Financial (tax, low-income, etc.); 5)Health/Mental Health; 6) Hospital Escort/Homecare; 7) Housing issues (Eviction, etc.); 8) Assurance Call;9) Family; and 10) End of Life Issues.

While people seek assistance from JASSI for a variety of reasons, most inquiries we receive are about health and health insurance. Due to language barriers and lack of knowledge about the U.S. health care system, many clients were concerned about health insurance issues. JASSI's Certified Application Counselors received more than 1000 emails and phone calls regarding the health care system in the last fiscal year (FY2025). They assisted hundreds of people to enroll inappropriate health insurance and many others to renew their services in FY2025. It is an overwhelming process for many people even after having enrolled in health insurance coverage, and they require Counselors' continued assistance.

During the fiscal year of 2025, approximately 44% of the total inquiries were made by senior citizens who typically have greater demands and needs. The case assistance for senior clients includes step-by-step assistance with online application for Medicare and paper application for Medicare Saving Program, advocacy to government and/or community agencies, and information/referrals. With the Access Health NYC fund we received for FY2025, we were able to increase assistance by providing more case assistance to clients.

Furthermore, JASSI places strong emphasis on addressing mental health issues as part of our mission to support our community members and help them live with a sense of safety and well-being. In today's society, more people are struggling with stress, anxiety, and feelings of isolation, making access to mental health support more important than ever. JASSI provided 120 individual mental health counseling sessions in Japanese, free of charge, to New York residents experiencing various challenges between July 1 and November 19, 2025.

With the funding, JASSI can continue to communicate to more people in our community about how to access healthcare and coverage. Although JASSI has been able to inform and educate a large number of individuals about the U.S. healthcare system, we must continue disseminating up-to-date accurate information and reaching out to the community to provide assistance. This funding is crucial for maximizing the quality of life for those in need by providing our services free of charge. We also hope to continue providing a safe and accessible place where individuals can seek support in Japanese for loneliness and isolation caused by living abroad, as well as for the anxiety and stress experienced in work and daily life.

JASSI urges the New York City Council to uplift the collective priorities of the 18% and Growing Campaign which include expanding the AAPI Community Support Initiative to $7.5 million, Communities of Color Nonprofit Stabilization Fund to $10 million, and the Access Health Initiative to $4.5 million, to take further steps in not envisioning, but truly creating a more inclusive, safe, healthy, and sustainable society for our diverse diaspora.

Thank you very much for your time.

Committee on Mental Health and Substance Use

Jointly with the Committee on Health

TOPIC: Preliminary Budget Hearing

Thursday, March 19, 2026

Testimony by

Lauren Pack, Director of Health Homes and Non-Medicaid Coordination

JCCA

Chair Cabán, Chair Schulman, and members of the Mental Health and Substance Use and Health committees- Thank you for calling this hearing and inviting JCCA to submit testimony on behalf of the children and families to whom we provide behavioral and mental health services.

My name is Lauren Pack, Director of Health Homes and Non-Medicaid Coordination. I am a Licensed Master of Social Work and have been at JCCA for 14 years, with my last 8 years as the Director of the Health Home and Non-Medicaid Care Coordination Program. Prior to that I was a supervisor in the Bridges to Health program. I have been in the child welfare field overseeing the mental health of children and families through my years at JCCA.

JCCA is a child and family services agency that works with about 17,000 of New York State's children and families each year. We provide behavioral health, foster care, residential,

prevention, and educational services to young people across the five boroughs and Westchester. JCCA provides wellness supports for young people struggling with emotional challenges to prevent and address household instability.

Behavioral and Mental Health

JCCA provides a continuum of behavioral and mental health programs in New York City, many of which rely on Medicaid funding. These programs include:

1. Article 31 Clinics. Our Article 31 clinics in Brooklyn and the Bronx provides counseling and therapeutic supports for children and families.
2. Youth ACT. JCCA is proudly the first Youth ACT provider in New York City. Our Brooklyn ACT team works with young people with Serious Emotional Disturbance who are at risk of or have recently returned from psychiatric hospitalization. Our ACT team receives accolades for its innovative and effective work with some of the most high-risk youth in the city. We are opening a second Youth ACT team in the Bronx.
3. Home Based Crisis Intervention (HBCI). Our HBCI program provides crisis intervention to youth with intellectual disabilities and who are at risk of psychiatric hospitalization.
4. Health Homes and Community and Family Treatment Support Services (CFTSS). We provide Health Homes case management for children and CFTSS. These programs include in-home care coordination, skill building, therapy, and respite, among other services. These services are generally utilized by clients in marginalized communities who struggle with the social determinants of health.
5. Foster Youth Therapeutic Teams. Our Psychology Department works with children in our foster and residential programs, and JCCA's Center for Healing offers trauma-informed treatment for youth who have experienced sexual abuse or commercial sexual exploitation.

Additionally, thank you to the City Council for funding two citywide initiatives at JCCA. Our

Court-Involved Youth Mental Health initiative provides counseling to youth who are court-involved or at-risk of court involvement. This program is so successful that we consistently have a waitlist and aim to expand the program to serve more at-risk youth. Thank you for also funding our Opioid Treatment and Prevention program that provides counseling to youth facing or at risk of an opioid addiction.

Challenges

The young people and families we meet at JCCA face seemingly insurmountable obstacles. Children are enrolling into our programs with high acuity needs, presenting with increased anxiety, depression, and anger. They often have suicidal ideations and attempts, and are regularly absent from school. Many of these youth are diagnosed with intellectual and developmental disabilities with co-occurring mental health diagnoses such as Major Depressive Disorder and Anxiety and require more intensive supports like Youth ACT, HBCI, Community Residences, and Day Treatment programs.

One example includes a 17-year old enrolled in our Health Homes program after receiving our residential services for seven years. For months, we provided an array of mental health and preventive services, but youth's disabilities limited his communication abilities and he often felt overwhelmed. This young person faced multiple hospitalizations without stabilized treatment or a discharge plan. Unfortunately, he needs to be transitioned to a higher level of care.

At JCCA we aim to provide youth with high-quality treatment, but we face the same workforce challenges as other human services agencies. Low reimbursement rates and high caseloads have caused significant staffing challenges. We routinely have waitlists for our programs, and we are unable to serve many of these children due to our staff shortages. At JCCA, we experience high staff turnover, resulting in youth losing continuity of care. These disruptions hinder the young person's treatment.

The current mental health system needs reform to better serve our young people. Here are some recommendations for how the City can improve access to mental health care for youth in need.

What can New York City do?

1. ***Provide investment in the current mental health system***

   We greatly encourage the City to provide greater investment in the existing mental health system. Youth with complex needs require intensive and carefully tailored interventions. Based on our observations, we recommend more funding for intensive services that can be delivered at home that can serve youth with high acuity.

2. ***Support Diverse Workforce with Educational and Training Supports***

   We also encourage the City to support nonprofit providers in recruiting diverse staff. We aim to hire staff who come from the same communities as our clients, who speak the languages our families speak. However, we have faced challenges in hiring multi-lingual staff. In addition, tuition rates, substantial loans, unpaid or underpaid internship programs, and licensing fees are significant barriers for aspiring clinicians without significant resources and privilege. We ask that the city provide the following incentives:

   - Tuition assistance and loan forgiveness to clinicians serving marginalized communities;
   - Assistance to nonprofit mental health providers to pay for the continuing education for staff; and
   - Subsidized test prep for licensure exams.

3. ***Encourage State partners to increase reimbursement rates***

   Low reimbursement rates remain a concern with our behavioral and mental health programs. We also ask that the City work with State partners to increase both contractual reimbursement rates and Medicaid encounter-based reimbursement rates to adequately

fund services intended for the high-acuity children and youth in hard-to-reach populations. Youth ACT teams, Article 31 Mental health clinics, CFTSS, and Health Homes are all programs designed to support underserved communities with serious mental health needs.

Conclusion

Thank you for taking the time to consider investing in the needs of children and their families through further investments in mental and behavioral health. By investing in supports for young New Yorkers, we can resolve crises early and build the stability necessary for our youth to realize their fullest potential.

LEGAL ACTION CENTER
Breaking Barriers. Defending Dignity.

Thank you Chair Caban and members of the Committee on Mental Health and Substance Use for the opportunity to provide testimony. My name is Aliya Jessa and I am a Policy Associate at the Legal Action Center.

We have received reports that NYC harm reduction and syringe service programs are facing increased NYPD harassment and surveillance. Staff have been followed and arrested during outreach; brick-and-mortar sites are routinely surveilled by undercover and uniformed officers; and participants have been arrested with no known basis for "suspicion" other than their use of harm reduction services. The result is a chilling effect on harm reduction access: these organizations have been forced to adjust their outreach efforts, and participants are deterred from seeking services. These services are critical to reducing fatal overdose and improving health outcomes. As New York City has begun to make progress in reducing overdose deaths, returning to a strategy of criminalization will only reverse these positive trends. It is imperative that police officers are aware of how to respectfully and legally interact with harm reduction organizations and outreach workers, as well as people who use drugs.

In addition, Legal Action Center recognizes the critical importance of non-law enforcement crisis response teams that deescalate and provide connections to care. However, it is crucial these services be separate from any law enforcement agency. There is a risk that crisis response records could be inappropriately used by the NYPD to criminally investigate an individual, and the NYPD also has data-sharing agreements with other agencies, including District Attorneys' offices and the Administration for Children's Services. Any documentation created by crisis response services should be maintained separately from law enforcement records and treated as confidential. This information should not be used in any criminal investigation or civil, immigration, or administrative proceedings, not should it be used to negatively affect an individual's access to housing or services - absent a court order signed by a judge. The City must ensure that people who access substance use and mental health services are not subsequently criminalized for engaging with these services.

LEGAL ACTION CENTER
Breaking Barriers. Defending Dignity.

Testimony of Aliya-Begum Jessa, MSW, MPA
New York City Council
Committee on Substance Use and Mental Health
March 19, 2026

Thank you to the Committee on Substance use and Mental Health for the opportunity to testify. Since our founding in 1973, Legal Action Center (LAC) has utilized a multipronged approach to achieving our mission, which includes: direct legal services, impact litigations, policy advocacy, education and training, and coalition-building. LAC seeks to end punitive responses to health conditions like substance use disorder, mental illness and HIV or AIDS, and to create equitable access to affordable, quality treatment. We are deeply concerned about the increased criminalization of people with substance use and mental health disorders, and urge the Council to focus efforts on improving community members' access to proven and lifesaving public health services.

NYC harm reduction and syringe service programs (SSPs), including outreach workers and participants, are facing increased NYPD harassment and surveillance. Staff have been followed and arrested during outreach; brick-and-mortar sites are routinely surveilled by undercover and uniformed officers; and participants have been arrested after receiving services with no known basis for "suspicion" other than their use of harm reduction services. The result is a chilling effect on harm reduction access: harm reduction organizations have been forced to adjust their outreach efforts, and participants are deterred from seeking services. As recognized by New York State and City through the authorization and funding of harm reduction, these services are critical to reducing fatal overdose and improving health outcomes through the provision of safe consumption supplies, drug checking, routine medical and mental health care, and other social services.

Recommendations:

- NYPD Commissioner Tisch should issue a directive to update procedures for precinct Captains, Deputy Inspectors, and officers about how to respectfully and legally

interact with harm reduction organizations and outreach workers, as well as people who use drugs. This guidance should:
    - Describe services provided by harm reduction organizations, including a detailed list of activities that are state authorized and may not be interfered with, inappropriately surveilled, or criminalized;
    - Require compliance with laws that restrict law enforcement access within harm reduction sites or mobile units, including through the creation of an Ombudsman with oversight authority to receive and review complaints, and coordinate investigations with the NYPD Department of Investigation; and
    - Incorporate the recommended language of LAC's draft directive (Appendix A).
- Education & training of law enforcement: Captains, Deputy Inspectors, and officers of all NYC precincts should receive annual training on updated internal policies and New York harm reduction laws, regulations, and official guidelines (including SSP/Overdose Prevention Center authorization, supply decriminalization, 911 Good Samaritan law, etc.) and the services harm reduction organizations and programs provide to the community. Additionally, training should be standardized across and between precincts and be developed in coordination with harm reduction agencies, the proposed Department of Community Safety and the Department of Health and Mental Hygiene.
- DOHMH should allocate funds to harm reduction organizations to provide annual training to law enforcement
- Fund harm reduction crisis response: Funds should be allocated to support harm reduction/SSP community outreach workers who are well-equipped and experienced at providing services to people who use drugs and/or are unhoused and adept at responding to crises related to drug use and acute mental health events.

LAC recommends that any expansion of non-law enforcement crisis response be separate from any law enforcement agency. In addition to the risk that crisis response records could be inappropriately used by the NYPD to criminally investigate an individual, the NYPD also has data-sharing agreements and obligations with a number of other agencies, including District Attorneys' offices, federal law enforcement, and the Administration for Children's Services. Any

documentation created, maintained, or received by crisis response services should be maintained separately from law enforcement records and treated as confidential. Information obtained through crisis response should not be used in any criminal investigation or prosecution of the individual, or civil, immigration, or administrative proceedings, absent a court order signed by a judge that satisfies one of the following criteria:

- There is a compelling need for disclosure of the information for a criminal investigation or prosecution involving an alleged crime that puts another person at risk of bodily harm, and the need for the disclosure outweighs the potential harm to the individual and the public interest in providing a confidential, non-punitive response to crisis situations.
- There is a compelling need for disclosure of the information for the adjudication of a civil proceeding, and the need for the disclosure outweighs the potential harm to the individual and the public interest in providing a confidential, non-punitive response to crisis situations. In this circumstance, compelling need shall not include purposes related to immigration enforcement.
- There is a clear and imminent danger to an individual's life or health, and disclosure of information could help mitigate such risk.

No crisis response documentation should be used to negatively affect an individual's access to housing or services. Crisis response documentation should be destroyed or rendered de-identified within 12 months of the date of the incident.

The NYC Shelter/Safe Haven System can better implement a harm reduction-based approach to services, so that PWUD can be housed and have sensitive information remain private. Many Safe Havens do not allow individuals to possess or store safe consumption supplies (including those distributed by harm reduction organizations) and require them to discard their supplies if they want shelter. This practice is not in line with the Department of Homeless Services (DHS) guidance to DHS-sponsored shelters and Safe Havens to implement harm reduction principles and practices. Additionally, shelter/Safe Haven staff are not properly responding to overdose: in some instances, they are over-identifying opioid overdose (e.g., responding to a person who is heavily sedated as having an overdose) and in others, they are not properly responding to non-opioid overdoses. Because all overdoses, including non-overdoses incorrectly identified as an overdose, are documented as a "serious incident" and

shared across DHS systems and is accessible by other agencies, there is the potential for an individual's overdose history to negatively impact their ability to move through the housing continuum, whereby individuals progress through a multi-stage process to transition from street homelessness to permanent housing.

Recommendations:

- The Deputy Mayor for Health and Human Services should issue an executive order requiring DHS to update its policies and procedures regarding overdose:
    - Policies should establish standardized procedures for identifying and responding to suspected overdoses of all kinds.
    - DHS should reevaluate policies and procedures on how overdose and suspected overdose are documented to ensure that the information does not negatively impact the individual – either in exploring future housing opportunities or through the actions of other agencies that have access to this information.
    - All DHS's policies and procedures should require data minimization, so that the least amount of information necessary to complete housing services is collected and recorded.
    - All overdose policies and procedures should be posted in DHS physical sites, websites, and available upon request.
- Require all DHS staff to receive education & training on identifying and responding to all drug-related overdoses: All shelter/Safe Haven staff should be educated and trained on DHS's updated policies and procedures regarding overdose and receive regular training from harm reduction organizations that regularly work with PWUD on best practices to identify and respond to overdoses. Training must be required for all staff annually and occur as needed in response to specific issues or events.
- Require all DHS staff to receive education & training on the importance and function of safe consumption supplies: All staff at DHS-sponsored sites should be required to attend annual training on DHS's harm reduction policies and practices, including as they relate to individual's possession of safe consumption supplies.

- Funding should be directed to DHS-sponsored sites allowing for the creation and maintenance of secure storage space for all residents, including those who need to safely stow safe consumption supplies.
- Eliminate shelter diversion practices and replace them with trauma-informed, safety-first intake focused on guests' self-identified needs. Many DHS residents have reported returning from substance use disorder treatment only to find their shelter bed is gone. DHS requires that these individuals go through the intake system again before they are able to access housing, meaning individuals often sleep on the street immediately after leaving treatment.

Appendix A – Recommended language for NYPD Directive re: harm reduction

Harm reduction programs and their outreach workers are engaged in sanctioned activity that supports public health and safety. Targeted surveillance, investigation, or prosecution of participants at harm reduction programs undermines New York City's public health and policy goals; it also violates individuals' right to use or engage with services. Effective immediately, this Mayoral Directive sets forth the following enforcement priorities and guidance for all NYPD precincts and prosecutors:

1. It is <u>not</u> an enforcement priority to arrest or prosecute participants at harm reduction programs solely on the basis of drug-related offenses. NYPD should exercise enforcement discretion and avoid conducting surveillance or arrests in or around harm reduction programs or known outreach locations, due to the important public health function these programs support and the risk of undermining their operations through law enforcement action.
2. The act of engaging in outreach work and providing or receiving harm reduction-related services is not sufficient to establish reasonable suspicion or grounds for a stop, search, or seizure. Harm reduction-related services include – but are not limited to – the following:
    a. Distributing syringes, pipes/stems, safe consumption supplies (e.g., cookers, cottons, chore, aluminum foil, etc.), overdose reversal kits, drug testing kits, safer sex supplies, and wound care kits;

   b. Drug checking, including collecting samples, testing samples, and communicating results with participants;
   c. Safer drug use and health education;
   d. Hepatitis C and HIV testing; and,
   e. Counseling, treatment, care coordination, and referrals to other services.
3. Undercover officers and informants are strictly prohibited from operating in NYC harm reduction programs to criminally investigate or prosecute a participant. Evidence gathered by undercover officers and informants shall not be used to initiate or substantiate any criminal charges against a participant.

TESTIMONY

The Legal Aid Society

to

The New York City Council

Committee on Health,

Committee on Mental Health and Substance Use, and

Committee on Disabilities

New York City Council Budget and Oversight Hearings on

The Preliminary Budget for Fiscal Year 2027

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March 19, 2026

Introduction

The Legal Aid Society thanks Chair Lynn Schulman, Chair Tiffany Cabán, Chair Shahana Hanif, former Chair Lee, and members of the Committee on Health, Committee on Mental Health and Substance Use, and Committee on Disabilities for the opportunity to testify, and for the City Council's zealous advocacy for investments in school-based mental health services and behavioral supports for students in New York City Public Schools (NYCPS).

[redacted]

The Legal Aid Society is deeply concerned about the enduring mental health crisis facing children and youth, with continuing high rates of anxiety, depression, and suicidality. Our concern stems from our extensive experience as New York City's largest law firm working with thousands of children and youth each year who have significant mental health challenges and who have been unable to access the mental health services they need to be successful in school and in life. We urge the City to prioritize the creation and funding of a comprehensive, integrated system of school- and community-based mental health and behavioral supports with cross-agency collaboration. The coordinated system must include sufficient resources to proactively support students and schools, prevent emotional crises by addressing the root causes of student behavior, and respond to crises using trauma-informed, culturally-responsive approaches, and connect students and families to timely, effective behavioral and mental health care.

We urge the Council to work with the new Administration to ensure the FY 2027 budget extends and baselines funding for the Mental Health Continuum ($5 million), extends, expands, and baselines funding for Restorative Justice Practices in schools ($12 million), invests and baselines funding to hire Behavior Specialists to support schools in meeting the mental health and behavioral needs of students ($8M), invests and baselines funding necessary to create additional School-Based-Mental Health Clinics, Therapeutic

School Programs, and Therapeutic Day Treatment Programs, and invests and baselines funding necessary to expand B-HEARD 24/7 citywide with peers and additional teams, and establish 988 as the phone number for mental health crises, in lieu of 911.

The Legal Aid Society

The Legal Aid Society is the nation's largest and oldest provider of legal services to low-income families and individuals. Throughout our 150-year-history, The Legal Aid Society (LAS) has been a tireless advocate for those least able to advocate for themselves. The Legal Aid Society is built on one simple but powerful belief: that no New Yorker should be denied the right to equal justice because of poverty. From offices in all five boroughs, the Society annually provides legal assistance to low-income families and individuals in nearly 200,000 legal matters each year, including education advocacy for school-age children and youth. Our practice encompasses three practice areas: the Criminal Defense Practice, the Civil Practice, and the Juvenile Rights Practice.

The Criminal Defense Practice is the premier public defender program in the country, handling 125,000 criminal matters in a typical year. Our victories in and out of the courtroom protect the constitutional rights of our clients and strive for greater humanity in the criminal legal system. Over 2,000 clients with criminal cases in Criminal Court and Supreme Court are school-age teenagers and young adults who need and are legally entitled to receive educational services and many of them are young parents with children who also require educational services. Many of our clients with criminal cases have significant trauma histories and mental health needs.

The Civil Practice provides specialized, comprehensive, legal assistance across a range of civil legal practice areas that benefits more than 135,000 New Yorkers each year. Through our efforts, we secure essentials of life such as ensuring our clients have stable housing, family

law assistance, access to health care, obtain life-changing immigration law assistance, and can effectively care for themselves and their families. Many clients of the civil practice are parents of children who attend New York City Public Schools and many of them have significant trauma histories and mental health needs.

The Juvenile Rights Practice provides comprehensive representation as attorneys for children who appear in New York City's Family Court due to involvement with the family regulation system, the juvenile legal system, and other proceedings affecting children's rights and welfare. Our Juvenile Rights staff typically represents a total of more than 30,000 children each year. Our work with these most vulnerable New Yorkers keeps them safe and makes our city's families and communities stronger. Many of our clients with family court cases have significant trauma histories and mental health needs.

Our Civil, Juvenile Rights, and Criminal Defense Practices engage in educational advocacy for our clients, in the areas of special education, school discipline, and school placement and programming through the Education Advocacy Project in the Juvenile Rights and Criminal Defense Practices and the Education Law Project in the Civil Practice. In addition to representing these children each year in administrative hearings, appeals, and court proceedings, we also pursue impact litigation, policy advocacy, and other law reform initiatives on behalf of our clients.

Our perspective comes from our daily contacts with children, youth, and their families as well as our frequent interactions with courts, social service providers, and NYC agencies, including the Departments of Education (DOE), Health and Mental Hygiene (DOHMH), and Homeless Services (DHS), the Administration for Children's Services (ACS), and the Human Resources Administration (HRA).

The Education Advocacy Project of The Legal Aid Society submits the instant testimony to urge the City to fund behavioral and mental health programs in public schools that our clients and students citywide need. Our written testimony highlights essential school- and community-based mental health and behavioral programs that will keep students in school supported and learning, prevent emotional crises, and respond to crises using trauma-informed, culturally-responsive approaches.

An Enduring Mental Health Crisis Facing New York City Children and Youth

Our New York City children and youth continue to experience a profound mental health crisis. In 2023, 48% of New York City teens surveyed experienced at least mild depressive symptoms, with up to 25% experiencing persistent anxiety. There are substantial disparities by race, sexual orientation, and gender orientation: Black and Latine students, as well as LGBTQIA+ youth and those facing food or housing instability, report higher rates of depressive symptoms, attempted suicide, and barriers to care. Suicide is the second leading cause of death for 15-19-year-olds.[1]

A little more than a year ago, the Campaign for Healthy Minds, Healthy Kids and Health Management Associates conducted an in-depth mental health needs assessment for children on Medicaid in New York. They found that nearly 80% of children covered by

[1] New York City Comptroller, Bureau of Policy & Organizing. (Dec. 2025). *Classrooms, Counselors, Clinics: Building a Mental Health Care Continuum in New York City Public Schools*. Retrieved March 3, 3026 from https://comptroller.nyc.gov/wp-content/uploads/2025/12/Mental-Health-Services-in-NYC-Public-Schools.pdf (citing U.S. Department of Health and Human Services, Office of the Surgeon General. (2023). *Social media and youth mental health: The U.S. Surgeon General's advisory*. Retrieved December 4, 2025, from https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-mediaadvisory. Pdf and New York State Office of Mental Health; Office of Children and family Services. (2023). *Youth mental health listening tour report*. Retrieved December 4, 2025, from https://omh.ny.gov/omhweb/statistics/youth-mh-listening-tour-report.pdf)

Medicaid in New York City are not accessing the outpatient mental health services they need.[2]

The consequences are disproportionately dire for our clients at The Legal Society who are low-income and come predominantly from underserved communities. Despite the increased mental health needs in children and youth, we frequently see children and youth who are unable to get help and treatment for many months or years until there is a significant crisis that places them or their families in the city's court system, an expensive and often traumatizing system that is ill equipped to address the mental health needs of our children. They end up cycling in and out emergency rooms, hospitals, foster care, and juvenile facilities rather than receiving continual, high-quality outpatient mental health services needed to be and remain healthy.

Far too many of our schools are inadequately resourced and unnecessarily routing students experiencing mental health crises to 911, Emergency Medical Services (EMS) and hospital psychiatric emergency rooms, invoking NYPD School Safety Agents and police on student behavior, and resorting to suspensions. In May 2023, THE CITY and ProPublica reported that schools continued to call NYPD School Safety Agents and police officers to respond to students in mental health crisis an average of 3,200 times each year since 2017.[3] In these so-called "child in crisis" incidents, NYPD officers hand students off to EMS to transport students to hospital emergency rooms for psychiatric evaluations, while many families report that the hospital visit served no useful purpose.[4] Racial disparities are stark: schools are far more

[2] Healthy Minds, Healthy Kids Campaign. (Nov. 2024). *Solutions to New York's Youth Behavioral Health Crisis*. Retrieved March 3, 2026 from https://healthymindshealthykids.org/bh-gap-analysis/?region=New+York+City.
[3] The analysis excludes 911 calls made during the COVID-19 pandemic when schools operated remotely. Kramer, A., & Blesener, S. (May 4, 2023). ProPublica. *NYC Schools Handcuff and Haul Away Kids in Emotional Crisis*. Retrieved March 3, 2026 from https://www.propublica.org/article/nyc-schools-students-police-emotional-crisis-nypd.
[4] Id.

likely to call 911 on Black students, who make up less than a quarter of the student body but account for nearly half of child-in-crisis incidents and 59% of instances in which students were handcuffed since 2017.[5]

For example, a 12th grade client living in her sixth foster home during high school called her Legal Aid Society education lawyer from school last year in a panic. After getting into an oral argument with school leadership, the principal contacted NYPD School Safety Agents to remove her from his office. The NYPD School Safety Agents tackled her to the floor and handcuffed her. Although the student was calm when her lawyer arrived at school, she was still handcuffed. Emergency Medical Technicians transported her to the hospital pediatric trauma unit for care based on the physical bruising and emotional trauma she endured from what occurred.

The good news is that studies have shown that young people are much more likely to seek mental health services when they are accessible in school. Of those young people who do obtain mental health services, over 75% received treatment in school.[6] School-based mental health services can help reduce racial disparities in access to care.[7] These services are associated with increased attendance and academic achievement.[8]

There are impactful programs in New York City schools that play a pivotal role in connecting young people experiencing mental health challenges with the services they urgently

[5] Id.
[6] American Academy of Pediatrics. School-Based Mental Health: Pediatric Mental Health Minute Series. Retrieved March 3, 2026 from https://www.aap.org/en/patient-care/mental-health-minute/school-based-mental-health.
[7] Kelley, B. & Silva-Padrón, G. Education Commission of the States. (Feb. 2023). Policy Brief. Addressing Health Disparities Through School-based Health Services. Retrieved March 3, 2026 from https://www.ecs.org/wp-content/uploads/Addressing-Health-Disparities-Through-School-Based-Health-Services.pdf.
[8] Id. Mental Health America. (May 2024). *The impact of school mental health services on reducing chronic absenteeism*. Retrieved March 3, 2026 from https://mhanational.org/blog/impact-school-mental-health-services-reducing-chronic-absenteeism/.

need to support their behavioral and mental health and foster better academic outcomes. However, these programs require sustained investments. We urge the Administration to baseline funding for the following array of programs for FY 2027.

I. Extend and Baseline Funding for the Mental Health Continuum ($5M)

Each year, The Legal Aid Society works with students experiencing significant mental health challenges without access to vital mental health services they need to succeed in the classroom. Consequently, we strongly support the Mental Health Continuum, a cross-agency partnership between New York City Public Schools (NYCPS), NYC Health + Hospitals (H+H), and the NYC Department of Health & Mental Hygiene (DOHMH) to help students struggling with mental health challenges receive appropriate, and timely care. This innovative model, highlighted in the City Council's Mental Health Road Map, is supported with $5 million in one-year city funding that was excluded from the Mayor's FY 2027 Preliminary Budget. Unless extended in the FY 27 budget, this funding is set to expire in June 2026, leaving students in high-need schools at risk of losing essential mental health services they need to live and learn.

The Mental Health Continuum supports over 20,000 students at 50 schools in the Bronx and Brooklyn through school partnerships with H+H mental health clinics that provide expedited access to mental healthcare, dedicated staff to provide students with timely access to mental health services, consultation with school leadership and school-based support teams, a NYC Well hotline to advise school staff, Children's Mobile Crisis Teams to respond to students in crisis, and training for school staff in Collaborative Problem Solving to build their capacity to address student behavior. Funding also supported the opening of 16 school-based mental health clinics at Mental Health Continuum schools, providing over 5,500 students with access to care

onsite. The Mental Health Continuum is designed to ensure that each school can offer students and families welcoming, affirming and culturally-responsive mental health services.

Mental Health Continuum data suggests that there have been significant reductions in student suspensions, the length of suspensions, and student EMS transports. Several school leaders, social workers, and even a student have expressed how critical the Mental Health Continuum is to students, families, and school staff. For example, they note:

- a reduction in emergency incidents, crisis calls, incident reports, suspensions, and behavioral escalations;
- an increase in clinical services for students and families;
- an increase in proactive and prevention services and restorative practices;
- an improvement in school climate;
- the creation of sensory and emotional regulation rooms and spaces;
- an improvement in school staff ability to support students with diverse needs;
- more inclusive, trauma-informed, and nurturing school environments;
- continuity of clinical care during the summer; and
- improved collaboration with families.

While many schools offer other social-emotional and mental health supports, the Mental Health Continuum is unique in its comprehensive, integrated model and in its capacity to connect students with significant needs to expedited mental healthcare. Nearly 2,000 students have received direct mental health support through the Mental Health Continuum since 2023. For these services to continue and be sustained, Mental Health Continuum funding must be extended and baselined in FY 2027.

The Council was instrumental in securing funding for the Mental Health Continuum in

prior budget cycles and in making this vital initiative a reality. We urge the Council to work with the Administration to ensure the FY 2027 budget includes and baselines $5M (NYCPS: $787K, H+H: $3.74M, DOHMH: $472K) to sustain the Mental Health Continuum so that students can continue to receive the mental health support they require to learn.

II. Extend, Expand, and Baseline Funding for Restorative Justice Practices ($12M)

All students are entitled and deserve to attend schools that make them feel safe and supported. However, tens of thousands of students each year are suspended from school or removed from class—which does nothing to build or repair relationships or make schools safer and which disproportionately impact Black and Latine students, students with disabilities, and youth who are homeless or in the foster system. Exclusionary school discipline has also been linked with lower educational achievement and greater likelihood of future involvement in the juvenile or criminal legal system.

Both the CDC and Surgeon General have highlighted the potential for schools to be a protective factor in the mental health crisis, finding that teens who feel connected at school report much lower rates of poor mental health. A 2023 report by the U.S. Surgeon General encourages the strengthening of relationships and the adoption of evidence-based practices within schools as a protective factor to guard against the negative effects of isolation, loneliness and disconnection for young people.[9] According to the CDC, "school connectedness (i.e. the belief by students that adults and peers in the school care about them as individuals) has been shown to have positive effects on traditional academic achievement, including having

[9] U.S. Surgeon General, Our Epidemic of Loneliness and Isolation (2023) https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf; see also Moriah Balingit, 'A cry for help': CDC warns of a steep decline in teen mental health, THE WASHINGTON POST (Mar. 31, 2022), https://www.washingtonpost.com/education/2022/03/31/student-mental-health-decline-cdc/.

higher grades and test scores, having better school attendance, and staying in school longer."[10]

Given the potential of school engagement to provide children with stability and access to services, as well as the need to foster safe, supportive learning communities, the use of research-based Restorative Practices must be supported and expanded. This emphasis on connection and interconnectedness is at the heart of Restorative Practices. Indeed, ample research shows that Restorative Practices improve school connectedness by building and healing relationships, teaching positive behaviors, and helping address the root causes of behavior.[11] Techniques such as restorative circles, proactive circles, and restorative conferences provide opportunities for students, teachers, and administrators to prevent conflicts and work through issues after an incident. The use of Restorative Practices is also linked with improved academic outcomes, school climate, and staff-student relationships.

Both the New York State Commissioner of Education[12] and New York State Safe Schools Task Force Report[13] have recommended funding alternatives to suspension and other forms of school discipline to keep students in class learning. As the Commissioner of Education has stated:

> Punitive and exclusionary discipline rarely helps students understand how their inappropriate behaviors can have real world consequences. Learning and success are not solely academic in nature; they are dependent upon the social-emotional support that school districts are required to provide. All students must have equitable access to interventions that will support their holistic academic

[10] CDC, School Connectedness (last visited on March 24, 2025) https://archive.cdc.gov/www_cdc_gov/healthyschools/school_connectedness.htm.
[11] See U.S. Commission on Civil Rights, Beyond Suspensions: Examining School Discipline Policies and Connections to the School-to-Prison Pipeline for Students of Color and Disabilities, (July 2019) https://www.usccr.gov/reports/2019/beyond-suspensions-examining-school-discipline-policies-and-connections-school-prison.
[12] NYS Commissioner of Education, Betty Rosa, "An equitable approach to student discipline" (April 24, 2023) https://www.nyssba.org/news/2023/04/21/on-board-online-april-24-2023/an-equitable-approach-to-student- discipline/.
[13]New York State Safe Schools Task Force Report: Recommendations for Reducing Disparities in and Reforming School Discipline in New York State, Presented by the Office of Student Support Services (Dec. 2022) https://www.regents.nysed.gov/sites/regents/files/P-12%20-%20Recommendations%20for%20ATT%20-%20Recommendations%20for%20Reducing%20Disparities%20in%20and%20Reforming%20School%20Discipline%20in%20New%20York%20State.pdf.

> and social-emotional development as learners and developing, contributing members of society. Rather than immediately turning to punishment, districts should instead consider how they can help students learn to assume and accept responsibility for their behavior while simultaneously establishing remedial supports to foster, and thus augment, their emotional intelligence."[14]

Despite the recognized efficacy of Restorative Justice Practices, the NYCPS currently employs only about 20 Restorative Justice coordinators to serve over 1800 schools. We appreciate that the FY 2026 budget included $12M in increased city funding to replace expired federal stimulus dollars. However, only $6M was baselined and the other $6M was for one year only. Furthermore, no additional Restorative Justice coordinators were added, despite the substantial need. We ask the City Council to work with the Administration to baseline $12M for Restorative Justice Practices in the FY 2027 budget to extend and expand funding, and add 10 more Restorative Justice coordinators to NYCPS.

III. Invest and Baseline Funding to Hire Behavior Specialists to Support Schools in Meeting the Mental Health and Behavioral Needs of Students ($8M)

To avoid punishing, excluding, or criminalizing students with behavioral and mental health challenges. schools need consistent, on-site access to trained professionals who can help staff learn how to prevent and respond effectively to challenging behaviors and crises. Educators and school staff need direct access to behavioral specialists who can help create effective individualized behavior support plans with concrete recommendations for helping students remain in the classroom and model, coach, and support the implementation of the behavior supports for students, particularly students with emotional disabilities, autism, and other disabilities. These behavior specialists could also provide professional development in culturally-responsive, trauma-informed, and evidence-based practices for use with individual students and school-wide. They could also help develop school-wide strategies that promote

[14] Id.

positive behavior and school climate.

We urge the City to invest $8 million to hire at least one behavior specialist for each school district, along with necessary supervisors and support from the NYCPS' Division of Inclusive and Accessible Learning, to support students directly and afford school staff the tools needed to address student behavior, prevent and respond to emotional crises, and improve student outcomes.

IV. Invest and Baseline Funding Necessary to Create Additional School-Based Mental Health Clinics, Therapeutic School Programs, and Therapeutic Day Treatment Programs.

School-Based Mental Health Clinics (SBMHCs) provide direct and timely access to mental health treatment and support for students and their families. SBMHCs offer an array of mental health services to children at school during the school day, including an initial assessment, treatment plan, therapy, psychiatry, medication management, family peer support, and youth advocacy. This school-clinic partnership helps improve attendance, increase family engagement, and academic performance.

SBMHC staff collaborate with school staff to identify children who need mental health services, coordinate services, and facilitate prompt referral and access to assessment and evidence-based treatment. SBMHCs work to engage the entire family and can serve family members at their community location. In addition to providing proactive services, SBMHCs provide crisis mental health services, helping to ensure that children receive a supportive response without contacting 911 unnecessarily, avoiding needless emergency room visits and hospitalizations, and reducing the use of suspensions, police involvement, and other exclusionary, punitive disciplinary measures.

For students whose learning has been limited by more significant emotional and behavioral difficulties, receiving targeted and integrated services for mental health and substance use in a structured Therapeutic School Program or Therapeutic Day Treatment Programs can help them turn their lives around. However, there is a dearth of such programs in NYC Public Schools.

The City needs to invest in more Therapeutic School Programs such as Mount Sinai's Comprehensive Adolescent Rehabilitation and Education Service (CARES), an intensive outpatient treatment program that incorporates academic services through NYC Public Schools, to create a safe and therapeutic school for high school students. It provides a significant level of structure and skill building for teenagers who live in their community, using multidisciplinary, daily therapeutic services, including individual, group, milieu, family, and pharmacological treatments.

We repeatedly hear from families and school staff that more School-Based Mental Health Clinics, Therapeutic School Programs, and Therapeutic Day Treatment Programs are needed in their schools and communities. We urge the City to make these additional investments to tackle the mental health crisis and help children and youth thrive.

V. Invest and Baseline Funding Necessary to Expand B-HEARD 24/7 Citywide, Add Peers, Add Teams, and Establish 988 as the Number for Mental Health Crises, in Lieu of 911.

While the array of investments recommended above can significantly limit child and youth mental health crises, when they do occur, it is critical that they receive a public health, and not police, response. The latter is inappropriate, ineffective, and traumatizing. No one should be criminalized because of their mental health status.

We urge the City to make real investments in B-HEARD, including:

- **Mandate that peers be added to B-HEARD teams** and be made a part of all aspects of planning, training, implementation, and oversight.
- **Expand the number of B-HEARD teams to match the call volume.** There are currently 18 B-HEARD teams, and New York City Health + Hospitals (H+H) employs 38 social workers to staff them. This ratio of teams to call volume is mismatched as the City's own data show that the need for teams to respond to calls always surpasses the number of teams available. This means that not all eligible calls will be responded to with B-HEARD. The number of teams therefore must be increased.
- **Expand the number of B-HEARD teams to ensure citywide and 24/7 coverage.**
- **Establish 988 as the number to be dialed for mental health and substance use crises,** in lieu of 911, while ensuring interoperability among 988, 911, and 311.

Conclusion

We are attaching a summary of the Mental Health Continuum created jointly by NYC agencies, the Legal Aid Society, and other advocates, which contains clinical, EMS, and suspension data and quotes from school leaders and a student about the high impact of the program. We look forward to working with you as the budget process moves forward. We greatly appreciate the opportunity to provide testimony.

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THE LOWER EASTSIDE GIRLS CLUB | CENTER FOR WELLBEING & HAPPINESS

Joy. Power. Possibility.

402 EAST 8TH STREET • NEW YORK, NY 10009
212-982-1633 • www.girlsclub.org

Testimony from the Lower Eastside Girls Club
City Council FY 26 Preliminary Budget Hearing
Committee on Health - Jointly with Mental Health, Disabilities, and Addiction
March 19, 2026

Good afternoon, Chair Schulman and members of the Committee on Health and Mental Health, Disabilities, and Addiction. My name is Jenny Dembrow, and I am the Executive Director of the Lower Eastside Girls Club (LESGC). I have been with the organization since its founding in 1996. For 30 years, through recessions, a pandemic, and shifting political landscapes, LESGC has connected young women and gender-expansive youth to healthy and successful futures filled with Joy, Power, and Possibility. Our Center for Wellbeing & Happiness, which opened in 2022, extends this mission, offering healing-centered wellness services for all ages and genders across the Lower East Side — because we believe thriving communities are built when everyone has the support to flourish.

NYC youth and older adults alike continue to face profound mental health and socio-economic challenges. According to the Citizens Committee for Children of NYC's Keeping Track of New York Children 2024 report, growing income inequality has left hundreds of thousands of NYC children living below the Federal Poverty Level. More than 80% of families with children under 12 cannot afford childcare or after-school programs, and over 100,000 public school students are living in temporary housing. Black and Latiné youth are disconnected from school and employment at more than twice the rate of their white peers, and 38% of NYC high school students report symptoms of depression. At the same time, older adults on the Lower East Side are navigating grief, social isolation, complex changes in NYCHA housing, and the mental health toll of economic hardship. We know that when basic needs are not met, health outcomes suffer — at every age.

Community-based, intergenerational programs like LESGC are critical to addressing the mental health and affordability crises across generations. Operating outside of schools and within neighborhoods, these organizations serve as vital assets for youth, families, and communities alike. A recent study by the Wallace Foundation highlights how culture-centered, community-based programs provide essential spaces that support the well-being and development of young people — and the same is true for older adults, who too often lack access to affordable, culturally responsive care. Research shows that third spaces reduce isolation, foster meaningful connections, and offer informal emotional support that complements clinical interventions. Data from the NYC Youth Development Institute reveal that adolescents who regularly participate in quality third spaces have 40% lower rates of depressive symptoms. For older adults, the evidence is equally compelling: chronic loneliness is now recognized as a public health crisis, and community-based programming that fosters connection, creativity, and movement has been shown to meaningfully reduce depression and improve overall health outcomes.

Mental wellbeing is woven throughout everything we do — for youth and adults alike. For young people, our wellness offerings include Restorative Circles focused on emotional awareness and peer connection, access to on-site counseling, and mindfulness programming that builds skills in emotional regulation and stress management. Across our STEAM, Arts, Media, and Civic Leadership programs, members develop confidence, purpose, and a strong sense of self, with 95% demonstrating measurable gains in key

social-emotional capacities, outcomes research consistently links to long-term health and well-being. We have partnered with University Settlement since 2022 and the Child Mind Institute since 2024 to bring increased clinical support to our members.

What distinguishes LESGC is our depth and continuity of care — not a single service, but an ecosystem of support that meets people where they are, across every stage of life. For older adults, our Center for Wellbeing & Happiness serves over 350 adults monthly, with seniors ages 62 and older as our single largest age group. Free movement classes, creative arts programming, nutrition education, and community support groups directly combat chronic loneliness and support mental health. CWBH has also supported grandparents and older parents navigating substance use crises within their families, helping them maintain stability, manage limited incomes, and ensure safety during acute mental health emergencies.

Beyond programming, our weekly Community Food Pantry serves approximately 2,000 New Yorkers monthly — including an average of 755 older adults and 400 children — with flexible walk-in options for those facing mobility challenges. We maintain a waitlist of approximately 100 families, and as federal funding cuts reduce support for food assistance programs citywide, demand continues to grow. In 2025, we transitioned to a hybrid client choice model, honoring the dignity and agency of every person we serve. We recently launched a subsidized CSA farm share program in partnership with Norwich Meadows Farm, connecting over 80 SNAP-recipient families to free organic produce. Our Food Farmacy provides grab-and-go nutritious foods, and our nutrition and culinary classes address chronic conditions like diabetes and hypertension through culturally relevant food education — ensuring that community members facing difficult choices between food and essential bills can maintain their health and dignity.

In the current climate — marked by federal funding uncertainty, deepening economic instability, and the erosion of critical social safety nets — we are seeing measurable increases in anxiety, dysregulation, and crisis among both the young people and older adults we serve. This is not a moment to reduce investment in community-based mental health care. It is a moment to strengthen it.

The funding landscape for organizations like ours has grown increasingly precarious. In FY24, LESGC lost two critical DYCD grants — Compass Explorer ($65,765) and Adolescent Literacy ($108,274) — and city government contract delays have put our organization, like so many nonprofits citywide, in a difficult cash-flow position. According to the NY Council of Nonprofits, 62% of New York nonprofits are concerned about funding basic operations. Through disciplined budgeting and careful stewardship, LESGC has stabilized its finances and is projected to end FY26 with a balanced budget — but sustaining that momentum requires sustained public investment.

We are requesting **$1,090,000 in total City Council support in FY27** to sustain the full scope of our work. This investment supports a proven model — 30 years of demonstrated impact — while addressing urgent and growing needs across food access, mental health, and community wellbeing. Community-based organizations like ours are not a supplement to the city's social safety net. We are foundational, providing integrated, culturally responsive services across generations. The return on this investment is measurable, proven, and urgently needed.

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As we celebrate our 30th anniversary, we ask the City Council to help secure LESGC's legacy as a transformative force in community health and development — ensuring we can continue serving young people, families, and older adults for generations to come.

Thank you.



Jenny Dembrow
Executive Director
Lower Eastside Girls Club

Make the Road NY
Testimony: FY27 Preliminary Budget Hearing
Committee on Children & Youth
March 16, 2026

Good afternoon, my name is Yessenia Serra, Adult Literacy Intake & Data Coordinator at Make the Road New York. Make the Road is the largest grassroots immigrant organization in the state, serving 30,000 immigrant and working-class New Yorkers per year, the majority of them in New York City. Based out of our centers in Queens, Brooklyn, and Staten Island, we support New Yorkers to resolve immigration legal issues, fight landlord harassment, win back stolen wages, access healthcare, improve their English, express themselves through youth arts programs, and more. Thank you Chair Stevens and the City Council for your support of our legal, health, adult education and youth arts services, and thank you to DYCD for partnering with us.

Demand is higher than ever for our Know Your Rights programming, which is reaching tens of thousands of people per year. We have integrated Know Your Rights into English for Speakers of Other Languages and Civics classes for adults. We also launched a program called *Guardianes del Barrio* where we are recruiting hundreds of block captains to help educate and mobilize their neighbors. Demand is also at an all-time high for our deportation defense legal services. Our attorneys are working around the clock to get people out of ICE detention. And we're providing urgent community updates as many immigrant New Yorkers face the loss of their health insurance due to federal restrictions.

Make the Road's English and Civics classes support adult immigrants to navigate everyday life and achieve their goals by obtaining better jobs; gaining work

authorization and citizenship; enforcing workplace rights; and helping their children in school. These New Yorkers need the city's support more than ever, especially given the federal administration's attacks and the dramatic cuts it has threatened to funding that the City relies on for adult literacy**.**

- **We request that the Council renew $449,637 for Make the Road under the Adult Literacy Forward initiative, expand the initiative to $18 million AND consolidate all Council Discretionary funding under Adult Literacy Forward.**
- Funds from Adult Literacy Forward enhance our English and Citizenship classes for adults, with integrated Know Your Rights education to empower community members to navigate daily life with confidence and security. Adult Literacy Forward is a nationally recognized, innovative model of funding. Since its inception as a City Council pilot project in FY22, it has consistently demonstrated that greater levels of investment in services, along with greater flexibility to meet community needs, yield greater outcomes and impacts for adult literacy students and their families.
- This is in addition to NYCCAL's call for a new $20 million adult education funding stream, titled Education for Integration and Equity, to expand access.

Finally, I will highlight a few of Make the Road's other requests for Council support via DYCD for our range of services:

- **An increase to $300,000 under the Speaker's Initiative** for our wraparound services, including legal, health access, adult education, youth and more.
- **Another $60,000 under the Speaker's Initiative** for outreach and services for trans and queer Latinx New Yorkers.
- **$70,000 under Coalition of Theaters of Color** to support Theater for Social Justice, our theater-based social justice leadership program for immigrant youth and youth of color. This includes performance skills workshops, theater-based Know Your Rights programs, and street theater for social justice on issues including immigration and school discipline. This is a

lifeline for youth who are severely impacted by the current attacks on immigrant and queer communities. We are grateful for the Council's support of this program over many years.

Thank you for your support of Make the Road's services in this critical moment.

Make the Road NY: Testimony

FY27 Preliminary Budget Hearing

Committee on Health and Committee on Mental Health, Disabilities, and Addiction

March 19, 2026

Good afternoon, Chairs Schulman, Cabán, Hanif, and Council Members. My name is Carmen Garcia, and I am the Community Health Worker Supervisor at Make the Road New York. On behalf of our 30,000 members and our staff, I thank the Committee for the chance to share about our health access services for immigrant and working class New Yorkers.

I'm here today to urge the Council to continue and enhance funding for various health initiatives that support community health, education and health navigation. These initiatives fund our health access services for New Yorkers severely impacted by federal budget cuts that are attempting to deny basic services to immigrants. We are helping immigrant New Yorkers navigate the changes to HR1 and how that impacts benefit eligibility, countering fear and uncertainty with accurate information and culturally competent support. Our work includes health insurance and SNAP outreach, enrollment, and navigation, as well as referrals to wraparound services. We also offer a Community Health Worker training to empower new community health leadership from the community, and specialized health access services for TGNCIQ New Yorkers. These TGNCIQ services include tailored outreach on harm reduction and overdose prevention. Our model works to empower immigrant and working-class communities to lead healthy, dignified lives alongside fellow New Yorkers.

We request the Council's support on the following FY27 initiatives:

- **Enhance the Access Health Initiative to $4.5 million, with $110,000 for Make the Road.** This funding has helped us reach thousands of uninsured and under-insured people in Brooklyn, Queens, and Staten Island with peer-to-peer outreach and public education about options for health care access. We also connect people to resources and train future Community Health Workers who

come from the communities we serve, which has a lasting impact. Enhancing Access Health to $4.5 million would help us meet the need for further outreach and referrals as care and coverage options rapidly change.

- **Maintain the MCCAP program at $2 million and Make the Road's funding at $82,000**. With last year's increase from the Council, Make the Road has been able to help more low-income and immigrant New Yorkers navigate the complexity of their insurance and access benefits, from prescription drugs to dentist visits. Thank you for your support on this initiative!
- **Renew $74,219 for Make the Road under the HIV/AIDS Pathways to Care initiative**. With this funding Make the Road reaches out to hundreds of vulnerable New Yorkers about HIV medication, condoms, and preventive measures. We also reach out to TGNCIQ+ sex workers with free HIV self-testing kits and follow-up.
- **Maintain Immigrant Health initiative funding**, which supports our health insurance enrollment assistance, community health worker visits, and SNAP referrals for hundreds of New Yorkers per year. These services help overcome the worsening fear and hesitation among immigrants that is related to public charge and more. We also provide free HIV self testing kits and follow-up in a caring environment, which is sometimes our participants' first opportunity to test and know their status.
- **Finally, secure $300,000 under the Speaker's Initiative** for our wraparound legal, health, and educational services, which allow us to meet multiple needs of our community members through comprehensive intake and referrals.

Thank you for your support of the health of immigrant and working class New Yorkers in this critical moment.

NATIONAL ALLIANCE OF TRAUMA RECOVERY CENTERS

Testimony to the New York City Council Committee on Mental Health, Substance Use, and Disabilities
Re: Renewal of Funding for New York City Trauma Recovery Centers (TRCs)

Good afternoon Chair and members of the Committee,

Thank you for the opportunity to submit testimony in support of renewing funding for New York City's Trauma Recovery Centers (TRCs). As of 2026, there are 56 TRCs across 18 states, working together through the National Alliance of Trauma Recovery Centers (NATRC) to advance equitable, evidence-based services for survivors of violence.

I am here today to speak about the four Trauma Recovery Centers in New York City, established in partnership with the City Council.

Since 2023, the Council has funded four TRCs as part of a citywide initiative to expand access to trauma-focused mental health care, support survivors of violence, and improve public safety. Without renewed investment, these centers will be forced to close at the end of the current fiscal year. This would mean that survivors of violence across New York City—particularly those in the most under-resourced communities—will lose access to critical services that support stabilization, recovery, and long-term healing. This risk is especially acute in the current climate of reduced federal funding for essential programs and services.

New York City's TRCs implement the evidence-based model developed at the University of California, San Francisco. These centers serve survivors of a wide range of violent and traumatic experiences, including gun violence, domestic violence, physical and sexual assault, human trafficking, serious motor vehicle incidents, and traumatic grief following homicide.

TRCs are specifically designed to reach survivors who are least likely to access traditional systems of care. Through assertive outreach and community-based service delivery, they work to eliminate barriers such as cost, transportation, and distrust of institutions. Data from New York State TRCs in 2024 (3 in NYC, 1 in Buffalo) demonstrate that these programs are successfully reaching those most in need: 81% of participants were people of color, 48% were Black or African American, 58% were unemployed, and 37% lacked stable housing.

Through multidisciplinary teams, TRCs provide comprehensive, wraparound services that address both immediate safety needs and longer-term mental health recovery. This

integrated approach produces measurable outcomes. Among those served, 70% experienced a reduction in PTSD symptoms, 50% saw a reduction in depression, and 67% reported an improved quality of life.

Decades of research show that survivors of violence face elevated risks of PTSD, depression, substance use disorders, and chronic health conditions, as well as economic instability, including job loss, food insecurity, and housing instability. Without timely and effective intervention, trauma can initiate a cascade of long-term negative outcomes—for individuals, families, and communities.

Trauma Recovery Centers interrupt this trajectory. By providing timely, evidence-based care and practical support, they help survivors stabilize, heal, and regain control of their lives. In doing so, TRCs represent not only a public health intervention, but also a strategic investment in violence prevention and community safety.

We respectfully urge the Committee to prioritize continued funding for New York City's Trauma Recovery Centers. Sustaining these programs is essential to ensuring that all New Yorkers who experience violence have access to the care and support they need to recover and thrive.

Thank you for your consideration.

NEW YORK CITY COUNCIL FISCAL YEAR 2027 PRELIMINARY BUDGET HEARING

before the

Committee on Mental Health and Substance Use

Jointly with

the Committee on Health & the Committee on Disabilities

on

Thursday, March 19th at 9:30AM

Testimony By: Jonathan Chung, MPA

Director of Public Policy & Advocacy

National Alliance on Mental Illness of New York City (NAMI-NYC)

I. INTRODUCTION

Good afternoon, Chair Caban, Chair Schulman, Chair Hanif, and Members of the Committees on Health, Mental Health & Substance Use, and Disabilities. My name is Jonathan Chung, Director of Public Policy and Advocacy, and I am testifying on behalf of the National Alliance on Mental Illness of New York City, NAMI-NYC, which is the *only* nonprofit providing direct and extensive support programs and services to mental health peers *and* to New Yorkers who care for someone living with mental illness.

II. OUR WORK

NAMI-NYC is one of the largest affiliates of the National Alliance on Mental Illness, a grassroots mental health advocacy organization. For over 40 years, NAMI-NYC has served as a leading voice for the mental health community throughout the city, providing groundbreaking advocacy, education, and support services for individuals affected by mental illness, their families, and the greater public, all free-of-charge. Our renowned peer- and evidence-based services are unique in that they are led both for and by individuals and families affected by mental illness and are reflective of the diversity of New York City.

Specifically, some of the ways NAMI-NYC provides support to families and peers, or people living with mental health conditions, is through our:

- **HELPLINE:** Staffed by trained individuals with lived experience with the NYC mental health system, our Helpline provides callers- family members, peers, and professionals- with support, information, and referrals to community services and resources. Many Helpline callers are family members looking to support loved ones, and **we are excited that we answer calls, text, and chats from adults *and* youth under 18 years old seeking support, thanks to youth support funding received from the City Council for Fiscal**

Year 2026. Constituents can be referred to our Helpline at 212-684-3264, via email (helpline@naminyc.org), and through chat on our website (naminyc.org).

- **CLASSES:** NAMI-NYC provides evidence-based education classes – each designed for a specific audience and available free of charge. **Basics** is a 6-week class for parents and caregivers of children and adolescents with behavioral or emotional issues, or mental health diagnoses. **Family-to-Family** is an 8-week class for families, caregivers, and friends of adults living with mental illness. **Peer-To-Peer** is an 8-week class for adults with mental illness who are looking to better understand their condition and journey toward recovery. Taught by a trained team of people who have been there, these classes include presentations, discussions, and interactive exercises. We also offer a shorter 90-minute seminar called **Family and Friends**.
- **SUPPORT GROUPS:** Our more than 30 monthly support groups build a vibrant community. Groups are offered by diagnosis, self-identity, age, and social interest, addressing the needs of both peers living with mental health challenges and those closest to them—their family members, friends, neighbors, and colleagues.
- **FAMILY MATCH PROGRAM:** Our Family Match Mentoring Program connects family members who have a loved one with a similar relationship and diagnosis over the phone. Our trained mentors have "been there," and are ready to provide emotional support and resources to their mentees.
- **ENDING THE SILENCE:** Ending the Silence is a school-based presentation that has three tracks, one for middle and high school students, another for family members, and a third for school staff. Participants learn about mental illness, can ask questions of people who live with it, and learn how to start conversations and find support.

- **…AND MUCH MORE!**

III. OUR IMPACT

This past fiscal year (2024-25), we served thousands of New Yorkers, both peers and supportive family members, and are thrilled to share just some of the results with you. Through our online and in-person programs, we provided evidence-based classes to over **530 participants**. We educated **6,187 middle and high school students, caregivers, and school staff** in NYC through Ending the Silence presentations to inform about warning signs, strategies to improve, and the importance of open communication regarding mental health. Our In Our Own Voice presentations in hospitals and other community centers led to **destigmatizing storytelling and conversations** for **2,089** attendees across the city. Additionally, NAMI-NYC provided **over 30 monthly support and social groups to 1,424 unique New Yorkers** impacted by mental illness. We also had **6,739 interactions through our Helpline**, which provides New Yorkers with information, education, and support regarding mental health in 180 languages. Our Family Match mentorship program resulted in **897 mentor phone calls** between family members and mentors who have first-hand lived experience providing support to loved ones living with serious mental illness.

We continue to offer multilingual programs in Spanish and Mandarin, and culturally-responsive classes and support groups such as our Black Minds Matter, AAPI, and Spanglish support groups. In addition, we expanded our response to the youth mental health crisis, with the launch of our **youth peer mental health programming in 2025,** allowing for teens to now call our Helpline, engage in leadership opportunities, and attend dedicated youth support groups led by young adults.

IV. OUR CITY BUDGET ASKS

NAMI-NYC is grateful that the City Council and Mayor Mamdani are urgently engaging in the need to strengthen New York City's mental health system. We appreciate being included in these ongoing conversations and look forward to continued collaboration with our elected officials.

We offer the following priorities to highlight key components that must be strengthened to address persistent gaps within the mental health continuum of care. This includes both **investments we are encouraged to see** in the Fiscal Year 2027 Preliminary Budget, as well as **areas where additional commitment is needed**:

Positive Investments & Analysis

1. **Street Health Outreach & Wellness (SHOW) Teams Expansion & Bridge to Home Stabilization Facility:** This $11.9 million investment is a critically needed addition to our mental health care continuum. The preliminary budget includes funding to expand mobile outreach teams for New Yorkers experiencing homelessness and serious mental illness. It also invests in a transitional stabilization site designed to support individuals with SMI before they move into permanent housing and treatment. This is a critically important investment in proactive, street-based engagement. We must also continue to ensure longer-term housing and treatment capacity grows within our systems.

2. **Psychiatric Emergency Capacity at Bellevue Hospital:** A major capital investment of $48.2 million will expand the Adult CPEP, increasing the City's capacity to provide timely psychiatric crisis care to 2,500 more New Yorkers each year. We also want to call for

parallel investments in staffing and step-down care, as the physical expanded emergency capacity alone will not reduce those cycling through crisis systems.

3. **Early Childhood and Perinatal Mental Health:** The budget includes a $20 million investment over three years to support early childhood mental health, perinatal care, and home-visiting services for new families, including the expansion of the NYC Nurse-Family Partnership. This investment reflects an important shift toward upstream, preventive care at a time in life where often health and mental health needs or challenges are overlooked.

Where We Urge Additional Investments

While the above-mentioned investments are important for our mental health systems, the Mayor's Preliminary Budget does not fully meet the scale of need across the City's behavioral health system. We urge the Council to prioritize the following:

1. **The city should expand Crisis Stabilization Centers across all five boroughs,** including an additional two sites in the Bronx, Queens, Brooklyn, and Manhattan, and at least one additional site on Staten Island. We also wish to see an increase in Crisis Respite Center capacity to provide more community-based alternatives to hospitalization.

2. We would like to see more mobile crisis response teams become available for New Yorkers. Particularly, we call for an **expansion of the number of Intensive Mobile Treatment (IMT) teams** available across the city to reach individuals with the highest needs. The city must also **rapidly scale and expand the B-HEARD (Behavioral Health Emergency Assistance Response**

Division) program citywide. This includes more coverage, more teams, and 24/7 availability of those teams to be dispatched. A mental health emergency can happen at any time of day. Moreover, a person in a mental health crisis should be able to be met by mental health experts dedicated to the goals of de-escalation and trauma-informed, culturally competent care.

3. **New York City must invest in school-based mental health services to meet rising youth mental health challenges.** The Preliminary Budget does not sufficiently invest in school-based mental health services, despite the rising youth mental health crisis. Schools remain one of the most effective access points for early intervention, particularly within underserved communities.

4. **The Fiscal Year 2027 budget should include baseline funding for the Mental Health Continuum initiative** to ensure sustainability and long-term planning. The Preliminary Budget includes only $5 million for the Mental Health Continuum. Not only is it disappointing that the prior-year funding for this is something that must be fought for each year, but we see a need to scale investment beyond the current proposed allocation, which is insufficient to meet system needs.

5. While financing more supportive housing units is beneficial for New Yorkers living with SMI, **the city should also be concerned with operating expenses and supportive services funding to adequately meet the needs of individuals who live in supportive housing units.**

6. NAMI-NYC supports the establishment of a Department of Community Safety that not only reforms crisis response, **but strengthens the full continuum of mental health care.** Prevention and intervention in systems help reduce crisis and tragedy further down the line.

7. NAMI-NYC is the *only* nonprofit offering direct and extensive support to mental health peers and to family members in New York City caring for an adult living with SMI. For this reason, **our organization is asking the Council to:**

A) **Restore $250,000 in Youth Peer Support Initiative funding.** We have been able to expand and offer youth peer programming through our new teen support groups, teen Helpline assistance, Youth Advisory Group, and our youth advocacy ambassador program;

B) **Provide at least $500,000 in funding** to support NAMI-NYC's peer programming through the **Peer Support Specialists Initiative;**

C) **Include $150,000 in Speaker Initiative funding** for NAMI-NYC's one-of-a-kind, evidence-based family support programs and services which are critical to helping New Yorkers affected by mental illness.

With this funding, NAMI-NYC will be able to expand our free mental health Helpline services, evidence-based education classes, 30+ monthly support groups, outreach presentations, and Family Match mentoring program to underserved communities throughout New York City, especially in the Bronx, Brooklyn, Queens, and Staten Island. **We are grateful that the City Council sees the power of family and peers in the lives of individuals living with mental health challenges and the power of NAMI-NYC to be part of real change**.

V. CONCLUSION

NAMI-NYC asks the Members of the Committees to seriously consider our testimony when responding to the Mayor's Preliminary Budget Proposal for Fiscal Year 2027. We know the Council understands the gaps in our mental health care continuum and the historic lack of funding dedicated to supporting families and caregivers helping loved ones navigating through serious mental illness. We ask for your continued dedicated support for NAMI-NYC. The restoration of **$250,000 in Youth Peer Support Initiative funding and $500,000 in Peer Support Specialists Initiative Funding,** along with **$150,000 in Speaker Initiative funding for NAMI-NYC** will allow us to continue to expand the reach of our programs, services, and referrals. **Not only does NAMI-NYC provide life-changing family support services, promote community and recovery, and save lives, but our work will also help remove the burden from city agencies to implement new programs with the same end-goal as the programs NAMI-NYC has already provided for over four decades**.

We thank the Committees for their consideration of our testimony and look forward to working together toward solutions and a preventive community-based mental health model.

Sincerely,

Jonathan Chung, MPA (he/him/his)
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NYBG

NYBG Testimony to the Committee on Disabilities
Thursday, March 19, 2026
City Hall, Council Chambers

Good afternoon Chair Hanif and Members of the Committees. My name is Angel Hernandez, Director of Government Relations for the New York Botanical Garden (NYBG), a proud member of the Cultural Institutions Group - the CIG, a coalition of 39 cultural institutions located in all five boroughs, including zoos, gardens, museums, and performing arts organizations. I want to thank you for granting me this platform and for your ongoing support for accessible programming at our city's cultural institutions.

The New York Botanical Garden is also a committed member to a coalition of four CIG botanical gardens that include Brooklyn Botanical Garden, Queens Botanical Garden, and Snug Harbor Cultural Center & Botanical Garden, **to create a new citywide initiative called *Rooted in Accessibility* in fiscal year 2027.** Our city's botanical gardens not only serve as respites from a bustling metropolis. We are also safe spaces for learning and engagement - always in search of new ways to serve an array of demographics with quality programming. However, creating the *Rooted in Accessibility* initiative is crucial because it would be the first of its kind that dedicates funding solely to accessible programming at our city's botanical gardens.

Since its founding 135 years ago, NYBG has been a committed steward to one of our city's natural spaces. With a landscape that offers a tranquil, yet therapeutic space for people with both physical and cognitive limitations, our institution's staff have always met the rising need to accommodate. Yet, as the population began to grow, accompanied with aging and a rise in health disparities, so was the demand to constantly create and enhance accessible programming to address an array of disabilities. Today, our education and visitor services staff confront challenges to maintain enough resources and bandwidth to ensure adequate attention for this special demographic. With long-standing partnerships with our borough's district 75 schools, senior centers, and local VA hospital, our garden staff constantly field numerous requests for accessible programming that cannot be implemented due to the lack of resources.

The only way our botanical gardens can maintain commitment to serve and educate our visitors living with a disability, despite how much that need may change or increase, is to create a dedicated funding initiative for robust accessible programming at our sites. New funding for the *Rooted in Accessibility* initiative will not only keep our staff adapted and ready to accommodate visitors with developmental, intellectual or physicals disabilities. Funding also allows workforce expansion and career development, as it creates more entry-level paid positions and staff promotions. Overall, dedicated funding to maintain our accessible programmatic operations would be a lasting investment with extraordinary impact for all New Yorkers living with a disability.

With an allocation of $250,000 for each of the four botanical gardens from the $1M total for the *Rooted in Accessibility* initiative, NYBG would enhance and expand the following accessible programs currently offered:

- **American Sign Language Interpreted Tours** of all areas, attractions, and new exhibitions at the Garden. With new funding, we can hire more ASL professional interpreters and expand this program from the current once a month schedule to a weekly one.
- **Memory Care Sensory Tours** can become more frequent through a free registration program, where individuals with memory loss can receive this service throughout the year. NYBG seeks to work with RiverSpring Living Hebrew Home, a nursing home in the Bronx, where residents there can enjoy guided tours led by well trained staff or volunteers.
- **Touch Tours** for people with blindness and low vision can remain free without any limitations, and the frequency for registration can increase for each special exhibition and selected outdoor collections. With new funding, attendees will always have a well-trained sighted companion when they arrive alone.
- **Tours for Groups with Neurodivergence, Intellectual and Developmental Disabilities** can expand to serve all age demographics and accommodate increased program frequency and sizes as well. These tours will remain free without any limitations.
- **Early Morning Sensory Events**, especially for individuals on the Autism Spectrum who are sensitive to sensory stimuli, can enjoy special exhibitions such as the annual Holiday Train and Orchid shows at no cost and remain free with no limitations.
- **Multi-Sensory Tables,** which are volunteer-run and placed at the NYBG Farmer's Market every Wednesday, for example, can increase in number and be offered around other special occasions, like new exhibition openings and annual staple events. The table includes familiar plant parts, like herbs and spices, as well as other plant objects like a cacao pod. Visitors are encouraged to use their senses to engage.
- **Creating Accessibility Learning Pathways** online for staff members, tailored by role. These modules would include micro-learning sessions on visual impairments, non-verbal communication, or mobility device protocols.

In addition, new funding through the *Rooted in Accessibility* initiative would cover the expense for increased marketing outreach to promote these important accessibility programs. Importantly, *Rooted in Accessibility* would fund necessary training on disability awareness, accessibility, and working with populations with specific disabilities which can be led in-house or by outside consultants for both staff and volunteers. **Therefore, The New York Botanical Garden, along with our three partnering botanical gardens, sincerely ask for your support to create the FY27 $1M *Rooted in Accessibility* Initiative to allow our institutions the resources and ability in this remarkable endeavor.**

Thank you.

Angel Hernandez, *Director of Government Relations*

Rooted in Accessibility

A citywide initiative to fund the expansion of accessibility in City-supported gardens

Brooklyn Botanic Garden | NYBG | Queens Botanical Garden | Snug Harbor Cultural Center & Botanical Garden



Fiscal Year 2027 Request: $1,000,000

Fiscal Year 2027 support helps our work to create accessible spaces, programming and events, signage and digital accessibility, training for staff, and vital resources to maintain and improve accessibility for all.







New York City's four botanical gardens in Brooklyn, Queens, The Bronx, and Staten Island contribute uniquely to the city's ecosystem, culture, and community, and serve as vital educational and cultural hubs that enrich the urban experience. All four gardens are committed to making its gardens, exhibitions, programs, and facilities accessible to all who visit. Making websites accessible to all, providing learning opportunities for visitors of all ages, all developmental and cognitive levels, providing workspaces for students to work comfortably, and ensuring accessibility to all by wheelchair, are all part of botanical gardens' continuing work to improve the visitor experience.

Additionally, all four institutions have been partners in their work with the NYC Department of Education's District 75 population, bringing the botanical garden experience to students with diverse needs.

There is currently no single citywide initiative in the New York City budget that addresses the City's commitment to accessible botanical gardens. With a commitment of $1M for Fiscal Year 2027 ($250K for each garden), the city's four botanical gardens will use this funding to:

- **Increase the number of dedicated staff leading accessibility initiatives**
- **Increase dedicated programming**
- **Host events for children and seniors**
- **Improve and increase professional development for garden staff**
- **Redesign and improve signage and wayfinding for ADA compliance**

Contact Mike Sokrall at msokrall@bbg.org with questions or for more information

March 19, 2026

Good morning! Our rescue would like to submit written testimony in support of the City Hall meeting as we will be unable to attend.

New York City Cat Coalition has seen an alarming rise in cat abandonment and dumping due to the cost of living and veterinary costs skyrocketing due in part to private equity buying up veterinary practices and jacking up prices.

In addition, ICE raids and deportations have forced pet guardians to abandon their animals, and in many cases, are too frightened to leave their homes to buy food for themselves, and their pets.

Pet pantries and LOW-COST spay and neuter programs MUST be implemented and expanded. The burden cannot fall on rescue groups, who are operating beyond capacity and on a shoestring budget!

Thank you,

Shawna McCormack
Volunteer / Grant Coordinator
New York City Cat Coalition, Inc.

26.03.19 Testimony of Cyrus Daniel Napolitano
Director, New York Clubhouse Coalition
Member, Fountain House

Thank you, Chair Caban, Chair Hanif, Chair Schulman and the members of the Committees for convening this preliminary budget hearing and for the opportunity to testify.

My name is Cyrus Daniel Napolitano. I serve as the Director of the New York Clubhouse Coalition, representing Clubhouses across New York City and the broader region.

I also come before you with another perspective. I have been a member of Fountain House for more than 17 years.

For many people living with serious mental illness, the world often sees us only through the lens of a diagnosis.

But every morning when I wake up and look in the mirror, I don't see someone defined by a diagnosis.

I see someone defined by the relationships I've built and the work I've done.

I see a devoted son to my recently deceased father, a loving brother to my family, a mentor and a coach, a writer and filmmaker.

I see a leader, a facilitator, a colleague, and a contributor to my community.

That is what the Clubhouse model makes possible for people like me.

Clubhouses create communities where people are recognized not for their illness, but for their strengths, their talents, and their capacity to contribute.

Because of that sense of community and belonging, people rebuild confidence, return to work and school, create long-lasting relationships, and reconnect with society.

Yet many New Yorkers who could benefit from Clubhouses simply do not know that they exist.

That is why the New York Clubhouse Coalition offers the following recommendations to strengthen and expand access to this model across New York City:

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1. City-Sponsored Marketing and Awareness Campaign

The City should invest in a coordinated, citywide marketing and public awareness campaign to increase referrals to Clubhouses of all sizes.

This campaign should be designed not simply as outreach, but as **targeted system integration**, ensuring that Clubhouses are consistently included in:

- Hospital discharge planning
- Community-based provider referral networks

- NYC 988 and other city-supported behavioral health access points
- Public-facing mental health campaigns and digital platforms

By increasing awareness among providers, families, and communities—and embedding Clubhouses into existing referral pathways—the City can ensure that more New Yorkers living with serious mental illness are connected to a proven, recovery-oriented model of care.

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2. Sustainable and Equitable Funding Methodology

In addition, the City should strengthen its investment in Clubhouses by adopting a funding methodology that reflects the true cost of delivering high-quality, community-based mental health services.

Specifically, we recommend:

- **Revisiting the current funding methodology** to ensure it accounts for the full cost per member per year, including staffing, program operations, and infrastructure—while recognizing variation across Clubhouses of different sizes and capacities
- **Establishing operational funding for Clubhouses without DOHMH contracts**, so that all programs across the five boroughs have a stable foundation to operate and grow
- **Expanding access to capital funding**, enabling Clubhouses to secure and maintain safe, accessible, and program-appropriate spaces that support long-term membership growth and service delivery

A modernized funding approach will not only stabilize existing Clubhouses but also position the City to expand this model in a strategic and sustainable way.

Thank you for your leadership on mental health and for the opportunity to share my story today.

I would be happy to answer any questions.

Thank you.

Cyrus Napolitano

Testimony Submitted by:

Stephen Grimaldi, Executive Director, New York Common Pantry

New York City Council
Budget and Oversight Hearings on
The Preliminary Budget for Fiscal Year 2027
March 19, 2026

On behalf of New York Common Pantry, I would like to thank Chair Lynn Shulman and members of the Committee on Health, Chair Tiffany Cabán and the Committee on Mental Health and Substance Use, and Chair Shahana Hanif and the Committee on Disabilities, for the opportunity to submit testimony on the Fiscal Year 2027 Preliminary City budget.

For 45 years, New York Common Pantry has been one of the largest food pantry and social services organizations in the City. We see struggling city residents daily and have stepped up our provision of healthy and fresh food to communities in need. Last year, we served more than 11.7 million meals, assisted more than 764,000 guests and expanded our mobile programs to serve 350 community partner sites throughout the city with both food and public benefits access. We have operated a nutrition education program, funded by SNAP-Ed for over 12 years, and are now faced with a devastating loss to our programming due to the program's elimination.

Summary of FY27 Budget Recommendations- Coordinating a city response to SNAP-Ed loss

- **Fund SNAP-Ed Continuation**: Establish City bridge funding of $5 - $7 million to continue SNAP-Ed operations through community-based providers, ensuring families retain access to nutrition education and cost-saving skills, and preventing avoidable strain on HRA programs.

I. Fund SNAP-Ed Continuation

New York Common Pantry addresses food inequities and improves health outcomes for individuals and families in low- and moderate-income New York City communities. We engage families in healthy food access, nutrition education, and public benefits access through social services case management. Our work examines food systems through a health equity lens, advancing food justice by providing access, education and household stability.

NYCP's SNAP-Ed program, Live Healthy! (LH), provides nutrition education classes, Recipe Club cooking classes and a Farm Share program to educate the community about the nutrients in foods, how to eat healthier and how to shop on a limited food budget and to stretch their food dollars. Last year, NYCP's SNAP-Ed program, Live

Healthy!, worked with more than 20,000 New Yorkers to create healthier lifestyles for themselves and their families, and we served the equivalent of 33,000 meals through our Farm Share Program. The termination of this education program will have a devastating effect on the low-income communities we serve.

Notably, our nutrition education programming was supported by federal SNAP-Ed funding, a long-standing and vital partner in ensuring these services reach communities with the greatest need. For three decades, SNAP-Ed has played a key role in advancing New York's public health and food access goals. In neighborhoods across the five boroughs, SNAP-Ed helps New Yorkers stretch their food dollars, navigate rising food costs, and make informed decisions about what they eat. Through partnerships with community-based organizations, schools, and local partners, SNAP-Ed delivers practical, culturally relevant education and connects New Yorkers of all ages to fresh, affordable foods in the communities where they live, work, and learn.

Despite the demonstrated importance of SNAP-Ed to preventive health efforts and its broad national success, the federal government eliminated this funding through H.R.1. As a result, New York City stands to lose not only a statewide network of educators, but also a deeply embedded set of programs operating in schools, community centers, food access hubs, and human-service providers across the city. Many providers have already begun terminating staff and winding down programming because the instability of SNAP-Ed's future makes it impossible to sustain operations or plan for upcoming program cycles. Without action, the City will see a rapid erosion of the infrastructure, partnerships, and neighborhood-level trust that has taken decades to build.

The scale of SNAP-Ed's impact is significant for New York City families. In FY25, SNAP-Ed New York reached 1.845 million participants statewide and delivered more than 35,000 nutrition workshops, many of them in New York City schools, after-school programs, and community-based organizations. Participants also reported significant life changes, including 57% who improved fruit and vegetable intake, 57% who increased physical activity, and 58% who engaged in more price comparisons while food shopping. Overall, household food security improved by 25% after participating in SNAP-Ed programming.

These outcomes are especially important for New York City as more households struggle with high food prices, reduced SNAP benefits, and anticipated changes in Medicaid eligibility. Every $1 invested in SNAP-Ed saves nearly $10[1] in future healthcare costs—savings that directly benefit a City system already under strain. Losing SNAP-Ed programming now would increase demands on City-funded services, from emergency food programs to public hospitals, and would undermine the City's own strategies around prevention, chronic disease reduction, and community health. SNAP-Ed is one of the most effective tools to provide families with the nutrition education,

[1] University of Illinois Extension. (2023, June 13). Available at: Creating healthier Illinoisans: SNAP-Ed generates up to $135 million in future benefits | Serving Calhoun, Cass, Greene, Morgan and Scott Counties | Illinois Extension | UIUC

skills, and support needed to stretch limited food dollars and maintain healthy diets even as federal benefits decline.

At New York Common Pantry, SNAP-Ed plays a central role in our work in communities all across the city, especially in the Bronx, which has the highest rates of food insecurity and nutrition-related health conditions not only in the City, but in the State. Without the City's support, these programs will **fully cease operations by September 2026.** We also recognize that many other providers affected by the loss of SNAP-Ed funding are looking to the City to help recover their losses, and we strongly support their inclusion in any City investment towards sustaining vital SNAP-Ed programming.

Recommendations:

- **Fund SNAP-Ed Continuation**: Establish City bridge funding of $5 - $7 million to continue SNAP-Ed operations through community-based providers, ensuring families retain access to nutrition education and cost-saving skills, and preventing avoidable strain on HRA programs.

- **Align HRA, MOFP, NYCPS, and DOHMH** to mitigate nutrition-education gaps to help families better make ends meet.

V. Closing

New York Common Pantry sincerely thanks the Committees for their leadership and partnership. We welcome the opportunity to serve as a resource as budget negotiations move forward.

# # #

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Testimony of Camilla Samuelsson, Health Justice Legal Fellow at New York Lawyers for the Public Interest to the New York City Council Committee on Mental Health and Substance Use, Joint with the Committee on Health and the Committee on Disabilities, March 19, 2026, regarding the New York City FY27 Budget

My name is Camilla Samuelsson, and I am a Legal Fellow in the Health Justice Program at New York Lawyers for the Public Interest (NYLPI). Thank you, Chair Cabán, Chair Schulman, and Chair Hanif, and members of the Council, for the opportunity to testify today.

After more than one year in power, the federal administration continues to create unprecedented threats to the rule of law and to New Yorkers' freedoms, civil rights, access to public services, and access to a healthy environment. New York City legislators must continue to leverage the substantial power of local government to uphold and protect our laws and rights, and to make the major investments needed to protect and strengthen infrastructure, public institutions, and the renewable energy economy.

New York City's FY 2027 Preliminary Budget

In recent years, the City Council has played a critical role in defending vital city services, investments, and infrastructure from budget cuts and flatlining. We appreciate the Mamdani administration's transparency about the major fiscal challenges facing New York City. We urge both local and state lawmakers to pass and implement policies like congestion pricing, a well-designed Cap and Invest System, and public health insurance programs that advance social equality, public health, and sustainability while creating revenue and savings for New York City.

Immigrant Health Initiative

We ask the Council to continue and enhance support for the Immigrant Health Initiative, which continues to save lives and improve health across our city. This program supports more than 20 nonprofits, including NYLPI programs aimed at improving the health and well-being of New Yorkers and their families through direct legal representation, litigation, community education, strategic partnerships with public hospitals, and non-legal advocacy. Through vigorous client and community advocacy and wraparound services, NYLPI improves health outcomes, increases access to healthcare, and provides critical and timely education for communities, healthcare providers, and legal service advocates.

Such access to essential healthcare often results in cost savings for the City, the State, and our safety net health care system when people are able to resume work and productive lives.

As increasing numbers of New Yorkers are detained in immigration jails, we remain one of few organizations focused on medical advocacy and the acute health hazards of immigration detention. In addition, in the face of continued attacks on the asylum process, we have offered culturally competent legal representation, including to those who identify as transgender, gender-expansive, or live with HIV, and to those who live with physical and mental disabilities.

NYLPI is Addressing the Public Health Crisis Created by Immigration Detention

Over the last year, New York City has seen a significant increase in the detention of New Yorkers. In 2025, through mid-October, 3,212 individuals in New York City were arrested by Immigration and Customs Enforcement.[1] Detention centers in New York, including in New York City, have increased the number of beds available. For example, Metropolitan Detention Center in Brooklyn has expanded the number of beds available to hold individuals in immigration detention.[2] ICE raids in our communities have left our communities to live with anxiety and fear.[3]

Immigration detention has serious implications for immigrant mental health and wellbeing. Many immigrant communities in New York City endure the lasting effects of trauma from experiences in their home countries and from their journey to the United States. Many immigrants fled their home countries due to violence, persecution, and war. On their journeys to the United States, individuals have also faced violence, exploitation, and family separation.[4] These conditions, coupled with the process of acculturation upon arriving in the United States, can result in mental health conditions including PTSD, anxiety, and depression.[5] Barriers that contribute to these challenges include language differences, difficulty accessing culturally competent care, and fear of immigration-related consequences. The added risk of detention compounds these mental health challenges.

Detention both exacerbates and contributes to the development of mental illness. Although the National Detention Standards state that detention centers are to have mental health programs including an intake screening, a referral process for evaluation, diagnosis, treatment, and monitoring, and plans for crisis management, individuals in detention are deprived of critical mental health care.[6] The reality is that the already inadequate health care system in immigration

[1] Haidee Chu, "NYC Deportations Ramped Up While Immigration Arrests Slowed, Latest Data Shows," The City (Dec. 5, 2025), available at https://www.thecity.nyc/2025/12/05/ice-deportations-arrests-immigration-data/.
[2] Gwynne Hogan and Rosalind Adams, "ICE Has Doubled Its Presence in Notorious Brooklyn Jail," The City (Feb. 18, 2026), available at https://www.thecity.nyc/2026/02/18/ice-mdc-dan-goldman/.
[3] "Ice fears looming on New York restaurants," China Daily (Mar. 12, 2026), available at https://global.chinadaily.com.cn/a/202603/11/WS69b0cc0ba310d6866eb3d2aa.html.
[4] Myriam Vidal Valero, "U.S. Immigration policy: Mental health impacts of increased detentions and deportations," APA Monitor on Psychology (Sept. 1, 2025), available at https://www.apa.org/monitor/2025/09/mental-health-immigration-enforcement.
[5] *See id.*; New York State Office of Mental Health. (n.d.). "Spotlight on immigrants: Cultural competence and immigrant communities," available at https://omh.ny.gov/omhweb/cultural_competence/spotlight-on-immigrants.pdf.
[6] *See* National Detention Standards, Section 4.3(II)(S); Performance-Based National Detention Standards, Section 4.3(II)(15).

detention has been systematically dismantled. Instead of treatment, individuals exhibiting symptoms of mental illness, like suicidal ideation, are at risk of being put into segregation, otherwise known as solitary confinement.[7] Although solitary confinements touted as a tool to prevent suicide and self-harm, and detention standards dictate that conditions should not be worse than general population, solitary conditions deprive individuals of social contact, access to medical care, and leave individuals under constant observation.[8] In some cases, individuals placed in solitary confinement for mental illness may be forced to wear suicide smocks without access to undergarments.[9]

Solitary confinement is also often used as a punitive measure in immigration jails. Individuals in detention risk being placed in solitary confinement for making complaints about their conditions, participating in hunger strikes, or for minor infractions.[10] Under the Trump administration, the use of solitary confinement has increased, with thousands of individuals in detention being placed in solitary confinement and a 41% increase in solitary usage from December 2024 through August 2025.[11] A 2024 report from Physicians for Human Rights states that the average length of an individual's placement in solitary confinement was 27 days; these conditions not only exacerbate existing mental health conditions, but contribute to cognitive impairment, PTSD, suicidal ideation, and other lasting harms to mental and cognitive health.[12]

New York City residents are often detained at Orange County Jail (OCJ). NYLPI has documented egregious, unsafe, and dangerous conditions at OCJ for years. Our recent report, [13] documents pervasive and life-threatening deficiencies in medical care, particularly for individuals with chronic conditions that were previously managed well in their communities. The failures at OCJ include denial of medications, including psychiatric medications, delayed access to care and follow-up treatment, and neglect of care for ongoing conditions. "Amit S.," an

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[7] "'Endless Nightmare': Torture and Inhuman Treatment in Solitary Confinement in U.S. Immigration Detention" (Physicians for Human Rights (Feb. 2024), available at https://phr.org/wp-content/uploads/2024/02/PHR-REPORT-ICE-Solitary-Confinement-2024.pdf; Emma Goldberg, "'People Are Losing Hope' Inside ICE Detention Centers," N.Y. Times (Sept. 16, 2025) available at https://www.nytimes.com/2025/09/16/health/ice-homeland-security-immigration-detention.html.

[8] National Detention Standards, Section 4.5(II)(C); Performance-Based National Detention Standards, Section 4.3(V)(C); PHR report

[9] National Detention Standards, Section 4.5(II)(I); Performance-Based National Detention Standards, Section 4.3(V)(E).

[10] "'Endless Nightmare': Torture and Inhuman Treatment in Solitary Confinement in U.S. Immigration Detention" (Physicians for Human Rights (Feb. 2024), available at https://phr.org/wp-content/uploads/2024/02/PHR-REPORT-ICE-Solitary-Confinement-2024.pdf.

[11] Christie Thompson and Patricia Clarembaux, "'Unbearable': How ICE Is Locking More Immigrants in Solitary Under Trump," The Marshall Project (Sept. 16, 2025), available at https://www.themarshallproject.org/2025/09/16/trump-ice-mexico-louisiana-detention.

[12] "'Endless Nightmare': Torture and Inhuman Treatment in Solitary Confinement in U.S. Immigration Detention" (Physicians for Human Rights (Feb. 2024), available at https://phr.org/wp-content/uploads/2024/02/PHR-REPORT-ICE-Solitary-Confinement-2024.pdf.

[13] *See* New York Lawyers for the Public Interest, Denied Care, Denied Dignity: Systemic Medical Failures in Immigration Detention at Orange County Jail (2025), available at https://www.nylpi.org/nylpis-health-justice-program-releases-new-report-denied-care-denied-dignity-systemic-medical-failures-in-immigration-detention-at-orange-county-jail/.

individual detained at OCJ with Crohn's disease and major depressive disorder with psychotic features, was provided ineffective medication for autoimmune disease and a subtherapeutic dosage of antidepressants. The mistreatment of Amit with a low dosage of antidepressants increased their risk of long-term psychological harm. Further, the neglect of their chronic condition as well as the possibility of potentially serious conditions like Hepatitis C and COPD, which received no follow-up investigation, added another layer of psychological distress. Medical neglect is not merely an omission of care, but also an active source of trauma.

Meanwhile, at MDC Brooklyn, conditions have been described as "barbaric" and "inhumane" by elected officials, legal advocates, and health professionals. Individuals at MDC experience medical neglect, poor sanitation, inadequate access to routine health care, infested food, and frequent lockdowns.[14]

The conditions New Yorkers face while detained at OCJ and MDC, and around the country, represent the pattern of medical neglect immigrants face in ICE custody around the United States. Since October, 23 people have died in ICE custody as conditions in detention centers become more overcrowded while depriving individuals of essential health care.[15] It is becoming the deadliest year for individuals incarcerated in immigration detention since 2004.[16]

ICE detention is inhumane; detention in New York is inhumane. Immigrant New Yorkers who were connected to regular care in their communities are cut off from this care upon detention. For immigrant New Yorkers who struggle to gain access to care in their communities, due to mental health challenges, housing instability, or high demand, the risks of medical harm in detention are even higher due to a lack of diagnosis or documentation of needs. People report that their medications upon detention are often altered, halted, or provided inconsistently. Even with clear directions regarding prescription medication, ICE and immigration jails refuse to continue proven health treatments, often with dire consequences. Further, deficiencies persist through improper and barebones medical records, language access barriers, and inconsistent care that only becomes more inconsistent and neglectful as immigrants are transferred from detention center to detention center across the country without continuity of care. These transfers without proper records exacerbate already-neglectful treatment, remove access to prescription medications, and allow necessary testing and scans to slip through the cracks.

The detention of a young adult living in community in New York with no previous signs of disease is emblematic of the medical harms both compounded and perpetuated by detention conditions, rampant transfers, and neglectful care. Our client was denied a change of clothes or access to a shower for days at a time, yet was transferred ten times across multiple states. Our

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[14] *See* Andrew Gounardes, "Electeds, Advocates Call for End to ICE Detention at Inhumane Federal Jail," New York State Senate, July 14, 2025, https://www.nysenate.gov/newsroom/press-releases/2025/andrewgounardes/electeds-advocates-call-end-ice-detention-inhumane; 11 Law360, "ICE Detainees Say MDC Brooklyn Provides 'Substandard' Care," February 2025.
[15] Ximena Bustillo, Rahul Mukherjee, "Immigration detention on track for deadliest fiscal year since 2004," NPR (Mar. 10, 2026), available at https://www.npr.org/2026/03/10/g-s1-111238/immigration-detention-deaths-custody.
[16] *Id.*

client began to develop excruciating pain and even lost the ability to walk. All the while, ICE continued to transfer them from facility to facility without providing proper evaluation and treatment for their medical conditions or access to sanitary conditions. With the transfers, our client lost access to the little medication they had been prescribed to help. Now, following NYLPI's successful efforts to secure their release, our client is finally accessing essential care for the conditions they developed in ICE custody. However, the destabilizing nature of ICE detention creates numerous challenges in accessing care, including difficulty finding the right provider, waiting lists, housing instability, and symptoms of trauma.

How Access to Mental Health and Neurological Care Helps Combat Detention-related Harms

In addition to physical health care, mental health and neurological care serve as essential tools for improving the wellbeing of our immigrant communities, providing outlets to share fears of detention and deportation and necessary and life-saving mental health treatment. Further, as individuals placed in detention risk deprivation of mental health care and medications, mental health and psychiatric practitioners can play a significant role in ensuring the documentation of the needs of our immigrant communities, to support an individual's advocacy for care if detained. Individuals released from detention have a right to discharge planning, including the provision of sufficient medication, referrals to community-based providers, and a detailed medical record summary.[17] Yet, on release from detention, many individuals, like our client, find themselves in need of re-entry support, including counseling services and urgent treatment for their neglected physical and mental medical conditions.

NYLPI's Medical Advocacy

As one of the few organizations operating at the intersection of health and immigrant justice, for over a decade NYLPI Health Justice has built and coordinated our Medical Providers Network (MPN), a network of over 200 volunteer medical providers who have responded to some of the city's most pressing public health issues, including the deadly conditions of confinement in the early days of the COVID 19 pandemic. With established medical expertise and house immigration and civil rights experience, NYLPI has continued to provide unique and invaluable resources and support to legal service providers across the city over the years, and we are well poised to respond to this moment. Our team has developed effective tools including template letters for medical advocacy on behalf of detained patients, trainings for clinicians, resources that people in detention can use to document their medical needs and health conditions, and information about medical rights in detention settings and at local hospitals. We are actively updating our resources to keep our partners and impacted communities aware of their rights and the rapidly changing landscape of immigration enforcement.

[17] "Fact Sheet for People in Detention and their Advocates: The Right to Mental Health Discharge Planning", NYLPI and Physicians for Human Rights, available at https://www.nylpi.org/wp-content/uploads/2021/02/PHR-Factsheet-4-3-2.pdf.

Our trainings for medical providers are in demand and at times over capacity. Our community KYRs have helped hundreds of immigrant New Yorkers know their rights in health care settings. With our direct representation and health care advocacy we have empowered New Yorkers continue to obtain necessary medical care including preventative care and vaccines for themselves and their family.

Ramping up Access to Psychological and Neurological Care

In 2026, our Medical Providers Network has grown to over 200 volunteer physicians and medical students. In 2025, our Medical Providers Network was able to provide health screenings to 44 individuals in the community and in detention centers.

However, our Network currently faces an ever-increasing demand for psychological and neurological evaluations for New Yorkers in immigration detention and fighting for disability-related safeguards in their immigration proceedings. Doctors and mental health professionals are overwhelmed as they attempt to navigate risks of ICE presence in their hospitals, hospital visits and admissions from detention centers, and concerns about the protection of patient information including immigration status. There is an overwhelming need for medical providers, especially mental health and neurology practitioners, to receive clear guidance on how to care for their immigrant patients. There is also a substantial need for mental health professionals to be trained in the evaluation of immigrants in detention and on how to swiftly prepare medical declarations to support emergency efforts to release individuals from detention.

Our Medical Providers Network is actively recruiting mental health and neurology providers and planning trainings on how to conduct psychological and forensic evaluations in detention. However, it is critical that our city hospitals support these efforts by providing clear guidance on how to protect the privacy of immigrant patients, and how to provide culturally competent and trauma-informed care. It is also vital that our city hospitals expand access to community health workers to help our immigrant communities navigate challenges scheduling appointments, and interruptions in care resulting from shelter transfers, financial instability, health insurance access, and detention.

Advocacy for individuals with medical needs and mental disabilities inside and out of ICE detention

Further, NYLPI's Health Justice Team represents several individuals with medical needs and mental disabilities in the community who live in constant fear of being detained. In the 2025 FY, we provided comprehensive immigration and healthcare screenings to 85 individuals and provided direct immigration representation in 60 cases. Over the last six months, we have successfully secured the release of two New York immigrants with severe medical conditions from ICE custody and are actively building resources and partnerships to continue our habeas advocacy. Through our immigration and civil rights work, along with our medical advocacy and

Medical Providers Network, we are actively expanding our representation of individuals with mental disabilities in their immigration proceedings.

Today, we ask the Council to strengthen access to healthcare for New Yorkers, especially mental healthcare. Our clients report difficulty accessing mental health care and neurological support due to language barriers, long wait times, and challenges navigating appointment scheduling and insurance. These challenges are heightened for individuals living in dangerous and unstable shelter conditions, who lack stable addresses and thus struggle to maintain consistent access to community-based medical care.

It is crucial that New York City expand its access to mental health and neurological care for immigrants to support as a mechanism to prepare for and prevent detention. Diagnoses and evaluations serve as a critical tool for challenging immigration detention through habeas petitions, advocating for safeguards and disability accommodations in immigration proceedings, and supporting underlying immigration petitions. Further, it is critical that our neighbors who have been traumatized and have had their civil rights violated by the system of immigration detention readily have access to necessary medical and mental health care, and social service support including healthcare navigation services.

Even with these resources, building trust in our institutions, including our healthcare institutions and providers is essential to ensuring that immigrant New Yorkers, particularly those harmed by detention, can feel safe in continuing to access care and services that they qualify for, such as mental health treatment and dialysis. For this reason, we also ask the Council to strengthen New York City's sanctuary policies and establish protocols for keeping ICE out of our hospitals.

Conclusion

Thank you, Chairpersons Cabán, Schulman, and Hanif and the Committees, for giving us the opportunity to present testimony and for this tremendous assistance. We look forward to continuing our work to improve immigrant New Yorkers' access to healthcare for new arrivals and long-time New Yorkers alike, and to continue our advocacy against immigration detention and its lasting health-harms.

Camilla Samuelsson
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For 50 years, NYLPI has fought to protect civil rights and achieve lived equality for communities in need. Led by community priorities, we pursue health, immigrant, disability, and environmental

justice. NYLPI combines the power of law, organizing, and the private bar to make lasting change where it's needed most.

For more information visit: www.nylpi.org

[1] In 2025, NYLPI published guidance for nonprofits responding to the threat of immigration enforcement. See: https://www.nylpi.org/wp-content/uploads/2025/02/Guidance-to-Nonprofits-Regarding-Immigration-Enforcement.pdf

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Testimony of
Christina Sparrock, Alternative Crisis Response Researcher
and
Ruth Lowenkron, Disability Justice Program Director
on behalf of
The Disability Justice Program
at New York Lawyers for the Public Interest
before the
Council of the City of New York
Committee on Health, Committee on Mental Health and Substance Use,
and Committee on Disabilities
March 19, 2026

Our names are Christina Sparrock and Ruth Lowenkron, and we are, respectively, a Researcher with the Disability Justice Program and the director of the Disability Justice Program, at New York Lawyers for the Public Interest ("NYLPI"). We thank you for the opportunity to present testimony today regarding mental health and substance use in New York City.

NYLPI is deeply concerned about the City's dangerous and illegal practices relating to the involuntary removal of individuals perceived to have mental illness diagnoses for psychiatric evaluation. We also oppose the Behavioral Health Emergency Assistance Response Division ("B-HEARD") pilot in its current guise as it is deeply flawed and diverts resources desperately needed for a true non-police response to mental health crisis into a program that continues the criminalization of disability. NYLPI urges the City Council to mandate significant changes to B-HEARD so that it dispatches teams of peers—individuals with lived mental health experience—and emergency medical technicians (EMTs) who are not City employees, operates 24/7, routes

calls through 988, and above all, prioritizes the self-determination of people with mental disabilities.

Fully revamping our mental health and social service delivery system could not be more critical as New York City faces a $16 billion deficit, and New Yorkers must deal with unaffordable housing, rising health care premiums, Medicaid cuts, unlivable wages, increasing gun violence, the worsening effects of climate change, and fears of global war. These stressors will lead to more mental health crises if we are not doing everything in our power to guard against that.

THE CITY MUST WHOLLY TRANSFORM ITS RESPONSE TO MENTAL HEALTH CRISES BY ELIMINATING POLICE AND REPLACING THEM WITH A PEER-LED HEALTH RESPONSE

Our current mental health crisis response system is not working, and this is what Black and Brown communities, people with disabilities, families in crisis, civil rights attorneys and other advocates have been saying for years. It is too limited, too under-resourced, and too intertwined with policing to deliver realservices. And lives are being lost.

Despite the City's claims, B-HEARD is not a true non-police model. Most mental health calls are still routed through 911 and to the NYPD. During the 2025 NYC Comptroller audit period, more than 13,000 calls eligible for a health-based response did not receive one.[1] That means thousands of New Yorkers in crisis instead encountered a police response.

At the same time, response times for mental health crisis calls have more than doubled in recent years, increasing from 12 minutes to more than 26 minutes, according to the New York City Independent Budget Office earlier this year.[2]. The median response time has also increased over

[1] N.Y.C. Comptroller, Audit of the Behavioral Health Emergency Assistance Response Division's Effectiveness in Responding to Individuals with Mental Health Crises and Meeting Its Goals (2025), https://comptroller.nyc.gov/reports/audit-of-the-behavioral-health-emergency-assistance-response-divisions-effectiveness-in-responding-to-individuals-with-mental-health-crises-and-meeting-its-goals/#detailed-findings

[2]N.Y.C. Indep. Budget Off., Tracking B-HEARD's Response to Mental Health Crises (Jan. 29, 2026), https://www.ibo.nyc.gov/content/publications/2026-january-from-dispatch-to-door-step

this period, from just over 10 minutes to almost 16 minutes. When someone is in crisis, minutes matter.

The City must join other cities across the country – including Los Angeles, San Francisco, Albuquerque, Denver, New Haven, and many more – to ***remove*** **police** entirely from the equation, and **ensure that *healthcare* workers respond to *healthcare* crises**. According to joint-research by NYLPI and Human Rights Watch, there are at least 160+ emergency response programs nationwide that engage in crisis response activities without police as the initial responders or as automatic co-responders.

Closer to home, New York State is already taking action. The state legislators are working to pass a bill known as Daniel's Law (S3670 / A4617), which would establish a statewide emergency and crisis response system where police are no longer the default first responders to health emergencies. Under Daniel's Law, the state will only fund emergency response plans where peers and independent EMTs control the response to a health emergency, and the role of police would be strictly limited to situations involving imminent risk of serious physical harm. The bill currently has over 60 sponsors in the Assembly and the Senate.

Likewise, the City must establish a system whereby individuals who experience a mental health crisis receive appropriate services which will de-escalate the crisis and which will ensure their wellbeing and the wellbeing of all other New Yorkers. Only those who are trained in de-escalation practices should respond to a mental health crisis, and the most appropriate individuals to receive such training are health care providers and peers.[3] Police officers, who are trained to

[3] *See* Bazelon Center for Mental Health Law, "When There's a Crisis, Call a Peer: How People With Lived Experience Make Mental Health Crisis Services More Effective," (2024), https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-When-Theres-a-Crisis-Call-A-Peer-full-01-03-24.pdf; Martha Williams Deane, *et al.*, "Emerging Partnerships between Mental Health and Law Enforcement," Psychiatric Services (1999), http://ps.psychiatryonline.org/doi/abs/10.1176/ps.50.1.99?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&#/doi/abs/10.1176/ps.50.1.99?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed.

uphold law and order, are not suited to deal with individuals experiencing mental health crises, and New York's history of its police killing 24 individuals who were experiencing crises in the last ten years alone[4], is sad testament to that. Eliminating the police as mental health crisis responders has been shown to result in quicker recovery from crises, greater connections with long-term healthcare services and other community resources, and averting future crises.[5]

The scores of people experiencing mental health crises who have died at the hands of the police over the years is a microcosm of the police brutality around the world. Disability is disproportionately prevalent in the Black community and other communities of color,[6] and individuals who are shot and killed by the police when experiencing mental health crises are disproportionately Black and other people of color. The City Council simply cannot stand by while the killings continue. Now is the time to remove the police as responders to mental health crises. Lives are literally at stake.

Correct Crisis Intervention Today – NYC has developed the needed antidote. Modeled on the CAHOOTS program in Oregon, which has successfully operated for over 35 years without *any* serious injuries to respondents or responders – let alone deaths -- the CCIT-NYC proposal[7] -- upon which Daniel's Law is based -- is positioned to make non-police responses available to those experiencing mental health crises in New York City. The proposal avoids the enormous pitfalls of the City's B-HEARD pilot, which the City inaccurately refers to as a non-police model.

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[4] New York Lawyers for the Public Interest, *CCIT-NYC: See Their Faces. Say Their Names.*, https://www.nylpi.org/resource/ccit-nyc-see-their-faces-say-their-names/ (Mar. 7, 2026).

[5] Henry J. Steadman, *et al.*, "A Specialized Crisis Response Site as a Core Element of Police-Based Diversion Programs," Psychiatric Services (2001), http://ps.psychiatryonline.org/doi/10.1176/appi.ps.52.2.219?utm_source=TrendMD&utm_medium=cpc&utm_campaign=Psychiatric_Services_TrendMD_0.

[6] Mayor's Office for People with Disabilities, "Accessible NYC" (2016), https://www1.nyc.gov/assets/mopd/downloads/pdf/accessiblenyc_2016.pdf.

[7] The full text of the CCIT-NYC proposal can be found at https://www.ccitnyc.org/ourproposal.

THE CITY MUST ENTIRELY REVAMP THE B-HEARD PILOT AS THE PILOT AUTHORIZES EXTENSIVE POLICE INVOLVEMENT AND IS LIKELY TO CONTINUE OR EVEN INCREASE THE RATE OF VIOLENT RESPONSES BY THE NYPD

The City, via its Mayor's Office of Community Mental Health (formerly ThriveNYC), introduced a pilot program in 2021 that it contends is responsive to the need to cease the killings at the hands of the police of individuals experiencing mental health crises. Unfortunately, that is simply not the case, despite the City's glowing description of the program. Among B-HEARD's grim statistics are the following:

- As of March 2025, of 37,113 eligible calls during the New York City Comptroller's audit period, 13,042 (35%) of eligible calls did not receive a response for reasons unknown.[8]
- Moreover, **all mental health calls continue to go through 911,** which is under the NYPD's jurisdiction.
- The entire **program is run by the NYPD, the Fire Department and other City agencies**, with ***NO* role whatsoever for community organizations**. And there is not even any delineation of the lines of authority and communication among the various city agencies.
- **The crisis response teams are composed of EMTs who are City employees** (from the Fire Department) **who are deeply enmeshed in the current police-led response system**. Peers do not trust these EMTs. The other team members are *licensed clinical* social workers. The licensure and clinical orientation requirements are unnecessary and they also

[8] N.Y.C. Comptroller, Audit of the Behavioral Health Emergency Assistance Response Division's Effectiveness in Responding to Individuals with Mental Health Crises and Meeting Its Goals (2025), https://comptroller.nyc.gov/reports/audit-of-the-behavioral-health-emergency-assistance-response-divisions-effectiveness-in-responding-to-individuals-with-mental-health-crises-and-meeting-its-goals/#detailed-findings

preclude a vast array of potential candidates who have excellent skills and a long history of working with people experiencing crises.

- B-HEARD has ***NO* requirement to hire peers**.
- **The training of the teams does *NOT* require a trauma-informed framework, need *NOT* be experiential, and need *NOT* use skilled instructors who are peers or even care providers.**
- **The pilot operates only sixteen hours a day.**
- **There are no outcome/effectiveness metrics.**
- **There is no oversight mechanism.**

A comparison of the CCIT-NYC proposal, which is based on the CAHOOTS model with a stellar track record, and the B-HEARD program, which is not aligned with any best practices, is illustrated in the following chart:

Critical Attributes of a Mental Health Crisis Response System	**CCIT-NYC's Proposal**	**NYC's B-HEARD Proposal**
Removal of police responders	**YES**	**NO** (currently, around 79% of calls are still responded to by police, and even when all kinks are removed, 50% of calls will still be responded to by police)
Three-digit phone number such as 988, in lieu of 911.	**YES**	**NO**
Response team to consist of an independent EMT and a trained peer who has lived mental health experience and know best how to engage people in need of support	**YES**	**NO** (licensed clinical social worker and EMT employed by the New York City Bureau of Emergency Medical Services)
Crisis response program run by community-based entity/ies which will provide culturally competent care and will more likely have a history with the person in need and can intervene prior to a crisis	**YES**	**NO** (run by New York City Police Department and other City agencies)
Peer involvement in all aspects of planning/implementation/oversight	**YES**	**NO**
Oversight board consisting of 51% peers from low-income communities, especially Black, Latinx, and other communities of color	**YES**	**NO**
Creation/funding of non-coercive mental health services ("safety net"), including respite centers and 24/7 mental health care to minimize crises in the first place and to serve those for whom crisis de-escalation is insufficient	**YES**	**NO**

Response times comparable to those of other emergencies	**YES**	**NO** (Most recently reported response time of over 15 minutes -- compared with average response time of 8 to 11 minutes for non-mental health emergencies)
Response available 24/7	**YES**	**NO** (Response only available 16 hours/day)
Training of the teams to use a trauma-informed framework, be experiential, and use skilled instructors who are peers	**YES**	**NO**

Transparency and accountability are also essential in the crisis response model. NYC Former Comptroller Brad Lander's audit identified serious gaps in the Office of Community Mental Health's ability to track B-HEARD data, including response times, how often individuals are served, whether follow-ups occur, and other key indicators necessary to ensure New Yorkers are safe and properly cared for. Data collection and public reporting, as required by Int. 722-2026, will allow us to measure outcomes, find gaps, and enhance services. Without data and reporting, we cannot evaluate effectiveness.

NYLPI urges the City Council to ensure that the money previously allocated for a non-police mental health crisis response be utilized solely for a truly non-police response, and to mandate substantial modifications to the B-HEARD program by including the critical components of the CCIT-NYC proposal.

THE LIVED EXPERIENCES OF NEW YORKERS DEMONSTRATE THE URGENT NEED FOR TRANSFORMATION, TRANSPARENCY, AND ACCOUNTABILITY.

I, Christina Sparrock, speak from lived experience of mental health challenges. The stigma I face is real, and it influences how systems respond to people like me during a crisis. Much of the

City's limited mental health funding goes toward limited crisis response, with very little funding allocated for prevention and early intervention. As a result, when someone calls 911 during a mental health crisis, the system defaults to police. Police officers, whose training primarily focuses on crime and the use of force, handle 911 calls related to mental health and substance use crises. When I am in a crisis, I am already afraid and do not need police to respond to make me even more afraid.

During one so-called "wellness check," police pounded unannounced on my apartment door. I believed a violent intruder was trying to enter my home to harm or kill me. In my fear, I began looking for ways to protect myself. That encounter could have ended in tragedy. I would have been another Eleanor Bumpurs, Deborah Danner, Win Rozario, Eudes Pierre. It is precisely this kind of escalation that demonstrates why police should not be the default response to mental health emergencies.

It is imperative that we remove police from mental health crisis response unless requested by the first responders who must be health care providers and peers with lived mental health experience. During a crisis, we deserve care, dignity, and de-escalation, not force.

THE CITY COUNCIL MUST ENSURE THAT NEW YORKERS HAVE ACCESS TO A WIDE RANGE OF VOLUNTARY NON-HOSPITAL, COMMUNITY-BASED MENTAL HEALTH SERVICES THAT PROMOTE RECOVERY AND WELLNESS, AS WELL AS A FULL PANOPLY OF COMMUNITY SERVICES, INCLUDING HOUSING, EMPLOYMENT, AND EDUCATION, BY ALLOCATING FUNDING FOR SUCH PROGRAMS

Since NYLPI was established 50 years ago, we have prioritized advocating on behalf of individuals with mental health conditions, and we have consistently fought to ensure that the rights of individuals with mental health conditions are protected by every aspect of New York's service delivery system. Core to our work is the principle of self-determination for all individuals with disabilities, along with the right to access a robust healthcare system that is available on a *voluntary, non-coercive* basis.

We have long been on record opposing mandatory outpatient and inpatient treatment for failing to offer appropriate healthcare and insufficiently safeguarding the rights of persons with mental disabilities. In line with our continued advocacy for comprehensive mental health treatment in New York, NYLPI has released our latest report: Implementation of Kendra's Law Continues to be Severely Biased[9]. The report outlines that there is no proof that Involuntary Outpatient Commitment is more effective than voluntary treatment. We make key, urgent recommendations for New York to discontinue use of Kendra's Law and in no event expand its scope or reach, and in the interim, take proactive measures to eliminate racial bias from Involuntary Outpatient Commitment.

Quite simply, there is no place for coercion. Forced "treatment" is not treatment at all, and it has long been rejected by health practitioners -- to say nothing of the disability community – in favor of numerous best practices strategies that offer assistance even to those who have previously resisted offers of care.[10] There are multiple less invasive models of care that New York City must invest in to avoid the tragedy and enormous cost of forced treatment. At the heart of these models are trained peers, who are ideally suited to implement effective harm reduction and de-escalation techniques, especially during crises.

We know how to help those with the most severe mental illness, but we fail to do so, instead providing services that are insufficient or not held to the highest accountability. We face complete system failure, yet we have done little to correct the failure and even point our fingers at those most affected by the system failure. We must stop the finger-pointing and fix the system. We

[9] NYLPI, Implementation of Kendra's Law Continues to be Severely Biased (2025), https://www.nylpi.org/wp-content/uploads/2025/03/Implementation-of-Kendras-Law-Continues-to-be-Severely-Biased-Report-1.pdf.
[10] *See, e.g.,* de Bruijjn-Wezeman, Reina "Ending Coercion in Mental Health: The Need for a Human Rights-Based Approach," Committee on Social Affairs, Health and Sustainable Development, Council of Europe, Parliamentary Assembly, Doc. 14895 (May 22, 2019), https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=27701&lang=en.

must invest in innovative, voluntary health programs. And we must invest in supportive housing, rather than cart people off to a psychiatric ward or to jail.

Any proposal that facilitates the ability to force people into in-patient or out-patient "treatment" must be seen in the context of whom we're entrusting to "remove" these individuals. As we now know all too well, the police, who are steeped in law and order, are not well-suited to deal with individuals with mental health concerns.

While there is extensive literature supporting voluntary treatment, there is no support that forced evaluation and treatment is more effective.

THE CITY MUST USE APPROPRIATE LANGUAGE IN EVERY FACET OF ITS WORK ON BEHALF OF PEOPLE WITH MENTAL DISABILITIES

New York State has moved from using the pejorative term "Emotionally Disturbed Person" to "Person Experiencing an Emotional Crisis," pursuant to recent passage of statewide legislation.[11] All aspects of crisis response and mental health service delivery, including our data systems, must reflect that change. Language matters. It reflects our values and our commitment to dignity.

CONCLUSION

NYLPI respectfully requests that the City Council:

- Mandate changes to the B-HEARD program to align it with the truly non-police, peer-led CCIT-NYC model and with the Daniel's Law bills.
- Ensure that New Yorkers have access to a wide range of non-hospital, community-based mental health services that promote recovery and wellness, as well as a full panoply of community services, including housing, employment, and education, by allocating funding for such programs.

[11] S. 8210A, 2025–2026 Reg. Sess. (N.Y. 2025); Assemb. B. 4762B, 2025–2026 Reg. Sess. (N.Y. 2025).

Thank you for your consideration. We can be reached at (212) 244-4664 or RLowenkron@NYLPI.org and csparrock@nylpi.org, and we look forward to the opportunity to discuss how best to respond to the needs of individuals experiencing mental health crises in New York City.

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About New York Lawyers for the Public Interest

For 50 years, New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights advocate for New Yorkers marginalized by race, poverty, disability, and immigration status. Through our community lawyering model, we bridge the gap between traditional civil legal services and civil rights, building strength and capacity for both individual solutions and long-term impact. Our work integrates the power of individual representation, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to achieve equality of opportunity and self-determination for people with disabilities, create equal access to health care, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color.

NYLPI's Disability Justice Program works to advance the civil rights of New Yorkers with disabilities. In the past five years alone, NYLPI disability advocates have represented thousands of individuals and won campaigns improving the lives of hundreds of thousands of New Yorkers. Our landmark victories include integration into the community for people with mental illness, access to medical care and government services, and increased accessibility of New York City's public hospitals. We prioritize the reform of New York City's response to individuals experiencing mental health crises, and have successfully litigated to obtain the body-worn camera footage from the NYPD officers who shot and killed individuals experiencing mental health crises. In late 2021, NYLPI and co-counsel filed a class action lawsuit which seeks to halt New York's practice of dispatching police to respond to mental health crises, and in the context of that lawsuit, seeks relief on behalf of individuals affected by the Mayor's Involuntary Removal Policy. We filed a companion lawsuit in 2024 on behalf of an individual shot within an inch of his life when experiencing a mental health crisis.

NORTHERN MANHATTAN IMPROVEMENT CORPORATION (NMIC)

Testimony

Regarding

MENTAL HEALTH NEEDS OF IMMIGRANTS IN NYC

SUBMITTED TO:

NEW YORK CITY COUNCIL COMMITEE ON HEALTH

March 19, 2026

Northern Manhattan Improvement Corporation (NMIC) is a settlement house that was founded in 1979 to protect low-income and immigrant families in Upper Manhattan. Since then, we have expanded into adjacent Bronx neighborhoods and support 14,000 New Yorkers with a wide array of programs to address Housing, Immigration, Benefits Access & Finance, Education & Career, Health, and Holistic needs. NMIC plays a critical role in the delivery of necessary human services to our community. We serve about 14,000 clients each year with a variety of programs. NMIC is ideally situated in communities where the large immigrant and mostly Spanish speaking populations can easily access the broad range of services available.

NMIC's Wellness Program offers free bilingual mental health counseling in Spanish and English. Our team includes four to five master-level counseling psychology students and one licensed mental health counselor who are all specialized in bilingual Latinx mental health. In addition to individual counseling, we provide psychoeducational workshops that address mental health stigma. NMIC staff are also trained to administer assessments for anxiety, depression, substance use, and trauma. In 2025, NMIC supported 90 clients and provided nearly 1,000 free counseling sessions to the community.

Our Wellness Program empowers clients to advocate for themselves and their families by providing trauma-informed care that builds coping and communication skills. For example, a 31-year-old undocumented Afro-Latino man from the Dominican Republic was referred to our program after his adult education manager observed symptoms of anxiety and depression. He learned about NMIC's mental health services through psychoeducation workshops in his ESOL and Adult Basic Education classes. At the time, he was living in a shelter and out of work. He began weekly individual therapy with an NMIC counseling intern, focusing on managing anxiety and depression, expressing emotions constructively, and developing coping strategies. After

several months of progress, he paused therapy to apply these skills independently. In January 2026, he requested to resume his counseling sessions to explore his new goals. Since then, he has secured his own apartment and obtained his work permit. He continues to engage in counseling, demonstrating his commitment to personal growth and his future. His experience highlights the transformative impact of NMIC's accessible, culturally responsive mental health services. With the right support, clients can heal, thrive, and build stronger futures for themselves.

As we continue to serve thousands of New Yorkers each year, it is imperative that the City Council recognizes and supports nonprofit providers as the indispensable partners we have always been in our communities. Our ability to carry out lifesaving and life-changing work depends on having stable, consistent support from the Council to be able to provide systems that promote trauma-focused, culturally competent care, and foster the professional development of all mental health professionals. The need for accessible and culturally competent mental health services in our city is crucial now more than ever. Immigrants in New York City face mental health challenges including exposure to trauma, discrimination, legal and financial stress, isolation, and significant barriers to accessing care due to language barriers, fears of separation, lack of insurance, and difficulty accessing other human services. These issues, compounded by structural inequities and a lack of culturally responsive services, contribute to higher rates of depression, anxiety and trauma in immigrant communities.

We respectfully call on the Council to support these crucial mental health programs so we can continue delivering services and advocating for equity, safety, and opportunity for the communities we serve. Thank you to the members of the Committee for the opportunity to submit testimony and for your leadership on issues that deeply impact our community.

Hello,

We are the Park Slope Pet Food Pantry - a very recently organized free pet food pantry that will have its first distribution in Park Slope, Brooklyn, next weekend.

The pantry was the idea of a local cat rescuer who was finding more and more dumped cats in the neighborhood, and realized that one of the main issues, aside from the lack of low-cost or affordable vet care and spay/neuter programs (which is its own separate issue and very badly-needed in our area of Brooklyn), was that in today's economy, people were struggling to feed their pets.

The lucky dumped pets who get rescued still need places to go, they cannot survive outside on the streets. But rescues are full, and the ASPCA and ACC are likewise overwhelmed with friendly, dumped pets.

After a few months of organizing, and with minimal outreach (because we weren't sure how many pets we could actually feed), we have already registered over 35 families and over 30 cats and about 20 dogs. We believe that the need is much greater than that.

We are a very small team of volunteers who are trying to organize and run this pantry so that it is sustainable and helpful in the long-term but we need help - right now, all of our pet food is coming from donations that we are personally soliciting or buying. The same is true for our supplies.

We are hoping to run the pantry once a month but we need help - to buy food, to organize it, to store it, etc. As we do not yet have non-profit status (or the money to apply for a 501[c][3]), we do not have access to grants or funding or charity giving from places like Chewy or Petsmart. Thus, as of now, we are entirely donation-based.

We implore the City Council to find a way to fund pantries such as ours so we can provide pet food assistance to our neighbors - not only would that help keep families together, human and pet, but it would prevent animals from being dumped and left to fend for themselves, or become a strain on New York City’s animal welfare resources.

Thank you for considering New York City's pets and their well-being!
Park Slope Pet Food Pantry Organizing Committee

Planned Parenthood of Greater New York
44 Court St, 4th Fl, Brooklyn, NY 11201
ppgreaterny.org 212-274-7200

Fiscal Year 2027 Discretionary Budget Request Testimony to the NYC Council Committees on Health, Mental Health and Substance Use, and Disabilities Preliminary Budget Hearing

March 19th, 2026

Good morning. My name is Maryam Mohammed-Miller, and I am the Director of Government Relations and Policy at Planned Parenthood of Greater New York (PPGNY). We would like to thank the Chairs of the Committees on Health, Mental Health and Substance Use, and Disabilities, Council Members Schulman, Cabán, and Hanif. We would also like to thank all the committee members for the opportunity to discuss PPGNY's programs, services, and fiscal year 2027 funding requests. Thank you to the Chair of the Finance Committee, Council Member Lee, and Speaker Julie Menin for your continued support of PPGNY's work to provide health care to all New Yorkers.

PPGNY is a trusted provider of sexual and reproductive health care and education programs for communities throughout New York City. In 2025, we conducted over 67,000 patient visits through our virtual health center and at our NYC health centers, providing care to all those in need regardless of immigration status, identity, or ability to pay for services. We engaged over 28,000 individuals through our education and community engagement programs — including over 4,400 young people in middle and high school. Our Project Street Beat program (PSB), through their offices and Mobile Health Center, engaged over 650 individuals who are at high risk of HIV exposure, may be unstably housed, or suffer from substance abuse disorder. And in 2025, we helped enroll over 3,700 individuals in health insurance programs.

PPGNY is deeply committed to providing care, no matter what. Over these past several years, we have weathered many attempts to severely restrict sexual and reproductive health care, including abortion care. Years of under-investment in reproductive health care, rising health care costs, and workforce shortages have made it increasingly difficult for us to provide the care New Yorkers depend on. In fact, we were forced to close our Manhattan health center last year to help sustain patient care. Patients seen in Manhattan can continue to receive care at our three remaining NYC health centers and through our virtual health center.

And now, a series of relentless attacks from the Trump administration on Planned Parenthood and sexual and reproductive health care providers throughout the country could lead to millions losing access to the care they deserve. In its first year back in office, the Trump administration along with House Republicans forced through a harmful budget reconciliation bill that included a provision that essentially "defunds" Planned Parenthood. The provision bars Planned Parenthood providers — including PPGNY — from receiving federal Medicaid funding for one year. After months of legal maneuvering in federal courts, including a preliminary injunction that paused enactment of the provision; the courts ultimately allowed the provision to go into effect. PPGNY specifically was poised to lose almost $20 million, potentially leaving thousands of New Yorkers

who rely on Medicaid without access to cancer screenings, birth control, HIV testing, STI screening and treatment and other essential services at our health centers.

Thankfully, Governor Kathy Hochul took decisive action and committed to funding Planned Parenthood providers. That means that nearly 100,000 Planned Parenthood patients across the state who rely on Medicaid coverage can continue to receive the care they depend on. This includes approximately 37,000 patients who seek care in our NYC-based health centers. Unfortunately, we expect these attacks to continue, threatening our ability to provide the care New Yorkers depend on.

Despite this challenging reality, PPGNY remains committed to providing quality health care and educational programs to communities, no matter what. We appreciate that the City Council has continued to support PPGNY so that we can remain a critical source of care, particularly for thousands of patients who qualify for health services for free or at reduced cost.

Safeguarding Access to Sexual and Reproductive Health Care in NYC

At a time when a hostile federal government continues to threaten critical resources for sexual and reproductive health care providers, support from the Council is more important than ever. We ask the Council to continue to fund PPGNY through the Reproductive and Sexual and Health Initiative to ensure that New Yorkers can continue to access care close to home.

PPGNY requests increased funding of $600,000 from the initiative, which will allow us to provide health care services and educational programs throughout New York City. Funding from this initiative helps PPGNY provide the full range of sexual and reproductive health care services that includes gynecological care, STI treatment and testing, contraception care, cancer screenings, and LGBTQ+ health care at all three of our NYC health centers. This care includes 55,000 STI tests, over 20,000 HIV tests, over 39,000 family planning visits, and over 700 PrEP/PEP care visits provided to New Yorkers last year. We provide care to the most vulnerable New Yorkers, many who qualify for low- or no-cost services because they are uninsured, low income, have an undocumented immigration status or are otherwise unable to use their insurance due to confidentiality or safety concerns.

This funding also supports trainings for staff at youth serving agencies on how to support access to sexual and reproductive care, youth sexual development, birth control and pregnancy options, and sexually transmitted infection (STIs) and HIV prevention.

Additionally, this funding will support our Youth Health Promoters (YHP) program. The YHPs are highly trained peer educators who engage other young people and conduct interactive workshops to educate youth about teens' rights and access to sexual and reproductive health care. This program helps teens overcome barriers and stigma that they may experience in accessing care. In 2025, the YHP promoters program engaged over 1,030 individuals throughout New York City. Overall, we engaged over 4,400 individuals in middle and high school throughout community engagement and education programs. New Yorkers depend on care offered at PPGNY, and we look to the Council to continue to support our ability to do so.

We also request $200,000 from the Speaker's List to support our Patient Navigation team. In response to the Supreme Court decision overturning Roe v. Wade, which ended the

constitutionally protected right to abortion care, PPGNY created a Patient Navigation team to help individuals traveling to or living in New York City secure abortion care from a trusted provider. Patient navigators guide patients through the abortion care system by helping them book appointments, access abortion funds to cover the costs of care, travel, and lodging, and understanding payment and insurance options. They also work with external stakeholders and organizations to strengthen build and strengthen systems that ensure patients can safely access care.

Funding PPGNY's patient navigation work is more important than ever as abortion restrictions expand nationwide, and more people travel to New York for care. In 2025, PPGNY provided care to over 2,100 out-of-state patients and more than 2,900 New Yorkers who live outside the city through telehealth or at our NYC health centers.

PPGNY also seeks enhanced funding from the **Dedicated Contraceptive Fund Initiative to provide long-acting reversible contraceptive (LARC) care**, including devices free of charge to patients who choose LARC and are uninsured or under-insured, ineligible for public insurance coverage, facing financial hardship, or unable to use their health insurance due to confidentiality concerns. LARC devices such as IUDs and implants are safe, effective, and allow New Yorkers who rely on this care with the ability to make sound decisions about their futures. In 2025, we provided over 8,000 LARC care patient visits at our NYC health centers. Ensuring New Yorkers have access to long-acting contraception is of critical importance, especially since the SCOTUS decision overturning *Roe v. Wade* and the growing hostility towards sexual and reproductive health care nationally.

Specifically, increased funding will help provide comprehensive contraception counseling, including access to LARC devices, insertion, and removal. This is provided free of charge to patients who are uninsured, ineligible for public insurance coverage such as Medicaid, and struggle to pay for their services out-of-pocket. Funds will also be used for patients who cannot use their insurance due to confidentiality concerns and would otherwise not have access. Increased funding will also offset the rising cost of providing this care due to inflation.

We also request support from the Trans Equity Programs initiative to help empower trans and gender non-binary (TGNB) communities to lead healthy lives by expanding access to sexual and reproductive health services and gender affirming care at our health centers. The importance of this funding cannot be overstated, especially during a time when the federal government has chosen to repeatedly threaten access to trans-related health care. Increased funding will allow PPGNY to provide this critical care to a community that has been historically marginalized and denied access to the health care they deserve. PPGNY offers trans/nonbinary care to all via telehealth and at all three of our NYC health centers. In 2025, we conducted over 3,100 gender affirming hormone therapy patient visits, providing care to over 1,500 individuals. PPGNY is ready to provide care to all individuals in need of this critical care as states across the country enact anti-gender affirming care policies that primarily target young people. The millions of Americans who depend on these services will look to NYC to secure the care they deserve.

The cost of medications associated with this care can also be burdensome, even for those who are insured. We will use Council funding to screen clients, expand the sliding scale system that helps offset the costs of gender-affirming hormone medications at all our New York City

facilities, and expand culturally competent sexual and reproductive care to TGNB communities. Additionally, we will use funds to bolster access to Patient Navigators to help our TGNB patients comprehensively access care at PPGNY health centers, build relationships with partner organizations, and raise awareness of our culturally competent care throughout communities in need.

Fighting to End the Epidemic through Project Street Beat

Another program that allows us to continue serving vulnerable New Yorkers, including our immigrant populations, is Project Street Beat (PSB). **We ask for continued funding support for Project Street Beat (PSB) from the Speaker's list and from HIV/AIDS Pathways to Care.** PSB provides targeted outreach and services to communities most in need through our Mobile Health Center (MHC) and our PSB office in the Bronx. PSB currently provides mobile services in the Bronx, Brooklyn, Manhattan, and Queens. Services on the MHC are available regardless of ability to pay.

Since 1988, PSB has provided innovative client-focused, street-based HIV prevention and linkage-to-care programs that provide a range of services to some of the hardest to reach populations at high risk for HIV. PSB's MHC services include rapid HIV testing, linkage to HIV primary care, HCV screening and referral to care, STI screening and treatment services, referral services, opioid overdose prevention, and support groups. During outreach, individuals are offered and provided toiletries, snacks, HIV and HCV testing, as well as STI screening and reproductive health care services. PSB's MHC meets clients in their own neighborhoods, providing confidential, trusted care in the community. All services are free of charge, and all clients testing HIV-positive are linked with HIV primary care services at PPGNY and partnering providers, as well as other supportive services at PSB.

In 2025, PSB conducted over 700 Mobile Health Center visits, providing PrEP/PEP, HCV testing, birth control, pap smears, and routine gynecologic. We provided over 630 STI tests and over 680 HIV tests. Additionally, we provided over 600 intimate partner violence screenings, connecting those in need to trauma-informed care. PSB also distributes Narcan to people living and working on the streets of NYC and trains them on how to reduce the harm of opioid abuse. has seen increased success with clients by integrating education, counseling and intensive engagement opportunities into the service delivery model. Increased funding will allow us to continue to provide comprehensive care to the city's most vulnerable.

Conclusion

PPGNY remains committed to ensuring that all New Yorkers can access the sexual and reproductive health care they need, regardless of immigration status, identity, or ability to pay. At a time when access to this care is under threat nationwide, continued investment from the Council is essential to ensure access to services among our city's most vulnerable communities. We look forward to continuing to partner with the Council to ensure that every New Yorker can access the care they deserve.

Thank you.

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Planned Parenthood of Greater New York (PPGNY) is a leading provider, educator, and advocate of sexual and reproductive health care in New York State. PPGNY offers a wide range of services across 65% of NYS - including gynecological care; birth control; cancer screenings; pregnancy testing; STI testing and treatment; HIV prevention, testing, and counseling; transgender hormone therapy; and vasectomy. PPGNY is also proud to provide abortion services to anyone who needs compassionate, non-judgmental care. PPGNY is a trusted source of medically accurate, evidence-based information that allows people to make informed decisions about their health and future. As a voice for reproductive freedom, PPGNY supports legislation and policies that ensure all New Yorkers have access to the full range of reproductive health services and education

Testimony of Public Health Solutions
Before the New York City Council
Committee on Health Jointly with the Committee on Mental Health and Substance Abuse and the Committee on Disabilities
Oversight Hearing on The Preliminary Budget for Fiscal Year 2027, The Preliminary Capital Plan for Fiscal Years 2027-2030, and The Fiscal 2026 Preliminary Mayor's Management Report
T2026-1365
March 19th, 2026

My name is Veronica Smith, I am the Senior Director of Health Policy and Government Affairs at Public Health Solutions (PHS). To Committee Chairs Councilmember Schulman, Councilmember Caban, and Councilmember Hanif, I thank you for the opportunity to provide testimony regarding the initiatives our organization engages in to support New York City residents. For more than 65 years, PHS has worked to improve health outcomes and help communities thrive. We do this by delivering direct services to underserved families, supporting community-based organizations through long-standing public-private partnerships, and bridging the gap between healthcare and community-based services. Our commitment to advancing health equity for all New Yorkers begins with supporting families.

In 2025 alone, we served more than 283,000 New Yorkers by expanding access to nutritious food, improving access to healthcare, and promoting healthy living. As a trusted community resource, PHS advances health equity through a three-pronged approach: delivering direct services, managing administrative partnerships, and fostering collaboration between healthcare and community resources. Today, I will highlight four initiative requests supported by City Council funding that are critical to protecting the health and wellbeing of New Yorkers:

- The NYC Breastfeeding Warmline
- The Benefits Bridge Initiative
- Patient-Centered Contraceptive Care Capacity Building
- SNAP Enrollment Assistance

Our requests are guided by the urgent need to ensure safe and equitable access to services and benefits for underserved communities in New York City at a time when the social safety net is truly under attack.

Healthy Beginnings – NYC Breastfeeding Warmline

Families in underserved communities often face barriers to accessing quality care, which can negatively impact maternal and infant health. Breastfeeding plays a critical role in improving health outcomes for both mothers and babies. Research shows that babies who are not breastfed are at higher risk for illnesses such as asthma, respiratory and ear infections, Type 2 diabetes, obesity, and sudden infant death syndrome. Mothers who do not breastfeed are also at increased risk of Type 2 diabetes, breast and ovarian cancers, and postpartum depression. As a result, promoting and supporting breastfeeding is widely recognized as a low-cost and effective public health strategy that improves health outcomes while reducing healthcare costs.

Despite nearly 90% of babies in New York City beginning life breastfeeding, more than half of mothers stop exclusive breastfeeding within the first week. Common reasons include concerns about milk production, difficulties with breastfeeding, and worries that their baby is not getting enough milk. Access to timely, affordable breastfeeding support is often limited when new parents need it most. The NYC Breastfeeding Warmline (Warmline) was created during the COVID-19 pandemic to address this gap by providing free, virtual lactation support, particularly for underserved families and families of color who face systemic barriers to care.

The Warmline prioritizes neighborhoods with the lowest exclusive breastfeeding rates, including the Bronx, Brownsville and nearby Brooklyn communities, and parts of Queens such as Corona and Southeast Queens. These communities face greater health inequities, and lower breastfeeding rates can contribute to poorer long-term health outcomes for mothers and infants. Since its launch, the Warmline has supported more than 1,500 families, with a substantial proportion of callers identifying as Black, Hispanic/Latino, or low-income.

With City Council discretionary funding as its sole funding source, the program plans to support at least 450 new parents and host at least 90 Baby Cafés over the next 12-month funding period, providing ongoing lactation support and resources to families who need it most. Baby Cafés follow a national model that offers ongoing professional lactation care and intervention to families.

Public Health Solutions respectfully requests $250,000 from the Healthy Beginnings Initiative to sustain and expand the NYC Breastfeeding Warmline (Application #2219203).

<u>Access Health & Support Our Seniors Initiatives – Benefits Bridge</u>

For over 20 years, our health insurance enrollment programs—funded by the New York State Department of Health—have helped New Yorkers overcome barriers to accessing health coverage and SNAP through step-by-step application assistance. Our Navigator program supports individuals and families applying for coverage through the NY State of Health Marketplace, while our Facilitated Enrollment for the Aged, Blind, and Disabled (FE-ABD) program assists adults age 65 and older and people living with blindness or disabilities in submitting applications to the Human Resources Administration.

Together, these programs help approximately 17,000 individuals enroll in free or low-cost health insurance each year, contributing to a significant reduction in New York's uninsured rate. An additional 5,000 people annually receive assistance enrolling in SNAP. PHS enrollers speak the languages of the communities they serve and provide unbiased, in-person and phone-based support throughout the entire process—from explaining coverage options and identifying appropriate plans to gathering documentation, following up on application outcomes, and assisting with annual renewals. Our services are available across all five New York City boroughs.

Our work focuses on medically underserved neighborhoods and prioritizes culturally and linguistically appropriate support. Benefits Bridge provides individual assistance to individuals affected by new enrollment requirements or those recently enrolled in programs such as SNAP, Medicaid, WIC, or Cash Assistance who may also need preventive healthcare, nutrition services, or other social supports. The program also connects clients to critical but often difficult-to-access resources, including affordable housing, cash or rental assistance, emergency food, and healthcare services.

To date, Benefits Bridge has served more than 2,700 individuals. In FY'26, PHS is on track to reach approximately 600 people in linguistically diverse communities. In FY'27, the program aims to reach about 1,500 individuals through outreach, education, and navigation to healthcare resources, while helping roughly 300 people enroll in or maintain benefits across seven community-based sites in Queens, Brooklyn, Manhattan, and Staten Island. These efforts are projected to result in approximately $1.5 million in benefits disbursed over the course of the year. Continued City Council support is critical to sustaining and expanding these services, enabling PHS to increase outreach and connect more New Yorkers to essential benefits.

Public Health Solutions requests $150,000 from the Access Health and Support our Senior Initiatives for the Benefits Bridge program (Application #2217952).

Dedicated Contraceptive Fund Initiative

The dramatic changes in eligibility and cost of health insurance, and potential reduction in federally funded Family Planning program known as Title X, will threaten the ability of patients to find the contraceptive care of their choice at an affordable cost, and to receive patient-centered counseling. The current administration has enacted harmful policies, withheld funding and removed critical information and resources from government websites. Recent years have seen flat funding for programs like Title X, the Federal Family Planning Program, which serves as a vital resource for millions of individuals seeking quality, affordable contraceptive, and reproductive health services. **New York State is at risk of losing $14 million if the administration withholds or restricts Title X funding**. These funding cuts will exacerbate barriers to care. These financial threats particularly impact local clinics in medically underserved areas, who treat predominantly Black and Hispanic patients and people with limited access to resources.

- Clinic-based settings provide essential contraceptive care for nearly one in three uninsured patients (28%) and one in five low-income residents (21%). For Black (16%) and Hispanic (19%) women, clinics represent a vital access point to services.
- Less than half (42%) of contraceptive users' report receiving excellent person-centered contraceptive counseling, and this percentage is lower among women with low incomes (39%) and those who are uninsured (33%).

Fiscal Year 2027 City Council funding will support the Capacity Building program in developing a capacity building initiative, *Patient-Centered Contraceptive Care in a Challenging Landscape,* to **bolster supplies and improve the capacity of providers and clinic staff at up to six NYC-based health care facilities** to provide sexual and reproductive justice (SRJ)-informed patient-centered contraceptive care.

- More than 600,000 women in New York City are eligible for publicly funded contraceptive services and supplies.
- 8 in 10 women of reproductive age say they used some form of contraception in the past 12 months
- One in five women who are uninsured had to stop using a contraceptive method because they could not afford it

Through this capacity building initiative, PHS will support up to six participating health centers in implementing contraceptive counseling best practices and provide training, technical assistance, and opportunities for collaborative learning in the following areas:

- Fundamentals of Sexual and Reproductive Justice
- Trauma Informed Sexual and Reproductive Healthcare
- Patient Centered Care for LGBTQ+ patients
- Patient-Centered Contraceptive Counseling
- Adolescent Sexual and Reproductive Health and Rights
- Utilizing Patient-Centered, Equity Focused Measures to Inform Contraceptive Care Practices
- Quality Improvement for SRH Services Using the Model for Improvement

We embed high-quality, patient-centered contraceptive care in clinical workflows and supports on-site stocking of contraceptive supplies. This funding will bolster quality improvement efforts and improve contraceptive access, not only for uninsured and underinsured individuals who are disproportionately affected by funding reductions, but for *all* patients whose access to care will be reduced. By ensuring that participating clinics purchase contraceptive supplies, this project will mitigate the impact of reduced access and empower individuals to make informed decisions about their reproductive health.

Public Health Solutions requests $500,000 from the Dedicated Contraception Fund to support this Capacity Building program (Application #2155743).

Supplemental Nutrition Assistance Program (SNAP) Stop-Gap Funding

With 13 years of experience delivering SNAP assistance across New York City, PHS has built a trusted, easy-to-access network of SNAP enrollers, who are embedded in communities and trusted to manage sensitive benefit applications. We provide SNAP enrollment and recertification support for some of the city's most food-insecure neighborhoods, including East Harlem, the Bronx, Jamaica/Southeast Queens, Corona/Elmhurst/ Central Queens, and Flatbush/Southern Brooklyn, reaching families with young children as well as older and isolated adults. In 2025, we successfully enrolled nearly 5,000 households for SNAP benefits. Our dedicated team of authorized enrollers translated operational expertise into $1.9 million in SNAP benefits. They accomplish this by moving federal dollars quickly and accurately, reducing application errors, and ensuring enrollment timelines stay within 30 days. They also assist with the necessary documents, provide follow-up, complete re-certifications, mediation, and provide referrals to other programs and social services.

Given the recent announcement of the early termination of the NYS Targeted SNAP Outreach IV (T-SNAP IV) contract we are concerned about the continuity of care for SNAP recipients in New York City. The contract is now set to end on September 30, 2026. We understand that ending this contract was necessary to address the SNAP "administrative cost shift" enacted in H.R.1 last year, which is forcing states to shoulder a greater burden of the costs. While the state has released the Nutrition Navigator–Direct Services RFP to address the impact on organizations providing enrollment assistance, the competitive process introduces significant uncertainty. Applicants must front 75% of their annual budget at the start of each program year, creating financial strain, and the method for calculating the State General Fund share is complicated and raises concerns that total funding for current providers could be substantially reduced compared to existing contracts.

This uncertainty occurs at a time when community-based organizations like PHS need to focus all our energy on helping the public navigate changes in eligibility and certification process, especially new workforce requirements. Due to the federal changes forcing the early termination of existing programs, the timeframes for application, selection of awardees and contract implementation in the new RFP are very compressed. PHS is concerned that there is high potential for gaps in services should we not be successful in securing a new contract under the competitive RFP.

We believe **the City can safeguard against this possibility by providing stop-gap funding** that will ensure continuity of services if we are unsuccessful in our efforts to secure a new contract, or that can be put to use to help meet the increased demand we will face assisting SNAP consumers and applicants navigate the new requirements.

PHS' SNAP enrollment assistance services provide an essential infrastructure: a trusted, high-accuracy system embedded in communities where food insecurity is highest, and capacity is hardest to replace. **Public Health Solutions respectfully requests $115,000 in FY'27 through the Speaker's Initiative -- critical funding that will allow PHS to confidently maintain the availability of our SNAP services for New Yorkers through the end of 2026.**

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About Public Health Solutions

Health disparities among New Yorkers are large, persistent and increasing. Public Health Solutions (PHS) exists to change that trajectory and support underserved New Yorkers and their families in achieving optimal health and building pathways to reach their potential. As the largest public health nonprofit serving New York City, we improve health outcomes and help communities thrive by providing services directly to low-income families, supporting community-based organizations through our long-standing public-private partnerships, and bridging the gap between healthcare and community services. We focus on a wide range of public health issues including food and nutrition, health insurance, maternal and child health, sexual and reproductive health, tobacco control, and HIV/AIDS.

Dear Committee on Health,

New York City is facing a quiet crisis, one that lives in our alleyways, under our stoops, and in the homes of families struggling to keep up. The overpopulation crisis is not just an animal issue, it's a community issue, and it requires real city support.

Low-cost, city-funded spay and neuter and Trap-Neuter-Return, or TNR, is the most humane and effective way to reduce suffering on our streets. It works. It stabilizes colonies, prevents endless litters, and improves neighborhood health. But right now, this burden is falling almost entirely on small rescues, volunteers, and everyday New Yorkers. That's not sustainable.

Our organization alone rescued over 800 animals last year, and every animal was spayed or neutered. That's 800 lives changed and 800 animals no longer contributing to overpopulation. But for every one we help, many more are turned away due to lack of resources.

At the same time, our food bank is overwhelmed. We currently support about 45 rescue groups and cannot expand to the general public, despite growing need.

Families are being forced to choose between feeding themselves or their pets, or paying rent versus veterinary care. When access to food and vet care disappears, the consequences ripple, more unaltered animals, more litters, and more strain on shelters.

If we want to solve overpopulation, we must address the root causes. That means investing in spay/neuter and supporting community food banks.

Prevention is more humane, and far more cost-effective. This is why we are asking you to please fund the 1.5 million for spay neuter surgeries and 2 million for pet food pantries.

We are already doing the work. We just need the city to stand with us.

Thank you for your consideration,

Meagan Licari

Executive Director

PuppyKittyNYCity

NEW YORK CITY COUNCIL
Committee on Health, Jointly with Committee on Mental Health and Substance Abuse, and Committee on Disabilities
Preliminary Hearing: New York City Budget FY2027
March 19, 2026

Presented by Evie Hantzopoulos
Executive Director of Queens Botanical Garden

Good afternoon. My name is Evie Hantzopoulos and I am the Executive Director for Queens Botanical Garden. Thank you to Chairs Schulman, Caban and Hanif and members of the Committees for providing this opportunity to discuss our desire to make all of the City's botanical gardens as inclusive as possible. I'm here to provide testimony in support of a proposed new Speaker Initiative, **Rooted in Accessibility**, in the amount of $1,000,000 in the FY27 City budget, which will enhance the ability of the four City botanical gardens to provide access and programming to better serve our diverse populations and support positive public health outcomes.

Queens Botanical Garden is located on 39 acres of city-owned land in downtown Flushing and is the place where "People, Plants, and Cultures Meet". We serve approximately 300,000 visitors each year, including schoolchildren older adults, and 194 youth interns of all developmental, physical, and cognitive abilities. We also provide a healing, restorative space for individuals who need to complete community service, helping to reduce recidivism and support our neighbors in recovery and rebuilding. We are proud to be a member of the Cultural Institutions Group, and are grateful for the support of the New York City Council.

New York City prides itself on being an inclusive city, but too often accessibility is an afterthought or only considered when there are legal mandates.

I'm here today with my colleagues from New York Botanical Garden, Brooklyn Botanic Garden, and Snug Harbor, to advocate for inclusion in the NYC FY27 budget for Rooted in Accessibility. We are requesting a total of $1 million – or $250,000 per garden – which will allow us to:

- Increase the number of dedicated staff leading accessibility initiatives
- Increase dedicated programming for those with autism, developmental disabilities, Alzheimer's and dementia, and other needs
- Host inclusive and accessible events for children and seniors
- Improve and increase professional development for garden staff
- Redesign and improve signage and wayfinding for ADA compliance

Currently at QBG and our peer gardens, we have strong partnerships with organizations and schools that serve populations that need access and support, including District 75 students. With additional funding, we can be more intentional and expand our work, all of which will improve the visitor experience for everyone.

Research shows that nature is healing; we know that there are positive public health outcomes when people have access to green space and botanical gardens, and that disabled populations benefit greatly. This relatively small investment will yield great benefits not only for the intended populations but for the City as a whole, and we hope you will fund our request.

Testimony of Lilibeth Marchena
Program Director, Rainbow Clubhouse
FY27 Preliminary Budget Hearing - Mental Health and Substance Use

Good afternoon Chair and members of the Committee,

My name is Lilibeth Marchena, and I am the Program Director of Rainbow Clubhouse, a community-based mental health program serving New Yorkers living with serious mental illness.

Thank you for the Council's continued investment in the Clubhouse model. Your support has allowed programs like ours to expand access to care and meet the growing demand for community-based mental health services across New York City.

Rainbow Clubhouse is a fully accredited member of Clubhouse International, adhering to a globally recognized, evidence-based model of psychosocial rehabilitation that delivers measurable outcomes in employment, education, and long-term recovery.

Rainbow is also proud to operate as part of the Emma L. Bowen Community Service Center, where our members benefit from a full continuum of wraparound services. This integrated model is critical to our success. In addition to the support and structure of the Clubhouse, members can access primary care, behavioral health services, substance use treatment, supportive services, and a food pantry—all within a trusted, community-based setting.

This continuum ensures that individuals are not navigating recovery alone. It allows us to meet people where they are, address complex needs holistically, and provide consistent, coordinated care that leads to long-term stability.

As part of the coalition of five community-based clubhouses, Rainbow is helping to demonstrate that this model works. Our programs are growing, including individuals who have transitioned from larger, more institutional settings in search of smaller, more personalized environments that better support their recovery. What they find is not just a program, but a community grounded in dignity, purpose, and opportunity.

Every day, we see the impact:

- Members build routines and regain stability
- Individuals pursue employment and education
- People reconnect with their communities

To sustain and strengthen this work, we respectfully request $3.79 million in FY27 City Council discretionary funding to support the five community-based clubhouses.

This investment will allow us to maintain staffing, meet increasing demand, and continue delivering integrated, community-based care that reduces reliance on more costly systems.

The Clubhouse model—especially when paired with a broader continuum of services like those at the Bowen Center—is not only effective, it is essential.

We urge the Council to continue its leadership by fully funding community-based clubhouses in the FY27 budget.

Thank you for your partnership and your commitment to the mental health and well-being of New Yorkers.

Respectfully,
Lilibeth Marchena

New York City Council Budget and Oversight Hearings on the Preliminary Budget for Fiscal Year 2027

New York City Council Committee on Health
Honorable Lynn C. Shulman, Chair

New York City Council Committee on Disabilities
Honorable Shahana K. Hanif, Chair

New York City Council Committee on Mental Health and Substance Use
Honorable Tiffany L. Cabán, Chair

Submitted by:

Rolando Ortiz, Partnerships Manager

3/18/26

Thank you Chairpersons Shulman, Hanif, Cabán and members of the Committees on Health, Disabilities and Mental Health and Substance Use for holding this hearing and for the opportunity to submit testimony. My name is Rolando Ortiz and I am the Partnerships Manager at Ramapo for Children.

The FY26 budget increased funding for the City Council Mental Health Services Initiatives by $11,500,000 raising the total funding for the initiatives to $40,642,110. This additional money was largely used to create new initiatives like the NYC 988 Crisis Intervention and Suicide Prevention Hotline and Peer Specialists Support. While this is celebrated, it is important to note that a few initiatives had their funding simply maintained. The Autism Awareness Initiative for example was funded at $3,261,846 in FY 26. It was cut in FY 24 by $55,000 and that cut remained in FY 25 and FY26. **I am urging the Council to increase funding for the Autism Awareness Initiative by providing a 3% increase to match the citywide human services COLA initiative, to help providers address the rising costs of providing services for a total investment of $3,359,704 in FY27.**

Council funds go directly to community-based organizations who provide behavioral health services throughout NYC in several languages. These funds provide vital resources for programs that would often not have any other City support. Specifically, the Autism Awareness Initiative supports wraparound services for children with autism in after-school, weekend, summer programs and during school closings. The programs also provide trainings to teach coping skills to families caring for individuals with autism. Thousands of children and families are served annually with this funding, including individuals without access to OPWDD services.

The services community-based organizations provide using Autism Awareness Initiative funding are crucial, especially as we face funding and policy changes at the federal level. Decisions at the federal level could severely impact children with disabilities, including those with autism, who rely heavily on federally funded educational services for support and growth. Any reduction in educational services will increase the needs of individuals with autism and result in them relying more on non-school based supports. As we witness the unfolding situation at the federal level, it is essential to recognize the importance of investing in city funded services and to ensure the individuals who benefit from them can continue to do so in the coming fiscal year.

Every year, Ramapo for Children provides citywide virtual and in-person parent education workshops to more than 600 families with students diagnosed with autism. We provide workshops tailored to meet the specific needs of parent communities across the state. Our workshop topics include, but are not limited to, Self Care, Coping with Conflict in the Home, Creating Structures and Routines, Meeting Sensory Needs, Collaborating with School and Staff, and Skill Building for Children. Our workshops impact hundreds of families, giving them tools and strategies to navigate a number of challenges in and outside of the home. Ultimately, we provide a space for parents and caregivers to grow, to learn, and to be more confident in the way they interact with their young people.

Please fund the Autism Awareness Initiative at $3,359,704-a 3% increase from what it was funded at in FY 2026. Discretionary funding contracts, including Autism Awareness Initiative contracts, did not receive the 3% Cost of Living Adjustment (COLA) that other City funded human services contracts are benefiting from. The 3% increase would help Autism Awareness providers meet the rising costs of providing services in New York City.

Investing in the Autism Awareness Initiative and the rest of the City Council Mental Health Services Initiatives will allow community-based providers to continue to provide these important services to the individuals they serve. Thank you once again for the opportunity to submit testimony. If you have any questions about the information I included, please contact me at rortiz@ramapoforchildren.org or our director, Hannah Miller at hmiller@ramapoforchildren.org

Testimony of Daniel Pichinson, MBA, President & CEO of Ryan Health

To The New York City Council

Committees on Health, Mental Health and Substance Use, and Disabilities

On The Preliminary Budget for Fiscal Year 2027

March 19, 2026

Funding Needed for New York City School-Based Health Centers to Support Comprehensive Healthcare Services

Ryan Health submits our written testimony to the Committees on Health, Mental Health and Substance Use, and Disabilities for their joint hearing on the Preliminary Budget for Fiscal Year 2027. We urge you and the City Council to provide an additional $19.2 million of City Tax Levey funding to support comprehensive healthcare services at School-Based Health Centers (SBHCs) in New York City Public Schools. Currently only 35 out of 137 receive NYC government support, while the remaining 102 do not.

Ryan Health is a mission-driven Community Health Center with 13 locations throughout Manhattan, stretching from Washington Heights to the Lower East Side, where we serve over 52,000 vulnerable New Yorkers annually. In conjunction with Ryan Chelsea-Clinton, our affiliated center in Hell's Kitchen, we currently operate 3 School-Based Health Centers in Manhattan. Our centers are in pre-K, elementary, middle, and high schools. We have nearly 60 years of experience providing healthcare in diverse communities that have typically faced barrier to healthcare access.

In 2025, we had over 5,000 visits to our SBHCs. Most of the students that we treat are low-income and young people of color. We do not charge children or families for our services, and we treat any student who comes to us regardless of immigration or insurance status. Our SBHCs directly address the affordability crisis in New York City by allowing parents to remain at work when we are able to address their children's healthcare needs with no cost services to those families.

Our Services

We are a full-service health center in the schools, mitigating barriers to healthcare access. By being in the schools, we are there for students five days a week, right where they are, increasing access to care. This addresses one of the social drivers of health in terms of reaching a population that is most difficult to connect with. The care that we deliver gets and keeps kids healthy, so that they can stay in school and learn. Access to primary and preventative care in the schools also means that parents don't need to take time off from work to take their child to an outside appointment.

Children enrolled in a SBHC receive the same care at school that they would get at a traditional health center or medical office, including:

- Annual physical exams
- Emergency and sick visits
- Vaccines, including for COVID and flu
- Treatment for chronic illnesses, such asthma and obesity
- Medications and prescriptions
- Screening for vision, hearing, asthma, obesity, and other medical conditions, and
- Mental health services

If a student not enrolled in the SBHC comes to us sick, we do not turn him or her away, but address the child's needs.

Each of our centers is staffed by a Nurse Practitioner and Licensed Practical Nurse (LPN). In addition, we have a Licensed Clinical Social Worker (LCSW) or Licensed Master Social Worker (LMSW) that work at our SBHCs.

Our mental health providers are carrying a full caseload of 24 students for individual therapy within their assigned SBHC. In addition, they run one group session at each school that includes 4-8 students. The groups focus on a variety of themes including social skills training, stress management and grief, to name a few. The clinicians are connected to what is happening on their campus and form groups that are responsive to the needs of the students.

A report released in December 2025 by then New York City Comptroller Brad Lander, "Classrooms, Counselors, Clinics: Building a Mental Health Care Continuum in New York City Public Schools," identified "SBHCs as a holistic model of care by embedding medical, mental health, and preventive services directly into schools." Yet the report concluded that New York City SBHCs, and the City's Mental Health Continuum, are underfunded, resulting in staffing and programming constraints. In the report, the Comptroller estimates that an additional $20.2 million in City funding would be needed to support currently operating SBHCs.

A September 2025 Issue Brief from KFF entitled, “The Landscape of School-Based Mental Health Services,” noted that school-based mental health services can improve access to care, identify and treat early mental health issues, and may be linked to reduced absenteeism and better mental health and substance use outcomes. It also reinforced the experience of SBHCs in New York City that they help reduce barriers to care, particularly for children from low-income households and children of color. The

Care That Makes A Difference

Our Director of SBHC services shared an example of how our SBHCs services helped a young female teen in crisis. She came to one of our SBHCs at the age of 15 after her mother died and the only guardian/adult in her life was her 22-year-old sister. Her sister was struggling to meet her needs, so the team at the SBHC stepped up to assist the teen. They helped with donations for her everyday needs, such as menstrual products, hygiene products, clothing, and connected her with food resources. They provided her with mental health therapy and eventually connected to a therapist outside of school for longer-term care.

She did not have health insurance when she came to the SBHC; the team worked with her sister to navigate the application process and obtain Medicaid. The team also connected her to specialist dental care to address cavities that she had for years. She also had a history of other medical and mental health needs that were not being addressed and caused difficulties with school attendance. The team met many of those needs within our SBHC, treating severe dental pain at school so that she was able to focus in class, while also delivering yearly physicals and labs, vaccines, and managing her asthma.

As the student got older, the SBHC supported her reproductive health needs and provided extensive patient education around STIs and contraception, as well as lab testing and medications needed for her reproductive health. When she had a need that the SBHC could not address, the team connected her to services at one of our primary care centers, ensuring continuity of care. She has now turned 18 and is completing her work for a high school diploma. The team is confident that the skills, treatment, and health education provided at the SBHC will continue to support this student as she navigates the healthcare system as an adult and help her achieve the best version of herself.

Fiscal Health

Ryan Health knows the challenges of operating SBHCs without adequate funding. Prior to 2025, Ryan Health operated seven SBHCs. At the end of 2024, we made the difficult decision to close four of them as we could no longer subsidize their operations. In 2024, we lost approximately $ 1.5 million from operations at our SBHCs. It is noteworthy that the KFF Issue Brief found that in 2024-2025, inadequate funding is the leading reason that schools believed they could not effectively provide mental health services to students in need.

There is a demonstrated need for greater investments to make SBHCs in New York City viable. It is challenging to continue operating centers in the long-term at a loss. When a SBHC closes, as occurred with our four closed centers, New York City is required to place at least one school nurse, who provides minimal first aid and medication administration services, for which the City incurs the cost. Conversely, if Ryan Health and other community-based organizations were adequately funded for SBHC services, we could consider opening new centers in schools with high needs, including children from low income households and/or high Medicaid enrollment.

Funding Request

In conjunction with the New York School-Based Health Alliance NYC Chapter, we are advocating for the addition of $19.2 in CTL funding in the budget to support the 102 SBHCs that are currently non-funded. As noted, SBHCs are saving the City significant money it would otherwise have to spend to place school nurses where we are located. To prevent further service reductions and closures, we propose a baseline funding model of $100,000 per school campus for all New York City SBHCs, plus $100 per student enrolled in the school.

Funding at this level will allow us to stabilize the financial health of our SBHCs and grow services. For example, with increased funding, we could hire more LCSWs to meet the high demand for mental health services. Our mental health professionals are currently at capacity.

In closing, I invite the Members of the Committees and any member of the New York City Council to come to visit one of our SBHCs. We want you to see firsthand the dedication and passion of our SBHC teams. We would like you to witness the comprehensive services that our SBHCs offer and how students use them. You will come away as impressed and proud of them as I am for the care they deliver to these young people. I think that you will also leave agreeing that we need to adequately invest in SBHCs to allow them to flourish serving our City's young people.

Thank you for the opportunity to submit this testimony.

March 19, 2025

New York City Council

Committee on Mental Health and Substance Use
Hon. Tiffany Cabán, Chair

Committee on Health
Hon. Lynn Schulman, Chair

Testimony of Jimmy Meagher, LMSW, Senior Policy Director, Safe Horizon

On the Fiscal Year 2027 Preliminary Budget

Thank you for the opportunity to submit testimony. My name is Jimmy Meagher, and I am Senior Policy Director at Safe Horizon, the nation's largest non-profit victim assistance organization. Every year, 250,000 people seek safety through our services. Our mission is to stand with those who have experienced violence, abuse, and exploitation. We offer unwavering support and advocate for systemic change. We envision a world where safety is a universal human right.

Whether we are called on to provide expert testimony at an oversight hearing or to assist a constituent in crisis and in need of emergency services, we are proud to partner with the City Council in a collective effort to make our city safer for all. We are here to help you and your staff learn how best to support survivors and connect them to the resources available in your borough and community.

Over many years, the City Council has been a key supporter of our programs helping adult, adolescent, and child victims of violence and abuse. City Council funding fills in gaps where no other financial support exists and allows us to draw down critical dollars from other sources. Moreover, this funding demonstrates the value that you and your colleagues place in helping survivors of all ages access desperately needed shelter, legal assistance, counseling, and wraparound services and supports.

The City Council has also championed the human services nonprofit sector. Our sector desperately needs your continued help to ensure that human services workers across our sector receive the compensation and support we need. To be frank – our sector continues to operate in a perpetual state of crisis. Nonprofit human services organizations are suffering as a result of delayed contracts and payments – preventable and solvable problems.

Initiative and Discretionary Funding

City Council initiative and discretionary funding contracted through the Department of Health and Mental Hygiene (DOHMH) supports the following Safe Horizon programs:

Streetwork Project

Safe Horizon's Streetwork Project provides shelter, showers, hot meals, therapy, service linkage, safer sex supports, case management, and so much more, in a therapeutic harm reduction community serving homeless youth ages 13 to 25. We work with homeless and street-involved young people to help them find safety and stability. Many homeless young people face a day-to-day struggle to survive, which can lead to physical and emotional harm. Homeless youth may have experienced family abuse, violence, rejection, and instability that led to their homelessness. We welcome these young people, help them navigate complex systems, connect them to community, and provide essential resources at our drop-in centers, at our overnight shelter, and through our street outreach teams. Streetwork has been doing this community-based work since 1984, and we will continue to do so for as long as our services are needed. Over the past several years, Streetwork has experienced an increase in the number of migrant young people seeking help who have nowhere else to go.

In FY25, Streetwork Project provided services to 1,139 clients across our drop-in centers and overnight shelter, while our overnight street outreach team engaged in 15,277 contacts with homeless and at-risk young people. The City Council currently supports Streetwork through the **Supports for Persons Involved in the Sex Trade Initiative** (contracted through DYCD), **LGBTQIA+ Youth Support and Services** (contracted through DYCD), the **Viral Hepatitis Prevention Initiative** (contracted through DOHMH), and a **Speaker's Initiative** (contracted through DYCD).

The **Viral Hepatitis Prevention Initiative** helps Streetwork increase our capacity to connect potentially Hepatitis C-affected clients to testing, medical care, treatment, and infection control services. We are seeking **a restoration and enhancement to $50,000** - so we can link runaway and homeless youth to the medical supports they need and deserve.

Counseling Center

Safe Horizon's Counseling Center has provided mental health treatment to adult and child victims of violence and abuse since 1988. We provide ongoing support and counseling services during victims' recovery and healing journey. We offer supportive counseling without judgment, and we work with survivors to develop coping strategies. Our Counseling Center is one of the only New York State-licensed mental health clinics focused solely on treating trauma reactions that many victims of crime and abuse experience. Our Counseling Center provided 5,521 therapy sessions to 294 clients and 1,565 intake case management services to 752 clients in FY25. The City Council supports our Counseling Center's work through the **Court-Involved Youth Mental Health Initiative** and the **Children Under Five Mental Health Initiative.** Both initiatives support our mental health work with the youngest survivors of violence and abuse and are contracted through DOHMH.

The City Council's **Court-Involved Youth Mental Health Initiative** allows us to address the impact of traumatic experiences that are so often at the root of behaviors that precipitate involvement in family court of children and youth aged 7 to 17. Our project involves the

enhancement of trauma-informed care for youth by creating and providing training on short-term trauma-focused interventions. We are seeking **a restoration of $240,000**.

The City Council's **Children Under Five Mental Health Initiative** supports our work with infants and toddlers who are survivors of crime, as well as their families, through training of clinicians and staff in evidence-based treatment. By training a greater number of individuals who come into contact with child survivors to recognize signs of trauma, we can prevent lifelong developmental consequences while providing healing and relief. We are seeking **a restoration and enhancement to $150,000** to continue supporting young children who have been victims of or witnesses to crime.

Community Programs

Safe Horizon offers a continuum of services for all victims of crime through telephonic, live chat, and/or in-person supports. With sites that serve all five boroughs, our compassionate Community Program staff provide safety planning, advocacy, case management, information and referrals, supportive counseling, and support groups. In FY25, our Community Programs provided services to 828 clients and assisted 614 client family members.

The City Council supports our Community Programs through the **Mental Health Services for Vulnerable Populations Initiative**, contracted through DOHMH.

The work of the **Mental Health Services for Vulnerable Populations Initiative** aligns with Safe Horizon's commitment to working with young Black and Brown men who have experienced harm and violence. One of Safe Horizon's main goals is to increase accessibility to needed services for young men of color. Research shows that young men of color are more likely to experience harm, yet boys and young men of color are not accessing our services at comparable rates. This funding increases our capacity to connect community members who have experienced harm, with a particular focus on young men of color, to our continuum of services, including counseling and mental health supports. Our Hotlines and SafeChat serve as first points of contact, linking to Community Programs for ongoing coordination within Safe Horizon and beyond. Our services are offered telephonically, remotely, and in-person at our Community Program offices, ensuring that survivors have options. We are seeking **a restoration of $150,000** to support this essential healing work.

Late Contracting Issues

We are grateful to the City Council for understanding the systemic late contracting issues that impact the nonprofit human services sector. Late contracts have a detrimental effect on community-based organizations and the communities we all serve. Great progress has been made because of the Council's movement on these issues through legislation to provide advances on contracts (LL156 of 2025, LL11 of 2026). However, much more needs to be done to address the millions still owed to providers across the city.

Frequent government contract payment delays put providers at risk of eviction and worsen deficits by forcing organizations to borrow to pay rent and salaries. Safe Horizon has, on many occasions,

been forced to borrow money to sustain service provision to survivors while waiting months or even years for a contract to be registered so that we could receive payment.

The City's delays cost providers real money and jeopardize quality of services by diverting funds away from programs to pay interest on lines of credit, for which we are not reimbursed.

In addition, when nonprofits are owed money, we cannot respond to emergencies effectively because of limited cash flow to meet urgent needs. For example, during the pandemic, we needed to purchase supplies, like masks and cleaning equipment, and were forced to utilize our credit line for that purpose because of the city's payment delays.

As of January 31, 2026, Safe Horizon is owed $5.1M across 15 contracts through DYCD and DOHMH. Many but not all of these contracts are related to the City Council funding detailed above. As the Council knows, these contracts are frequently registered long after the start date for services.

Int. 0452

Additionally, we urge the Council to support wage equity legislation that will bolster the nonprofit human services sector.

We are grateful for the multi-year COLA investment, which was a major victory for the nonprofit human services sector. There are still challenges, in that the COLA funding is implemented by agencies in ways that are overly restrictive. That investment ends next year so now is the time to push for true wage equity, where nonprofit workers are not paid up to 30% less than their government counterparts. We enthusiastically support Intro 452, which would be a huge step forward.

Government is not just the predominant funder of human services but also the main driver of human services salaries. Government either directly sets salary rates on contracts or does so indirectly by establishing costs for a unit of service along with required staffing on a contract.

New York City has relied heavily on the nonprofit human services sector to house, shelter, safety plan, and provide other critical services for survivors of violence. However, our government partners too often ask our community of nonprofits and community-based organizations to do more with less and to accept the bare minimum. This means that many - too many - nonprofit human services workers, the majority of whom are women and people of color, are barely surviving on the wages paid by underfunded contracts. Because many survivors come into victim services work to help other survivors, government funding for the nonprofit victim services sector is an economic justice issue for survivors. To live up to our shared values of equity, equality, and supporting communities, New York must commit to funding contracts at appropriate levels to allow non-profits and community-based organizations to offer competitive living wage salaries. Pay equity is a racial justice issue, a gender justice issue, and an economic justice issue.

The human services nonprofit sector is dealing with a sustainability crisis. Organizations across the sector continue to lose staff because wages are not comparable to wages in the government and

private sectors. Hiring and staff retention continue to be major issues across the field. Vacancies and staff turnover directly impact our clients – survivors of domestic violence, runaway and homeless youth, and victims and survivors of violence and abuse across New York City. When staff leave for a better paying job in the private, for-profit sector, our programs must reassign cases, which is disruptive to the survivors coming to us seeking safety and healing.

Intro 452 is a significant step towards ensuring that human services workers receive equitable pay comparable to their City counterparts. By establishing a clear wage requirement system, this legislation promotes transparency in compensation, ensuring that every worker is paid solely based on their qualifications and experience.

Conclusion

As the City Council and the Administration sets the budget for the next fiscal year, it's imperative that our city expand, perfect, create, and invest in programming that provides healing and support to people who have experienced harm, violence, and trauma. When we invest in the safety, healing, and well-being of individual New Yorkers, we invest in the safety, healing, and well-being of New York City as a whole.

And it is essential that the City invest in the nonprofit human services workforce that we collectively rely on to support our safety net. We urge you and your colleagues to listen to providers, our dedicated workforce, and survivors. Thank you again for the opportunity to submit testimony.

sage | Advocacy & Services for LGBT Elders
We refuse to be invisible®

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Testimony

New York City Council Committee on Health

FY 27 Preliminary Hearing

March 19th 2026

Good afternoon, Chair Schulman, and members of the New York City Council. My name is Bill Gross, and I serve as the Chief Services Officer at SAGE, the nation's largest and oldest organization dedicated to improving the lives of LGBTQ+ older adults.

Since our founding in 1978, SAGE has worked tirelessly to advocate for policies and programs that empower LGBTQ+ elders, ensuring they can age with dignity, security, and support. From leading national advocacy efforts to providing direct services, we have remained at the forefront of combating social isolation, housing insecurity, and healthcare disparities among LGBTQ+ older adults.

New York City has long failed to prioritize the programs and services that help older adults remain healthy and in their communities as they age. We are optimistic that our new Mayor will begin to address some of these challenges, especially at a time when older adults already make up 1 in 5 New Yorkers, a number projected to grow to 25% by 2040. Over the past few decades, the city has underfunded and undervalued older adult programs, making it nearly impossible for providers to meet the growing need. Without further investment, we risk center closures and the reduction in core services at a time when demand continues to rise.

More and more older New Yorkers—including LGBTQ+ elders, who already face disproportionate risk—are being forced to navigate the growing gaps in an increasingly fragile safety net. Now more than ever, SAGE continues to remain a steadfast source of support, connection, and security for LGBTQ+ older adults in these challenging times.

With an actively anti-LGBTQ+ administration in Washington stoking a hostile political climate, many LGBTQ+ older adults face heightened fear and uncertainty about their rights, healthcare, and overall well-being. For thousands, SAGE is a lifeline to critical services, advocacy, and a supportive community, ensuring they do not face these challenges alone. In light of the needs and the climate, SAGE is seeking increased support to serve this important population of queer elders.

LGBTQ+ elders are more likely to be disconnected from essential services and to experience severe social isolation, often without the support of traditional biological family networks. They are far more likely to live

alone and less likely to rely on adult children or other family members for informal caregiving. In fact, 25% of SAGE's constituents report having no one to call in an emergency. Because these support networks are so thin, LGBTQ+ older adults must rely more heavily on community-based service providers as they age. Yet many are understandably distrustful of mainstream providers—including healthcare systems—due to a long history of discrimination and mistreatment. SAGE's services, community, and support systems are designed to address these gaps and serve as a critical lifeline for LGBTQ+ elders in New York City.

The elders that SAGE serves also have unique and often complex healthcare needs. For example, approximately 14% of LGBTQ+ New Yorkers over age 50 report frequent poor physical health, and transgender New Yorkers of all ages are nearly 50% more likely to report fair or poor health compared to non-transgender respondents. In addition, as of 2024, 56% of all New Yorkers living with HIV were age 50 and older, and nearly one in six new HIV diagnoses (about 17%) occurred within this age group. Older adults are also statistically far more likely to be diagnosed with AIDS within 30 days of their initial HIV diagnosis, underscoring the persistence of late diagnosis and gaps in care.

In fact, many of our constituents delay or avoid seeking care in mainstream settings since LGBTQ+ adults are twice as likely as their non-LGBTQ+ counterparts to report experiencing discrimination from a healthcare provider, including instances of unfair treatment or disrespect.[1]

Our SAGE Center network serves as a safety net for LGBTQ+ elders and older people aging with HIV. We connect them to affirming providers, and we provide programming that reduces isolation and improves access to services by offering benefits counseling, legal and financial planning, educational workshops, health and wellness programs, support groups, and nutritious meals.

These vital services are made possible from our partnership with the New York City Council and they have been funded by the LGBTQIA+ Older Adult Services in Every Borough Initiative (formerly the LGBTQ+ Senior Services in Every Borough Initiative) since its creation in FY15.

In FY27, SAGE requests the restoration of our New York City Council funding at FY26 levels, along with additional support to sustain and enhance our vital services. City Council funding enables SAGE to serve residents of **Stonewall House and Crotona Pride House** and their surrounding communities, maintain our **citywide network of SAGE Centers** and their extensive virtual programming, provide **comprehensive case management**, offer support to **LGBTQ+ older adults living with HIV**, including long-term survivors, reinforce services for **LGBTQ+ older veterans**, and support **mental health services for homebound LGBTQ+ and HIV-affected elders**.

[1] Montero, A., Hamel, L., Artiga, S., Dawson, L.. (2024, April 2). LGBT adults' experiences with discrimination and health care disparities: Findings from the KFF survey of racism, discrimination, and health. Kaiser Family Foundation. https://www.kff.org/report-section/lgbt-adults-experiences-with-discrimination-and-health-care-disparities-findings/

Specifically, SAGE requests:

- Renewal with an enhancement of **$1,255,000** in Council Initiative LGBTQIA+ Older Adult Services in Every Borough to fund programs and services at our network of SAGE Centers—LGBTQ+-affirming older adult centers—reaching over 5,000 LGBTQ+ elders and older New Yorkers living with HIV with 100 virtual and 200 in-person programs each week. This year, SAGE is requesting an enhancement to implement Know Your Rights initiatives and comprehensive training programs for both older adults and staff, ensuring they are equipped to navigate their rights and access critical resources.
- Renewal of **$250,000** from the LGBTQIA+ Caucus to provide holistic, LGBTQIA+-affirming, and HIV-competent care management for those 60+ (50+ if transgender, a veteran, or living with HIV). Services include benefits enrollment, crisis intervention, caregiving, counseling, friendly visits, legal aid, and mental health referrals. With evolving federal policies, ensuring access to these essential services is more crucial than ever.
- Renewal of **$275,000** from the Trans Equity Programs Initiative to expand our SAGETrans Support Group and Services Program, which offers culturally responsive, trauma-informed support for transgender and gender nonbinary (TGNB) older adults (50+) across New York City. This funding will also support the SAGETrans Emergency Fund, which provides direct financial relief to TGNB elders experiencing housing insecurity, food scarcity, community workshops, legal guidance or crisis health-related needs.
- Renewal of **$100,000** under the Older Adults Mental Health Initiative to support crucial mental health services for LGBTQ+ elders and older adults living with HIV who are frail and homebound, including comprehensive screening for mental health and substance abuse issues, home visits, support groups, and referrals to partner health care and substance abuse programs.
- Renewal of **$100,000** from the Citywide Initiative of Legal Services for Veterans to fund SAGEVets, New York City's only program designed to address the unique needs of older LGBTQ+ military service veterans. SAGEVets helps older LGBTQ+ veterans access Veterans Administration (VA) benefits, supports their overall health and wellness, and provides referrals for discharge status upgrades.
- Renewal of **$36,868** through the Senior Centers, Program, and Enhancement Initiative to support care management services offered at SAGE Centers, including crisis intervention, care assistance, caregiving services, individual and group counseling, friendly visiting for homebound elders, legal services, and mental health referrals.

SAGE is committed to fighting alongside the New York City Council to ensure that no vital community programs are cut, and our top priority is maintaining our funding. We urge the City Council and the Administration to commit to a robust increase in funding for older adult services and fully address the decades of neglect that have brought us to this point. The investments we have outlined represent an opportunity for truly transformative change, ensuring that older New Yorkers, and especially LGBTQ+ older New Yorkers, can continue to call this city home. By doing so, we can show that New York City values leadership that takes bold action, invests in its most at risks populations, and sets a standard for aging with dignity and independence.

Samaritans
Working together to prevent suicide + help save lives.

The Samaritans of New York, Inc. (Suicide Prevention Center)
Testimony of Fiodhna O'Grady, Director of Government Relations
to the NYC Council Committees on Mental Health and Substance Abuse
March 19, 2026

Good afternoon, Chair Caban and members of the Committee. Thank you for the opportunity to speak with you today.

My name is Fiodhna O'Grady, and I serve as the Director of Government Relations at Samaritans of New York. For forty-plus years, Samaritans has provided confidential and anonymous suicide prevention support to New Yorkers, 24 hours a day, 7 days a week.

I am here today to ask the Council to restore Samaritans'

- $312,000 for our 24/7 suicide prevention hotline under the Mental Health for Vulnerable Populations initiative
- and a $100,000 for our Peer Specialist Support initiative.

Last year alone, Samaritans' hotline received nearly **60,000 contacts from New Yorkers in crisis**, supported by volunteers who contribute approximately **20,000 hours annually, equivalent to $800,000 in donated labor**.

This is a high-impact and cost-effective model that more than doubles the value of the City's investment. Research reveals that Hotline volunteers do as good a job, or even better than, their professional counterparts.

Suicide does not discriminate, but access to care does.

- Someone dies by suicide every 16 hours in New York City.
- Twice as many New Yorkers die by suicide each year as from car accidents.
- One in five New Yorkers report experiencing depression or anxiety.

However, access to care remains unequal.

- 40% of New Yorkers with unmet mental health needs cannot afford care.
- 37% do not know where to go for help.

We are already seeing how large, federally controlled systems are vulnerable to shifting priorities, funding, and policy changes these days.

If we are serious about suicide prevention, we must invest in a system that reflects how people actually seek help, not how we wish they would. Research reveals this. The more ways people can seek help, the more likely they are to get support.



We urge you to preserve and restore multiple pathways into care and to strengthen our local CBOs, including Samaritans Hotline and our 80-100 trusted volunteers, providing safe, immediate, and trusted lifelines to New Yorkers in crisis.

Thank you.

Samaritans
Working together to prevent suicide + help save lives.

The Samaritans of New York, Inc. (Suicide Prevention Center)
Testimony of Kumarie Cruz, Director of Bereavement and Education Services
to the NYC Council Committees on Mental Health and Substance Abuse
March 19, 2026

Good afternoon, Chair Caban and members of the Committee. Thank you for the opportunity to speak today.

My name is Kumarie Cruz, and I am the Director of Bereavement and Education Services at Samaritans of New York.

Every day, our team works directly with individuals, families, schools, and community organizations across New York City who are dealing with suicide, grief, and emotional distress.

We see firsthand how widespread this crisis is and how difficult it can be for people to find support that feels safe, accessible, and responsive to their needs.

In New York City today, young people are struggling.

- Nearly half of middle school students report persistent feelings of sadness or hopelessness.
- Suicide attempts among high school students have increased significantly in recent years. Mental health indicators for youth have worsened across nearly every measure.

At the same time, many adults are struggling as well.

- One in five New Yorkers report depression or anxiety.
- Many cannot afford care or do not know where to go for help.

These challenges show up in our classrooms, our communities, and in the conversations we have every day.

Through Samaritans' programs, we work to meet people where they are.

Our education programs have reached **over 50,000 providers and community members across New York City**, equipping them with the tools to recognize risk and respond with care.

We partner with schools, community-based organizations, and service providers to build suicide-safer communities. We help people feel more prepared to have difficult conversations and support one another.

At the same time, our Safe Place bereavement program provides ongoing support to those who have lost someone to suicide. It offers a space where people can grieve alongside others who understand that loss in a deeply personal way.

What we hear again and again is this.

People need spaces where they feel safe to talk.

For some, that means a hotline.
For others, it means a support group.
For others, it starts in a classroom, a workplace, or a community setting.

There is no single pathway into support.

Suicide prevention does not begin in a moment of crisis. It begins in connection.

It begins when someone feels able to speak openly, without fear of judgment or consequences.
It begins when communities have the tools to respond.
It begins when people know where to turn and trust what they will find.

Samaritans plays a critical role in building that foundation across New York City.

We are grateful for the Council's support, which makes this work possible.

We ask for your continued investment so that we can expand access and strengthen community-based support.

Thank you.

JUSTSAFE Scaling Safety

justsafe.org
scalesafety.org

To: New York City Council, Committee on Mental Health and Substance Use
Chair, Tiffany L. Caban

From: Candace S. Hill, Trauma Recovery Center (TRC) Organizational Development Manager, Just Safe & Scaling Safety

RE: New York City Trauma Recovery Centers

Date: Thursday, March 19, 2026

It is with great excitement that we provide testimony to elevate the significant impact of Trauma Recovery Centers (TRCs) in helping survivors heal and strengthening community safety. A sincere thanks to the New York City Council for your support in funding TRCs and the opportunity to provide testimony in support of continued funding.

The Trauma Recovery Center model works to interrupt the cycle of violence by supporting victims of violence in their journey towards stability and healing. Without support, victims of crime often experience housing and employment instability, substance abuse, mental health challenges, re-victimization, or contact with the justice system. To that end, Just Safe (formerly known as Alliance for Safety and Justice (ASJ)) has worked to grow the model nationally.

Just Safe is a national organization that aims to win new safety priorities in states across the country. We bring together diverse crime survivors as part of Crime Survivors Speak to advance policies that help communities most harmed by violence. Collectively, we are a network of more than 200,000 crime survivors nationally.

Communities need more holistic, culturally sensitive, trauma-informed approaches to serving victims. Trauma Recovery Centers serve *all* victims of violence, especially those from communities most harmed by crime, who are disproportionately underserved. By addressing unresolved trauma, TRCs help stop the cycle of violence and help victims heal.

The Trauma Recovery Center (TRC) model of care began in 2001 with a single location in San Francisco, established to serve hard-to-reach survivors of violence who were unable to access traditional victim services. This model has since expanded significantly, with 56 TRCs now operating across the country. To meet the tremendous, community need for trauma recovery services for traditionally underserved victims of crime, the National Alliance of Trauma Recovery Centers (NATRC) was founded. NATRC's mission

is to build capacity and provide essential training and technical assistance to TRC staff nationwide.

TRCs deliver comprehensive care to survivors of violent crime who are grappling with physical and psychological trauma and are unlikely to access mental health and social services. By addressing both the visible and invisible wounds of violence, TRCs help victims and communities heal, which is crucial for interrupting the cycle of harm that can perpetuate violence.

Sustained funding for Trauma Recovery Centers is vital to disrupting the cycle of violence through healing those most impacted by it. We sincerely appreciate your support and respectfully request your continued commitment to funding all existing Trauma Recovery Centers in the 2027 and future city budgets. Furthermore, we ask that you support the establishment of additional trauma recovery centers to scale up safety and adequately meet the needs of all survivors of violence.

Sincerely,

Candace S. Hill
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SERVICE PROGRAM FOR OLDER PEOPLE

Testimony presented to the

New York City Council
Budget and Oversight Hearing
Committee on Mental Health and Substance Misuse
Jointly with the Committee on Health and the Committee on Disabilities

March 19, 2026

Geordana Weber, LCSW
Chief Program Officer
Service Program for Older People, Inc.
www.spop.org

I would like to thank Committee Chairs Cabán, Hanif, and Schulman for holding this budget hearing, which recognizes the critical issue of supporting the health of New Yorkers.

My name is Geordana Weber and I am Chief Program Officer of Service Program for Older People, or SPOP. We are the only agency in New York City that is exclusively dedicated to community-based mental health care for older adults, and we provide outpatient treatment to 1,000 adults each year. We have been doing this work for over 45 years, and we offer services via telehealth, at our offices on the Upper West Side of Manhattan, and at satellite locations in Brooklyn, the Bronx, and Manhattan.

We are only as strong as our network of community partners, and we are grateful for the opportunity to work with dozens of city-funded hospitals, older adult centers, and aging services providers to reach out to isolated adults who would otherwise have no access to mental healthcare.

Older adults represent the fastest-growing segment of New York City's population, and they are generally older, more diverse, and more isolated than ever before. An estimated 20% of the population will experience a mental health challenge at some point, ranging from mild depression to serious mental illness, such as schizophrenia or bipolar disorder, which can interfere with their ability to function and live independently.

Life can be very difficult for an older adult who is managing physical and behavioral health challenges. Our role is to provide mental health services that reduce symptoms, teach coping and problem-solving skills, and support social interaction, so that older adults can stay in their communities.

We are especially focused on the needs of older adults with serious mental illness (SMI). Most SMI mental healthcare programs are designed for younger adults and do not support clients who are also managing cognitive changes, fragile health, and the practical realities of later life. Aging services, meanwhile, are often not equipped to provide robust psychiatric care. Older adults with SMI fall through the cracks—until they surface in the most visible and expensive systems we have: emergency rooms, hospitals, shelters, and, too often, the justice system. This is not just a mental health issue. It is a public health issue and a fiscal responsibility issue.

I therefore urge the committee to advocate for robust funding for programs and services that support community-based age-affirming mental healthcare for older adults with serious mental illness. Thank you.

SHAREing CAREing

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FY 2027 Preliminary Budget Hearing

Health Committee

Hon. Lynn Schulman, Chair

March 19, 2026

Submitted on behalf of:

Anna Kril

Founder & President

Laura Jean Hawkins

Advisory Board Chair

Rosa Sarmiento

Spanish Bilingual Patient Navigator

Astoria/Queens SHARE-ING and CARE-ING, Inc.

(dba SHAREing & CAREing)

31-19 Newtown Avenue

Suite 401

Astoria, NY 11102

718 777-5766

www.shareing-careing.org

On behalf of the Board and Staff of SHAREing & CAREing, we thank you for the Council's longstanding support of community organizations, including ours, which assist cancer survivors, their families and caregivers AND for your support of our funding under the Council's *Cancer Services* Initiative.

We are here today to URGE the Council to increase funding to this Initiative and to fully support our funding request of $2500,000. If granted, this would be our first increase since the creation of the Initiative.

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Through our diverse programs and services, we assist approximately **3,000** individuals a year, providing bilingual cancer awareness and education, linkages to free or low-cost cancer screenings and treatment, patient navigation, case management, family support services, emergent needs assistance, community wellness programs, individual counseling facilitated by our licensed clinical social worker and peer led support groups. Additionally, we provide assistance with insurance matters, identifying and applying for public entitlements/benefits, transportation to and from treatment, chemotherapeutic drug coverage, surgical camisoles, mastectomy bras, prosthesis and wigs.

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Since 2020, we have experienced a **25% increase** in the demand for our services. Funding under the Cancer Services Initiative, however, has stayed flat since the Initiative's creation.

Unlike contracts with DOHMH and other agencies, Council discretionary contracts are not eligible for COLA increases. The only way for the Council to address COLA is to enhance funding for its Initiatives. Given the cancer epidemic we are facing, rising medical costs, rising job instability, fluctuating inflation and the elimination of NYS Article VI matching funds to CBO's under the *Cancer Services* Initiative, we seek your help.

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Thank you.

Shareing & Careing

CANCER SUPPORT COMMUNITY • FOUNDED 1994

History & Mission

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2025-2026 Program Stats & Demographics

SERVICES

Community Outreach	Health & Wellness Workshops	Support Groups (LCSW and Peer-Led)	Individual Counseling (LCSW)	Emergent /Special Needs	High School Outreach
43%	10%	5%	8%	24%	10%

ETHNICITY

Asian	Black	Hispanic	White
25%	14%	42%	19%

GENDER

Female	Male
75%	25%

Programming By Council District

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Justin Sanchez	Bronx	✓	
Sandra Ung	Queens	✓	✓
Shanel-Thomas Henry	Queens	✓	✓
Tiffany Caban	Queens	✓	✓
James F. Gennaro	Queens	✓	✓
Shekar Krishnan	Queens	✓	✓
Linda Lee	Queens	✓	
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We Are Facing a Cancer Epidemic

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Shareing & Careing

BREAST CANCER SUPPORT SERVICES • FOUNDED 1994

FY 2027 Preliminary Budget Hearing

Health Committee

Hon. Lynn Schulman, Chair

March 19, 2026

Submitted on behalf of:

Anna Kril

Founder & President

Laura Jean Hawkins

Advisory Board Chair

Rosa Sarmiento

Spanish Bilingual Patient Navigator

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TESTIMONY OF MARTHA NEIGHBORS
EXECUTIVE VICE PRESIDENT
SNUG HARBOR CULTURAL CENTER & BOTANICAL GARDEN

NEW YORK CITY COUNCIL
Committee on Health, Jointly with the Committee on Mental Health and Substance Use and the Committee on Disabilities
Preliminary Hearing: New York City Budget FY2027
March 19, 2026

Good afternoon, Chair Schulman, Chair Cabán, Chair Hanif, and members of the Committees. I am Martha Neighbors, Executive Vice President of Snug Harbor Cultural Center & Botanical Garden in Staten Island, one of the 39 members of the Cultural Institutions Group. I am providing this testimony in support of a proposed New Initiative, **Rooted in Accessibility**, in the FY27 City budget, which will enhance the ability of the City's botanical gardens to provide access to disabled New Yorkers and support positive public health outcomes.

Now entering our 50th year, Snug Harbor is a culture park on Staten Island offering arts, nature, history, education, and events for all. We envision a more culturally connected and thriving Staten Island. Snug Harbor confronts affordability and accessibility barriers by providing free and pay-as-you-wish programming for our under-resourced community and the general public, thanks to support from the City of New York. We are the City's only free botanical garden, open 365 days a year. We steward a historic 83-acre campus, providing free open green space adjacent to multiple environmental justice communities. Our workforce development initiatives—funded with both private and City support—train emerging and young adults in environmental stewardship. Many of our participants have cognitive, sensory, or physical challenges.

New York City's four botanical gardens in Brooklyn, Queens, the Bronx, and Staten Island contribute uniquely to the city's ecosystem, culture, and community, and serve as vital educational and cultural hubs that enrich the urban experience. All four gardens are committed to making our gardens, exhibitions, programs, and facilities accessible to all who visit. Making websites accessible to all, providing learning opportunities for visitors of all ages, all developmental and cognitive levels, providing workspaces for students to work comfortably, and ensuring accessibility to all by wheelchair, are all part of botanical gardens' continuing work to improve the visitor experience.

Fiscal Year 2027 support will help to create accessible spaces, programming and events, signage and digital accessibility, training for staff, and vital resources to maintain and improve accessibility for all. With a commitment of $1M for Fiscal Year 2027 ($250K for each garden), the city's four botanical gardens will use this funding to:

- Increase the number of dedicated staff leading accessibility initiatives
- Increase dedicated programming
- Host events for children and seniors
- Enhance professional development for garden staff
- Redesign and improve signage and wayfinding beyond ADA compliance

You may ask why we are testifying to this joint session. According to the National Institutes of Health, the burden of non-communicable diseases (including poor mental health) is increasing, and some practitioners are turning to nature to provide the solution. Nature-based interventions can offer cost-effective solutions by reconnecting individuals with nature. NIH reviewed 39 studies on this topic. 92% demonstrated consistent improvements across any health outcome where individuals engaged with natural outdoor environments. Mental health outcomes improved across 98% of studies while physical and cognitive health outcomes showed improvement across 83% and 75% of studies respectively. Aspects such as the sense of wilderness, accessibility, opportunities for physical activity and the absence of noise/ air pollution all increased engagement.

Snug Harbor, Brooklyn Botanic Garden, New York Botanical Garden and Queens Botanical Garden each provide exactly these opportunities. Each of our organizations has a history of serving people with disabilities. We have long-standing partnerships with District 75 to serve public school students with physical, cognitive and/or sensory challenges. Snug Harbor partners with organizations as varied as City Access New York, GRACE Foundation, and On Your Mark to host events and provide workforce development opportunities for their clients, serving hundreds of individuals annually. I invite each of you to join us for our seventh annual Beeping Egg Hunt on Thursday, April 2, starting at 11 am. Offered with City Access New York, the Beeping Egg Hunt is a free fun family day for people of all abilities, focusing on the visually impaired and the blind, serving ages 2-6, 6-14, young adults, and seniors.

Snug Harbor works with AmeriCorps Seniors and local faith organizations to offer volunteer programs for seniors and retirees. With Caring Kind, we offer free guided tours to the Chinese Scholar’s Garden at Snug Harbor for seniors with mobility and memory challenges. With City Council support through SU-CASA, we offer arts programming in senior centers and residential care facilities, with teaching artists skilled in working with people with impaired mobility and memory.

We do all of this largely without dedicated support for our health-related programming. Snug Harbor and our peer gardens are all members of the Cultural Institutions Group,

each receiving an annual allocation through the Department of Cultural Affairs to support operations. Dedicated support through Rooted in Accessibility will offset expenses related to providing accessibility services and events to our community, provide professional development for existing staff to improve service, and enable one new full-time and one new part-time position in an economically challenged neighborhood.

Speaker Menin's leadership and background in the cultural sector provides a deep understanding of the importance of our sector. We are eager to work with City Council to better serve New Yorkers with physical, cognitive, and/or sensory impairments. We therefore ask you to support our unique role in providing safe, accessible spaces for people of all abilities with a $1 million annual investment in Rooted in Accessibility.

Thank you for your time.



MARTHA NEIGHBORS
Executive Vice President
Snug Harbor Cultural Center & Botanical Garden
718.425.3505 / mneighbors@snug-harbor.org

Staten Island University Hospital
Northwell Health®

Pediatric Faculty Practice

Submitted in Lieu of In-Person Testimony

New York City Council Meeting – 3/19/26

Dear Partners in Health,

It is an **honor** to submit this written testimony to you about the **excellent care** provided at school-based health centers (SBHCs) Citywide.

SBHCs exist at the intersection of education and health care and are the caulk that prevents young people from falling through the cracks. They provide care without concern for the student's ability to pay and in a location that meets students where they are at: ***IN SCHOOL*!** These services are delivered in a safe and nurturing place – without the barriers that young people and their families too often face – all without missing a day of school, or a day of work for their caregivers.

We accommodate all students who have submitted signed parental/guardian consent forms. At each of our schools, > 75% of the student body become "members", who are then able to opt-in for care. At each site we provide complete or annual physical exams, immunization updates, reproductive health care, mental health screenings and care, lab testing, acute/walk-in care, health education and first aid. We go to medical emergencies in the building or on the fields and we stabilize medically and mentally unstable students prior to placing an EMS call. **SBHCs give young people the opportunity to manage their health care and increase their health literacy.**

242 Mason Avenue | Staten Island, New York 10305 | Tel (718) 226-6494

We provide these services with no out-of-pocket cost to families, regardless of insurance status. There are no co-pays and no balance billing. SBHCs help to reduce Emergency Room and Urgent Care visits and lower hospitalization rates. SBHCs have been positively associated with improved school attendance, improved school performance, and higher graduation rates. **SBHCs make a direct contribution to each school's mission to help students thrive.**

Our resolute staff includes registrars, medical assistants, health educators, social workers, nurse practitioners, physician assistants, and physicians. **We provide full-time programs: 8 hours a day, 5 days a week.**

We opened the School Health Center at New Dorp High School (District 50, Councilmember Carr), my *alma mater*, in 1990. Since then, we have hosted approximately 100,000 visits, including performing too-numerous-to-count sports clearances for their many championship-winning student-athletes.

The School Health & Wellness Center at Port Richmond High School (District 49, Councilmember Hanks) opened in 2015. In 2022-23, largely because of a marked increase of migrant families, PRHS saw an 18% school census increase from the previous year. There was **no** concomitant increase in funding to provide this care. This past year, PRHS boasted an 81% Graduation Rate, up from 59% in 2015, the year we opened. While we cannot take full credit for these successes, **we are proud to be part of a community where this success is possible. There is no doubt that students perform better when they show up for class healthy and ready to learn.**

Regarding the **Patient Experience**, in 2024 **97%** of our patients were satisfied/highly satisfied with our services and **98 %** of our patients were likely/highly likely to refer someone to our services. These numbers are unmatched when compared to any other ambulatory care practices at our institution.

Each of us testifying today have similar and different tales about SBHCs to tell, but we are united in asking for your support of adopting a more dynamic and equitable funding model for all New York City's SBHCs of every size: a baseline of $100,000 per school campus plus $100 per student enrolled in the school.

At this time, **each of our two SBHCs run at a deficit of ~ $100,000/year, putting our programs in jeopardy** with our sponsor.

Another imminent hazard will come to fruition on 4/1/26 if the State goes forward with their plan to cancel the long-standing Medicaid Managed Care (MMC) carve-out which previously allowed us to bill MMC patients at the enhanced, straight Medicaid rate. **This change will be devastating to SBHCs City- and State-wide and may be the final blow that knocks us out! How many sponsors can, or will choose to, absorb these unmatched deficits/cuts going forward?**

By supporting and voting for our new dynamic and equitable SBHC funding model, as proposed, together we can keep providing high quality health and mental health services at all current and new SBHCs for many years to come.

Thank you for this opportunity. **We look forward to continuing to partner with you to provide these vital services.**

With my sincere gratitude,



Edward McCabe, D.O., MPH

Director of Adolescent & Young Adult Medicine
Medical Director, School Health
Department of Pediatrics
Staten Island University Hospital/Northwell Health

SBHCs: Affordable and Accessible Health Care - Keeping Children and Teens in School and Parents at Work

NYC funded SBHCs are an efficient way to spend city tax levy dollars

	OSH SCHOOL HEALTH MODEL	SCHOOL BASED HEALTH CENTER MODEL
Model	**NYCDOH Model – High School > 2,000 Students**	**SBHC Model – High School > 2,000 Students**
Main Provider	2 RNs (Nurse), supplies RN supervisor	Nurse Practitioner, Family Physician, LCSW
Other providers	8 hours of MD session a month	Fulltime, onsite - Family Medicine MD, Social Worker, LPN, Psychologist, Patient Care Technician, Community Health Organizer, Receptionists
Services	✓ First Aid ✓ Addressing 504 needs ✓ Diabetic monitoring if any ✓ Sports Physicals, Working Papers, Pre College PEs	✓ First Aid ✓ Addressing 504 needs ✓ Diabetic monitoring if any ✓ Sports Physicals, Working Papers, Pre College PEs ✓ Primary Care, including management of Chronic illnesses ✓ Laboratory tests ✓ Reproductive Health Care ✓ All available methods of contraception including IUD insertion on site, Depo, Ring, etc. ✓ STI/HIV counseling education and testing and treatment for STI referrals to treatment for HIV + kids ✓ HPV vaccine for boys and girls, plus all other immunizations ✓ Mental Health Services provided by LMSW ✓ Dental care provided by hygienist and Dentist
Cost to the city	**$300,000**	**$300,000**

It costs $150 per student to have a SBHC
And it is cost neutral for the city.

SBHCs are a very efficient way to use city tax levy dollars!

Keeping Kids in School and Parents at Work

NEW YORK SCHOOL-BASED HEALTH ALLIANCE
Healthy Children, Healthy Teens, Healthy Schools
NYC CHAPTER

FY 2026 NYC Budget Objective

There are 137 operational School-Based Health Centers ("SBHCs") in NYC, but only 35 of them receive New York City government support. The Department of Health and Mental Hygiene ("DOHMH") funds 35 NYC SBHCs via a $7 million City Tax Levy ("CTL"). There is a 20% NYS Department of Health ("NYS DOH") Article 6 match, bringing the total baseline funding for these SBHCs to $7.8 million.

Request: Increase baseline CTL support to approximately $25 million to provide funding for all 137 of NYC's SBHCs. With the NYS DOH Article 6 20% matching funds, the total support for NYC's SBHCs would amount to just under $30 million: $100,000 per campus and $100/student.

Background:

Non-DOHMH Funded Sites (105 sites)

$10,500,000 needed for a $100,000 base grant for each of the 105 sites.
$10,230,300 needed for a $100 per student add-on for a total campus population of 102,303 students on those 105 campuses.

Sub-total needed: $20,730,300 *minus* 20% Article 6 match = **$16,584,240 in CTL funding needed**

DOHMH Funded Sites (35 sites)

35 sites are currently receiving close to $7,000,000 in CTL funding reflecting a per student add-on of $62 per student. To increase the per student add-on from $62 to $100 per student would require $1,744,778.

Sub-total: $1,744,778 *minus* 20% Article 6 match = **$1,395,822 in CTL funding needed**

DOHMH SBHC Division

Administrative infrastructure is needed for oversight and city management of the growing SBHC network. **$1,200,000** in funding is needed to add staff to build the division to support SBHC programs.

NET TOTAL ADDITONAL FUNDING NEEDED FROM CTL FUNDING = $19,180,062
This is the total amount of CTL funding needed to support the 105 non-funded sites ($100K base + $100 per student add-on) and to provide additional funding to the 35 funded sites by increasing the per student add-on from $62 to $100 per student.

School Based Health Centers – On the Front Line for Children

Essential Health Services Regardless of Ability to Pay

Impacting Children and Families

- A recently immigrated parent brings her 7-year-old daughter to enroll in a public school close to the shelter where they reside without health record or proof of vaccinations. They are sent by the main office to the school-based health center (SBHC) where the child receives a physical exam and her first set of vaccinations. She is enrolled and starts school that day.

- A high school student overdosed and was non-responsive in the hallway until the provider from the SBHC administered Narcan, revived him and brought him to the health clinic while EMS was on the way.

- A 10-year-old has an asthma attack in a Bronx school, his parents working 90 minutes away in Brooklyn. An asthma nebulizer treatment is administered at the SBHC, a prescription for preventive medication is provided. His primary care provider is contacted, and he returns to class. His mom picks him up after school after completing her shift at work.

- A 14-year-old distraught teen walks into her SBHC after getting in over her head with a 21-year-old boyfriend the day before. She has an immediate confidential visit, given plan B, screened for STI including HIV, a return appointment for her results and a reproductive health care visit as well as an appointment for counseling are given to the youth. She returns to class to complete her school day.

Every day, 153,000 children and teens grades K-12, including 22,516 residing in temporary housing, and 4,839 migrant children residing in the most impoverished neighborhoods of NYC have access to medical, mental health, and often dental and vision care provided by SBHCs. These centers operate in 450 schools across 136 school campuses throughout the five boroughs of NYC.

What is a SBHC?

School-Based Health Centers (SBHC) were established by Chapter 198 of the NYS Laws of 1978 "to improve accessibility and availability of quality comprehensive and preventative physical and mental health services to preschool, elementary, middle and secondary school students in high-risk areas of New York State."

SBHCs are health clinics in schools, staffed by multidisciplinary teams of full-time medical providers, nurses, medical assistants, receptionists, mental health providers; many include health educators and community outreach workers, dentists, hygienists, and optometrists.

SBHC services include:

- Immunizations for COVID 19, flu, HPV and all other childhood vaccinations required for school attendance.
- Treatment for chronic illness, most notably asthma and diabetes, with significant reductions in emergency room use and hospitalization and improved attendance at school.
- Immediate treatment for acute illnesses and injuries.

- For teens, access to confidential reproductive health services and onsite contraceptive methods including Long-Acting Reversible Contraceptives (LARC), HIV screening, and STI screening and treatment for thousands of youths.
- Preventive dentistry providing sealant and fluoride treatment to thousands of children.

- Mental health services include crisis intervention, screening, and ongoing individual and group counseling. SBHCs are routinely called upon to help students with problems such as depression/anxiety, abuse, family violence, substance use, suicidal feelings, post-traumatic stress, and gang pressure. Principals of schools with school-based health centers that provide mental health services speak of them as a virtual necessity.
- All services provided in SBHCs are **at no cost to families and regardless of their immigration status.**

History of SBHCs in NYC and Funding

In 1991, the City Council funded for the first time 5 SBHCs through Department of Health and Mental Hygiene (DOHMH), one in each borough. In September 2006, Mayor Bloomberg's Commission for Economic Opportunity (CEO) wrote a report on Increasing Opportunity and Reducing Poverty in NYC which included a strong recommendation to "expand SBHCs and reproductive health services" to reduce poverty among children and young adults in NYC. This led to the expansion of SBHCs. Beginning in 2012, the Bloomberg, and then in 2014, the Di Blasio administrations invested over $80,000,000 in capital funding to establish 50+ new SBHCs in Community/Renewal Schools. They were formerly known as "suspension" or "failing" schools.

NYC's SBHCs receive funding through a variety of public funding streams. Medicaid is the primary contributor, accounting for over 50% of the annual budget, while private insurance covers approximately 10%. Some operating costs are covered by sponsoring institutions. Private and public capital and start-up grants help with construction and some initial operational costs for new SBHCs. The remaining revenues come from federal, state and city grant funding. NYC accounts **for 6%** of the total annual budget through approximately $7.8 million in City Tax Levy dollars for 35 of the 136 SBHCs in NYC (105 receive no direct funding from NYC). SBHCs have yet to recover from the significant loss of approximately $26 million in Medicaid revenue when schools were closed during COVID.

SBHCs: Health Equity at its Best

School-based health centers serve and work to ensure that our most vulnerable children get access to primary medical and mental health care. All services are offered without regard to financial status, citizenship, or insurance status. SBHCs have been shown to:

- Increase health care access and wellness visits by students.
- Reduce emergency room use; reduce hospitalization and increase school attendance.
- Attract harder-to-reach populations, especially migrants, minorities, and males, and do a better job at providing crucial services such as mental health care and high-risk behavior screens.
- Significantly decrease absenteeism and tardiness among adolescents receiving counseling.
- Increase willingness to seek medical services, especially for students reporting depression and past suicide attempts, and those seeking information on pregnancy prevention.
- Have higher rates of screening/treatment for STIs HIV/AIDS, patients report increased condom use.
- Reduce teen births/pregnancies by offering on site contraceptive services including LARC.
- Increase the use of LARC, 12% of sexually active females on LARC as compared to 5.8% nationally.
- Reduce costs, between 2008 and 2017, SBHCs averted an estimated 5,376 pregnancies, 2,104 births and 3,085 abortions, an estimated $30,360,352 of publicly funded births and abortions.

NYC's SBHCs are an Essential Service for Parents, Children, and Schools
SBHCs relieve principals, teachers and administrative staff from time consuming medical and mental health emergencies, creating a calmer and more stable environment for children to learn. Parents, especially those with children with chronic health conditions, rely on SBHCs to enable them to avoid work loss and maintain steady employment. Students love them because they meet children where they are – in their schools.

The massive influx of newly migrated families makes SBHCs more important than ever. There is unprecedented need for mental health services post COVID. It is the worst time to reduce services and staff for this essential safety net service. Unfortunately, cutbacks and underfunding are forcing many SBHCs to reduce services and some to close altogether. **Ironically, NYC is required to place and pay for a school nurse to provide minimal first aid and medication administration services for schools when a SBHC closes. Similar funding could serve as a financial anchor for SBHCs citywide.**

ASK: We request baseline funding for all NYC SBHCs to prevent further service reductions and closures. We propose a baseline funding model of $100,000 per school campus, plus $100 per student enrolled in the school.

We will be contacting your office to schedule a time to discuss further.
Sincerely,

The NYC School Based Health Alliance,
A Chapter of the New York School Based Health Alliance

NEW YORK SCHOOL-BASED HEALTH ALLIANCE

Healthy Children, Healthy Teens, Healthy Schools



School-Based Health Centers

New York City

136 New York City Public School campuses have school-based health centers (SBHCs) serving the 450 schools housed within. They provide comprehensive physical, chronic, mental and dental health services to underserved youth, where they are, on-site in schools. The unique SBHC model provides access to care to every child who enters their door regardless of insurance or immigration status. As a result, SBHCs help to reduce racial and ethnic disparities and improve health outcomes for low-income families.

55%
Of the 248 SBHCs in New York State, 136 of them are in New York City.

67%
32 of 51 City Council Districts have at least one SBHC.

26%
35 of 136 NYC SBHCs receive city funding.

NYC SBHC Statistics	
Students Served	153,000
Students in Temporary Housing	22,516
Migrant Students	4,839
in Elementary Schools	19%
in Middle Schools	17%
in High School/Multi-School Campuses	64%

SBHCs by Borough	
Bronx	64
Manhattan	36
Brooklyn	22
Queens	10
Staten Island	4
Total NYC SBHCS	136



SCHOOL - BASED HEALTH CENTERS
IN NEW YORK CITY

56%

Of 252 SBHCs in New York State, 140 of them are New York City.



450 Schools Across 140 School Campuses

53,000 Students Served

2,516 Students in Temporary Housing

,839 Migrant Students

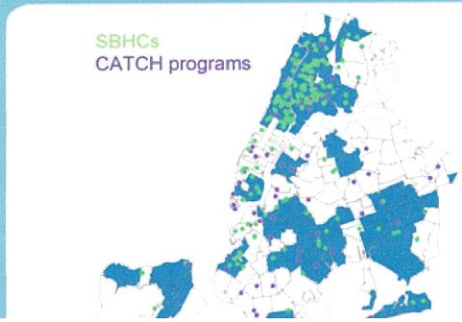
9% in Elementary School

7% in Middle School

4% in High School/Multi-School Campuses

SBHCs by Borough	
Bronx	64
Manhattan	40
Brooklyn	22
Queens	10
Staten Island	4

Over **90%** of students served at SBHCs across NYC live in the neighborhoods identified as most severely impacted by Covid-19 as per the Taskforce on Racial Inclusion & Equity (TRIE)



67% of City Council Districts have at least one SBHC

25% of NYC SBHCs receive city funding

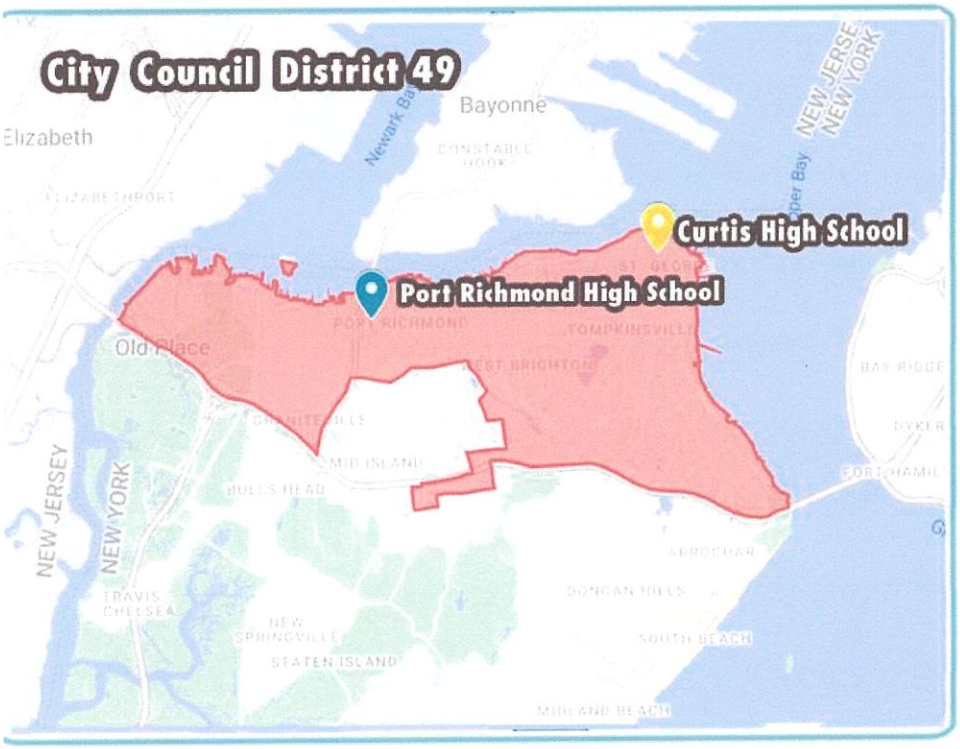
NEW YORK

SCHOOL - BASED HEALTH CENTERS

IN CITY COUNCIL DISTRICT # 49

Council Member Kamillah Hanks

Children's Aid Society Northwell SIUH



PRIMARY CARE
DENTAL
MENTAL HEALTH
REPRODUCTIVE HEALTH

2 SBHCs

4112 Students

432 Students in Temporary Housing or Shelter

79 Migrant Students

1 City Funded

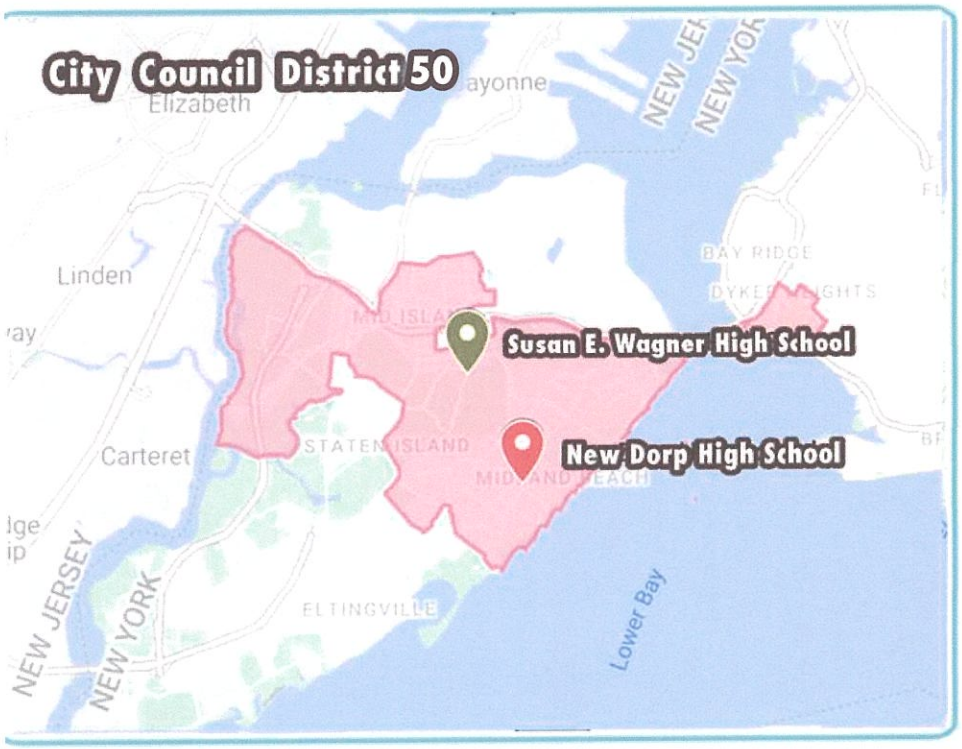
Campus/School	Grades Served	Student Population
Children's Aid Society		
Curtis High School Curtis High School P025R @ Curtis H.S.	09 - 12	2278
Northwell SIUH		
Port Richmond High School Port Richmond High School P025R @ Port Richmond High School Pathways To Graduation Lyfe.	09 - 12	1834

SCHOOL - BASED HEALTH CENTERS

IN CITY COUNCIL DISTRICT # 50

Council Member David Carr

Richmond University Medical Center Northwell SIUH



PRIMARY CARE
DENTAL
MENTAL HEALTH
REPRODUCTIVE HEALTH

2 SBHCs

5910 Students

255 Students in Temporary Housing or Shelter

50 Migrant Students

1 City Funded

Campus/School	Grades Served	Student Population
Northwell SIUH		
New Dorp High School New Dorp High School P721R @ New Dorp H.S. P025R @ New Dorp H.S.	09 - 12	3060
Richmond University Medical Center		
Susan E. Wagner High School	09 - 12	2850

the Network
Supportive Housing Network of NY

Testimony to the NYC Council Committee on Mental Health & Substance Use
FY27 Preliminary Budget Hearing
March 19, 2026

I am Katie Mui, Policy & Programs Manager at the Supportive Housing Network of New York, a membership organization representing over 200 nonprofits that develop and operate supportive housing across the state. As you know, supportive housing is one of the most effective tools to end homelessness and substantially improve the lives of those living with mental health and substance use challenges. However, the model faces ongoing federal uncertainty, rising costs, and workforce shortages, all of which place increasing pressure on our providers.

We thank the Committee on General Welfare for the opportunity to testify today. We are here to discuss the need for targeted investments to preserve the City's existing supportive housing stock, advancing the goal of 1,300 units preserved by 2030 in alignment with the NYC 15/15 Reallocation Plan, which the Council has been in support of. Now it's time to put that plan into action.

We are asking the City to **invest $44 million in capital funding and $21.3 million in the expense budget to preserve 325 supportive housing units in FY27**. Our data show that at least 7,623 units are prime for preservation due to their age and precarious rental subsidies and service contracts. All of these units are at least 15 years old and use a combination of federal rental assistance and NYSSHP/HRA SRO support services funding, putting them at significant risk of closure.

Federal cuts to the Continuum of Care are imminent. Despite a Congressional stopgap solution and ongoing litigation, HUD has made very clear that they plan to reduce funding for permanent housing and there are many avenues that they can use to do so. While this disaster may unfold slowly and in phases, it means that nonprofits will lose their **operating** subsidies for thousands of units, which will destabilize programs and displace tenants. By investing in preservation right now, the City can mitigate this loss.

On the **services** side, the units we've identified are currently operating service contracts through NYSSHP/HRA SRO Support Services. This is the lowest funded service contract in existence. While the Network was successful in securing a $17.8 million increase in last year's State budget, this still falls far below what is required to adequately address service needs:

- The new NYSSHP/HRA SRO Support Services base rate is $3,600 per unit, which is still five times lower than NYC 15/15 service contract rate of $17,500 per unit.
- This year, HRA received $20.7 million from NYSSHP for the SRO Support Services program. We understand that HRA is still in the process of determining how the funds will be allocated and awards for SRO Support Services contracts have not yet been announced.
- There are 3,227 units of SRO Support Services that are at risk (due to no other source of funding) and are still waiting to hear whether they will receive the enhanced rate of $6,000 per unit.

Allowing nonprofits to claim NYC 15/15 service contracts will address the significant gap in funding, so that providers can deliver the level of care needed.

The $44 million in **capital** funding will preserve at least 325 units that are 15 years old or older to complete necessary renovations, meet energy efficiency standards, and offset rising maintenance and

operating costs. This will also support the conversion of outdated SROs without private bathrooms or kitchenettes into modernized studios that are more functional and desirable for formally homeless tenants.

Nonprofits are experiencing enormous financial strain. An analysis of Enterprise's and the National Equity Fund's NYC portfolios shows that 57% of properties have negative cashflow in 2024 (up from 22% in 2017), insurance costs have doubled over the same period, and rent collection has declined across the affordable housing sector. If the City does not address the significant preservation needs, we will have to contend with the reality of programs closing, residences shutting down, and tenants losing their homes. Proactive investment in preservation is crucial to the stability of nonprofits and formerly homeless New Yorkers.

We also fully support the following measures to strengthen the human services workforce:

- Fund the **3% cost-of-living adjustment (COLA)** for City-contracted human services workers and pass **Intro 452, the Human Services Wage Equity Legislation, sponsored by Councilmember Stevens**.
- Raise the **baseline funding for the Peer Behavioral Workforce to $6 million in FY2027**, a $1.5 million increase from last fiscal year, to add peers with lived experiences to client-facing teams.

Supportive housing works when the system is fully funded and supported. We are at a critical moment where the sector must work in close partnership with the Council to ensure supportive housing remains a viable solution to the homelessness and housing crises in the city.

SUPPORTIVE HOUSING PRESERVATION

What is Supportive Housing?

- Affordable, permanent housing with voluntary on-site support services
- Helps people break the cycle of homelessness

Supportive Housing Models

Congregate
A building with on-site services; adds affordable units to the housing stock

Scattered site
Relies on scarce, unaffordable units in the private rental market

What is NYC 15/15?

2015:
NYC made a commitment to develop 15k total units over 15 years, split evenly between congregate and scattered site.

2023:
NYC awarded all congregate units, but only 17% of scattered site units due to challenges of the model. **In response, the Network proposed the NYC 15/15 Reallocation Plan.**

2025:
Mayor Adams announced the reallocation plan to develop and preserve 5,850 NYC 15/15 units by 2030.

The Need for Preservation: The Westbourne, WSFSSH Case Study

Without preservation efforts, the city could **lose existing supportive housing units**. **Insufficient services and operating funding** and **threats to the Continuum of Care** put **aging buildings** at risk.



- Opened in 1987 on the Upper West Side.
- **128 SRO units** with shared bathrooms and kitchens, including **76 supportive housing units**.
- **Support services** funding via NYSSHP/HRA SRO at **$2,964 per unit** which is **6x lower than the NYC 15/15 service rate** of $17.5k per unit.
- Several units are **not receiving subsidy due to disrepair** in common areas.
- Seeking **preservation funding** for **substantial rehabilitation** and **conversion** to studio apartments, which are more sought after and appropriate for **older adults aging in place**.

Why Every Unit Must Be Preserved

10,134 households eligible for SH *(LL3 FY25 report)*

844 available SH units *(LL135 12/25 report)*

There are twelve eligible households for every available supportive housing unit in NYC.

More than **7,600 units in aging buildings** could be **in need of preservation** based on their precarious **rental subsidies** and **service contracts**.

FY2027 Budget Ask

Invest $44M in Capital and $21.3M in the Expense Budget to preserve 325 units in FY27

Counts towards the 1,300 unit goal (under NYC 15/15) by the end of CY30

tlabrada@SHNNY.org
kmui@SHNNY.org

the Network Supportive Housing Network of NY

SUPPORTIVE HOUSING NETWORK OF NY
BUDGETARY & LEGISLATIVE PRIORITIES

BUDGET:

Invest $44M in Capital and $21.3M in the Expense Budget to preserve 325 units in FY2027
A total investment of $65.3M to prevent existing supportive housing units from closure. The units preserved will count towards the preservation goal of 1,300 units under NYC 15/15 by the end of CY2030.

3% cost-of-living adjustment (COLA) for human services workers
Continue to fund a 3% COLA for City-contracted human services workers. Additionally, support the Human Services Wage Floor Legislation to ensure a living wage.

$6 million for Peer Behavioral Workforce in FY2027
An additional $1.5M investment from last year, totaling $6M in FY27, to enable the peer workforce to expand the services they provide, better support existing behavioral health workers, and better track and improve outcomes.

LEGISLATION:

Intro 0452 – Council Member Althea Stevens

A Local Law to amend the administrative code of the city of New York, in relation to establishing wage requirements for city-contracted human services workers
The proposed legislation would require payment of prevailing wages to human service workers providing human services pursuant to City contracts. Specifically, the proposed bill would require human service providers to pay their human services employees no less than the prevailing wage.



tlabrada@SHNNY.org
kmui@shnny.org

3/19/2026

Re: Urgent Funding Request for Women's Health and Ovarian Cancer Services in NYC

To Whom It May Concern:

I am writing to urgently request that New York City prioritize and increase funding for women's health—specifically our ovarian cancer awareness, early detection, and patient support services—in the upcoming budget.

Ovarian cancer affects 1 in 78 women and remains one of the deadliest cancers due to the **lack of an effective screening test and frequent late-stage diagnosis**. Demand for services continues to rise, particularly in Brooklyn and Queens where cancer rates exceed the national average, yet funding has not kept pace.

Since 2009, Tell Every Amazing Lady® (T.E.A.L.®) has provided critical, life-saving education, outreach, and patient navigation across all five boroughs. We serve as one of the only organizations in New York City solely focused on ovarian cancer and comprehensive women's health education. Our programs support early education, prevention, and care navigation for women at all stages of life, including those facing menopause, genetic risk, and active cancer diagnoses. We cover topics from nutrition, support, wellness, OBGYN visits, cancer risk and prevention and so much more and ten languages.

Despite this impact, we are currently unable to meet the growing need due to insufficient funding.

We are requesting dedicated funding to expand:

- Our citywide women's health outreach and ovarian cancer awareness programs
- Our Patient navigation, individual and family support programming

Without immediate investment, women—particularly in underserved communities—will continue to face preventable late-stage diagnoses and limited access to care.

New York City has the opportunity and responsibility to lead in addressing this urgent public health gap. We ask for your commitment to fund these essential, life-saving services.

Reference application numbers: 2178928, 2245974, and 2245454

Thank you for your consideration.

Sincerely,



Pamela Esposito-Amery
CEO & Co-Founder

TESTIMONY OF
THE FORTUNE SOCIETY

THE NEW YORK CITY COUNCIL
COMMITTEES ON HEALTH and
MENTAL HEALTH, DISABILITIES AND ADDICTION

City Hall,
New York, NY

Thursday, March 19, 2026

SUBJECT: Preliminary Budget Hearing

PURPOSE: To highlight the importance of the Justice Involved Supportive Housing program, Intensive Mobile Treatment, and Assertive Community Treatment.

Submitted by

Lily Shapiro
Policy Counsel
David Rothenberg Center for Public Policy

The Fortune Society
29-76 Northern Blvd.
LIC, NY 11101
212-691-7554
http://www.fortunesociety.com

Chairs Schulman and Caban, and members of the Committees on Health and Mental Health, Disabilities and Addiction, thank you for the opportunity to provide testimony. My name is Lily Shapiro, and I am the Policy Counsel of The Fortune Society's David Rothenberg Center for Public Policy.

For 58 years, The Fortune Society has been dedicated to supporting people as they rebuild their lives after incarceration as well as preventing their incarceration in the first place. We believe that with the right resources and support, especially safe and stable housing, people can thrive and make a positive change. In FY25, we served over 18,000 people through our wide range of programs, including mental health support and substance use treatment. Reinforcing our commitment to breaking the cycle of homelessness and justice system involvement, we house over 1,000 individuals on any given night across our continuum of emergency, transitional, and permanent supportive housing. But we, as a City, need to do more. Roughly one-quarter of our new participants report being homeless at intake. They are among the thousands of New Yorkers released from jail or prison each year with nowhere to go.

We were thrilled, therefore, when the City finally increased funding for the Justice Involved Supportive Housing (JISH) program in FY26, after years of advocacy by housing providers and other supporters, including supportive housing residents. That funding increase resulted in issuance of a new Request for Proposals for up to 190 additional beds, adding to the existing 120 in operation. Importantly, the JISH service rates in the new RFP are now in line with city-funded supportive housing programs for other vulnerable populations.

In the Points of Agreement to close Rikers Island by August of 2027, the City promised to create 500 JISH units.[1] We were heartened by the Administration's January press release stating that DOHMH would "update a Request for Proposals as part of (JISH) to put the city on a path to more than 350 supportive homes for justice-involved New Yorkers in the coming years."[2] However, at this time, there are over 100 JISH beds that remain unaccounted for. There are currently 120 units in operation; some JISH funding has been set aside for the 83 beds of permanent supportive housing in Fortune's Just Home project, which will provide housing to people with complex health needs leaving Rikers who would otherwise be homeless; and the

[1] Rikers to Close - Data Team (nyc.gov).
[2] Mayor Mamdani Restarts Just Home Supportive Housing Initiative, Reversing Prior Administration's Efforts to Block Project - NYC Mayor's Office.

new RFP will fund up to 190 beds. In addition to the funding increase provided in FY26, DOHMH should still have the funding that underpinned the 2019 RFP for 380 JISH units, which was never awarded. Thus, it should be possible to release an additional RFP or otherwise account for that funding. To uphold the mandate to close Rikers in a timely fashion, we urge the Council to ensure that the City fulfills its promise to bring the remaining JISH units online.

To further ensure that people with mental health issues who are involved in the criminal legal system receive the support they need to safely move forward with their lives, we also urge the Council to negotiate for expansion of the Intensive Mobile Treatment and Assertive Community Treatment programs. These mobile treatment programs provide critical services to people with serious mental illness and very complex needs that are not easily addressed by any other service modality. Additional funding was allocated for both in FY26, but no new RFP has been issued. Waitlists are so long that some community-based providers who provide out-patient mental health services, including Fortune, are reluctant to make referrals as it seems pointless. The need for additional IMT and ACT teams could not be more starkly clear.

Finally, we urge the Council to double funding for the critical Court-Involved Youth Mental Health Initiative, to $6.89 million, which has not been increased in years despite clear increases in need. We are grateful for the $250,000 we receive from this initiative to support mental health services for young people at our NYS OMH licensed clinic in Long Island City, Queens, and we are respectfully making the same request this year. Last year we served 38 young people aged 18-24 on site, and connected youth aged 16 and 17 to resources in their own neighborhoods, at a cost of less than $6,600 per youth; this is thousands of dollars cheaper than the annual cost of detaining or incarcerating a single person. These safe spaces and supports are critical to helping young people process trauma, learn how to be agents in their own development, and develop healthy coping mechanisms – all of which makes them and our communities safer and stronger.

Thank you for the opportunity to submit testimony and for your commitment to ensuring vulnerable New Yorkers can access all of these critical supports, thereby enhancing the safety and well-being of our city.

Dear council and Mayor Mamdani,

My name is Katy Herman and I am a lifelong animal advocate, a volunteer with multiple rescue and animal welfare groups in the city, and founder and president of The Hansel Foundation, a nonprofit focused on reducing the number of dogs euthanized in shelters through financial support. In the past two years, my organization has shifted its focus from primarily helping nonprofit rescue organizations get dogs out of shelters like NYACC, to combining those efforts with programs that prevent animals from ever ending up in the city shelter's care to begin with. We have realized that not only does our funding do more good that way, but it is more efficient and better for both people and pets.

Allocating $1.5 million for spay/neuter surgeries and $2 million for pet food pantries in the 2027 city budget is crucial and a win-win for the city, its animals, and its people. New Yorkers love their animals, and pets are an especially invaluable support system for low income families. New York Animal Care Centers are regularly overwhelmed — last summer they reached an all-time high number of animals in care and had to suspend intake. This is not a problem that can be solved merely by being reactive, and counting on rescues, fosters, and adopters to get pets out of the shelter system. We must be proactive and prevent them from ending up there to begin with.

Cost for veterinary care and pet supplies have increased exponentially in the past five years, and many of the families who surrender their pets to ACC do so as a last resort, because they can no longer afford basic care. Spay and neuter surgeries can cost hundreds of dollars and time taken off of work for pickup and dropoff, which many New Yorkers can't afford. That means more unwanted litters, and more pets being born into a city already crushed by the weight of pet overpopulation. Preventative care in the community — doing all basic medical care and providing basic supplies — is about half as costly as care once an animal enters the shelter and needs to be housed and cared for 24/7 by the city. (Not to mention the costly behavioral and medical problems that can arise for pets living in a stressful, crowded shelter).

We are the greatest city in the world, and when I moved here a decade ago, I was shocked by the lack of accessible spay and neuter for the families who need it most. We pale in comparison to what other major cities are doing. From a purely financial standpoint — putting aside all the good it will do for families whose pets are a priority, who feed their dogs before they feed themselves — increasing the budget for these most basic animal welfare services is crucial for making our city run more efficiently and healthily.

Thank you for your time,
Katy Herman
President
The Hansel Foundation

Good afternoon Chair Hanif and Members of the Committees. My name is Angel Hernandez, Director of Government Relations for the New York Botanical Garden (NYBG), a proud member of the Cultural Institutions Group - the CIG, a coalition of 39 cultural institutions located in all five boroughs, including zoos, gardens, museums, and performing arts organizations. I want to thank you for granting me this platform and for your ongoing support for accessible programming at our city's cultural institutions.

The New York Botanical Garden is also a committed member to a coalition of four CIG botanical gardens that include Brooklyn Botanical Garden, Queens Botanical Garden, and Snug Harbor Cultural Center & Botanical Garden, **to create a new citywide initiative called *Rooted in Accessibility* in fiscal year 2027.** Our city's botanical gardens not only serve as respites from a bustling metropolis. We are also safe spaces for learning and engagement - always in search of new ways to serve an array of demographics with quality programming. However, creating the *Rooted in Accessibility* initiative is crucial because it would be the first of its kind that dedicates funding solely to accessible programming at our city's botanical gardens.

Since its founding 135 years ago, NYBG has been a committed steward to one of our city's natural spaces. With a landscape that offers a tranquil, yet therapeutic space for people with both physical and cognitive limitations, our institution's staff have always met the rising need to accommodate. Yet, as the population began to grow, accompanied with aging and a rise in health disparities, so was the demand to constantly create and enhance accessible programming to address an array of disabilities. Today, our education and visitor services staff confront challenges to maintain enough resources and bandwidth to ensure adequate attention for this special demographic. With long-standing partnerships with our borough's district 75 schools, senior centers, and local VA hospital, our garden staff constantly field numerous requests for accessible programming that cannot be implemented due to the lack of resources.

The only way our botanical gardens can maintain commitment to serve and educate our visitors living with a disability, despite how much that need may change or increase, is to create a dedicated funding initiative for robust accessible programming at our sites. New funding for the *Rooted in Accessibility* initiative will not only keep our staff adapted and ready to accommodate visitors with developmental, intellectual or physicals disabilities. Funding also allows workforce expansion and career development, as it creates more entry-level paid positions and staff promotions. Overall, dedicated funding to maintain our accessible programmatic operations would be a lasting investment with extraordinary impact for all New Yorkers living with a disability.

nybg.org • T 718.817.8700 • F 718.220.6504
2900 Southern Boulevard, Bronx, NY 10458-5126

With an allocation of $250,000 for each of the four botanical gardens from the $1M total for the *Rooted in Accessibility* initiative, NYBG would enhance and expand the following accessible programs currently offered:

- **American Sign Language Interpreted Tours** of all areas, attractions, and new exhibitions at the Garden. With new funding, we can hire more ASL professional interpreters and expand this program from the current once a month schedule to a weekly one.
- **Memory Care Sensory Tours** can become more frequent through a free registration program, where individuals with memory loss can receive this service throughout the year. NYBG seeks to work with RiverSpring Living Hebrew Home, a nursing home in the Bronx, where residents there can enjoy guided tours led by well trained staff or volunteers.
- **Touch Tours** for people with blindness and low vision can remain free without any limitations, and the frequency for registration can increase for each special exhibition and selected outdoor collections. With new funding, attendees will always have a well-trained sighted companion when they arrive alone.
- **Tours for Groups with Neurodivergence, Intellectual and Developmental Disabilities** can expand to serve all age demographics and accommodate increased program frequency and sizes as well. These tours will remain free without any limitations.
- **Early Morning Sensory Events**, especially for individuals on the Autism Spectrum who are sensitive to sensory stimuli, can enjoy special exhibitions such as the annual Holiday Train and Orchid shows at no cost and remain free with no limitations.
- **Multi-Sensory Tables,** which are volunteer-run and placed at the NYBG Farmer's Market every Wednesday, for example, can increase in number and be offered around other special occasions, like new exhibition openings and annual staple events. The table includes familiar plant parts, like herbs and spices, as well as other plant objects like a cacao pod. Visitors are encouraged to use their senses to engage.
- **Creating Accessibility Learning Pathways** online for staff members, tailored by role. These modules would include micro-learning sessions on visual impairments, non-verbal communication, or mobility device protocols.

In addition, new funding through the *Rooted in Accessibility* initiative would cover the expense for increased marketing outreach to promote these important accessibility programs. Importantly, *Rooted in Accessibility* would fund necessary training on disability awareness, accessibility, and working with populations with specific disabilities which can be led in-house or by outside consultants for both staff and volunteers. **Therefore, The New York Botanical Garden, along with our three partnering botanical gardens, sincerely ask for your support to create the FY27 $1M *Rooted in Accessibility* Initiative to allow our institutions the resources and ability in this remarkable endeavor.**

Thank you.

Angel Hernandez, *Director of Government Relations*

Rooted in Accessibility

A citywide initiative to fund the expansion of accessibility in City-supported gardens

Brooklyn Botanic Garden | NYBG | Queens Botanical Garden | Snug Harbor Cultural Center & Botanical Garden









Fiscal Year 2027 Request: $1,000,000

Fiscal Year 2027 support helps our work to create accessible spaces, programming and events, signage and digital accessibility, training for staff, and vital resources to maintain and improve accessibility for all.

New York City's four botanical gardens in Brooklyn, Queens, The Bronx, and Staten Island contribute uniquely to the city's ecosystem, culture, and community, and serve as vital educational and cultural hubs that enrich the urban experience. All four gardens are committed to making its gardens, exhibitions, programs, and facilities accessible to all who visit. Making websites accessible to all, providing learning opportunities for visitors of all ages, all developmental and cognitive levels, providing workspaces for students to work comfortably, and ensuring accessibility to all by wheelchair, are all part of botanical gardens' continuing work to improve the visitor experience.

Additionally, all four institutions have been partners in their work with the NYC Department of Education's District 75 population, bringing the botanical garden experience to students with diverse needs.

There is currently no single citywide initiative in the New York City budget that addresses the City's commitment to accessible botanical gardens. With a commitment of $1M for Fiscal Year 2027 ($250K for each garden), the city's four botanical gardens will use this funding to:

- **Increase the number of dedicated staff leading accessibility initiatives**
- **Increase dedicated programming**
- **Host events for children and seniors**
- **Improve and increase professional development for garden staff**
- **Redesign and improve signage and wayfinding for ADA compliance**

Contact Mike Schnall at mschnall@bbg.org with questions or for more information.

THE TREVOR PROJECT

For Young LGBTQ+ Lives

March 19, 2026
New York City Council
Committee on Mental Health and Substance Use

Members of the Committee on Mental Health and Substance Use,

The Trevor Project writes in support of the Committee's investment in essential mental health, suicide prevention, and crisis intervention programming within the Council's budget to better serve young people in New York City.

The Trevor Project is the leading suicide prevention and crisis intervention organization for LGBTQ+ young people. Trevor offers 24/7 crisis services, connecting highly trained counselors with LGBTQ+ young people whenever they need support. To drive prevention efforts, The Trevor Project also operates robust research, advocacy, education, and peer support programs. The Trevor Project envisions a world where all LGBTQ+ young people feel safe, seen, and accepted exactly as they are.

Our country is confronting an ongoing mental health crisis, one that is taking a disproportionate toll on our most vulnerable, including veterans, children, and youth. In New York, suicide is a significant cause of premature death as the third leading cause of death among people aged 10 to 24.[1] Further, research has shown that nearly 40% of LGBTQ+ young people in the state seriously considered attempting suicide in the past year, but 44% of those who wanted mental health care were unable to get it.[2]

Dedicated funding to address the needs of LGBTQ+ young people in New York City is critical to further support their mental health, and The Trevor Project is uniquely positioned to meet this need.

The Trevor Project Crisis Services

Trevor provides 24/7 crisis care for LGBTQ+ young people ages 13-24. Our crisis counselors are trained to answer calls, chats, or texts from LGBTQ+ young people who reach out on our free, confidential and secure service when they are struggling with issues such as coming out, LGBTQ+ identity, depression, and suicide. We prepare counselors to navigate a variety of situations that may come up on our crisis services through in-depth training that explores how to embody our Counselor Values, follow Counselor Principles, and apply Counseling Skills.

[1] https://omh.ny.gov/omhweb/statistics/2024-omh-suicide-prevention-report.pdf
[2] https://www.thetrevorproject.org/state-reports-new-york-2024/

The Trevor Project's counselors provide support to young people in New York City across all five boroughs. This past year, approximately **14,500 LGBTQ+ young people** in New York State directly contacted The Trevor Project's counselors. Between July 1, 2023 - June 30, 2024, nearly **4,400 LGBTQ+ young people from New York City alone** contacted The Trevor project's counselors, representing a significant portion of the state's contact volume. An investment from New York City will ensure we can continue to serve young people in need and help us achieve our mission of ending suicide among LGBTQ+ youth.

The Trevor Project Public Education

Our Public Education programming is designed for youth-serving professionals and provides practical tools and educational resources to help prevent suicide among LGBTQ+ young people, including Ally and CARE trainings that build understanding of LGBTQ+ identities, strengthen allyship, and focus on LGBTQ+-specific suicide prevention.

Since 2024, The Trevor Project's Public Training team has conducted over 20 public trainings in New York State, increasing LGBTQ+ competency among over **a thousand public servants** in the mental health, family support and educational spaces - where they earned one of the highest ranked for trainings throughout New York City's school system.

For these reasons, The Trevor Project encourages you to support the city's investment in critical services to better serve LGBTQ+ young people in crisis. Should you have any questions or if we can be of any assistance regarding this matter, please do not hesitate to contact me at Gabby.doyle@thetrevorproject.org.

Sincerely,

Gabrielle Doyle

Senior Manager of State Advocacy

TESTIMONY: UJA-FEDERATION OF NEW YORK

New York City Council Budget and Oversight Hearings on the Preliminary Budget for Fiscal Year 2027

New York City Council Committee on Health
Honorable Lynn C. Shulman, Chair

New York City Council Committee on Disabilities
Honorable Shahana K. Hanif, Chair

New York City Council Committee on Mental Health and Substance Use
Honorable Tiffany L. Cabán, Chair

Submitted by:
Faith Behum, UJA-Federation of New York

March 19th, 2026

Thank you, Chairpersons Shulman, Hanif, Cabán and members of the Committees on Health, Disabilities and Mental Health and Substance Use for holding this hearing and for the opportunity to submit testimony. My name is Faith Behum, and I am a manager of government and external relations at UJA-Federation of New York.

Established more than 100 years ago, UJA-Federation of New York is one of the nation's largest local philanthropies. Central to UJA's mission is to care for those in need—identifying and meeting the needs of New Yorkers of all backgrounds and Jews everywhere. UJA supports an expansive network of nearly 100 nonprofit organizations serving those that are most vulnerable and in need of programs and services and allocates nearly $200 million each year to combat poverty and food insecurity, nurture mental health and well-being, counter antisemitism, strengthen Jewish life, and respond to crises here and across the globe.

Maintain the Cost of Living Adjustment (COLA) for Nonprofit Human Services Providers

UJA appreciates the City Council and Administration's commitment to provide a 3% COLA for human services workers through FY27.

A COLA is a significant step towards addressing the historic underfunding and lack of investment in the human services sector, as these workers do some of the most important jobs in our communities yet are underpaid and undervalued. Government largely funds nonprofits and is responsible for the low wages employees receive. Low wages also have a sweeping effect on workplace conditions and the outcome of programs, with high staff turnover and vacancy rates resulting in heavy and unsustainable workloads.

With nonprofit workers earning 30% less than their government counterparts, it is clear wage equity must be obtained for the human services sector now. **UJA urges the Council to pass Int 0452-2026 which will**

make progress towards achieving wage equity for nonprofit workers. Government is not just the predominant funder of human services, but is also the main driver of human services salaries, and either directly sets salary rates on contracts or does so indirectly by establishing costs for a unit of service along with required staffing on a contract. This legislation is a significant step towards ensuring that human services workers receive equitable pay comparable to their City counterparts. By establishing a clear wage requirement system, this legislation promotes transparency in compensation, ensuring that every worker is paid solely based on their qualifications and experience.

The legislation also states, "Before registering a human services contract, the comptroller shall affirm that the required wage and mandatory fringe is fully funded in the procurement." Explicitly stating that the required wage and fringe will be funded by the City is crucial. While nonprofits want to pay their employees competitive wages, they cannot do this without increased funding included in their contracts.

Years of underfunding of the sector have resulted in the human services workforce being some of the lowest compensated workers in New York City's economy. These are workers who do some of the most important jobs in our communities; they take care of our aging neighbors, care for children in after school programs, assist families in staying in their homes, provide workforce training, work with people to overcome substance abuse and addiction, and help people from all walks of life in the event of an emergency. The COLA investment is a step in the right direction to ensuring city-contracted human services workers are paid fairly. **UJA urges the City Council and Administration to continue their commitment to supporting this workforce by funding the 3% cost of living adjustment for City-contracted human services workers through fiscal year 2027. The City Council must also pass Int 0452-2026 the "Wage Equity Legislation" to create lasting change with how human services employees are compensated through City funded contracts.**

Mental Health Initiatives

The City Council's Mental Health initiatives provide funding that goes directly to community-based organizations that provide behavioral and mental health services throughout New York City in several languages. These funds provide vital resources for programs that would often not have any other City, State or Federal support. The FY27 NYC budget must continue to support these initiatives by providing a 3% increase to match the citywide human services COLA initiative, thus allowing providers to address the increasing costs to provide these services to their communities. Additional targeted investments are requested for Court Involved Youth Mental Health, Mental Health Clubhouses and Peer Support Specialists. Federal funding reductions are expected to negatively impact mental and behavioral health services for vulnerable populations. This is why it is critical that the New York City Council continue to invest in the Mental Health Initiatives in FY 27. Below are the investments UJA is requesting be included in the FY27 budget for all the Mental Health Services Initiatives:

Autism Awareness **$3,359,704**
Children Under Five **$1,602,917**
Court-Involved Youth Mental Health **$6,850,000**
Developmental, Psychological, & Behavioral Health **$2,323,157**
Emergency Medical Services Mental Health and Wellness **$1,030,000**
LGBTQIA Youth All-Borough Mental Health **$1,236,000**
Mental Health Clubhouses **$3,790,000**
Mental Health Services for Vulnerable Populations **$3,809,990**
Mental Health Workforce Retention & Development **$309,000**
NYC 988 Crisis Intervention and Suicide Prevention Hotline **$5,150,000**
Older Adults Mental Health **$3,450,005**
Opioid Prevention & Treatment **$3,167,250**
Peer Specialist Supports **$6,000,000**
Trauma Recovery Centers **$4,944,000**
Youth Peer Support **$257,500**

UJA's nonprofit partners receive funding through a number of mental health initiatives including Autism Awareness, Older Adult Mental Health, Court Involved Youth Mental Health, Opioid Prevention and Treatment, Developmental, Psychological and Behavioral Health, Children Under Five, Trauma Recovery Centers and Peer Specialists Supports. Below are examples of the types of services and supports the nonprofits in UJA's network oversee using funding from the Mental Health Initiatives.

The Autism Awareness Initiative

The Autism Awareness Initiative (AAI) funding allows eight of UJA's nonprofit partners to provide wraparound services to autistic children and youth in after school, weekend, and summer programs. It also supports trainings for parents, guardians, and caregivers of children with autism. Most importantly, these supports and trainings are largely offered to individuals with autism and their families who are not eligible for services through the Office of People with Developmental Disabilities (OPWDD). In many cases, this is one of the few supports these individuals, and their families can access in the community.

One of the nonprofits in UJA's network supported hundreds of families last year using Autism Awareness Initiative funding. They provided parent education workshops that educate families about addressing sensory needs, conflict resolution, self-care, skill-building for children with autism, creating structures and routines, and family teamwork. This program has empowered parents to become leaders in their children's schools and has allowed some parents to transition to parent coordinators or facilitators of the education workshops.

The wraparound after school and summer programs funded by the AAI, focus on assisting participants to develop intellectually and socially. More importantly, they provide a familiar social outlet for participants. One of the nonprofits in UJA's network uses AAI funding to oversee a daily after school program for children with autism and a pre-employment program for adults with autism. The after school program focuses on increasing the social, communication, and adaptive daily living skills of participants. This program also supports the parents of the children who attend by providing daily in-person updates on their children's progress and having longer conversations on a weekly or biweekly basis depending on the family's needs. They also refer parents to other services and help them access OPWDD services if they are eligible. The pre-employment program is a weekly group session for young adults between the ages of 23-35 who are on the Autism Spectrum. It focuses on building participants' strengths, helping them to raise their self-esteem and confidence, foster their employment and social skills, and expose them to new potential career paths.

Autism Awareness Initiative providers all stated that while it has become more expensive to provide trainings for parents, after school or employment programs for individuals with autism, the funding has not been increased to meet these rising costs. In fact, the AAI was cut in FY 24 and that has remained through FY 26. UJA urges the City Council to fund the Autism Awareness Initiative at $3,359,704 a 3% increase from FY 26 that will help providers cover increasing programmatic costs.

The Opioid Prevention and Treatment Initiative

JCCA, a nonprofit in UJA's network, receives funding through the Opioid Prevention and Treatment Initiative. JCCA uses this funding for the Kesher Opioid Prevention and Treatment program to target Jewish Orthodox and Bukharan youth between the ages of 14 and 19 in Queens who are at-risk for or engaging in opioid abuse. Youth in this community have experienced high rates of depression. The Orthodox and Bukharan community has seen a spike in marijuana use due to the legalization of marijuana, as youth self-medicate to relieve anxiety, which can become a gateway drug with teenagers. As a result, JCCA is providing youth with preventative measures to teach them about risks of using marijuana substances. The Kesher Opioid Prevention and Treatment program focuses on empowerment to support those who are suffering and prevention for those at risk of developing an opioid addiction.

Programs like the Kesher Opioid Prevention and Treatment continue to be needed throughout New York City and have even been asked to be implemented in Jewish Day Schools. UJA is requesting that the City Council fund this initiative at $3,167,250 which would increase funding by 3% from FY26.

The Children Under Five Initiative

The Children Under Five Initiative funds community-based outpatient mental health clinics that provide mental health treatment to children aged five years and younger. The Young Men's and Young Women's Hebrew Association of Washington Heights and Inwood (Washington Heights Y), a nonprofit in UJA's network, uses this funding for a part-time mental health practitioner who works with children and staff in their pre-school program. The practitioner observes children in their classrooms and identifies those who need additional supports and services. They work directly with families to develop strategies to address developmental concerns and provides support when children are being evaluated for outside services. Pre-school staff also work with the mental health practitioner to develop classroom modifications that benefit all children in the program. Lastly, the mental health practitioner trains staff on social, emotional, and developmental issues and develops support plans for students when challenges arise. UJA requests that the City Council increase funding to $1,602,917 for the Children Under Five Initiative so Washington Heights Y and the other agencies who receive this funding can address the rising costs of these programs.

The Older Adults Mental Health Initiative (OAMHI)

The OAMHI supports organizations to provide individual and group counseling to older adults in non-clinical settings such as senior centers, Naturally Occurring Retirement Communities, and food pantries, while also supporting in-home services for homebound elderly. This initiative also provides financial support for in-home services such as psychiatric evaluations and counseling, services that are often not covered by insurance companies or reimbursed poorly. By offering these services in a non-clinical setting, providers can adapt services to the needs of communities without stigma. Older adults have also benefited from case management services funded by the OAMHI, helping them to get connected to additional social supports like SNAP.

Loneliness and social isolation continue to impact older adults. One of the nonprofits in UJA's network provides counseling, case management, referrals to outside services, and support groups. Programs are designed to address older adults' unique needs to prevent medical emergencies, reduce social isolation, increase safety at home, and improve quality of life. Wraparound services allow this provider to address acute needs in the population they serve as well as the root causes of mental health issues. Providers recognize the continued and increased need for these services in their communities. Increasing funding by 3% for a total of $3,450,005 for this program in FY27 would allow our nonprofit partners to continue to connect older adults with the mental health services they require to live fulfilling lives in the community.

The Court Involved Youth Mental Health Initiative

The Court-Involved Youth Mental Health Initiative funds critical services for youth. The program was funded at $3.425 million since FY23. UJA is requesting that funding be doubled to $6.850 million in FY27 to support existing providers and to add new providers to address the growing mental health needs of court-involved youth.

This is a citywide initiative that assesses risk for mental health concerns and connects court-involved youth with nonprofits. The initiative also provides family counseling and respite services to families of court-involved youth. These services are essential for preventing entry and re-entry into the juvenile justice system. At-risk youth often lack access to mental health services, family counseling, or other supports that will keep them from juvenile detention. This initiative addresses lack of access to these important interventions through best practices in support services and referrals. Currently 3,000 youth are served annually by 21 providers across New York City.

JCCA receives funding through the Court-Involved Youth Mental Health Initiative. The JCCA's "Second Chances" program is for youth between the ages of 12 and 17 who have mental and/or behavioral health needs and do not have health insurance, are court-involved or have behavioral indicators for court involvement. The program provides free mental health/counseling services, educational support and substance abuse referrals, family support services, and advocacy. It also connects participants to long-term supports. Last year, 179 youth expressed interest in participating in Second Chances. JCCA was only funded to serve 45 youth.

Since FY20, JCCA has also overseen an eight-week program titled, "Make it Work" using funding from the Court Involved Youth Mental Health Initiative. Make It Work, prepares youth to enter the workforce. Make It Work is extremely successful and often has 60 applicants for only 15 open slots per cycle. Three cycles of Make It Work are provided each year. Referrals are received from a variety of sources including probation, ACS, schools, hospitals, and other non-profit agencies. JCCA continues to exceed both their intake and outreach targets annually. Long waitlists exist for Make it Work and JCCA would like to expand the program additional participants per cohort if they received additional funding. An increased investment of $6,850,000 in the Court Involved Youth Mental Health Initiative in FY 27 would support agencies like JCCA to expand capacity and meet the growing demand for these important services.

The Developmental, Psychological and Behavioral Health
This initiative supports a range of programs and services that address the needs of individuals with substance use disorder, developmental disabilities, and/or serious mental illnesses and their families and caregivers. A nonprofit in UJA's network oversees two programs with the funding they receive through this initiative. One of the programs provides housing and services to ten people with serious mental illness who are transitioning from inpatient psychiatric hospitalization into a less restrictive setting. The second program is at a clinic where adults with mental illness and older adults receive mental health treatments in a group setting. The clinic provides services to approximately 900 individuals annually. An increased investment of $2,323,157 in this initiative in FY 27 will help providers cover the rising costs associated with coordinating these services.

Trauma Recovery Centers
Trauma recovery centers were created in FY 23 to provide trauma-informed healing support to survivors of violent crime from underserved communities. The Jewish Community Council of Greater Coney Island (JCCGCI), a nonprofit in UJA's network, was named as the Trauma Recovery Center for Brooklyn. UJA requests that funding for Trauma Recovery Centers be increased by 3% to $4.9 million to support CBO's like JCCGCI as they continue to grow this program.

The Trauma Recovery Center (TRC) at JCCGCI provides trauma-informed, client-centered care for individuals affected by various forms of violence and trauma, including physical assault, sexual assault, gun violence, domestic violence, and more. Their services focus on immediate stabilization and long-term recovery, particularly for underserved and marginalized groups like people of color, immigrants, LGBTQIA+ individuals, and those facing homelessness or food insecurity. The center offers personalized services, including outreach, trauma therapy, case management, and flexible care to meet diverse needs. JCCGCI's TRC has shown measurable improvements in mental and physical health outcomes since 2023. UJA requests the Trauma Recovery Centers initiative be funded at $4.9 million in FY 27 to support JCCGCI and other CBOs as they continue to try to build this resource for the communities they serve.

<u>Other Behavioral Health Asks</u>
Invest in School-Based Mental Health Clinics
UJA asks the City to invest $3.75 million in FY 27 to bolster up to 50 existing school-based mental health clinics (SMHCs). Each SMHC should receive approximately $75,000 in annual operating support to maintain and expand on-site mental health services for children. SMHCs provide on-site mental health services to children

during the school day, including psychiatry, medication management, family peer support, youth advocacy, and counseling. SMHC staff work closely with school staff to identify children in need and coordinate services. SMHCs work to engage the whole family and can serve family members at their community location. SMHCs provide crisis mental health services, ensuring children receive a compassionate response when they are in need and reducing the use of suspensions, detentions & punitive measures. Currently, most funding comes from Medicaid, which does not adequately cover the range of services provided. **A $3.75 million investment would provide the additional resources these clinics need to fully cover the costs of overseeing these services.**

Baseline Funding for the Mental Health Continuum

For the past four years, the City has allocated $5 million of one year funding for an innovative model called the Mental Health Continuum, an integrated system of targeted and intensive supports for students with significant mental health needs. This model includes school partnerships with a number of external partners, including NYC Well, professionals for crisis response, and training for school employees. Through a partnership between the Department of Education, New York City Health + Hospitals, and Department of Health and Mental Hygiene, this model aims to meet the needs of students with significant mental health challenges in fifty schools with the highest rates of NYPD interventions, suspensions, and chronic absenteeism. **To fully implement and sustain the Mental Health Continuum, UJA requests the City baseline $5 million for the program.**

Conclusion

UJA-Federation of New York respectfully urges your support of these vital programs that assist New York City's most vulnerable and the organizations that serve them. Thank you for your time and if you have any questions, please contact me at behumf@ujafedny.org or 212-836-1338.

UNITED NEIGHBORHOOD HOUSES
45 Broadway, 22nd Floor, New York, NY 10006
212-967-0322 | www.unhny.org

Testimony of United Neighborhood Houses
Before the New York City Council

FY 2027 Preliminary Budget Hearing:
Committee on Health
Council Member Lynn Schulman, Chair
Committee on Mental Health and Substance Abuse
Council Member Tiffany Caban, Chair
Committee on Disabilities
Council Member Shahana Hanif, Chair

Submitted by Anita Kwok, Policy Analyst
March 19, 2026

Thank you for convening today's Preliminary Budget hearing. United Neighborhood Houses of New York (UNH) is a policy and social change organization with a mission to promote and strengthen settlement houses' neighborhood-based, multi-service approach to improving the lives of low- and moderate-income New Yorkers. Settlement houses provide multi-generational services designed to support individuals, families, and communities. Settlement house programs build bonds within and between communities and create opportunities for advocacy and social change. UNH was founded in 1919 by settlement house leaders who recognized the strength in their collective voices to drive important social reforms. With this goal, UNH was tasked to coordinate the efforts of settlement houses; document their shared learning and experiences; and increase the influence and impact of settlement houses for the greater good of New York communities. UNH has successfully advocated for fair and affordable housing, child labor laws, inclusive policies and services for immigrants, adult literacy education, public recreation space, quality child-care and after-school programs, job training, programs serving older adults, access to the arts and to healthy food, and more.

UNH members provide a wide variety of mental health and substance abuse services to their communities, such as Article 31 mental health clinics, Article 32 substance use treatment programs, PROS programs, Geriatric Mental Health services, and other community-based initiatives. Through these services, settlement houses have established themselves as critical partners in addressing the City's growing mental health needs. With communities continuing to experience increasing rates of anxiety, depression, isolation, and grief, it is more critical than ever that the City invest in mental health services.

This testimony will focus on the following key recommendations for the FY 2027 budget:

- Restore and invest $47.2 Million in the Council's Community Behavioral Health Services;

- Invest $3.75 Million to expand school-based mental health clinics; and
- Baseline $5M in funding for the Mental Health Continuum

Restore and Invest $47.2 Million in Community Behavioral Health Services

In FY 2027, UNH recommends the City Council restore funding to all 15 of the previously-funded DOHMH Mental Health Council Initiatives:

1. Autism Awareness
2. Children Under Five
3. Court-Involved Youth Mental Health
4. Developmental, Psychological, & Behavioral Health
5. Emergency Medical Services Mental Health and Wellness
6. LGBTQIA Youth All-Borough Mental Health
7. Mental Health Clubhouses
8. Mental Health Services for Vulnerable Populations
9. Mental Health Workforce Retention & Development
10. NYC 988 Crisis Intervention and Suicide Prevention Hotline
11. Older Adults Mental Health
12. Opioid Prevention & Treatment
13. Peer Specialist Supports
14. Trauma Recovery Centers
15. Youth Peer Support

These initiatives total to $47,279,523 in funding. Nineteen UNH members provide services through City Council Mental Health initiatives.

We greatly appreciate the Council's long-standing support for these programs that bring mental health services to vulnerable populations in their own communities. Year after year, these initiatives provide crucial funding to nonprofit providers to offer mental health services in non-clinical community settings, including community centers, senior centers, and early childhood programs. Despite the fact that the funding must be restored each year by the Council instead of being on more stable multi-year contracts, the funding is flexible and allows providers to best meet their hyper-local needs through creative solutions to distinct mental health challenges.

Further, while many mental health programs were baselined by the City as part of the 2015 ThriveNYC initiative, these Council initiatives continue to be important because several of the Thrive programs changed scopes of services and were structured in a way that prevented existing providers from applying. For example, many of UNH's settlement house members were excluded from applying to serve as host sites for NYC Aging's Geriatric Mental Health Program due to rigid selection methodology.

Funding levels for these initiatives have fluctuated over the last several years. After a devastating FY 2021 where many of these initiatives were significantly cut due to the poor economic outlook related to COVID-19, in FY 2022 these initiatives were restored and many were increased above previous levels, allowing new sites to access services and supporting much-needed increases for existing programs. FY23 generally maintained this funding, with some adjustments, while funding a new initiative of Trauma Recovery Centers. In FY24, the Council created the Mental Health Workforce Retention and Development initiative, but overall funding was reduced by almost $1 million from FY23 levels. In FY25, the Council created Mental

Health Clubhouses, which offer free support to people who have serious mental health conditions living in New York City, regardless of their insurance, immigration, or housing status or criminal justice involvement history. Despite rising demand and costs, the FY26 Adopted Budget did not see any increase in funding from FY25 in most programs. Initiatives that settlement houses received did not see increases and relied on prior funding levels, aside from minor growth in Mental Health Clubhouses. Resources have not kept pace with inflation or community need, putting providers under significant financial strain.

This year, to ensure these vital initiatives can keep up with rising costs and provide high quality services, we urge the Council to provide at least a 3% increase to match the citywide human services COLA initiative, thus allowing providers to address the increasing costs to provide these services to their communities. In addition, we recommend targeted increases for three initiatives: Court-Involved Youth Mental Health, Mental Health Clubhouses, and Peer Specialist Supports. **It is crucial that the Council at a minimum restore and invest all of this funding in the FY 2027 budget ($47.27 million total).**

Specific funding levels in FY25 that must be maintained in FY26 include:

Autism Awareness*	$3,359,704
Children Under Five*	$1,602,917
Court-Involved Youth Mental Health	$6,850,000
Developmental, Psychological, & Behavioral Health	$2,323,157
Emergency Medical Services Mental Health and Wellness	$1,030,000
LGBTQIA Youth All-Borough Mental Health	$1,236,000
Mental Health Clubhouses	$3,790,000
Mental Health Services for Vulnerable Populations*	$3,809,990
Mental Health Workforce Retention & Development	$309,000
NYC 988 Crisis Intervention and Suicide Prevention Hotline	$5,150,000
Older Adults Mental Health	$3,450,005
Opioid Prevention & Treatment*	$3,167,250
Peer Specialist Supports	$6,000,000
Trauma Recovery Centers	$4,944,000
Youth Peer Support	$257,500

*The four initiatives that are starred received funding cuts ranging from 3% to 12% in FY24 that have not been restored.

Older Adults Mental Health

UNH is a long-time supporter of the Older Adults Mental Health Initiative (formerly Geriatric Mental Health). Older Adults Mental Health funds mental health services in community spaces

where older adults gather, such as senior centers, NORCs, and food pantries. It increases the capacity of community-based organizations serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients for further psychiatric treatment when necessary. By placing mental health services in nonclinical settings, Older Adults Mental Health providers are able to improve access to mental health services in the community, and providers can adapt their programs to meet the needs of the community they serve without stigma. Older Adults Mental Health currently supports 33 organizations, 18 of which are UNH members.

Older adults are already at higher risk for anxiety, depression, and other mental health challenges. Even before the COVID-19 pandemic hit, the aging services network expressed an overwhelming demand to expand mental health services for older adults, especially at senior centers and NORCs and in multiple languages. Since 2020, recipients have observed rising levels of social isolation, bereavement, and fear among this population, and these sentiments remain high today. A UNH member observed a notable increase in mental health needs among Korean-American residents, driven by increased isolation, economic challenges, and higher anxiety levels. Another UNH member reported increased fear among the older adult immigrant population they serve because of the anti-immigrant rhetoric and policies of the current federal administration. There is a growing openness to mental health services among older adults, particularly virtual counseling and psychosocial support groups, highlighting a shift toward proactive mental health management.

While contract registration and payment have been delayed – a systemic problem across human services contracts across the City that must be addressed – providers report very positive outcomes from this funding. Recipients of the Older Adults Mental Health initiative in UNH's network have utilized the funds to expand their mental health screenings. One UNH member has been providing screenings and group therapy sessions in multiple community spaces, including shelters, adult daycares, and religious institutions. Another UNH member is administering depression (PHQ-9), anxiety (GAD-7), and substance abuse (MSSI-SA) screenings at six Older Adult Centers, with bilingual caseworkers, including English, Spanish, Russian and Mandarin, and social work interns involved. This funding has enabled UNH members to be more proactive in their mental health support and counseling. At one of our member settlement houses, clients identified with mental health concerns are referred within five business days to mental health professionals, with 12-week follow-ups to ensure care. UNH recipients of the Older Adults Mental Health initiative have also been able to completely innovate their mental health programming. One of UNH's settlement houses members have been integrating mental health services within existing programs, including congregate meals, older adult centers, NORCs, and home-delivered meals, ensuring accessibility for seniors. Given the vast success of this program, we urge the Council to restore full funding to Older Adults Mental Health of $3,450,005 in FY 2027.

Children Under Five

The Children Under Five (CU5) initiative provides early childhood mental health services to infants, toddlers and pre-school aged children and their families in community-based settings. The program allows organizations to work with children to develop psychosocial and educational skills, as well as to cope with trauma resulting from witnessing or experiencing domestic violence, sexual abuse, or physical or mental abuse. Using a trauma-informed lens, providers are able to provide screening and clinical evaluation, individual, small group, and child-parent psychotherapy, and consultation to pediatricians, teachers, and child welfare

workers. For years, CU5 providers have been testing new interventions and models of providing care, greatly contributing to the City's understanding of the most appropriate ways to treat this population. Their expertise is essential in both working on complex cases and in putting forth new treatment options. CU5 currently supports 11 organizations, including two UNH members. This program also serves a key role in meeting the mental health needs of recent asylum seekers.

CU5 underwent a large expansion in FY22, increasing the number of providers from 4 to 13 citywide and offering increases to existing providers. UNH members had been requesting such increases for many years. In FY 2027, the program should be restored at $1,602,917.

Autism Awareness

The Autism Awareness Initiative supports wraparound services for children with Autism Spectrum Disorder (ASD) at 38 organizations across New York City, including 3 UNH member organizations. Services offered include after-school programs, summer camps, social skill development, and weekend programming, as well as supportive services for families and caregivers of children with ASD. A UNH member uses the funding to provide sessions of after-school for students with ASD each year. Children participate in clubs for music, dance, sports, journalism, leadership development, and academic support. These programs often fill crucial gaps in services, such as extended support beyond State services under the Office of People with Developmental Disabilities Services (OPWDD), weekend and summer programming, and supports for young adults who have aged out of the OPWDD system but still need support around vocational and life-skills coaching. Autism Awareness providers also offer family support and coaching, so that parents of children with ASD have resources to care for their children, and supports for themselves to prevent caregiver burnout. In FY 2027, we ask the Council to restore Autism Awareness at $3,359,704.

Court-Involved Youth Mental Health

The Court-Involved Youth initiative supports programs that help identify teenagers with criminal justice involvement who require mental health services. The initiative provides assessments, family services, counseling, and respite services, and connects participating youth and families with additional services. This initiative supports 20 organizations including one UNH member. The Court-Involved Youth Mental Health Initiative was funded at $3.425 million in FY26. Funding should be doubled to $6.85 million in FY27 to support existing providers and to add new providers to address the growing mental health needs of court-involved youth.

Mental Health Services for Vulnerable Populations

The Mental Health for Vulnerable Populations initiative supports community-based behavioral health programs that provide a range of programs, services, trainings, and referrals to support vulnerable and marginalized populations, including people who may be HIV-positive, suicidal, schizophrenic, or have developmental disabilities, as well as broader population groups such as children and youth, immigrants, homeless individuals, and at-risk seniors. A recipient in UNH's network uses the funding to employ personnel with specific expertise in working with these populations at their mental health outpatient rehabilitation centers. This program currently supports 41 organizations including one UNH member, and should be restored at $3,809,990 in FY27.

Mental Health Clubhouses

While no single model or program can fully support individuals with serious mental illness, community-based Clubhouses serve as a uniquely effective complement to critical therapeutic interventions. They significantly enhance outcomes when integrated into a sustained psychiatric rehabilitation framework. By fostering social connection, skill-building, and personal empowerment, Clubhouses provide a structured yet flexible support system that reinforces clinical treatments. Aligned with a comprehensive mental health infrastructure, these spaces help individuals deepen their understanding of mental illness, develop skills for independent living, and receive encouragement and assistance in pursuing their individual, self-determined goals.

In FY25, several small Clubhouses were eliminated through an RFP process at DOHMH that excluded small Clubhouses from applying. The Council stepped in to sustain the small Clubhouses with $2 million—which covered the remainder of the fiscal year once contracts expired, about three-fourths of the year. The Council funded the small Clubhouses at $3 million in FY26 to cover the full year. In FY26, the Mayor's Executive Budget also included $4 million in one-year funding for Clubhouses, but this was not intended to go to the smaller Clubhouses.

In FY27, **we urge the City to increase the allocation for the Clubhouses initiative to $3,790,000 in order for Clubhouse programs to receive the necessary resources to operate in FY27. UNH appreciates the Council's funding of its Mental Health Clubhouses citywide initiative, which supports and sustains small clubhouses throughout NYC via Council discretionary funding. We urge the Council to continue this initiative in FY27 with $3.79 million in citywide discretionary funds.** The City Council's commitment to preserving these vital spaces underscores the importance of community-based support systems in promoting mental health and overall well-being. UNH looks forward to seeing the positive impact this investment will have on the lives of countless individuals who rely on the comfort and connection offered by these Clubhouses at settlement houses.

Invest $3.75 million in School-Based Mental Health Clinics

The City's school-based mental health clinics feature community-based providers who operate satellite sites of their licensed Article 28 or 31 clinics in schools. Providers can offer group and individual therapy, clinical treatment, diagnosis, crisis mental health services, support for teachers, family support, and more. These clinics work to improve overall school wellness. They integrate with broader community-based services to support whole families, and seek to reduce punitive measures for children experiencing mental health challenges.

The City should invest $3.75 million to bolster 50 existing school-based mental health clinics (SMHCs) in the FY26 budget. Each SMHC should receive $75,000 in annual operating support to maintain and expand on-site mental health services for children during the school day, including psychiatry, medication management, family peer support, youth advocacy, and counseling. Notably, staff retention at existing school-based clinics is a challenge due in large part to a lack of pay parity between community-based providers and DOE-employed professionals, including school social workers. A $3.75 million investment would provide the additional resources these clinics need to fully cover the costs of overseeing these services. Ultimately, we recommend a long-term goal in the future of expanding funding to all SMHCs, though we believe a year-one investment of $3.75 million for 50 sites is an achievable start.

While clinics receive funding by billing health insurance, this is insufficient because insurance does not cover school wellness activities like mental health education and training; Medicaid does not cover services to children without a diagnosis; and commercial insurance often does not cover the service at all, or pays a rate that is so low that it covers only half of the cost of service. Further, because school-based clinics can bill insurance, which the DOE largely cannot, an investment in clinics will result in an infusion of state & federal dollars into schools, and ultimately cost the City less than hiring a DOE school social worker.

Baseline $5M in Funding for the Mental Health Continuum

For the past several years, the City has allocated $5 million for an innovative model called the Mental Health Continuum, an integrated system of targeted and intensive supports for students with significant mental health needs. This model includes school partnerships with a number of external partners, including NYC Well, professionals for crisis response, and training for school-staff. Through a partnership between the DOE, H + H, and DOHMH, this model aims to meet the needs of students with significant mental health challenges in 50 schools with the highest rates of NYPD interventions, suspensions, and chronic absenteeism. To fully implement and sustain the Mental Health Continuum, the City must baseline $5 million for the program.

Thank you. To follow up, please contact me at akwok@unhny.org.

Chitara Waiters, LCSW
Senior Director of Adolescent and School Health Services
Urban Health Plan

Submitted Testimony – New York City Council's Committees on Hospitals, Health, Education, and Mental Health, Disabilities, and Addiction

March 19, 2026

My name is Chitara Waiters, and I serve as the Senior Director of Adolescent and School Health Services at Urban Health Plan. I oversee multiple School-Based Health Centers across the Bronx and Queens, along with adolescent programming that serves hundreds of young people each year.

I am speaking from direct, daily experience operating School-Based Health Centers in some of New York City's most underserved communities.

School-Based Health Centers are not just convenient, they are essential.

Earlier in my career as a school social worker, I worked closely with a student who was newly diagnosed with Type 1 diabetes. At the time, both she and her mother were overwhelmed and unsure of how to manage such a life-changing condition. Through the School-Based Health Center, she was able to receive consistent medical care, multiple education sessions, and ongoing nutrition counseling. Her mother was also engaged in this process, learning alongside her daughter how to manage her care at home.

Over time, I watched this student gain confidence and independence in managing her health. She remained engaged in school, participated fully in her daily activities, and went on to college equipped with the knowledge and skills to manage her diabetes in a healthy and sustainable way. She was able to live a full and typical life as a young person despite her condition. This is the impact of a School-Based Health Center.

In my current role, I continue to see this level of impact every day. I see students experiencing significant gaps in access to health care and mental health services, including anxiety, depression, and trauma, who would not otherwise access care. I support social workers who respond to students presenting in crisis during the school day and provide immediate intervention. I see young people managing chronic conditions such as asthma with greater stability due to consistent, on-site care. I also see families facing barriers such as transportation challenges, caregiver work schedules, and long wait times that prevent access to traditional care.

For many of our students, the School-Based Health Center is the only place they receive both medical and mental health services. Several of our sites also provide dental services, and for some students, this is their first experience receiving dental care.

We are able to engage students because we are embedded within their school environment. There is no need for a parent to miss work, no long delays, and no stigma associated with accessing care. We meet young people where they are, both physically and emotionally.

Since the pandemic, the complexity of student needs has increased significantly. We are seeing higher levels of anxiety and depressive symptoms, increased trauma-related presentations, and ongoing challenges with social relationships and emotional regulation. At the same time, community-based mental health services remain difficult to access, with long waitlists and limited availability.

Because School-Based Health Centers are located within schools, we are able to provide rapid access to care, often within days, maintain consistent engagement with students, coordinate appropriately with school staff, and intervene early before concerns escalate. I have personally seen students stabilize, re-engage in school, and improve academically because they had access to timely mental health support.

School-Based Health Centers are effective because they remove barriers and integrate care into a setting where young people already are. They help keep students in school, support families, and provide both preventive and acute care in one trusted location. This model is especially critical in communities where disparities in access to care continue to exist.

While School-Based Health Centers bill insurance for clinical services, that revenue does not cover the full scope of services required to operate these programs effectively. The work includes crisis intervention, preventive mental health programming, care coordination, health education, and services for uninsured students. These are essential components of care.

To ensure sustainability, a funding model is needed that reflects the full scope of services provided. A structure that includes a baseline funding amount per school campus, along with additional funding tied to student enrollment, would allow School-Based Health Centers to continue delivering comprehensive and equitable care.

School-Based Health Centers are one of the most effective tools we have to support the health, mental health, and academic success of young people in New York City. When students are healthy, they attend school consistently, engage in learning, and are better positioned to succeed.

I urge the New York City Council to continue investing in and strengthening School-Based Health Centers as a critical component of our city's infrastructure for children and families.

Thank you for your continued commitment to supporting the health and well-being of New York City's youth.

Urban Justice Center, Mental Health Project
MCCAP CBO with Community Service Society of New York

Testimony before the New York City Council
Committee on Health
Committee on Mental Health and Substance Use
Committee on Disabilities

Testimony of
Frankie Herrmann
Health Justice Advocacy Supervisor
Urban Justice Center, Mental Health Project
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March 20, 2026

Hello, I am Frankie Herrmann, Health Justice Advocacy Supervisor at the Urban Justice Center (UJC) Mental Health Project (MHP). The Mental Health Project is a member of the Managed Care Consumer Assistance Program (MCCAP) Community Based Organization (CBO) with the Community Service Society (CSS) of New York.

The Mental Health Project (MHP), in support and collaboration with the Community Service Society (CSS), is testifying in support of maintaining the $2 million funding for the MCCAP in the FY27 New York City budget.

The MHP serves New Yorkers throughout the five boroughs. MHP's mission is to disrupt and dismantle the cycles of hospitalization, homelessness, and incarceration that traps New Yorkers with mental health concerns experiencing poverty. We offer direct legal and social work services, impact litigation, coalition building, community education, trainings, and organizing.

NYC MCCAP is a New York City Council-funded project that supports prevention and population health activities. NYC MCCAP supports community-based organizations like our organization that provide culturally and linguistically competent assistance to New Yorkers about how to enroll in and use health care and coverage. NYC MCCAP is a learning community that supports

20+ CBOs when assisting low-income and vulnerable populations in interacting with the health care system, including enrolling in and understanding health insurance and low-cost care. NYC MCCAP provides services in more than 15 languages and has access to more than 170 languages through translation services.

MHP urges City Council to allocate $2,014,114 for the entire NYC MCCAP in the FY27 budget. This investment is urgently needed to respond adequately to increased demands for services related to federal instabilities, the end of the public health insurance continuous enrollment provision, and other systemic challenges to healthcare access.

In 1998 the New York City Council launched MCCAP to help residents with their healthcare and health insurance needs through a network of 26 CBOs with $4 million in funding ($2 million in Council funds plus $2 million in federal Medicaid matching funds). The program was cut in the fiscal crisis after the Great Recession. In 2019, the Council partially restored funding and MCCAP has since dwindled to a network of only 11 CBOs – less than half of its old levels of capacity.

Despite inadequate funding, MCCAP continues to help our most vulnerable populations across the city navigate our Byzantine healthcare systems. CSS acts as the hub with its live, toll-free helpline, and the MHP is one of the advocacy CBO "spokes".

MHP's work supports an array of NYC residents. With MCCAP funding, the MHP's trauma-informed health justice team, consisting of a lead supervisor and two peer advocates, can provide in person and remote services, across the five boroughs, to assist community members facing complex Medicaid navigation issues and medical and mental health needs. Some examples include:

- Winning a fair hearing on behalf of a client in need of a crown. His plan had denied the crown as "not medically necessary," in contrast to both law and medical proof. Our office clearly showed both that the plan was not using the correct legal standard and that their claim of "not medically necessary" was not supported by the evidence. Dental Medicaid cases are well known for being challenging to win. This successful case can set precedent for other advocates arguing similar cases.

- Ushering a severely anxious elderly client through being both transitioned from NYSOH to HRA, newly receiving SS-R income, and newly qualifying for Medicare. The client has biweekly infusions among other significant health concerns – any interruption can lead to hospitalization and risks loss of independence. Medicaid both provides those services and transportation to the clinic – unlike Medicare alone. To keep both Medicaid and Medicare, we walked her through setting up a pooled trust with a community-proven nonprofit. The multiple coverage transitions have taken over two years to settle into any kind of stable process for her, and we have worked both with her and multiple agencies and CBOs to ensure she can receive the healthcare she needs and at the lowest cost possible throughout each system change.

- Coordinating with our social work team as well as other CBOs to help clients sort through an overwhelming variety of regulatory and bureaucratic systems and notices and get the help and services they deserve.

The MHP helps systemically disadvantaged people understand their insurance, get medical and mental health services (including for substance use disorders), educate the community through live Medicaid presentations, and address social determinants of health. Our clients are often people who have already "been through the ringer." They have already called their health insurance plan, tried to connect with a live person at NYC HRA, and may already have even filed a fair hearing or complaint. Resilience and need for a real solution have brought them to our doorstep.

The Council's continued investment in maintaining $2,014,000 in MCCAP funding in FY27 is essential to ensure New Yorkers continue receiving trusted, community-based assistance. Without this support, the progress made through the recent expansion could be at risk, just as more New Yorkers need help navigating coverage changes.

MCCAP is an indispensable resource, providing clear, trusted guidance to help New Yorkers understand their rights, navigate transitions, and maintain access to care.

Thank you for the opportunity to submit testimony. Should you have any questions, please contact me at 646-602-5687 or fherrmann@urbanjustice.org

URBAN JUSTICE CENTER | Mental Health Project

New York City Council
Committee on Mental Health and Substance Use
Committee on Health
Committee on Disabilities

Preliminary Budget Hearing – Mental Health and Substance Use

Thursday, March 19, 2026
Council Chambers, City Hall, New York, NY

Testimony of
Jennifer J. Parish
Director of Criminal Justice Advocacy
Urban Justice Center Mental Health Project
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New York City jails detain far too many people with mental health treatment needs. Currently 60% of the jail population is enrolled in mental health services, and 23% – more than 1500 people – are diagnosed with a serious mental illness.[1] The City should fund services and supports that keep people with mental health challenges out of jail. Doing so will prevent individuals from experiencing the trauma of incarceration, which may involve physical or sexual abuse, medical neglect, and solitary confinement, and will make our communities safer. Moreover, investing in our community mental health system will expedite the closure of Rikers Island. **Now is the time to begin divesting from harmful incarceration and reallocating that funding to services that make New Yorkers safer and healthier.**

The Urban Justice Center Mental Health Project advocates for people with mental health concerns involved in the criminal legal system. We are deeply familiar with the difficulties people with mental health concerns who are involved in the criminal legal system have in accessing essential mental health services. We represent the *Brad H.* Class, all incarcerated individuals who are assessed as requiring mental health treatment while in NYC jails.

[1] NYC Health + Hospitals, Correctional Health Services Patient Profile for Individuals in the New York City Jail System, February 2026, available at https://hhinternet.blob.core.windows.net/uploads/2026/03/correctional-health-services-patient-profile-metrics-february-2026.pdf.

We urge the City to adopt a FY2027 budget that aligns with the City's legal obligation to close Rikers Island and its moral obligation to create true public safety for all New Yorkers. An additional **$22.2 million investment in mental health resources** will expand and establish community treatment for people with serious mental health treatment needs who would otherwise be incarcerated.

Mobile Behavioral Health Treatment

Many of the 1500 people with serious mental illness incarcerated in the City jails are eligible for mobile behavioral health treatment, such as Intensive Mobile Treatment (IMT), Assertive Community Treatment (ACT), and Forensic ACT, which are effective, evidence-based treatment options for people with the highest level of need who have not been well-served in traditional clinic settings. People with serious mental illness who are incarcerated but qualify for these teams would be much better served in the community. Unfortunately, the City does not have enough teams to serve all the people who need them. Eligible individuals can wait months before being connected to a team, and people who are incarcerated have even more difficulty accessing such treatment. Due to the scarcity of these services, the Department of Health and Mental Hygiene has not prioritized connecting people in custody with these teams during incarceration. Doing so would not only provide for continuity of care when the person is released from jail, but it could also reduce the amount of time people with serious mental illness spend in jail. Thus, we support the following:

- **Eliminating the waitlist for Intensive Mobile Treatment (IMT) by adding $11 million to fund eight additional IMT teams**
- **Expanding Assertive Community Treatment (ACT) for people released from incarceration by adding $6.5 million to restore cuts to ACT and create four more Forensic ACT teams**

Residential Mental Health and Substance Use Treatment

New York City has a severe lack of residential treatment options for people who have co-occurring serious mental illness and substance use issues. Many people who are in Department of Correction custody now could be released into treatment as an alternative to incarceration if there were additional treatment beds available. Some people waits in jail for months for a residential treatment bed to become available. Others accept a sentence of incarceration in lieu of a treatment alternative due to the scarcity of these residential beds. With state funding through OASAS available to provide operational funds, new residential treatment beds can be established with a relatively small investment of capital funds. We urge the City to leverage these fund through the following:

- **Investing $3 million in capital funds to support 60 new residential treatment beds for people with co-occurring serious mental illness and substance use concerns**

Outpatient Competency Restoration

Hundreds of people with severe mental health treatment needs who have been assessed as lacking the capacity to assist in their defense languish at Rikers Island waiting to be transferred to an Office of Mental Health (OMH) forensic facility. Their criminal cases cannot be adjudicated until they are restored to competency, but due to lack of beds in OMH facilities, they wait for months in jail to start that process. State law allows for restoration of competency to occur in an outpatient setting, but this is an extremely limited resource. The City should fund an outpatient competency restoration pilot program for people who would otherwise be detained at Rikers waiting for transfer to a state psychiatric center. We support the following:

- **Establishing an outpatient competency restoration pilot program for 50 to 75 people who would otherwise be incarcerated while awaiting transfer to a state psychiatric center by adding $1.7 million**

By making these important investments in mental health services, New York City can reduce its reliance on incarceration, improve the lives of thousands of people who are jailed due to their unaddressed mental health needs, and improve public safety for all New Yorkers.

Written Testimony

New York City Council

Committee on Mental Health and Substance Use Jointly with the Committee on Health and the Committee on Disabilities

Preliminary Budget Hearing

March 19, 2026

Good morning, Chairs Cabán, Schulman, Seawright and members of the Committees. My name is Cristina Abbattista, and I am the Policy Analyst at Urban Pathways. Thank you for the opportunity to testify at today's Fiscal Year 2027 Preliminary Budget Hearing about the need for substantial investments in the behavioral health continuum of care, with an emphasis on the B-HEARD program and employing peers (people with lived mental health experience).

Urban Pathways is a nonprofit homeless services and supportive housing provider serving single adults. Last year, we served over 2,500 unique individuals through a full continuum of services including street outreach, drop-in services, safe havens and stabilization beds, extended-stay residences, and permanent supportive housing in Manhattan, Brooklyn, Queens, and the Bronx. We also offer a wide range of additional programming to meet the needs of the people we serve, including our Total Wellness, Employment, and Advocacy programs. We hold City contracts with DHS, DOHMH, and HRA.

Invest in a Non-Police Mental Health Crisis Response System

Since 2015, over 20 individuals have been killed by police officers while experiencing a mental health crisis in New York City. People experiencing mental health crises are best served by a non-police response that avoids the risk of serious harm or death, arrests, and people being transported with handcuffs, which is traumatic and can lead to exacerbating the crisis. When medical personnel, trained mental health workers, and people with lived mental health experience respond to a person in crisis, care options involve de-escalation, being treated on-site, receiving a referral for community-based care, being transported to a social service location, or being transported to a hospital for additional care. By investing in a non-police mental health crisis response system, we can enhance public safety and refer people to long-term support as opposed to crisis escalation often resulting in serious harm, arrests, and the use of handcuffs.

While we appreciate the City's attempts to shift crisis response to a more person-centered approach, there is much more that needs to be done. Currently, the B-HEARD program is the main alternative to police when a mental health crisis call is placed to 911 in NYC. Current teams consist of EMTs and licensed social workers, which are limited in capacity and not available 24/7 or city-wide. **B-HEARD can be a true non-police response to mental health crises, adopting best practices and prioritizing the experience of the individual in crisis if it enacts the following changes:**

- **Mandate that peers be added to B-HEARD teams** and made a part of all aspects of planning, training, implementation, and oversight. Peers bring indispensable firsthand knowledge, insights, and trust in the community that cannot be replicated.
- **Expand the number of B-HEARD teams to match the call volume.** There are currently 18 B-HEARD teams and 38 social workers to staff them. The ratio of teams to call volume is mismatched: the City's own data shows that the need for teams to respond to calls always surpasses the number of teams available. The number of teams therefore must be increased to ensure all eligible calls are responded to with B-HEARD.
- **Expand the number of B-HEARD teams to ensure citywide and 24/7 coverage.**
- **Establish 988 as the number to be dialed for mental health and substance use crises** in lieu of 911, while ensuring interoperability among 988, 911, and 311.
- **Renew and expand the speaker budget initiative for the peer behavioral workforce (Chart #30 in the FY26 budget) to $6M in FY27.** Funding eligibility criteria must be refined to spotlight the peer behavioral workforce, emphasizing positions that aid in community-based behavioral health crisis response systems.
- **The Committee on Mental Health and Substance Use jointly with the Committee on Workforce Development must hold an oversight hearing this spring on behavioral health workforce development.** A comprehensive workforce strategy, coupled with adequate funding, will help the City build a behavioral health workforce pipeline and support retention through professional development and career pathways.

Thank you for the opportunity to provide testimony on behalf of Urban Pathways. We look forward to working with the City Council on a fair and equitable budget for all New Yorkers.

For more information, please contact:

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Gary P. Jenkins, Interim CEO

Vera INSTITUTE OF JUSTICE

New York City Council Committee on Mental Health & Substance Use Budget Hearing

Written Testimony of Benjamin Heller
Program Manager, Greater Justice New York
Vera Institute of Justice

March 19, 2026

My name is Benjamin Heller, and I am the program manager of the Greater Justice New York initiative at the Vera Institute of Justice, which works to end mass incarceration, protect immigrants' rights, ensure dignity for people behind bars, and build safe, thriving communities. Thank you for the opportunity to provide testimony.

Over the last decade, the number of people in our city's jails experiencing mental illness has skyrocketed. In fiscal year (FY) 2015, 11.1 percent of people in Department of Correction (DOC) custody had a serious mental health diagnosis.[1] By FY2025, that share had nearly doubled to 20.7 percent—and more than half of those in custody were eligible for mental health discharge planning upon release.[2]

Instead of ensuring access to robust, community-based mental health care, our city increasingly relies on the criminal legal system to respond to behavioral health needs. This has significantly contributed to the ballooning jail population, hindering New York City's commitment to close Rikers Island by 2027.[3] Police, courts, and jails, however, do not provide effective treatment. In fact, incarceration often worsens mental health outcomes.[4] Removing people from their communities when they need care, not punishment, inflicts harm on them and their communities.

The FY2027 preliminary budget allocates $2.99 billion to DOC—representing a 5 percent increase compared with last June's adopted budget.[5] If DOC's spending on overtime this year mirrors previous years—and already, the agency has exceeded its annual overtime spending—$2.99 billion is an underestimate, and the agency will end up spending nearly 11 percent more than last June's adopted budget.[6] These are funds that would be better spent on services that deliver neighborhood safety, such as community-based mental health services, supportive housing for system-involved people, and mental health crisis response.

The city must ensure that existing community-based mental health treatment options can meet demand. As of March 2025, Intensive Mobile Treatment (IMT) and Assertive Community Treatment (ACT) teams had waitlists of 672 and 682 people, respectively.[7] This year, we urge the city to increase funding for these vital community-based treatment

options so that New Yorkers seeking care can access it. **Specifically, the city should allocate an additional $11 million for eight more Intensive Mobile Treatment (IMT) teams and $2 million for four more Forensic Assertive Community Treatment (FACT) teams.**

Even with well-resourced, community-based care, mental health crises will still happen. When they do occur, the city must send trained peer specialists and clinicians, not police. Recent tragedies, like the shooting of Jabez Chakraborty, underscore the consequences of an inadequate mental health crisis response.[8] The Substance Abuse and Mental Health Services Administration's national guidelines emphasize that it is "unsafe and unacceptable" to rely on police as the primary responders to mental health crises.[9] Beyond successfully connecting people to care, civilian crisis response can free up police resources to focus on violent crime, further strengthening community safety.[10]

The city's current mental health crisis response, B-HEARD, only operates from 9:00 a.m. to 1:00 a.m. in just 31 out of 78 city precincts. The city should expand this program to operate 24/7 across all city precincts while improving operations to connect more people in mental health crisis to these crucial non-police responses. **More immediately, we urge the city to increase B-HEARD's budget by 50 percent—bringing total funding to $52.5 million, or $17.5 million more than this year's $35 million—to support 24-hour coverage within its current operating boundaries and add peer specialists, who would bring valuable expertise to response teams.**[11]

Based on extensive conversations with city government, advocates, and experts, we also advise investing:

- **$20.3 million** for 150 units of low-barrier housing, accompanied by a commitment to assess the need for transitional reentry housing and fund additional units accordingly;[12]
- **$1.3 million** for alternatives to incarceration (ATI) and **$3.3 million** for reentry services to offset slated budget cuts, **$6.9 million** to expand programs serving court-involved young people with mental health needs, and **$10 million** in additional ATI funding to bring services in line with demonstrated need;
- **$10 million** in additional funding for the Commission on Human Rights, which enables New Yorkers with conviction histories to find community-based stability through housing and employment; and
- **$3 million** in additional funding for the Board of Correction (BOC) to enable the agency to hire staff for rigorous jail oversight.

By investing in these services, the Mamdani administration can connect people to care instead of incarceration, reducing the jail population while improving community safety for all New Yorkers.

Thank you for the opportunity to provide testimony. Please contact me at bheller@vera.org if the Vera Institute of Justice may provide further support.

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[1] City of New York, *Mayor's Management Report* (New York: City of New York, 2019), 74, https://www.nyc.gov/assets/operations/downloads/pdf/mmr2019/2019_mmr.pdf.

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[4] Sam McCann, "Locking up People with Mental Health Conditions Doesn't Make Anyone Safer," Vera Institute of Justice, August 25, 2022, https://www.vera.org/news/locking-up-people-with-mental-health-conditions-doesnt-make-anyone-safer.

[5] The budget numbers presented in this brief were provided to Vera by the Independent Budget Office (IBO) in February 2026 and are on file with the author. Vera used data from IBO to have the most up-to-date numbers; for more information, contact Benjamin Heller at bheller@vera.org. Note that all fiscal year (FY) 2027 preliminary and FY2026 adopted departmental totals include fringe benefits, pension contributions, and debt service, which Vera drew from the New York City Office of Management and Budget (OMB) to supplement the IBO figures. See OMB, *The City of New York Preliminary Budget Fiscal Year 2027: Expense Revenue Contract* (New York: OMB, 2026), 39E, https://www.nyc.gov/assets/omb/downloads/pdf/feb26/perc2-26.pdf; and OMB, *The City of New York Adopted Budget Fiscal Year 2026: Expense Revenue Contract* (New York: OMB, 2025), 105E, https://www.nyc.gov/assets/omb/downloads/pdf/adopt25/erc6-25.pdf.

[6] IBO budget data. As of January 1, 2026, DOC spent 108 percent of its overtime budget for the entire year. The FY2026 adopted budget figure for jail operations personnel is $414 million, but in the city's updated estimates for FY2026 spending, the number rises to $626.3 million only to fall back to $427.4 million in the FY2027 preliminary budget, as shared with Vera by IBO.

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[12] In February 2026, the Mamdani administration announced that Just Home would create 58 additional supportive housing units for system-involved people. See New York City Department of Health and Mental Hygiene, "NYC Health Department Releases Updated Request for Proposals to Expand Supportive Housing for Formerly Incarcerated and Homeless New Yorkers," press release, February 12, 2026, https://www.nyc.gov/site/doh/about/press/pr2026/request-for-proposals-to-expand-supportive-housing.page.

Testimony of Vibrant Emotional Health before the Committee on Health, Committee on Mental Health and Substance Use, and the Committee on Disabilities regarding the Fiscal Year 2027 Preliminary Budget

Good morning, Chair Schulman, Chair Caban, Chair Hanif, and members of the Committees. I am James Bristow, Vice President of Public Policy and Government Affairs for Vibrant Emotional Health. I am joined by my colleague, Program and Policy Strategy Manager, Jeremiah Cedeño. Thank you for the opportunity to testify today regarding the Fiscal Year 2027 Preliminary Budget.

Over 55 years ago, Vibrant was born out of the need to advocate for community mental health resources. Today, Vibrant continues its long history of advocating for and delivering comprehensive, culturally responsive mental healthcare in New York City. Vibrant's programs serve New Yorkers from all walks of life, including peer-led family and youth services; older adults with multidisciplinary challenges seeking to remain in community; young adult initiatives; community engagement and advocacy, and crisis services.

Vibrant is widely recognized as a national leader in crisis response. As the administrator of the 988 Suicide & Crisis Lifeline, we oversee and strengthen a nationwide network providing life-saving support 24 hours a day, seven days a week. At the same time, we operate NYC 988 locally, giving us both macro-and-micro level insight into suicide prevention operations. This dual role uniquely positions us to identify emerging trends, elevate best practices, and continuously improve the way crisis services are delivered here in New York City.

Beyond crisis response, Vibrant has spent decades building deep trust in communities across the five boroughs. From pioneering New York City's first Family Support Program in 1989 to managing one of the city's most robust youth and family peer-support networks, we have consistently led with innovation, compassion, and cultural humility. Our programs serve New Yorkers from all walks of life, including youth and young adults, families navigating complex systems, older adults seeking to remain in community, and individuals living with co-occurring challenges.

Turning to the FY27 Preliminary Budget, it is encouraging to see an attempt being made to address structural programmatic deficits—particularly as it pertains to rightsizing the outyear budgets for supportive housing and early intervention. This helps to remove fiscal uncertainty surrounding these programs and allows agencies and providers to focus on the delivery of services, rather than worrying about the continuity of funding. It is additionally positive to see investment in the new Public Health Lab as well as the much-needed Cost of Living Adjustment for contracted providers.

Additionally, Vibrant Emotional Health appreciates the Council and Administration's current support for NYC 988 operations through the provision of an additional $5M in FY26—which was added in the Adopted Budget and is implemented via Council discretionary dollars. This additional funding facilitates increased capacity for NYC 988; the criticality of this funding has only risen over the past year as contact volume has continued to go up year over year and the additional support allowed us to reduce wait times for all NYC contacts, ensuring quicker access to a trained crisis counselor for help seekers. We are confident in the Council and the administration's ability to see the continuation of this vital funding stream into FY27.

Furthermore, we are optimistic about the administration's commitment to mental health and want to point out additional areas that are ripe for enhanced investment. For example, youth peer services are an important tool in reducing barriers to mental health care. Young people today face unprecedented mental health challenges, including academic pressure, social media stress, identity development, family conflict, and peer relationships. Many are reluctant to seek help from adults due to stigma, fear of repercussions, or feeling misunderstood. Research consistently demonstrates that youth are more likely to open up to peers who share similar life experiences and speak their language. Targeting investment towards robust youth peer services, such as a helpline, is a way to see instant benefit.

Vibrant encourages the Council and the administration to continue exploring an expansion of Mobile Crisis Team capacity. These teams are critical to the crisis care continuum and are used to provide care and short-term management for people who are experiencing severe behavioral crisis. Unfortunately, the limited availability of these teams prevents them from being mobilized in all situations that warrant them. Increasing MCT capacity could allow for around-the-clock deployment to match NYC 988's 24/7 operations. Enhancing investments in this vital component of crisis care would allow more New Yorkers to be able to receive the help they need, where they are.

Thank you again for this Committee's investment in the emotional wellbeing of New Yorkers and for the opportunity to testify today. We greatly value our partnerships with the City Council and the Department of Health and Mental Hygiene. We strive to continuously enhance and strengthen our joint work in this area for the benefit of all New Yorkers.

VNS Health

VNS Health Written Testimony
New York City Council Committee on Mental Health and Substance Use
Joint Hearing with the Committee on Health and the Committee on Disabilities
FY2027 Preliminary Budget Hearing

Chair Cabán, Chair Schulman, Chair Hanif, and members of the Committees on Mental Health and Substance Use, Health, and Disabilities, thank you for the opportunity to testify today and for your continued leadership in strengthening health services for all New Yorkers.

I want to begin with a recent example of how **community providers and the City work together** to support vulnerable New Yorkers. During recent Code Blue activations, VNS Health teams mobilized in coordination with the Department of Health and Mental Hygiene to reach individuals experiencing behavioral health crises and housing instability. Our outreach teams worked alongside City partners on the ground to **connect 131 individuals to services, stabilize crises, and ensure individuals were not left without support** during dangerous winter conditions.

Moments like these demonstrate what effective partnership looks like: trusted community providers working alongside City agencies to **deliver care quickly, compassionately,** and **where it is needed most**. Through partnerships with the City and State, VNS Health operates several community-based behavioral health programs that form a critical part of New York City's crisis response and treatment infrastructure.

Meeting New Yorkers Where They Are

For more than 130 years, VNS Health has helped New Yorkers live, age, and heal where they feel most comfortable — in their homes and communities. Today, we **serve more than 95,000 New Yorkers every day**, including older adults, children and families, individuals with serious mental illness, and people living with physical disabilities, through home and community-based services.

Our behavioral health programs range from crisis intervention to long-term treatment and care management for adults, children, and families living with complex mental health and substance use conditions. Our model focuses on **meeting people where they are** – whether that means responding to a crisis in someone's home, supporting students at school, or providing counseling to an older adult who cannot easily access traditional care settings.

Our programs include **Mobile Crisis Teams, Assertive Community Treatment, Intensive Mobile Treatment, Older Adults Mental Health Initiative**, the **Promise Zone** program, and a federally designated **Certified Community Behavioral Health Clinic**, all of which are essential components of the City's behavioral health infrastructure. Our full list of programs is included in the index of this testimony.

Responding to Behavioral Health Crises in the Community

Reducing crises and improving safety in New York City will require continued investment in preventive, community-based behavioral health care and in the provider organizations that deliver these services every day.

Programs like our **Mobile Crisis Teams, Assertive Community Treatment, and Intensive Mobile Treatment** place clinicians directly in communities to respond to behavioral health crises and stabilize individuals experiencing serious mental illness. By bringing care into homes and neighborhoods, these teams reduce unnecessary reliance on emergency rooms, hospitals, and law enforcement, while helping individuals remain connected to care and housing. This work depends on strong partnerships between the City and community-based providers already embedded in the communities they serve.

The impact of these programs is best seen in the experiences of the families we serve. After our Mobile Crisis Team responded to help a loved one experiencing a psychiatric crisis, a family member shared: "For months our family had been in an intractable situation. The fact that he was able to walk out of our apartment without restraint or medication is remarkable. Thank you for your patience and persistence. You are life-savers."

Investing in Prevention That Reaches the Community Earlier

Crisis response is critical, but it is only one part of the solution. New York City must also invest in **preventive behavioral health services** that reach people long before situations escalate into emergencies.

Many of the New Yorkers we serve face barriers that make traditional clinic-based care difficult or impossible to access – older adults may be homebound and young people may struggle in school settings before their needs are recognized. In these moments, community-based behavioral health programs can provide the early support that prevents crises from occurring in the first place.

With support from the City Council, VNS Health clinicians bring mental health care directly into the home through the **Older Adults Mental Health Initiative**. One couple in the program struggled with isolation and depression after months of hospitalization. At first, they were resistant to help. But through regular check-ins and counseling, that hesitation slowly turned to trust. The wife later told our team, "We need you to keep checking up on us. The things you do might seem small, but they are not small to us." This ongoing support helps people remain stable in their homes and keeps crises from escalating into emergencies.

We see similar impact when behavioral health care reaches young people early. Through school-based programs like **Promise Zone**, clinicians provide counseling, crisis support, and guidance to students who might otherwise struggle without help. By providing early support to young people – and the staff and families around them – these programs help prevent crises and keep students connected to community.

Experiences like these demonstrate why preventive behavioral health services are so important. When people receive care early — **whether in their homes, schools, or communities** — they are far less likely to reach the point where emergency systems must intervene.

Building the Next Phase of the City's Behavioral Health Strategy

We appreciate the City's commitment to strengthening behavioral health services. As the City advances its behavioral health strategy and the **Department of Community Safety**, there is a strong opportunity to build on the partnerships and programs already operating successfully in communities across the city.

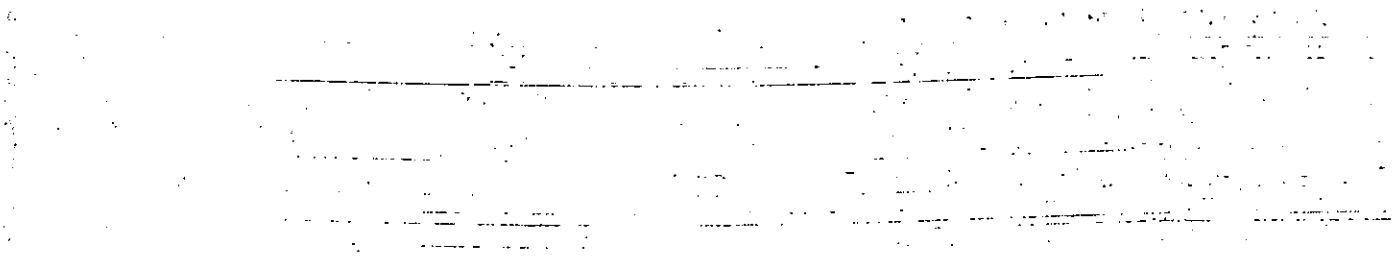
Organizations like VNS Health operate these services every day. Our clinicians and outreach teams see firsthand what helps people stabilize, **remain connected to care**, and avoid repeated crises. Incorporating the experience of the providers and clinicians already delivering these services will be essential as the City continues to expand and strengthen the continuum of care.

We are grateful for the Council's longstanding support of community-based behavioral health services and respectfully ask for continued **Discretionary Funding** for programs like the **Older Adults Mental Health Initiative** and the **Promise Zone Program**. These investments help ensure that New Yorkers receive care before crises occur and allow community providers to continue delivering the services that strengthen both our behavioral health system and our communities.

Conclusion

For more than a century, VNS Health has partnered with New York City to bring care directly into homes and communities. As the City continues advancing its behavioral health system and the Department of Community Safety, we look forward to continuing to partner to ensure that **preventive, community-based care remains at the center of New York City's behavioral health response.**

Thank you for the opportunity to testify today.



Appendix: VNS Health Behavioral Health Programs & Partnerships

Mobile Crisis Teams (MCTs): Operating in the Bronx, Brooklyn, and Queens, our adult and children's MCTs respond within 2 hours to individuals in psychiatric crisis. Clinicians de-escalate, assess risk, and connect individuals to care—helping reduce 911 calls and ER visits. Since COVID-19, referrals have nearly doubled.

VNS Health also operates an **MCT Float Team**, which provides coverage when other MCT programs go offline, helping reduce service gaps in the crisis response system.

Assertive Community Treatment (ACT): ACT teams provide 24/7, community-based care for individuals with severe mental illness. Services include medication management, therapy, housing and employment support, and crisis intervention—helping people transition from inpatient settings to community stability.

Intensive Mobile Treatment (IMT): IMT serves individuals with complex needs and frequent interaction with the mental health, criminal justice, or homeless services systems. Multidisciplinary teams deliver mental health and substance use care directly in the community, including housing and peer support.

Home-Based Crisis Intervention (HBCI) for Children: HBCI offers short-term, intensive in-home care to prevent psychiatric hospitalization for youth in crisis. The program stabilizes families while connecting them to long-term outpatient services.

9.58 Regulations Training: As NYC's largest non-governmental provider of 9.58 trainers, we equip frontline staff with tools to respond to mental health crises in accordance with City and State protocols—helping ensure safe, informed interventions in the community.

Certified Community Behavioral Health Clinic (CCBHC): Funded by SAMHSA, our CCBHC in Mott Haven provides integrated mental health and substance use treatment for youth and adults, regardless of ability to pay. This trauma-informed, person-centered model reduces hospitalizations and fills critical care gaps in the South Bronx.

Promise Zone Program: Funded by City Council Discretionary Funds and operating in nine Bronx public schools, the Promise Zone Program provides school-based behavioral health services for students facing emotional and behavioral challenges. Clinicians offer counseling, crisis intervention, and support for families while also training educators to respond to behavioral health needs in the classroom.

Older Adults Mental Health Initiative: Funded by City Council Discretionary Funds, this program provides in-home counseling, screenings, and substance use support for older adults living in the Bronx who may otherwise face barriers to accessing care. By bringing behavioral health services directly into the home, the program helps reduce isolation and supports older adults in remaining safely in their communities.

New York City Council Fiscal Year 2027

Executive Budget Hearings

Committee on Health and Committee on Mental Health, Disabilities, and Addiction

3/19/2026

Testimony of Nestor J. Ardila Mesa

Voces Latinas

Good afternoon. My name is Nestor Ardila, and I serve as a Healthcare Services Manager at Voces Latinas. I am here today to respectfully encourage the Council to include $4.5 million for Access Health NYC in the FY 2026 budget.

At Voces Latinas, we work on the frontlines with newly arrived immigrants and other vulnerable New Yorkers, many of whom are uninsured, have limited or no English proficiency, and face complex social and economic challenges. The Access Health NYC initiative has been instrumental in allowing us to meet these communities where they are. Through this funding, we are able not only to connect individuals to health coverage and care, but also to address broader social determinants of health, including mental health needs, social isolation, legal barriers, and access to preventive services.

I would like to extend my sincere gratitude to Health Committee Chair Lynn Schulman and the members of the Health Committee, as well as Chair Linda Lee and the members of the Committee on Mental Health, Disabilities, and Addiction. Your longstanding commitment, over the past nine years to ensuring that all New Yorkers can access essential health services has made a meaningful and measurable difference in our communities.

Access Health NYC is a vital, citywide initiative that supports community-based organizations in providing culturally competent education, outreach, and direct assistance. It fills a critical gap by reaching populations that are often left out of traditional systems of care, individuals who are uninsured or undocumented, those with limited English proficiency, people with disabilities, members of the LGBTQ+ community, and individuals experiencing housing instability. Without this program, many of these New Yorkers would remain disconnected from life-saving information and services.

Through Access Health NYC, Voces Latinas has also been able to expand into short-term mental health support, offering both individual and group interventions. These include workshops, referrals to care, and innovative approaches that reflect the cultural and linguistic needs of the communities we serve. This work is essential, particularly as mental health challenges continue to rise.

Our organization provides a holistic range of services, including access to healthcare, sexual and reproductive health services, legal assistance, workforce development, and support for survivors of domestic violence. Access Health NYC strengthens our ability to integrate these services and respond comprehensively to the needs of our clients.

As our city continues to recover from the long-term health and economic impacts of the pandemic and as we welcome an increasing number of new arrivals the demand for our services has grown significantly. Community-based organizations like ours are playing a critical role in bridging gaps in an already strained healthcare and mental health system.

Enhancing Access Health NYC funding will allow us to respond to emerging health concerns more effectively and ensure that vulnerable populations, including asylum seekers, are connected to accurate information, trusted resources, and timely care. Increased investment will also enable the city to better target its outreach through organizations that have deep roots and trusted relationships within the communities most in need.

In closing, I respectfully ask the Council to continue its strong support for Access Health NYC by allocating $4.5 million in the FY 2026 budget. This investment is not only about access, but also about equity, dignity, and the health of all New Yorkers.

Thank you very much for your time and consideration.

March 19, 2026: Budget Hearing in the NYC Council Committee on Health

My name is Allie Taylor, and I serve as the President of Voters For Animal Rights, a volunteer-led organization based in NYC. I also TNR cats in my Bushwick neighborhood. Thank you for the opportunity to testify today and for your continued leadership on issues impacting animals and the communities who care for them.

I want to begin by acknowledging the progress made in last year's budget. For the first time ever, the City allocated $500,000 for spay/neuter services to Flatbush Cats, which funded approximately 3,333 surgeries. 2,200 surgeries have been completed so far, and they are on target to complete the rest by this June. This was a meaningful and historic step forward. There is no question that Flatbush Cats' program has been a success for pet parents and rescuers who received these affordable services.

However, this investment represents only a small fraction of what is truly needed. The number of requests that Flatbush Cats receives for spay/neuter surgeries and wellness appointments far outpaces available spots, at no fault of their own. Those 3,333 surgeries account for roughly 2% of the estimated need. To effectively address the 500,000 stray cats on our streets, and reduce shelter intake of owned pets at NYCACC, the City must fund nearly 190,000 spay/neuter surgeries annually. Without scaling these services, we will continue to fall behind. Flatbush Cats has the infrastructure to scale up, but they need far more city funding to provide more surgeries and wellness appointments. That's why we are urging the Council to allocate $1.5 million in this year's budget for spay/neuter. This funding is a vital to expanding services for pet parents and rescuers.

The rescue community is stretched beyond capacity. Volunteers across the city are stepping in to do this work often using their own time, money, and resources but this is not a sustainable system. We cannot continue to rely on an informal, unpaid workforce to provide what is essentially a critical municipal service.

In addition to spay/neuter, I want to highlight another urgent issue: pet food insecurity.

Last year's budget included zero funding for pet food pantries, despite the growing need across New York City. Financial hardship remains one of the leading reasons people surrender their pets. Right now, families are being forced to make impossible choices between feeding themselves and feeding their animals. In speaking with human food pantries such as NY Common Pantry, we know that pet food is one of the most frequently requested groceries, with the least availability. By providing funding for pet food to existing human food pantries, they can warehouse and distribute pet food most efficiently.

We know that access to pet food is one of the most effective ways to keep pets in their homes and out of the shelter system. It is a simple, preventative solution that reduces intake, supports families, and strengthens communities. That is why we are also calling for $2 million in funding for pet food pantry programs in Brooklyn and the Bronx.

I urge the Council to build on last year's progress and take the next step by allocating:

- $1.5 million for spay/neuter services, and
- $2 million for pet food pantries

The cost of providing spay/neuter and pet food to families in need is 1/3 the cost of sheltering an animal at NYCACC. By investing in spay/neuter services and pet food access, the City can take meaningful, proactive steps to reduce shelter intake, improve public health, and support working families. These are not just animal welfare issues; they are community stability and equity issues.

Thank you for your time and your commitment to the people and animals of NYC.

Allie Taylor, President, Voters For Animal Rights | 1276 Putnam Ave, Brooklyn, NY 11221

March 19, 2006

Dear Members of the Council,

I am writing to raise serious concerns about the impact of automated ticketing enforcement on providers of senior transportation services in New York City.

Since late 2025, NYC has implemented automated ticketing for double-parked vehicles using camera-equipped buses that capture license plates. While we understand the intent to improve traffic flow and safety, this system has unintentionally created significant hardship for services like ours that transport frail and mobility-impaired seniors.

Our work involves door-to-door assistance for vulnerable individuals who cannot use public transportation. A typical pickup is not a quick stop:
A senior must first be alerted, stand up, walk slowly to the door, carefully navigate stairs, and make their way to the curb. Once outside, they often require assistance entering the vehicle. Our driver must then safely store mobility aids such as walkers or wheelchairs before departing. This process can take 5–10 minutes, and often longer depending on the individual's condition.

Despite holding a valid Annual On-Street Parking Permit (Permit # 2026/767027), our vehicles are repeatedly issued tickets during these necessary stops. In some cases, we have even received multiple tickets for the same location within minutes.

We provide essential local transportation for seniors who rely on us for critical daily needs—medical appointments, grocery shopping, pharmacy visits, banking, and more.

Additionally, we operate a weekend meal delivery program for seniors, primarily Holocaust Survivors. Even brief stops—such as quickly picking up the meals from the caterer—have resulted in multiple automated violations, further compounding costs.

These fines, often ranging from $100 to $200 per ticket, are unsustainable. They directly threaten our ability to continue serving the very population that the City is committed to supporting—older adults and individuals with disabilities who require additional time and care.

We respectfully urge the Council to consider the following:

- Exemptions or adjusted enforcement rules for licensed senior and disability transportation providers
- A grace period for vehicles engaged in active passenger assistance
- Recognition of valid on-street permits within automated enforcement systems
- A fair appeals process that accounts for the realities of accessibility services

New York City has long championed equitable access to transportation. To uphold this commitment, policies must reflect the real-world needs of those who require extra time and assistance—not penalize the services that support them.

Thank you for your time and consideration.

Debbie Hes
Executive Director
Washington Heights Inwood Preservation & Restoration Corp

The New York City Council Finance Committee
New York City Council Fiscal Year 2027
City Council Health Committee Preliminary Budget Hearing
March 17, 2026

Hello, I am Doxene Roberts, Vice President and Director of Clinical and Case Management Services of the Women's Housing and Economic Development Corporation (WHEDco). WHEDco respectfully submits this testimony on the Fiscal Year 2027 Executive Budget. On behalf of WHEDco, I urge you to support funding for the Managed Care Consumer Assistance Program (MCCAP).

WHEDco's mission is to create and bridge access in the South Bronx to resources that support thriving neighborhoods – from stable, affordable housing to high-quality early childhood and school-age youth education programs, comprehensive family and community services, business and entrepreneur assistance, and cultural programming. WHEDco has defined itself as a listening and learning organization, developing programs and partnerships that directly respond to the challenges and opportunities identified by the community. We have always focused on undoing or overcoming structural racism and inequitable policies and practices that reinforce poverty, poor health, educational gaps, housing instability, and other challenges. Our services affect the lives of over 20,000 people annually.

WHEDco's MCCAP provides culturally and linguistically competent assistance to New Yorkers with enrolling in and using healthcare and coverage. The program relies on the Community Service Society (CSS) and a network of community-based organizations, of which our organization is a part, that work directly with the most vulnerable populations who struggle to interact with the healthcare system, including enrolling in, understanding health insurance, and accessing low-cost healthcare.

WHEDco's MCCAP program has assisted more than 2,100 clients and their families in accessing and retaining health-related supports since FY 2020, with a favorable outcome of 83%. The program has helped NYC residents save on healthcare-related costs. Some examples of our health advocacy include assistance in accessing/recertifying for low or no-cost health insurance, resolving issues related to insurance errors, and providing information and resources related to determinants of health.

The impact of the Council's FY26 $1 million expansion enabled MCCAP to grow from 12 to 20 agencies. Because of this expansion, MCCAP has already seen nearly a 40% increase in cases between December 2025 and February 2026 compared to prior years. This shows both the growing need for these services and the success of the Council's investment. MCCAP will be even more critical in the coming year as federal policy changes threaten health coverage stability. Nearly one million New York City residents may face coverage disruptions due to eligibility redeterminations, administrative barriers, plan changes, and affordability challenges.

CSS serves as the central coordinating hub. A network of community-based organizations across all five boroughs delivers services directly in communities. This model ensures trusted, culturally competent assistance for New Yorkers who might otherwise struggle to navigate the health system. In Fiscal Year

2027, MCCAP will continue to play a critical role in ensuring that our most vulnerable residents have access to coverage and care.

WHEDco and our MCCAP partners are requesting a total allocation of $2,014,000 for the entire NYC MCCAP Initiative to ensure New Yorkers continue receiving trusted, community-based assistance. Without this support, the progress made through the recent expansion could be at risk, just as more New Yorkers need help navigating coverage changes.

WHEDco thanks the Council for its continued leadership and commitment to protecting access to health care for New Yorkers.

Thank you for the opportunity to participate in this discussion today. Should you have any questions, please do not hesitate to contact me at 718-839-1133 or droberts@whedco.org.

Sincerely,
Doxene Roberts
Vice President and Director of Clinical and Case Management Services
Women's Housing and Economic Development Corporation

347 EAST 10TH STREET NEW YORK, NY 10009| 646-292-7710 | info@wpaonline.org

Statement of Aisha Elliott
Chief Program Officer
FY27 Preliminary Budget Hearing: Committee on Health Jointly with the Committee on Mental Health and Substance Use and the Committee on Disabilities
Written Testimony

Hello, my name is Aisha Elliott, and I'm honored to be here today as the Chief Program Officer of the Women's Prison Association (WPA), the oldest organization in the nation supporting women before, during, and after incarceration. I am also here as a woman who knows what it means to be more than the worst moment of your life.

Before policy, funding lines, and agency reports, I want us to remember the women behind the numbers, behind the walls, behind the families, and behind our communities:

A daughter who learned early that silence could hide pain, a woman who carries substance use in one hand and untreated trauma in the other, like two heavy bags.

Too often our systems see only the weight after it breaks something, but let's see them differently today.

Substance use, being unhoused, and mental health struggles do not happen in isolation. They grow in the soil of trauma, in poverty, in violence survived but not healed, in systems that punish pain more quickly than they treat it.

We have to remember that care is not charity; care is infrastructure. Every dollar you invest in care, returns in ways no ledger can fully measure: Not just the dollars saved in hospitals, courts, or jails, but the true return on investment is human well-being.

When you fund, you're not just funding programs, what you're funding looks like stability, sounds like laughter, and feels like a woman waking up in her own space and believing she has a future worth protecting.

Housing-first clinical care and substance use services are not abstract policies; it is daily work for WPA, human work, and community work that can continue through the Justice-involved Supportive Housing Fund and through the Mental Health for Vulnerable Populations Initiative.

We want women to manifest the words of Luisa Taveres, and that is to "Create a life from which they do not want to escape." As a city, as leaders, as neighbors responsible for one another, our duty is not only to respond when people fall. Our duty is to build the kind of systems that catch them.

WOMEN'S PRISON ASSOCIATION
347 EAST 10TH STREET NEW YORK, NY 10009| 646-292-7710 | info@wpaonline.org

When women, families, and communities heal, New York City becomes what it was always meant to be: a place where care is not the exception, but the promise. Please support WPA in keeping that promise.

Thank you.

Summary of WPA FY27 Funding Requests:

Justice Involved Supportive Housing ($500,000)

This funding will provide safe, stable housing for 30 formerly incarcerated women and their children, paired with holistic case management and mental health supports. Stable housing allows women to fully engage in services, reunite with their children, and build long-term independence. With 60% of WPA clients screened for transitional services lacking stable housing, this investment addresses a critical barrier to successful reentry and family stability.

Mental Health Services for Vulnerable Populations ($200,000)

These funds will expand intensive case management and trauma-informed clinical care for women both in jail and reentering their communities. Services include individual and group therapy, substance use treatment, and family-inclusive supports, directly addressing the high rates of trauma and mental health needs among justice-impacted women. Funding will increase access at Rikers Island and across the community, supporting long-term stability and wellbeing.

Speaker Initiative: Mothers & Families Together (MFT) Diversion Pilot ($500,000)

The MFT pilot will identify mothers on Rikers Island eligible for diversion and connect them to community-based services, including family-centered housing. MFT will support family reunification, provide legal advocacy, supervised visitation, and individualized diversion plans. By keeping mothers with their children and providing comprehensive supports, this program disrupts the intergenerational impacts of incarceration while strengthening families and promoting public safety.

ATI and Reentry Coalition ($2.4M increase across 12 programs)

This year, we are asking the Administration for the restoration and expansion of funding for ATIs and Reentry services at MOCJ, a $24.6 million increase from what is proposed in the preliminary budget. From the NYC Council, the ATI and Reentry Coalition is requesting an additional $2.4 million increase in the Alternatives to Incarceration and Reentry Programs initiative across our 12 organizations.

Good afternoon Chair and members of the Council,

My name is Maribel Cosme-Vitagliani, and I serve as the Director of Community Outreach for Zion's Mission Animal Rescue. I am writing to urge you to allocate dedicated funding in the City's FY27 budget for Trap-Neuter-Return (TNR) programs and community pet pantry initiatives.

Zion's Mission is a small, grassroots rescue with very limited funding, yet we remain deeply committed to supporting underserved communities, particularly in the Rockaways, where access to resources is already strained. Over the past three years, we have organized three pet food drives, and we are currently preparing for another. Each time, the need has been overwhelming. Families line up not because they want to, but because they have no other choice.

The reality is simple: the rising cost of living in New York City is forcing people into heartbreaking decisions. We are seeing more pet surrenders than ever before and it's not due to neglect or lack of love, but due to financial hardship. In many cases, animals are abandoned or abandoned on the street in the hope that someone else will help them. This is not a failure of individuals; it is a systemic issue.

We are facing an animal welfare crisis in this city, and it is directly tied to economic instability. As a rescue, we are often left to respond to emergencies including but not limited to starving animals, medical crises, and overpopulation, without the resources to address the root causes. We are putting out fires every day, but we need support from the City to prevent them from starting in the first place. A bag of food or basic supplies can mean the difference between a pet staying in a loving home or entering an already overwhelmed shelter system.

TNR is a proven, humane, and cost-effective method to reduce the population of community cats, preventing the cycle of overbreeding and suffering. Without consistent funding and infrastructure, however, these efforts cannot reach the scale required to make a lasting impact. We have dedicated cat rescuers in the Rockaways and every kitten season is difficult and devasting for them, our boardwalk is filled with colonies who need support. These rescuers have limited funding and the ASPCA has limited spots for TNR, and have not increased their capacity in a few years, though the need is exponentially higher.

We are not asking the City to do everything on their own, instead we are asking for partnership. Small rescues like ours are already doing the work on the ground. With even modest, dedicated funding, we could expand our reach, serve more families, and create long-term, sustainable change.

If we want to address this crisis meaningfully, we must shift from reactive responses to proactive solutions. Funding TNR and community pet pantries is a critical step toward addressing the root causes of animal overpopulation and abandonment in New York City.

Thank you for your time and consideration.

Respectfully,
Maribel Cosme-Vitagliani
Director of Community Outreach
Zion’s Mission Animal Rescue

Alex Brass
[redacted]
ItAintDOPEnyc@gmail.com
March 19th Hearing 9:30AM Committee on Health (Jointly with Committee on Mental Health, Substance Use and Committee on Disabilities)

Hi. Thank you for Listening and making me feel HEARD.

My name is Alex Brass and I am on the CCIT-NYC Steering Committee, but/And first and foremost I am a Peer. I am a person who has received a B-HEARD response and 4 Police Responses. I also recently worked at The New York Lawyers for Public interest as a Program Evaluator for B-HEARD, worked at a Respite center, and done almost 1 year of street outreach in Harlem. I read the recent IBO report and the Comptrollers Report which some of you may have also saw. What stood out to me that I feel has been lost amongst other larger themes such as response rates/limited teams/lack of 24/7 availability:

- Nearly 60% of BHEARD responses still ended in hospitalization
- In the first 6 months of 2023 only 6% of people got connected to community care-they stopped tracking this stat and now include it with those served on site.

  While I still do not understand how the average BHEARD team responds to less than 2 calls per 8 hour shift (as there are plenty of eligible calls within 30 min drive and teams spend less than 45 minutes to get to a call and respond) and B-HEARD clearly needs to improve, **are we setting the program up for failure by not investing in alternatives to hospitalization?**

The B-HEARD response I received was certainly superior than the unnecessary police response. Yes, I am confident the B-HEARD response would have been better if a Peer responded instead of a social worker (still inherent power dynamic and some hospital coercion), and Yes, **Peers should be on B-HEARD teams**. Yes, we need to **invest more into B-Heard** (right now 9 teams responding in 31+ precincts is not sufficient) but/And the main point of my testimony today is to highlight the **lack of hospital alternatives** and the need to invest in them if we really care about people in crisis, and want to stop wasting money on systems that continue to fail the people they are meant to serve.

During every one of my mental health crises I was transported to the hospital, including the B-HEARD response (which took place in Little Haiti Brooklyn). Where else where they going to send me? To Project Renewal in Harlem? (they are supposed to take referrals outside of Harlem but are referrals actually sent from outside of Harlem?) Should they have sent me to a Crisis Stabilization Center that does not exist, yet or to the SUS Crisis Stabilization Center that apparently is not going to open? How about a respite center that has weeks/months long wait lists?

The sad reality is hospital alternatives do not exist outside of the less than 20 beds at Project Renewal (when I stayed there a couple weeks AFTER my recent Loony Bin Courtroom (CPEP) experience it was not even at 33% capacity. It is concerning that that the only resource available is not being fully utilized). The 5-day program at Project Renewal is the best program I have experienced or heard about from

Peers to avoid hospitalization. The program also supposedly takes referrals from EMS, but how often is NYPD passing a mental health crisis call to EMS which then results in a Project Renewal referral?

The only other Support and Connection Center (Samaritan Village in the Bronx) was closed after only ~2 years. I tried to find out why and I read something about the program not hitting certain metrics.$50 million was invested into the Bronx SCS and it cost $11 million to run the 2 Support and Connection centers.

How many people commit suicide after a police interaction and being dehumanized in the Loony Bin? I have left the Loony Bin worse off, as have my peers who have gone involuntarily. Many end up back in the Bin and labeled crazy after a visit or 2. Since this is supposed to be about budget, how much money is being wasted on a dehumanizing system, costs fragmented across Medicaid, Hospitals, and city budgets? How much money can be saved And lives can be saved (and being overmedicated and pushed away from society is no way to live) if vulnerable individuals are given the care and support they need to overcome their mental health struggles and become contributing members to society, instead of a perpetual BURDEN TO A SYSTEM THAT IS INCAPABLE OF HELPING THEM?

What would it look like to invest in systems that actually support recovery?

Can we please invest in more Support & Connection Centers and Crisis Stabilization Centers so that people have a chance at recovery?

Please reach out if you would like to discuss any of this further. Thank you for listening.

Alex

Hello Good Morning
To whom May concern

I would like to help in the effort of getting funds for animal spay & Neuter and pet food pantries! Writing on behalf of the Rescues and the animals in need of food, spay and neuters, and love.

The rescues need help, with spay and neuters. This would be very vital because this helps with the longevity of the lives of the cats. This would create a place where cat colonies wouldn't expand. More kittens being born on the street is such a sad way of life for them. This would ensure a safer and happier where they potentially find safer places to live.

A food pantry would help prevent animals from being strayed and abandoned.

Amonda Yusuff
[redacted] ozone park 11417

Thank you for the opportunity to provide testimony in support of city funding for spay/neuter programs and a pet food pantry. I have been an independent cat rescuer in upper Manhattan for over twenty years. I have trapped and TNR'ed dozens of feral cats and have transported them literally all over the city in search of affordable spay and neuter appointments. The amount of time this work takes is staggering, as is the cost. Affordable vet appointments are few and far between, and sometimes it feels like we rescuers are competing with each other to secure precious and rare spots. For a city the size of New York, the number of subsidized spay/neuter appointments available to us is unbelievably small!

In my neighborhood, Washington Heights, I know many people who are trying to care for their pets but are struggling with the high price of both veterinary care and pet food. These neighbors care deeply for their pets, but costs are increasing astronomically. I've been approached by many strangers in my neighborhood who know I care for cats, and they ask if I can spare some food for their animals. I give as much as I can, but there are so many struggling people who want to take good care of their animals and just cannot afford it all the time. A pet food pantry would go a long way toward easing the burden on struggling pet owners, and would surely help people be able to keep beloved animals at home rather than surrendering them to the city shelter when costs become too much for them to handle.

NYC rescuers and pet owners are struggling, and our time and resources are stretched to the breaking point with precious little support from the city. City funding for subsidized spay/neuter as well as a pet food pantry would provide a lifeline for all of us.

Angela Tassone
Riverdale, NY 10471

NYC faces a tremendous stray cat overpopulation, resulting in shelter overcrowding, overburdened volunteer rescuers, and public health concerns. Trap–Neuter–Return (TNR) is a proven, humane, and cost-effective solution that requires city funding to work.

- Free-roaming cats reproduce rapidly, overwhelming shelters and neighborhoods
- Current TNR efforts rely on underfunded volunteers and limited low-cost vets
- Unmanaged colonies contribute to noise, odor, and disease risk

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The solution is a ***city funded*** TNR program that:

- Makes spay/neuter access easier
- Targets high-density areas
- Supports equipment, transport, and staffing
- Coordinates and conducts outreach

Some proven results include:

- Stops reproduction: sterilization halts population growth and reduces nuisances
- Reduces population: NYC recognizes TNR as effective in shrinking stray numbers
- Saves money: sterilization-based approaches are cost effective
- Relieves rescues and shelters: fewer births = lower intake and costs

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Recommended course of action:

Pivot NYC's pilot investments into a permanent, fully funded TNR program. This will reduce long-term costs, improve public health, and humanely control the city's cat population.

From: barb wood
To: Testimony
Subject: [EXTERNAL] Spay neuter funding
Date: Wednesday, March 18, 2026 3:04:18 PM

[redacted]

Experts in the field of animal welfare have long known that the only way to prevent the killing of adoptable Animals is to make spay and neuter services available to their residents. You could means test it to the requirements of another social program, but you must offer it. We will always need shelters; rescues and TNR volunteers; they are doing a community service and should be supported with spay neuter funding. And the number of posts on social media I see daily asking for lower cost vet services have substantially increased in just the last few years. The people are hurting. many of these are paying substantial taxes; and don't even have children in school. It would be one service that would satisfy a majority of people, since the stats indicate that somewhere upwards of 65% have pets.
I hope you will do the right thing here by funding this urgent need.

[redacted]
Staten Island ny 10301
Sent from my iPad

From: Barbara Beth
To: Testimony
Subject: [EXTERNAL] City Council Budget Meeting - Public Health Budget - 3/19/2026 - Public Comment - Community Cats
Date: Thursday, March 19, 2026 1:28:57 PM

[redacted]

Hello,

I am a colony cat caretaker in my neighborhood of Flatbush, Brooklyn. I take care of twenty-two cats over 5 colonies. I buy approximately fifty-three 5.5 oz cans of wet food and 18 lbs of dry food per week with my own money. On top of the current increases in the cost of living, including cat food, I can't save money nor pay down my maxed credit cards. My colony cats are either recently abandoned scared friendlies or feral cats because their mom was abandoned. What happens when they are sick or injured. I don't have the money for that.

I love and care for my colony cats, but the burden fell on me because I care, I have compassion and empathy enough to help reduce their suffering. Living on the streets is very stressful and dangerous, therefore they actually need more calories than an indoor cat, so technically require more food. They are on the streets at no fault of their own. Why did this happen to them. There are many reasons: The high cost of vet care including spay and neuter; the high cost of living; and property owners not allowing pets in rental properties - pets are family. If human children are allowed, then cat and dog family members should also be allowed. People pay rent, and high rents for that matter for their home, they should be able to have their fur babies just like they can have their human children.

The city must help with this burden as capitalism and property owners' misguided perspective of pets are causing this problem. Independent rescuers and non-profit cat organizations need help to solve this problem. We need very low cost spay/neuter and medical care for our cats. We need pet insurance that pays immediately rather than reimburses the caretaker who doesn't even have the money to pay the vet upfront. We need help with accessing cat food, such as a pet food pantry in all boroughs. We need to change the laws to stop property owners from not allowing pets. We need education for pet owners to properly care for their pets, including available affordable resources to help them. Please ensure funds are available to make this happen as our community street cats and their compassionate caretakers need help. I appreciate it. Thank you.

Sincerely,
Barbara Beth
"I CAT NY"

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"Unless someone like you cares a whole awful lot,

Nothing is going to get better. It's not."

- Dr. Seuss, The Lorax

Subject: SUPPORT FOR CITY FUNDING FOR SPAY/NEUTER AND PET FOOD PANTRIES

Dear Members of the New York City Council,

My name is Bersan Santee, and I strongly support funding for affordable spay/neuter services and pet food pantries in the FY2027 budget.

These programs are essential to reducing shelter overcrowding, preventing unnecessary euthanasia, and keeping pets with their families during financial hardship. Access to affordable care and food helps responsible pet owners avoid surrendering their animals and supports overall community well-being.

I respectfully urge the Council to allocate $1.5 million for spay/neuter services and $2 million for pet food pantries. This is a compassionate and cost-effective investment in both animals and our community.

Thank you for your consideration.

Sincerely,

Bersan Santee

Bonnie Sultan

[redacted]

Brooklyn, NY 11215

Dear Council:

As a volunteer with several NYC-based animal rescues, I am writing to respectfully ask that you fun $1.5 million for spay/neuter surgeries and $2 million for pet food pantries in the FY27 city budget.

Very sincerely,

Bonnie Sultan

My name is Brandee Aquino and this is my written statement regarding the testimony for supporting city funding for spay neuter and pet food pantry programs.

I have been bared witness to the critical crisis many cities across the US are experiencing with the overpopulation of cats and dogs on the streets and the underfunding and lack of services that have caused this. By creating a portion of the city's budget strictly dedicated to spay neuter and pet food pantries we can control this crisis and take the burden of financial and energetic obligation of the backs of local rescues and kindhearted individuals who do not want to witness suffering and needless pain in our animal populations any longer.

Unspayed Cat: How 1 Cat Not Spayed Contributes to Overpopulation and Solutions - MyCatJournal

"The exponential growth of cat populations: One unspayed cat can produce an average of 3 litters per year, with an average litter size of 4 to 6 kittens. This means that in just one year, a single unspayed cat can potentially give birth to 12 to 18 kittens. If those kittens are not spayed or neutered, they can then go on to reproduce as well, leading to exponential growth in the cat population."

There are a plethora of research statistics available that state 1 single un spayed or unneutered cat can potentially produce thousands of other cats. It's a simple solution. FUND CITY PROGRAMS!!! OFFER FREE SPAY/NEUTER PROGRAMS!! AND GIVE FREE FOOD TO THOSE OUT ON THE STREETS FEEDING THE ANIMALS THAT NO ONE ELSE SEEMS TO CARE ABOUT!!

Testimony for affordable spay/neuter program in NYC

To the Members of the New York City Council and the Office of the Mayor,

My name is Brieana Fortner, and I am a New York City resident testifying today to demand urgent, comprehensive city funding for widespread spay and neuter programs.

Our city is in the middle of an escalating cat overpopulation crisis. The number of stray and feral cats on our streets continues to multiply unchecked, and municipal shelters are operating beyond maximum capacity. Yet, the monumental task of managing this emergency has largely been abandoned by the city, falling squarely onto the shoulders of small, independent rescues and everyday, compassionate New Yorkers.

Trap-Neuter-Return (TNR) advocates and neighborhood rescuers are working exhausting hours, draining their own bank accounts, and relying on grassroots, individual fundraising just to afford basic veterinary services for community cats. A systemic, citywide animal welfare and public health crisis cannot continue to be subsidized by the private donations and burnout of individual citizens.

While the recent pilot funding allocated to organizations like Flatbush Cats was a critical first step, rescue leaders estimate that NYC needs nearly 190,000 affordable spay/neuter surgeries annually to actually make a dent in this problem. We cannot crowdsource our way out of this emergency.

I urge the City to drastically increase baseline funding for high-volume, low-cost spay and neuter clinics across all five boroughs. By investing proactively in population control, we can stop the cycle of suffering at the source, empty our overcrowded shelters, and relieve the crushing financial burden placed on the everyday heroes of our city.

Thank you for your time. I hope and expect to see this vital funding reflected in the upcoming budget.

From: Carol McLoughlin
To: Testimony
Subject: [EXTERNAL] Pet Food Pantry & Spay/Neuter in the FY 2027 Budget
Date: Friday, March 20, 2026 12:20:58 AM

[redacted]

I am requesting substantial funds be included in this budget for spay/neuter services for dogs and cats. This is needed for both low income residents and for community cats.

I have been a cat rescuer since 2001. Since the pandemic, there has been even less resources for free or lost cost spay/neuter services for cats. Appointments at the ASPCA are extremely limited Years ago there were vets who accepted funded discount certificates that no longer exists
Private vets can charge hundreds of dollars to S/N a cat.

The ACC Centers should be funded as a public resource for providing S/N services to the animals in fheir care plus to low income residents and cat rescuers.

The number of outside cats plumets, in my experience, once the majority of cats in colonies are TNR'd (trapped, neutered and returned.)

Please also fund Pet Food Pantries. The coast of pet food has skyrocketed since the pandemic. Those NYC residents who cannot afford the high cost of pet food are being forced to surrender their pets. For cats, people also abandon them outside, This only adds to their suffering and overpopulation.

Sincerely,
Carol McLoughlin
[redacted]
Whitestone, NY 11357

From: Carolyn Marie
To: Testimony
Subject: [EXTERNAL] Health budget for animal spay/neutering and community pet food pantries
Date: Friday, March 20, 2026 12:08:43 PM

[redacted]

Hi! NYC animal shelters and rescue organizations are in dire need of funding to spay/neuter cats and dogs to lower the pet population.

They also need funds to be able to help low-income New Yorkers keep their pets and feed their pets. This is much cheaper, and much more loving and humane, than having someone surrender their family pet to a shelter just because of financial issues.

Please include $1.5 million in the NYC budget for spaying/neutering and for community pet food pantries.

With gratitude, Carolyn

From: Catherine Jestice
To: Testimony
Subject: [EXTERNAL] Animal Shelters
Date: Sunday, March 22, 2026 10:03:53 AM

[redacted]

This is to add my voice to the request that adequate monies be channeled to Animal Shelters in the City. Pets become an integral part of peoples' lives and can serve as a beneficial source of security for neglected people with food and housing insecurities -- they often have to turn over beloved pets.

Catherine Jestice
[redacted]
NYC

From: Chelsea Stone
To: Testimony
Subject: [EXTERNAL] Include TNR & pet pantries in 2027 budget
Date: Wednesday, March 18, 2026 10:56:07 AM

[redacted]

To the council members,

I am a Crown Heights resident concerned by the soaring costs of vet care and overpopulation of unowned cats I see in my neighborhood and throughout Brooklyn. Please provide funding for affordable spay/neuter programs and pet food pantries for the upcoming fiscal year.

With gratitude,

Chelsea Stone
- Sent from my phone

To: New York City Council, Committee on Finance
Hearing Date: Wednesday, March 25, 2026
Subject: Testimony Regarding Funding for Feral Cat Care and Spay/Neuter Services

To Chair Justin Brannan and Members of the Committee:

My name is Christine Trott. I have been a Brooklyn resident for 10 years and I am a dedicated educator for the New York City Department of Education. I am writing to testify regarding the desperate need for increased, permanent funding for animal welfare and community cat management in the neighborhoods of Crown Heights and Brownsville.

For years, I have been personally managing the feral cat crisis in my neighborhood, often visiting colonies three times a week. I do this because I see their suffering and have been left with the task after our local rescue groups disbanded or left the state due to a lack of support.

I want to emphasize the following points to the Council:

The Personal and Financial Burden: Individual citizens like myself are currently subsidizing a public service out of our own pockets. I pay for food and basic care for these animals while also managing a high-stress career in our public schools. It is unsustainable and causes immense personal distress.

The Medical Crisis: I am an educator, not a medical professional. I cannot treat or diagnose the diseases spreading through these colonies. Because of the limit on city funding and the high cost of private vet care, I have watched multiple cats pass away before the new year because I could not get them the treatment they needed in time.

A Public Health Issue: In Crown Heights and Brownsville, the lack of spay/neuter funding has led to exponential breeding. This is a public health and quality-of-life issue that cannot be left to individual volunteers to solve alone.

The Lack of Support: When I have reached out to larger organizations for help, I have frequently encountered condescension and a lack of support. Rescuers are already overwhelmed, with many of us sheltering numerous cats in our own homes. We are being left to handle a citywide crisis with almost zero infrastructure.

While I appreciate the recent $500,000 pilot program for spay/neuter services, it is not enough. I urge the Council to significantly increase this funding, establish permanent medical clinics for community cats, and provide direct, respectful support to the individual rescuers who are doing the City’s work on the ground.

Thank you for your time and for recognizing the suffering of both these animals and the residents who care for them.

Respectfully submitted,

Christine Trott
Brooklyn, NY

Dear City Council Health Committee Members:

I am writing to urge your support for the proposed pet pantry and spay/neuter legislation. This bill is essential to keeping families together and saving animal lives within our city.

Currently, pet owners—particularly those in low-income and working-class households—are facing significant financial strain due to the rising cost of living. The increasing price of pet food and the lack of accessible, low-cost spay and neuter services have forced many residents to surrender their pets. Consequently, city shelters are at capacity, leading to the euthanasia of healthy animals due to a lack of space.

By supporting this bill, you will help make New York City more humane and affordable for pet owners, ensuring that families can keep their beloved companions.

Thank you for your time and consideration of this urgent matter.

Sincerely,

Clarisel Gonzalez

Editor and Publisher

Kitty Doggie News, a project of Clarisel Media

[redacted] Bronx, NY 10455

From: Cristina Gomes
To: Testimony
Subject: [EXTERNAL] Please provide funding for affordable spay/neuter programs and pet food pantries FY 2027
Date: Thursday, March 19, 2026 7:49:13 AM

[redacted]

Dear City Council,

I am New Yorker living in Brooklyn. I am concerned by the rising cost of vet care and the overpopulation crisis of unowned cats in my neighborhood. Please provide funding for affordable spay/neuter programs and pet food pantries in the upcoming fiscal year.

Right now, the FY 2027 budget has no funding for spay/neuter or pet pantries — and that's unacceptable. Last year's $500K budget funded 3,500 surgeries — that's a start but it's just 2% of the demand. Increasing that to $1 million would fund 10,000+ surgeries.

Thank you for your consideration and support!

-Cristina

Dr. David Appel

Former Director - Montefiore School Health Program

Professor Emeritus, Pediatrics, Children's Hospital at Montefiore

- **Submitted Testimony – New York City Council**
- **March 19, 2026**

Good afternoon, my name is Dr. David Appel; I was a primary care pediatrician, now Professor Emeritus of Pediatrics at the Children's Hospital at Montefiore and former Director of the Montefiore School Health Program.

I would like to thank the Committee Chairs and the members of New York City Council's various committees for the opportunity to submit testimony on School-Based Health Centers (SBHCs).

In my opinion without baseline funding the financial viability of NYC's SBHCs are in jeopardy. Increased staffing costs and staff shortages, decreased school enrollment, and newly migrated children with fewer options and significant unmet needs all contribute to placing SBHCs in financial jeopardy. SBHCs are being forced to cut back the range of services and a significant number of SBHCs around the city have closed, being replaced by contract nurses at a cost similar to what we are asking to keep NYC's SBHCs in place. And it contributes to increased long term healthcare costs, higher teen pregnancy rates and lower graduation rates, raise levels of untreated mental health issues, and drives up ER use and hospitalizations for asthma.

I am here today to urge the City Council to use tax levy dollars to support SBHCs at the level of $100,000 per campus and $100 per student. Through NYS DOH Article 6 there is a 20% match to NYC funding for SBHCs so the cost is less than that for a School Nurse. **SBHCs are a very efficient way to spend city tax levy dollars.**

Comparison of Services
Example – High School with 2,500 students

	OSH SCHOOL HEALTH MODEL	**SCHOOL BASED HEALTH CENTER MODEL**
Model	**NYCDOH School Nurse Service**	**NYC Full Service SBHC**
Main Provider	2 RNs (Nurse)	Nurse Practitioner
Other providers	3 hours of MD session a month	Fulltime, onsite - Family Medicine MD, Social Worker, LPN, Psychologist, Patient Care Technician, Receptionists
Services	✓ First Aid ✓ Addressing 504 needs ✓ Diabetic monitoring if any ✓ Sports Physicals, Working Papers While these are valuable services, for a modest additional investment students in our schools can have access to the services in the next column.	✓ First Aid ✓ Addressing 504 needs ✓ Diabetic monitoring if any ✓ Sports Physicals, Working Papers ✓ Primary Care, including management of Chronic illnesses ✓ Laboratory tests ✓ Reproductive Health Care ✓ All available methods of contraception ✓ STI/HIV counseling education and testing and treatment for STI referrals to treatment for HIV + kids ✓ HPV vaccine for boys and girls, plus all other immunizations ✓ Mental Health Services provided by LMSW and psychologist
Cost to the city	**$300,000** (does not include the salary of NYC DOHMH MD support)	**$100,000 +$100/student = $350,000** **20% is NYS Article 6 match**

DEBORAH THOMAS TESTIMONY TO NYC COUNCIL
IN SUPPORT OF CITY SPAY/NEUTER SERVICES &
AND PET FOOD PANTRIES – March 19, 2026

Good morning. My name is Deborah Thomas and I have volunteered at the NYC Animal Care Centers (ACC) Manhattan Shelter as a cat adoption facilitator for nearly 20 years. I am also a member of several animal welfare organizations and I advocate for all NYC animals. I am also a New York City voter.

First of all, I want to thank the NYC City Council for all you have done and continue to do to help animals in New York City.

As you well know, animal shelters in NYC have been experiencing a troubling overcrowding over the past few years due to people surrendering their pets for several reasons, including extremely high veterinary costs for spay and neuter services, as well as for other routine and emergency medical procedures that pets need. Also, New Yorkers in all income brackets are finding it harder and harder to put food on the table for themselves now, let alone having enough money to feed their four-legged family members, which often leads to people having to make the heart-breaking decision to surrender their pets to shelters.

I respectfully urge the City Council to do two (2) things to help remedy these growing problems.

1) Please allocate sufficient funding in the upcoming City budget to provide funding for spay and neuter services in NYC for all who need them, both for pets and for community cat colonies. Doing so would help to lessen the financial burden on citizens seeking spay and neuter services, as well as prevent the overpopulation of animals in NYC. This funding would be a crucial step toward building the infrastructure needed to humanely and effectively manage the population of animals in NYC significantly.

2) Please allocate sufficient funding in the upcoming City budget to create and maintain pet food pantries in NYC, so that New Yorkers do not need to choose between feeding themselves and their beloved pets, and in the worst case scenario, to surrender their pets to a shelter.

By investing in these services, the City can take proactive steps to reduce shelter intake, improve public health, and support working families and equity issues.

Thank you very much for your attention to these important issues.

Deborah Thomas
[redacted]
New York, NY 10025

From: K9RescueNYC
To: Testimony; council@council.nyc.gov
Subject: [EXTERNAL] March 19. 9:30 am - Prelimanary Budget Hearing - Health Committee Support Funding for Animal Welfare & Prevention
Date: Sunday, March 22, 2026 8:31:18 PM

[redacted]

Support Funding for Animal Welfatre & Prevention

My name is DEL Mar Leon, Founder of K9 Rescue NYC (K9RNYC) the only rescue who is also a top networker for both California & NYC, k*ll shelters.
Our focus is on dogs who are EUTHANASIA commanded x New York City Animal Care Center (NYCACC) (a.k.a Euth Commanded) awaiting euthanasia with less than 24 hours to live. In the past year, I have split my time between CA & NYC animals who need last minute placement in order to save them before they get euthanized. As one of the only... if not the ONLY rescue who also networks, we focus strictly on the New York City Animal Care Center euth commanded dogs.

In the past year and a half, where I have made instagram posts for almost every animal that has been awaiting euthanasia every other day of the week with sometimes 10 at a time on one day, I have witnessed a failing animal shelter system in how they are treating our homeless, surrendered & lost animals...they are being overmedicated as soon as they enter the shelter in order to cope with inhumane living environment and small spaces. Most dogs on their at risk list are mislabeled and placed as behavioral dogs to then be euthanized (when a dog is labeled as behavioral it does not count when looking at number to label them as no k*ll shelter)

Moreover, I have noticed one of the most crucial positions within a shelter, the role of the veterinarian. This job opening has been open and yet to be filled since Feb. 2025 and needed in both locations Manhattan and Queens, A role with a yearly pay of 130-140K a year, meanwhile I wonder who is taking care of close to 300 dogs excluding a higher number of cats within 3 shelters in NYC?
This year alone, while we are only in the third month, they have killed close to 100 dogs. This is an entire shelter capacity. In the past month, NYCACC has returned 24 dogs who have been surrendered and owner reclaims and one wonders why were they not able to persuade owner not to surrender before proceeding with intake if they have accepted them back when NYCACC has called them before they are being euthanized. Lastly in regards to adoption, there have been a total of only 6 adoptions since the year started. In the past couple of weeks, there have been multiple animals silent k*lled with only days from intake since arriving at NYCACC. Two 2 days ago they silently k*lled one with only 24 hour since intake. Lastly, animals are being placed on the k*ill list within only 2 weeks after intake. What is the point of playing the role of a municipal shelter for NYC when they are unable to get them adopted and relying on their New Hope Partner (NHP) rescues who can only pull a limited amount and most have already hit a bottleneck ...As a

resut, many dogs with fosters ready & willing to help have been killed because there is no NHP rescue to pull them so the system is failing them as it is working against them.
I am concerned as NYCACC is planning to open a new location in Bronx and still has yet to reopen Brooklyn. If we don't address these failing operational processes before that happens our animals will continue suffering and an even larger amount of them will not get the chance to see the light of day once they enter NYCACC as with more responsibilities with two more shelters the problems will worsen if not addressed as their attention will then be more dispersed with the opening of Bronx and reopening of Brooklyn.

I also would like to ask for help in lifting to Breed Restriction of Pitbull in NYCHA.

Temporary hold on euthanasia & instead implementing life saving policy changes

Oversight Hearing on NYCACC rescheduled since it was last postponed on February 2025

Life saving policy changes

Oversight on shelter operations

We really need to make animal welfare a top priority in the government agendas and have NYC Council more invested to address this crisis.

We are asking for UD$15 million dollars for funding for Pet Food Pantries, Spay/Neuter Services for all animals, low cost or free affordable vet care ; f; access to dog training in person and virtual access,; building a fund for grants for humane education, awareness campaigns such as animal hoarding with intervention services, pilot program for creating an Animal Protection Unit and Emergency Response team to replace the police responding to animal calls, and a task force focusing on abandonment which has skyrocketed out of control, and enforcement of animal laws.

Thanking you in advance for your time and regarding this very important matter as it is Animal Welfare in NYC.

Best Regards,
Del Mar/ K9RNYC

March 19, 2026

Budget Hearing in the NYC Council Committee on Health

My name is Johanna Trujillo, and I am an animal rights advocate and care for animals all around the world in many multiple ways.

Thank you for the opportunity to testify today and for your continued leadership on issues impacting animals and the communities who care for them.

I want to begin by acknowledging the progress made in last year's budget. For the first time ever, the City allocated $500,000 for spay/neuter services to Flatbush Cats, which funded approximately 3,333 surgeries. 2,200 surgeries have been completed so far, and they are on target to complete the rest by this June. This was a meaningful and historic step forward. There is no question that Flatbush Cats' program has been a success for pet parents and rescuers who were able to get their pets or rescues fixed at an affordable price.

However, this investment represents only a small fraction of what is truly needed. The number of requests that Flatbush Cats receives for spay/neuter surgeries and wellness appointments far outpaces available spots, at no fault of their own. Those 3,333 surgeries account for roughly 2% of the estimated need. To effectively address the 500,000 stray cats on our streets, and reduce shelter intake at NYCACC, New York City must support nearly 200,000 spay/neuter surgeries annually. Without scaling these services, we will continue to fall behind. Flatbush Cats has the infrastructure to scale up, but they need far more city funding to make it happen in additional neighborhoods and boroughs.

That's why we are urging the Council to allocate $1.5 million in this year's budget for spay/neuter services. This funding is vital to expanding services for pet parents and rescuers.

The rescue community is stretched beyond capacity. Volunteers across the city are stepping in to do this work, often using their own time, money, and resources, but this is not a sustainable system. We cannot continue to rely on an informal, unpaid workforce to provide what is essentially a critical public service.

In addition to spay/neuter, I want to highlight another urgent issue: pet food insecurity.

Last year's budget included zero funding for pet food pantries, despite the growing need across New York City. Financial hardship remains one of the leading reasons people surrender their pets. Right now, families are being forced to make impossible choices between feeding themselves and feeding their animals. In speaking with human food pantries such as NY Common Pantry, we know that pet food is one of the most frequently requested groceries, with the least availability. By providing funding for pet food to existing human food pantries, they can warehouse and distribute pet food most efficiently.

We know that access to pet food is one of the most effective ways to keep pets in their homes and out of the shelter system. It is a simple, preventative solution that reduces intake, supports families, and strengthens communities. That is why we are also calling for $2 million in funding for pet food pantry programs in Brooklyn and the Bronx.

I urge the Council to build on last year's progress and take the next step by allocating:
• $1.5 million for spay/neuter services, and
• $2 million for pet food pantries

The cost of providing spay/neuter and pet food to families in need is 1/3 the cost of sheltering an animal at NYCACC. By investing in spay/neuter services and pet food access, the City can take meaningful, proactive steps to reduce shelter intake, improve public health, and support working families. These are not just animal welfare issues; they are community stability and equity issues.

Thank you for your time and your commitment to the people and animals of New York City.

Denisse Kost
[redacted]
Bronx, NY 10463

From: Dyann Griego
To: Testimony
Subject: [EXTERNAL] Budget for Animal Care
Date: Wednesday, March 18, 2026 12:30:03 PM

[redacted]

Hi,

I am a New Yorker living in Flatbush and I am concerned about the rising cost of pet food and vet care, as well as the over population of unowned cats in my neighborhood.

People should not have to give up their family pets because the cost of basic needs has gotten so out of control. This just leads to more animals on the street who suffer.

New York needs to provide affordable vet clinics and pet food pantries so that families do not have to face such difficult choices. I don't want to find another cat left outside, or a dog returned to a rescue because the only family they've ever known can no longer afford them.

Thank you,
Dyann Griego
Brooklyn, NY

Sent from my iPhone

Dylana Dillon
[redacted]
Brooklyn NY 11221

Hello! I'm an independent cat rescuer based in Bushwick and am writing to express my support for ample funding going toward affordable spay/neuter programs and pet food pantries.

Last year I spent close to $10,000 of my own money trapping, spaying/neutering, and caring for street cats in my neighborhood. I only make $50,000 a year so this is a huge expense for me and I was only dealing with street cats that I came into direct contact with on my block and in my community garden. No rescues or shelters could help me because they are all maxxed out.

We desperately need more affordable spay/neuter programs and pet food pantries so we can put a stop to all the animals suffering on the streets and in shelters. People cannot afford veterinary services or pet food and we need to allocate funding to help everyone with this or the problem will just continue to get worse.

Thank you,
Dylana

From: Elizabeth Falcone
To: Testimony
Cc: District45
Subject: [EXTERNAL] Support affordable spay/neuter for TNR Certified Rescuers in the city"s budget!
Date: Wednesday, March 18, 2026 2:21:10 PM

[redacted]

Hi City Council!

My name is Elizabeth Falcone, I've lived in NYC for 15 years and I'm writing to provide testimony and asking you to support affordable spay/neuter programs and pet food pantries in the upcoming budget reviews for the next fiscal year.

Over the last few years I've watched with horror as an increasing number of pets and dogs (and most recently, turtles and bunnies!) are abandoned in the neighborhoods I love and call home - Flatbush, Prospect Lefferts Gardens, Crown Heights, and Bedstuy. The cat overpopulation crisis in these neighborhoods is rising. In my own neighborhood of East Flatbush I constantly hear the sounds of cats fighting and mating. Every summer I've lived here I see kittens racing across our roads.

It's heartbreaking and rescuers do not get enough support. ACC **does not accept** friendly abandoned cats outside on the streets. They tell us that they're "better where they are" even when I point out that they aren't spayed and neutered. It's fallen on me and my neighbors to find homes for them.

There are not nearly enough spay / neuter appointments that are affordable and accessible to New York City residents. Please continue funding affordable spay/neuter programs, as you did last year! That program and it's funding deserve an expansion - it has been so competitive to get appointments there is such high demand.

I'd also ask that this year you stipulate that a portion of those appointments should go to TNR certified individuals. For those of us who take it upon our own shoulder to try and help cats and kittens abandoned in our neighborhoods that ACC won't take, it's very difficult to find affordable spay/neuter appointments. Even if you get certified in trap-neuter-return, the ASPCA has not accepted new rescuers onto its partnership list (where they could get affordable spay/neuter appointments) since 2021.

Please fund affordable spay/neuter appointments in the upcoming fiscal year, with a stipulation that at least 25-30% of them be ear marked specifically for TNR certified individuals or those who are volunteering on behalf of 501c3 rescue organizations. (This will allow pet owners to access appointments without rescuers having to compete for them on short notice.) **And please also support the expansion of pet food pantries to make sure that for homes that are food insecure, all family members - human and fur-friend alike - have access to nutritous meals.**

Thank you!
Elizabeth Falcone

Elizabeth Peterson
Support for city funding for spay neuter and pet food pantries
Thursday 3/19/26, Committee on Health

I urge NYC to fund spay/neuter initiatives and pet food pantries.

My non-profit, Dancing for Animals, Inc., has been giving small grants to other non-profit animal welfare organizations/rescues for 20 years to aid them in the constant relentless expensive cost of saving animals. And even with all the progress made to save cats' and dogs' lives in the last 20 years, animals are still being killed in overcrowded shelters for lack of homes and lack of time to help them heal/trust and recover from whatever abuse or lack of a safe environment they have experienced. Any animal with health issues or behavioral issues doesn't stand a chance in a shelter. If animal rescues don't help these animals, they are given a death sentence even though they are absolutely worthy and capable of living full lives if given the help they need.

There are simply too many animals. And breeding for profit is still legal. Breeding and puppy/cat mills significantly contribute to the overpopulation of animals.

Financial hardship causes people to abandon their animals on the street or relinquish them to shelters and rescues. Pet food pantries significantly help by decreasing the expense of caring for animal family when times are tough. Pet food pantries decrease the number of animals ending up in shelters and rescues.

Spay/neuter is the ONLY way to decrease the overpopulation of cats and dogs. Until no animals are being killed in shelters (other than for suffering from a fatal untreatable disease), spay/neuter should be mandatory for every animal. It should be illegal to not spay/neuter your cat or dog and vets should be required to report unaltered animals.

Spay/neuter remains expensive and people mostly choose to not do it because of the expense. There are simply not enough low cost or free programs in existence. People who perform TNR (Trap Neuter Return) in their communities for feral and community cats do a tremendous service for everyone to stem the overpopulation of cats. But none of us, myself included, can keep up with the numbers of cats continually dumped on the streets, or just allowed to breed because they were not spayed/neutered.

Spending tax dollars to kill animals is a waste of money and DOES NOT DO ANYTHING TO SOLVE THE PROBLEM. Readily available spay/neuter programs are the only thing that will significantly stop overpopulation. Pet food pantries will help people keep their animal family in their homes.

All of the people on the frontlines of saving cats and dogs lives are constantly exhausted, stressed, and begging for financial help and resources. It is a constantly overwhelming situation.
Government needs to step up and support programs that help the situation instead of throwing money at death sentences.

Eleanor (Ellie) Johnston
[redacted] 10022

Hi there - my name is Ellie Johnston and I'm a resident of midtown east. I'm a cat mom of two rescues and spend most of my free time volunteering with rescues in our community.

I can't be there on Thursday to deliver this myself, but feel that this issue is extremely vital and requires action (funding) immediately. Thank you for taking the time to consider, please feel free to contact me for further information.

Since moving here 2+ years ago, I have honestly been mortified by the amount of stray cats + dogs in the community. While heartwarming to see locals, rescues, and volunteers care for these animals - it's clearly not enough. Without proper resources & funding; the animals suffer, and the people + rescues go broke trying to help. I personally sponsored 3 TNRs in 2025, and I'm just a 26 year old woman - I can't afford it either!

The research on reproduction & how fast it spirals speaks for itself. Funding TNR is a direct investment in a humane community. It won't fix the problem we've created right away, but overtime, it will help the overpopulation crisis in shelters & decrease suffering of these animals on the street. It is more effective and cost-efficient than any other method, leading to fewer nuisance complaints and healthier, stable animal populations; and more importantly attacking the root of the problem, ending overpopulation before it starts. Please help us stabilize the feral communities - the least you can do is fund it.

One personal example:

An independent rescuer was contacted by an old couple in Brooklyn who started feeding and giving shelter during storms to 3 cats in the 2000s. At this point, there were over 50+ cats who had survived and many dead bodies accumulating in the basement space. I volunteered along with 5 others and spent 10+ hours cleaning the space, trapping as many cats as we could, and educating the man on TNR. The independent rescuer (Astoria Paws Cats) had to raise funds (or front them herself) for OVER 30 TNRs plus all of the health problems these babies came with reproduction, unvaccinated on the streets for years. This was one of the most physically and mentally exhausting things I've done in my entire life and these rescuers see it every day… just because our community won't fund TNR.

Emily Henning
[redacted]
Brooklyn, NY
11206

I strongly, strongly support funding 1.5 million for spay/neuter surgeries and 2 million for pet food pantries in the 2027 city budget. As the owner of two cats and friends with many more pet owners, many of my friends partially rely on pet food pantries to feed their pets. Without these resources, they would have to surrender their animals, which would overwhelm local shelters.

Additionally, in our neighborhood (Bushwick, BK) there are many stray cats. It puts incredible strain on rescues to have to feed them, and they're always overwhelmed during kitten season. Directing resources to spay/ neuter surgeries would reduce the burden on these shelters.

As a tax payer, I would like my tax dollars to go towards animal welfare. I very, very strongly support funding 1.5 million for spay/neuter surgeries and 2 million for pet food pantries.

From: Emily Mcvey
To: Testimony
Subject: [EXTERNAL] 2027 budget: Trap, Neuter, Return and Pet Pantry
Date: Wednesday, March 18, 2026 11:54:15 AM

[redacted]

I am a New Yorker living in Park Slope, Brooklyn. I am concerned by the rising cost of vet care and the population of unowned cats in my neighborhood.

I have spent thousands of my own dollars and countless hours getting unowned cats on my block spayed and neutered. It is disappointing that as a private citizen I am funding these services with my own money that the city could and should be responsible for, especially during a cost of living crisis.

Please provide funding for affordable spay/neuter programs and pet food pantries in the upcoming fiscal year.

Thank you,

Emily McVey

From: E B
To: Testimony
Subject: [EXTERNAL] Request for City Council to include Pet Pantry and TNR in Budget
Date: Wednesday, March 18, 2026 4:37:19 PM



Hi,

I am a Brooklyn resident requesting that the City Council ensures that pet pantry and TNR for cats are included in the upcoming budget. The reality of how high vet costs and the growing outdoor cat community with no assurance is alarming. They deserved support from the community.

Thank you!
Ena

Hello, members of the City Council.

My name is Fahim Rahman and I am a resident of Queens, NYC. I'm here today to urge you to support the proposed funding for city-wide spay/neuter programs and pet food pantries.

To put it simply, these aren't just "animal issues" they are community issues that affect the quality of life for all of us.

Addressing the Stray Cat Crisis

One of the most visible challenges in our neighborhoods right now is the stray cat population. These cats are often left to fend for themselves, leading to visible suffering and a growing burden on our local resources.

Proper Care and Management: These animals deserve proper care, but more importantly, they need to be fixed. Without accessible spay/neuter services, a small group of cats quickly becomes an unmanageable colony.

A Humane, Permanent Solution: Funding these programs is the only way to humanely stabilize the population. It prevents the cycle of homeless kittens being born in our alleys and under our porches, which ultimately saves the city money on future animal control and shelter costs.

Keeping Families Whole

Beyond the strays, we also need to look out for the pets that already have homes.

The Role of Food Pantries: I've seen neighbors hit rough patches where they're forced to choose between their own groceries and feeding their pets. A pet food pantry is a simple, effective safety net that prevents people from having to surrender their beloved companions to a shelter just because of a temporary financial hurdle.

A Common Sense Investment

Most people in our city want to be responsible pet owners, but the high cost of veterinary care is a major barrier. When we provide accessible spay/neuter and food support, we make our neighborhoods quieter, safer, and more compassionate.

I'm asking you to keep this funding in the budget. It is much cheaper to prevent these problems today than it is to manage a crisis in our shelters tomorrow.

Thank you for your time and for listening to our concerns.

Hello, my name is Farrah and I am a cofounder of a cat rescue called 10 Lives Rescue NY. I am here to advocate for the city to increase the number of affordable spay neuter services for pet owners and rescues especially in underserved communities. My rescue focuses their efforts in East Harlem and upper manhattan where there are absolutely no options for folks to spay or neuter their animals affordably. Uptown, we joke that we are a small but determined group of dedicated animal lovers and rescuers. The nearest option for affordable vet care or spay and neuter services is in the Bronx and the second nearest options are in Queens, which is unfeasible for many individuals.

On a weekly basis, rescuers spend minimum 4 hours each way transporting cats to and from their spay neuter appointments at these far locations to ensure they get the vital care they need. Manhattan also sees the highest concentration of non car owners, meaning in addition to the cost of these services (which are not free) we are paying out of our own pockets to take costly taxis and ubers to transport. We need an affordable option right here on the island of Manhattan.

East Harlem is also where the Manhattan ACC is located. While the new Animal Care Centers opening up will offer a clinic, the existing location does not offer this. Despite the hyper local option for where people can adopt a new pet, there are no affordable local options for where people can take these new family members to get continuing care. The neighborhood has seen an increase in the amount of friendly dumped animals outside. Currently, there is a movement to implement a business improvement district in east harlem and upper Manhattan to help revitalize these neighborhoods. Including plans for an affordable veterinary care center which would offer spay neuter to the many residents in upper manhattan who love and own pets is vital to the health and development of these communities.

March 19, 2026

To whom it may concern:

Keep ALL Clubhouses open.

I need Lifelinks Clubhouse because I like to meet other members and staff to learn computer skills to get back into the work force. I don't want to stay home all the time to watch TV and overeat.

Lifelinks teaches me DISCIPLINE and it's very important for me, my friends, and members who also need the CLUBHOUSES.

Thank you,

Frank Armone

Lifelinks Clubhouse Member

Testimony in Support of City Funding for Spay/Neuter Services and Pet Food Pantries

Thank you for the opportunity to speak today.

My name is Franze de la Cale, and I am an animal rescuer working directly in our communities. Every day, I see firsthand the growing need for accessible, affordable support for both pets and the people who care for them.

As a rescuer, we receive far more calls than we can possibly respond to. A significant portion of these calls come from pet owners who *want* to spay or neuter their animals but are unable to do so. The cost of these procedures in the city has become prohibitively expensive, and there are simply not enough affordable options available. Many families are doing their best to be responsible pet owners, yet they are forced to delay or forgo care due to financial barriers.

The consequences are predictable and preventable: increased numbers of unwanted litters, overcrowded shelters, and more animals living on the streets. Spay and neuter is one of the most effective, humane solutions we have—but only if people can access it.

In addition, we are seeing a sharp rise in the number of caretakers and low-income families who are struggling to feed their pets. With the cost of living continuing to rise, many individuals who once managed are now facing difficult choices between basic necessities and caring for their animals. Pet food pantries have become a critical lifeline, helping families keep their pets rather than surrender them.

These programs do more than support animals—they support communities. They keep families together, reduce strain on shelters, and promote responsible pet ownership in a practical, compassionate way.

I strongly urge the city to increase funding for low-cost and free spay/neuter services, as well as to expand support for pet food pantries. These are proven, cost-effective investments that address the root causes of animal overpopulation and prevent unnecessary suffering for both pets and people.

Thank you for your time and for your commitment to our community.

Franze.

Written Testimony | Committee on Health | March 19, 2026
New York City Council Budget and Oversight Hearings on The Preliminary Budget for Fiscal Year 2027

Subject: Support for city funding for spay neuter and pet food pantries

I implore the City Council and Mayor Mamdani to please prioritize adding line items in the NYC FY2027 Budget that will meaningfully fund services, resources, and infrastructure for companion and community animals in New York City. **I am a constituent of District 38**, Alexa Avilés is my elected council member. Animal and human welfare are inherently tied, and this council has the opportunity to make history with real, lasting change, by investing in resources that will support the many communities and save the city and New Yorkers money in the end.

The volunteer-driven network of animal rescuers, feeders, transporters, non-municipal shelters, fosters, as well as non-profit organizations and clinics have shouldered this work and financial burden unduly for years, but have proven that there is an adoptable model that the city can utilize.

I urge the city council to please support the following for FY2027:

- **Fund $1.5 million for spay/neuter surgeries** and set a precedent to expand funding in future years.
- **Fund $2 million for a pet food pantry program** that will fund all five boroughs with priority on the neighborhoods with the greatest need.

Additionally, I ask the council to please prioritize the following this year:

- **Form a Department of Animal Welfare** that can
    - Assume leadership of the ACC and provide it with the proper funding.
    - Create TNR and field service programs to humanely reduce and manage the outdoor cat population.
    - Fund Animal Welfare Officers and community support services.
    - Manage low cost, high volume spay/neuter clinics in every neighborhood.
- Enforce existing policies to stop illegal breeding, end animal abuse; require pets to be spayed/neutered; remove animals from unsafe living conditions in businesses.
- Implement humane educational programs in schools and the importance of spay/neuter through PSAs.
- Revise policies that prevent families from keeping their animals due to housing, eviction, or landlord exploitation.

Affordability continues to stand between families and their companion animals staying together. Many New Yorkers can no longer afford the cost of these basic services on top of today's cost of living. City Council has heard the testimony of rescuers, advocates, heard the evidence of people struggling, and graphic depictions of rescue cases. Please take action and help New York City address the overpopulation crisis with meaningful solutions.

Thank you.

George Denison

- ★ **Testimony to the New York City Council**
- ★ **Committee on Mental Health and Substance Use; joint hearing with the Committee on Health and the Committee on Disabilities**
- ★ **Hearing date: March 19, 2026**
- ★ **Subject: Providing New Yorkers access to equine-assisted services**
- ★ **Hearing location: Council Chambers, City Hall**
- ★ **Submitted by: Isla MacPherson**

My name is Isla MacPherson, and I am a high school senior, Girl Scout Ambassador, and an active member of my school and community. I am currently working on a project focused on improving access to equine-assisted services (EAS) for New Yorkers. Late last year, I met with a legislative fellow in the office of Council Member Shahana Hanif, who encouraged me to share my perspective with the Committee on Mental Health and Substance Use.

EAS is a therapeutic method that involves structured interactions with horses to support emotional, mental, and physical well-being. I have personally benefited from time spent working with horses, and after a traumatic loss, they helped me regain security and confidence. Volunteering at the TRAC program at Centenary University, I have witnessed the positive impact these services can have on a variety of individuals and families in need of support.

Research and experience show that equine-assisted therapy can benefit people facing a wide range of challenges, including anxiety, depression, trauma/PTSD, autism spectrum disorders, and physical disabilities. Horses provide a unique opportunity for connection, as well as a vulnerable environment that can help individuals who may struggle with more traditional forms of therapy. Programs like these have been implemented in communities around the world to support survivors of trauma, young people facing mental health challenges, veterans, and others seeking pathways to healing.

As New York City continues to address the growing mental health needs of its residents, equine-assisted services represent a promising and innovative complement to existing care. Expanding access to these programs, particularly for our city's most underserved communities, could help broaden the range of therapeutic options available to New Yorkers while also promoting responsible care for horses.

I would welcome the opportunity to discuss this idea further and explore how equine-assisted services might be incorporated into the city's broader mental health strategy. Thank you for your time and your commitment to improving mental health support options for New Yorkers.

Sincerely,

Isla MacPherson

Testimony for the hearing: “Thursday, March 19, 2026 9:30am Committee on Health”

Testimony by:
Jean Bubley
[redacted]
Brooklyn, NY 11217

The City’s Cat Crisis: Challenges and Solutions

The Ongoing Cat Crisis

It is hard to ignore the reality that the city is experiencing a cat crisis. While the exact number of homeless cats roaming our streets is unknown, the problem is widespread and ongoing. The influx of stray and abandoned cats seems never-ending, leading to overcrowded shelters. In fact, Animal Care Centers (ACC) have had to close intakes several times in recent years due to the overwhelming number of cats. Despite these obvious issues, the city has done very little to address the situation.

The Role of Volunteers

Currently, the only people actively working to manage the cat population are dedicated private citizen volunteers. Many of these individuals hold full-time jobs and use what little free time they have to trap, spay, and neuter cats—paying for these procedures out of their own pockets. Their tireless efforts are crucial in controlling the cat population, yet their work often goes unrecognized and unsupported. Instead of appreciation, these volunteers are faced with hefty veterinary bills, personal sacrifices, and criticism from members of the public who believe they should be doing more. Even ACC relies on these rescuers for their most difficult cases through the New Hope program. And to make matters worse, these volunteers have to compete with each other for the scarce low-cost spay/neuter slots.

Why the Problem Persists

Despite the hard work of rescuers, the problem persists because new unaltered cats continuously appear and reproduce. Many of these cats are former pets that have been dumped without being spayed or neutered. Others are owned indoor-outdoor cats (pets and store cats) that are intact.

What the City Council Can Do

There are two programs the City Council can implement that will have a big impact. The first program is to provide low-cost, high-volume spay and neuter services for both rescuers and individual pet owners. For example, last year’s budget allocated $500,000 to fund 3,500 spay/neuter surgeries—a good start, but not nearly enough to meet the need. This year, an increase to $1.5 million is being requested for the same purpose. The second program is to establish pet food pantries, which would help prevent people from surrendering or abandoning their pets due to financial hardship. This initiative was not funded last year; $2 million is being requested to fund it this year. This might sound like a lot of money, but it will actually be cost effective because it will keep pets with their families and out of the already over-burdened shelter system. It is also a

humane solution both for pets and for the people who love them and benefit from their companionship and emotional support.

Additional Measures Needed

While these initiatives are critical, they are not enough on their own. A broader public service campaign is needed to educate the community about the importance of spaying and neutering pets. Expanding access to affordable housing that allows pets is also critical. Legislation and social services should be developed to address animal hoarding cases. The rising cost of veterinary care, which is spiraling out of control as private equity firms take over veterinary practices, must be addressed to make pet care more accessible. Finally, creating a separate Department of Animal Welfare to focus on these complex issues is an important goal for the future. I hope this will be a high-priority topic for the new Animal Welfare Committee. In the meantime, increasing funding for low-cost, high-volume spay/neuter surgeries and funding pet food pantries would be an excellent start!

Jeanie Clarke, Queens, NY 3/20/26

My name is Jeanie Clarke. I am a 69 year old life-long New Yorker residing in Queens. I have had pets all my life. TNR certified since 2015. I am not affiliated with any rescue but have received help from two: MeowSquad NYC and PURR RBNY and adopted from ACC's euthanasia list. For 30+years I have rescued and adopted numerous strays. I currently own six, ages 1-17.

There is no shortage of stray, feral, dumped cats. I don't need to go any further than my neighborhood or even my co-op parking lot. ***NYC is in a serious cat crisis***. We are overrun with cats and kittens. They are everywhere with new ones popping up all the time. "Kitten season" has begun, if it ever actually ends. Hourly, people advertise "free cats" and "entire litters" along with hundreds of "lost" and "found" cats on Facebook, Craig's list, Instagram. Rescues are over capacity, consistently bombarded with requests to trap or intake cats. There are just not enough fosters or adoptees to resolve this inhumane mess. Cats are being dumped EVERYWHERE! Rescues are constantly begging for donations. They do what they can with very little. We hear their frustration, anger, sadness, anxiety and how they consistently teeter on the financial and emotional breaking point. Individuals voluntarily take it upon themselves to TNR and fix entire colonies – utilizing their time and all out of pocket! **TNR is expensive!!** This Jan. on a record-breaking cold night, I saw a post on FB and went to an area I was unfamiliar with and rescued a dumped crying cat (#6). For $270 he was neutered at a Long Island clinic. That's a bargain! A private vet would charge twice that. Luckily I own a car and could afford it. That's a big chunk of money if you are living paycheck to paycheck, unemployed or have a family to support. Without a car, you're limited to public transportation. It's very understandable why people do not spay or neuter. There are a lot of hurdles and obstacles to jump through.

NYC desperately needs increased funding to address this growing and desperate predicament. It will NOT fix itself. *I beseech you to PLEASE allocate at least $1.5 million to spay/neuter programs*. Making spay/neuter affordable would IMMEDIATELY make a direct and quantifiable impact. Owners want to keep their pets healthy but cannot. Behavioral or health issues arise as a direct result of not being fixed. They end up with kittens they don't want, don't know what to do, they become overwhelmed and literally throw the cats out. Even if they reach out for help, the rescues are already packed and owners have no options. Many times, they just dispose of them like garbage! Leave them in bags and boxes at the side of the road, parking lots, it's horrific. ***And it's an epidemic.*** If the cats are lucky they end up at ACC, but soon develop behavior problems from stress and if not adopted are euthanized. ACC is a very stressful environment.
Bottom line: There are just not enough options and resources for low cost spay/neuter.

There is a HUGE need for a pet pantry. Times are hard. Caring for a pet can get expensive--especially now with rising food prices. We all need a hand up at times. Even a few days of food can mean the difference between keeping a loved family pet or having to make the hard decision to surrender it. Sometimes owners just need a little help to tide them over to the next paycheck. Kindly consider at least $1 million towards a pet pantry.

The current budget allocation is unacceptable. Pets are a vital part of a happy, healthy society. This is supposed to be the greatest city in the nation. We need to do better. I beseech you to allocate sufficient funds.

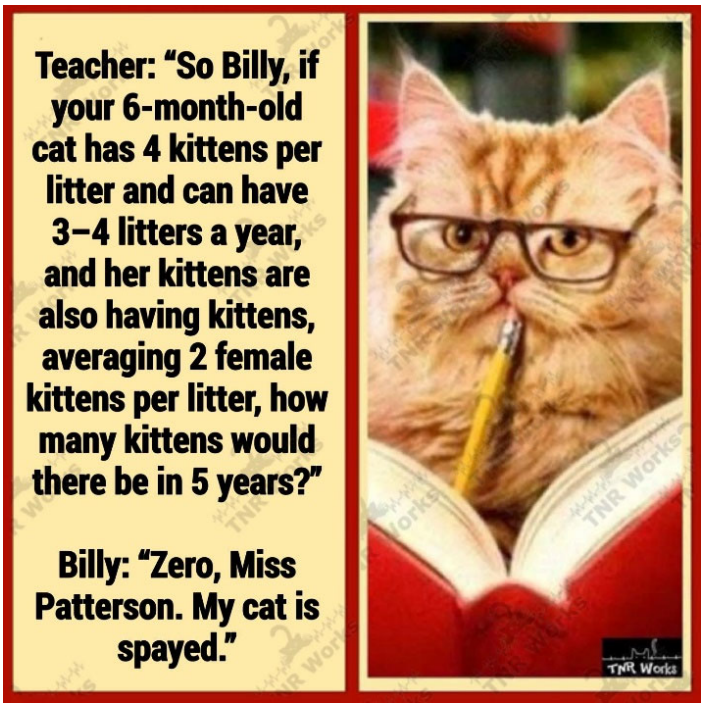
I sincerely thank you for all you have done so far and for seriously considering the plight of NYC cats while shining a much-needed light upon this issue. We need to be stewards of all living things in NYC. Thank you for your time and consideration.

Should you have any questions or if I can be of further assistance, please do not hesitate to reach out.

Sincerely,

Jeanie Clarke

[redacted]





March 19, 2026

Hello, my name is Jennifer Baratta, and I am a resident of Prospect Lefferts Gardens, Brooklyn. I live here with my husband and our cat, Sunny. For years, I have supported various cat rescues, like Brooklyn Animal Action, NYC Cat Coalition, Flatbush Cats, and so many others. I am fully aware of how bombarded the rescue community is between volunteers, resources, finances, time, and fosters. We cannot continue to rely on this unpaid workforce to provide this critical public service. Access to pet food is such a simple, easy, preventative solution that effectively reduces intake and supports families. Here is a picture of my baby, Sunny. Cats and kittens like him need your help!




I urge the Council to build on last year's progress and take the next step by allocating

- $1.5 million for spay/neuter services, and
- $2 million for pet food pantries

Thank you very much for your time and your commitment to the people and innocent animals of New York City.

Kindest regards,

Jennifer Baratta

From: Jennifer Rhein
To: Testimony
Subject: [EXTERNAL] Spay and Neuter + Pet Pantry
Date: Thursday, March 19, 2026 2:29:52 PM

[redacted]

Dear Council Members,

My name is Jennifer Rhein. I testified last year at the hearing, and unfortunately cannot make this hearing in person, due to work. I work full time, and also volunteer in my free time to help the cats and the community members in Queens.
I wish I could say that I have seen things get better since the September 2024 hearing, but I have not.

Every single day, I receive calls and messages about cats that need help—whether they are sick, injured, or in urgent need of being trapped. The demand is constant and overwhelming, and there are simply not enough resources to keep up. This is a CITY issue. This is am issue that needs to be addressed and have resources allocated by the CITY. These are community cats. They are not my cats, and they are not the cats of community members who see them suffering in the streets. This issue has only gotten worse and will continue to get worse without critical funding and intervention from a city and legislative standpoint.

I am writing to stress how urgent it is that our city increases funding for spay/neuter services and establishes pet food pantry programs. Right now, the need is overwhelming. The cat population is simply out of control, and without proper intervention, it will only continue to grow into a full-blown crisis. Most people cannot afford basic spay/neuter services for their pets. Costs have risen to such an astronomical level that for some people it is comparable to a month's rent.

On the streets, these cats face unimaginable hardship. Many are abused, neglected, or simply ignored. Kittens, especially, suffer the most—they are born outside into dangerous conditions, often becoming sick with infections, parasites, and respiratory illnesses. Many do not survive. This is the reality we are seeing every single day.

Cats can begin reproducing as early as five months old, and a single unspayed female cat and her offspring can produce dozens—if not hundreds—of kittens in just a few years. As caretakers, we are doing everything we can, but without adequate funding, we are fighting a losing battle.

Last year's funding only addressed a fraction of the need, and the absence of funding in this year's proposed budget is deeply concerning. We need to expand access to spay/neuter services immediately. Increasing funding to at least $1.5 million would allow thousands more animals to be sterilized, directly reducing overpopulation and suffering.

Additionally, pet food pantries are critical. I see firsthand how many families are struggling to care for their pets due to financial hardship. These programs keep animals fed, prevent surrenders to already overcrowded shelters, and support the community as a whole.

Without action now, we will face an even greater crisis—more homeless animals, more strain on shelters, and more suffering in our communities.

I urge you to prioritize funding for spay/neuter services and pet food pantries in this year's budget. This is not just an animal issue—it is a public health and community issue. And it needs to get the support it deserves from the city, not from individual, unpaid volunteers, doing their best to help a problem that they did not create.

Thank you for your time and consideration.

Sincerely,

Jennifer Rhein
[redacted]
Whitestone, NY 11357

March 19, 2026

Budget Hearing in the NYC Council Committee on Health

My name is Johanna Trujillo, and I am an animal rights advocate and care for animals all around the world in many multiple ways.

Thank you for the opportunity to testify today and for your continued leadership on issues impacting animals and the communities who care for them.

I want to begin by acknowledging the progress made in last year's budget. For the first time ever, the City allocated $500,000 for spay/neuter services to Flatbush Cats, which funded approximately 3,333 surgeries. 2,200 surgeries have been completed so far, and they are on target to complete the rest by this June. This was a meaningful and historic step forward. There is no question that Flatbush Cats' program has been a success for pet parents and rescuers who were able to get their pets or rescues fixed at an affordable price.

However, this investment represents only a small fraction of what is truly needed. The number of requests that Flatbush Cats receives for spay/neuter surgeries and wellness appointments far outpaces available spots, at no fault of their own. Those 3,333 surgeries account for roughly 2% of the estimated need. To effectively address the 500,000 stray cats on our streets, and reduce shelter intake at NYCACC, New York City must support nearly 200,000 spay/neuter surgeries annually. Without scaling these services, we will continue to fall behind. Flatbush Cats has the infrastructure to scale up, but they need far more city funding to make it happen in additional neighborhoods and boroughs.

That's why we are urging the Council to allocate $1.5 million in this year's budget for spay/neuter services. This funding is vital to expanding services for pet parents and rescuers.

The rescue community is stretched beyond capacity. Volunteers across the city are stepping in to do this work, often using their own time, money, and resources, but this is not a sustainable system. We cannot continue to rely on an informal, unpaid workforce to provide what is essentially a critical public service.

In addition to spay/neuter, I want to highlight another urgent issue: pet food insecurity.

Last year's budget included zero funding for pet food pantries, despite the growing need across New York City. Financial hardship remains one of the leading reasons people surrender their pets. Right now, families are being forced to make impossible choices between feeding themselves and feeding their animals. In speaking with human food pantries such as NY Common Pantry, we know that pet food is one of the most frequently requested groceries, with the least availability. By providing funding for pet food to existing human food pantries, they can warehouse and distribute pet food most efficiently.

We know that access to pet food is one of the most effective ways to keep pets in their homes and out of the shelter system. It is a simple, preventative solution that reduces intake, supports families, and strengthens communities. That is why we are also calling for $2 million in funding for pet food pantry programs in Brooklyn and the Bronx.

I urge the Council to build on last year's progress and take the next step by allocating:
• $1.5 million for spay/neuter services, and
• $2 million for pet food pantries

The cost of providing spay/neuter and pet food to families in need is 1/3 the cost of sheltering an animal at NYCACC. By investing in spay/neuter services and pet food access, the City can take meaningful, proactive steps to reduce shelter intake, improve public health, and support working families. These are not just animal welfare issues; they are community stability and equity issues.

Thank you for your time and your commitment to the people and animals of New York City.

Johanna Trujillo
[redacted]
Brooklyn, NY 11225

To whom it may concern,

I am writing in hopes that we as a city can do right by all souls that live here, and that's including our most pure ones - our cats. Spay & neuter programs, as well as a pet pantry, are the bare minimum that these amazing animals need. Did you know that getting a cat spayed before her first heat is *vital* in protecting her from mammary cancer? There is an overpopulation of neglected, hungry, homeless cats. This can be prevented with the addition of a spay and neuter program coupled with a pantry. It will help the cats that need it now, and help prevent the terrible cycle of neglected cats mating and introducing even more litters that will the be in dire need of care. All living things should have access to healthcare and food - the bare necessities. This is something I wholeheartedly believe and practice in my daily life as registered nurse caring for the underserved communities. Please hear our collective voice and help to fund our cats in need. Spay/neuter programs, a pet pantry, and assistance to care for these amazing, forgotten souls is needed and it's needed **NOW.** Making New York the amazing city it has the potential to be includes caring for *all* New Yorkers - even the furry ones!

Jordan Capobianco
BX, NY

From: Juliana Peters
To: Testimony
Subject: [EXTERNAL] City Council Budget Meeting! Please support cat rescue and TNR!
Date: Wednesday, March 18, 2026 7:13:26 PM

[redacted].

Hello! I am New Yorker living in Astoria. I am concerned by the rising cost of vet care and the overpopulation crisis of unowned cats in my neighborhood. Please provide funding for affordable spay/neuter programs and pet food pantries in the upcoming fiscal year

Juliana Peters
Email: [redacted]

Written testimony for New York City Council Hearing held on Thursday March 19th 9:30am 2026 Committee on Health (Jointly with the Committee on Mental Health and Substance Use and the Committee on Disabilities)

Subject of Testimony: Support for city funding for spay neuter and pet food pantries

Submitted by Kamrun Nahar, [redacted] Jackson Heights, NY 11372

Thank you, Chairpersons Schulman, Cabán, and Hanif, and the members of the Health, Disabilities, and Mental Health and Substance Use Committees for the opportunity to submit this testimony regarding the need for city funding for spay and neuter services and pet food pantries in New York City in the FY 2027 budget.

I strongly support city funding for spay and neuter services and pet food pantries because they address urgent, interconnected needs facing both animals and people in New York. As an advocate for animal welfare rights and a supporter of local cat rescue organizations, I have seen how quickly the stray and abandoned cat population grows when access to affordable spay and neuter care and pet food is limited. New York City is home to tens of thousands of stray cats. Their numbers continue to rise due to high reproduction rates and the abandonment of pets driven by unaffordable care costs, leading to overcrowded shelters, increased euthanasia, and completely preventable suffering. We have come to the point where investing in accessible spay and neuter services is not optional; it is a necessary and cost-effective strategy to humanely control the population and reduce the strain on animal and cat rescue organizations, which already bear the brunt of this crisis. Cat rescue organizations are volunteer-led and operated. They provide critical services including caring for, feeding, and managing stray cat colonies, providing trap, neuter, and return (or rescue) services, supporting low and no-cost veterinary care for pet owners in need, and caring for abused, neglected/abandoned, and community cats, including those in bodegas. These critical services should be provided by and supplemented by the City, which should work in partnership with animal / cat rescue organizations.

Pet food pantries are essential for keeping families and their animals together during times of financial strain. As a New Yorker and a pet parent, I am fully aware of the high cost of living for both people and pets – I fostered and then adopted my cat from my local, Queens-based cat rescue, and I understand firsthand the financial responsibility that comes with pet care. Too many New Yorkers are forced to make heartbreaking decisions about whether they can afford to care for their pets. Everyone deserves to live with dignity and love, and that includes being able to feed and care for their animals. By funding pet food pantries, the City can prevent unnecessary pet surrenders, support responsible pet ownership, and strengthen communities by ensuring that financial hardship does not break the bond between people and their pets.

I strongly urge New York City Council and New York City Mayor Zohran Kwame Mamdani to provide adequate funding for these essential services in the FY 2027 budget.

Thank you for allowing me the opportunity to share this testimony with you.

From: Karen Salama
To: Testimony
Subject: [EXTERNAL] FY Budget Request: $15M Investment in Animal Welfare & Public Safety
Date: Sunday, March 22, 2026 10:52:53 AM

[redacted]

March 19. 9:30 am - Preliminary Budget Hearing - Health Committee
Support Funding for Animal Welfare & Prevention

I am writing to request a $15 million allocation in the FY budget to address the city's escalating animal welfare crisis through prevention, protection, and enforcement.

This funding would support:

- Pet food pantries
- Citywide spay/neuter services
- Low-cost or free veterinary care
- Microchipping subsidies
- Accessible dog training (in-person and virtual)
- Grants for humane education
- Public awareness and intervention (e.g., animal hoarding)
- Pilot Animal Protection Unit & Emergency Response Team
- Abandonment task force and enforcement of animal laws

While $15 million may seem significant, within a proposed $127 billion budget it represents a fraction of one percent. Early investment will reduce long-term costs tied to sheltering, enforcement, and public health.

Past allocations have fallen far short of need. Without meaningful funding, the city will not be able to curb rising abandonment, reduce shelter intake, or support pet guardians facing hardship.

This crisis requires a comprehensive approach—prevention, enforcement, education, and shelter reform. Animal welfare is both a moral and social responsibility, and it must be treated as a priority.

Thank you for your consideration.

Sincerely,
Karen Salama
Karen F. Salama

[redacted]

LinkedIn

From: Katie Longofono
To: Testimony
Subject: [EXTERNAL] 2027 Budget
Date: Wednesday, March 18, 2026 11:11:28 AM

[redacted]

Hello,

I am a New Yorker living in Crown Heights, Brooklyn. I am concerned by the rising cost of vet care and the overpopulation crisis of unowned cats in my neighborhood. Please allocate funding for affordable spay/neuter programs and pet food pantries in the upcoming fiscal year! We cannot continue putting the entire onus on individuals to manage this.

Thank you,
Katie Longofono
Brooklyn, NY 11238

From: Kelcey Reen
To: Testimony
Subject: [EXTERNAL] regarding: budget meeting
Date: Wednesday, March 18, 2026 4:18:37 PM



Hello--

My name is K. Reen, and I am a NYC resident living in the Greenwood Cemetery area.

As a pet owner and volunteer animal foster, I'm concerned with the rising veterinary costs here in the city -- for example, my last vet visit (a very standard yearly check-up for my three healthy young cats) cost nearly $1800! Even just a few years ago, this visit would've cost maybe $1300. There are very few options in the city for affordable vet care, even in neighborhoods where many are near or below the poverty line. Additionally, many local shelters have been operating at capacity or closed for intake -- so, many animal owners are trapped with pets whose care they cannot afford, but with no other options.

Additionally, NYC is home to an estimated 500k+ "community cats" (many of whom are healthy and potentially friendly/suitable for adoption with the right intervention), but live a very dangerous existence due to constant construction, traffic, loss of habitat, rat poison, etc. Again, there are very few options here. The best solution is low-cost spay/neuter programs to prevent them from ending up in our overcrowded shelter system -- which comes back to the dearth of affordable pet care in the city. Right now, this work is supplemented by many volunteers -- local residents who open their homes (and wallets) to get these cats spayed/neutered, to cover medication and surgery for sick and injured community cats, and all of the work that goes into getting friendly cats off the street permanently (food and litter for fosters, cost of posting to get them adopted, gas and/or rentals and/or uber costs to shuttle them between appointments and fosters etc). Like our shelter system, many of these volunteers have been working well over their capacities to supplement care for animals in need.

The whole system needs structural support. What I'm suggesting is better access to low-cost vet care, caps on veterinary service costs especially for basic services, and a food pantry system for pet food and supplies -- all to help keep more pets with their families and out of the crowded shelters. Additionally, better funding to the shelter system, so they can continue their critical work.

Thank you for your time and consideration on this matter--

K Reen

From: Kelly
To: Testimony
Subject: [EXTERNAL] March 19. 9:30 am - Prelimanary Budget Hearing - Health Committee Support Funding for Animal Welfare & Prevention - from Kelly Arthurs
Date: Sunday, March 22, 2026 2:13:50 PM

[redacted]

To the NYC council-

I am a NYC constituent, and want to let the city council members know the importance of investing in programs to help keep people with their pets and to establish stronger animal welfare in this city.

I am asking for 15 million dollars for funding for Pet Food Pantries, Spay /Neuter Services for all animals, low cost, affordable vet care; funding to subsidize microchipping, a pilot program for creating an Animal Protection Unit and Emergency Response team to replace the police responding to animal calls, and a task force focusing on abandonment which has skyrocketed out of control, and the enforcement of the animal laws that already exist.

I respectfully urge you to consider the needs of the animals in this city, as it is a very clear indication of whether NYC is a place that values life, or a city that continues to treat it's animals as things that can be easily disposed of.

It's time to make this city better.

Thank you for your attention,

Kelly Arthurs

From: Kyle Bedell
To: Testimony
Subject: [EXTERNAL] Pet pantry/spay neuter budget
Date: Wednesday, March 18, 2026 2:25:35 PM

[redacted]

To whom it may concern:

I'm on New Yorker living in Sunnyside, Queens. I'm concerned about the rising cost of Animal Care in the city, when I adopted my own cat I was forced to drive 3 hours to get an affordable spay appointment. Failing to fund programs like this, will only result in more animals suffering in New York city. I urge you to consider funding spay and neuter programs and pet pantries in this fiscal year. Thank you.

Good Morning Council Members,

My name is Kynthia Irizarry and I'm a resident of Queens ([redacted], Jamaica ny) who feeds stray cats around the neighborhood. I would like to join in the request for the funds of $1.5 million for spay/ neuter surgeries and $2 million for pet food pantries in the FY 2027 city budget. There are many stray cats within queens that are in need of food and surgery since shelters are usually at capacity during the mating seasons. I have noticed that there aren't as many TNR programs readily available for some of the queens neighborhoods which is contributing to the growing population on the streets. There's only so much volunteers can do when the shelters are at max capacity and no one else can help. Many of us take it upon ourselves because it's all that we can do to show we care.

Having the spay/neuter clinics willhelp to create a sustainable solution to the growing cat colonies in the area because we can safely trap these animals and keep them safe as we control the growing population

Having a food pantry for local animals will also help with the number of abandoned animals on the street as it helps to keep animals in their homes and out of the shelters.

Like myself, I know there are many that go out and feed the animals. Lovely animals who we have the pleasure of coming across on the street, whether it be cats or dogs. But this is only a temporary fix to a growing issue. Without the proper funding many of these animals might not survive. With this funding we will be able to have fewer kittens on the street, healthier cats within their respective colonies, accessible pet food, and a better chance at finding them forever homes.

Thank you.

Lauren I Gumbs
[redacted]
Brooklyn, NY 11238

March 20, 2026

Dear New York City Council Members:

My name is Lauren I. Gumbs. I was deeply dismayed to learn that no funds have been allocated in the current city budget to support pet food pantries and affordable spay and neuter services for NYC pet guardians. How we treat our companion animals is as important an indicator of the health of our society as our treatment of any other vulnerable population.

The corrosive forces of toxic, late stage capitalism have made it much more difficult for animal guardians to care for their pets, including providing them with food and safely spaying/neutering them. More and more people are forced to surrender their deeply loved companion animals because the costs of care are too high. Corporate consolidations of veterinary clinics and the ever increasing costs of pet food mean that many people have to give up animals who have often been with them for a decade or more and have known no other home. Breed restrictions and other landlord imposed pet restrictions also preclude people from keeping their pets when they move.

I know from first-hand experience the emotional pain that this causes. Several years ago, I took in my neighbors' 8-year old dog after they could no longer afford to care for her. This wonderful animal had been a member of their family since she was a puppy, and they were absolutely heartbroken to give her up. The dog badly needed ear surgery and other medical attention, and it was unaffordable, as was the cost of the specialized hypoallergenic food that she needed. With the help of other neighbors and a GoFundMe, I was able to raise money to obtain care for Joi, and she was subsequently permanently adopted by other neighbors, who cared for her lovingly until she passed away recently at age 13.

I have adopted two senior dogs from the NYC ACC and am a monthly donor to this critical and underfunded organization. Neither of my companion animal's families should have ever had to give up their beloved pets because food and care were prohibitively expensive. Companion animals provide unconditional love and critical emotional support. In New York City, we should nurture a culture of care for pet guardians and their companion animals by funding the NYC ACC and other outstanding nonprofits who can help animals remain within their families and avoid overpopulation through spay/neuter programs.

I implore the Council to fund these critical services to relieve companion animal and human suffering.

Sincerely,
Lauren I Gumbs

From: Leah Stern
To: Testimony
Subject: [EXTERNAL] 2027 Budget
Date: Wednesday, March 18, 2026 11:31:15 PM

[redacted]

My name is Leah Stern and I'm a resident of Crown Heights, Brooklyn. I have been fostering cats with an independent rescuer for almost four years. I'm increasingly concerned about the cost of vet care and the overpopulation crisis of stray cats in my neighborhood and greater Brooklyn. Please provide funding for affordable spay/neuter programs and pet food pantries in the upcoming fiscal year. The problem falls to nonprofits and concerned citizens, neither of whom have the financial means to solve it. They do, however, have the will, and are so incredibly dedicated to these cats that many go into debt saving their lives. New Yorkers are forced to surrender their pets regularly due to rising costs, leaving shelters like NYCACC overcrowded. Please help the animals of New York and lesson the burden on the people who take care of them.

From: Leo Andujar
To: Testimony
Subject: [EXTERNAL] March 19th Public Health Budget Meeting Testimony
Date: Sunday, March 22, 2026 12:56:47 PM

[redacted]

To Whom It May Concern,

My name is Leo Andujar. I am both a pet parent and a cat colony caretaker that does TNR. Back in 2020, I found 4 cats outside and tried my best to get help for them. Even then, the NYC ACC was at capacity and so I learned about TNR. Since then I have TNR'd 138 cats in my neighborhood and counting. That may not seem like a lot, but for one person that is poor and disabled, it is a lot.

When I was young in the 80's, the ACC had mobile units that would pick up stray cats and dogs. Where are they now? I feel it somehow became the job of pedestrians to bring in stray dogs and residents to take care of stray cats. It is not fair there are too many abandoned cats in this city and the city should be the ones responsible for doing something about it. At the very least the government should support TNR. The biggest obstacle for TNR is holding space for the cat awaiting surgery and the ones healing from surgery as well as funding for more spay/neuter surgeries. TNR has been proven to be a humane way to stop the breeding cycle of community cats and therefore improves their lives while preventing reproduction.

Trap-Neuter-Return is an essential and valuable component of shelter reform to save cats' lives. When used as a part of overall shelter reform with policies including no longer accepting cats at the shelter, across the board, communities with TNR programs report a decline in shelter intake. Alongside a decrease in cat-related calls to animal control, researchers in Orange County, Florida, also found that the number of cats killed by animal control decreased in the six years after TNR was initiated.

Trap-Neuter-Return stops wasteful spending of taxpayer dollars. Catching and killing cats has been a futile effort used by animal control and shelters across the country for decades. Continuing an approach that is clearly not working is not only a waste of taxpayer dollars, it is also shows blatant disregard for efficiency and value at a time when the economy is at the forefront of everybody's mind. Investing in spay/neuter and TNR is an investment in cats' lives and cats' health, and it demonstrates a socially-responsible (and compassionate) and efficient approach to serving the animals and the public.

In 1993, San Francisco became one of the first American cities to embrace TNR. Money, that was spent on killing, was put to TNR which is being used to protect the animals, to basically support the colony caregivers and to provide the surgeries so that there is not a waste dollars, a waste of life, nor extra burden put on the cat-colony caregivers.

Another helpful solution to the ever increasing number of stray cats is having a pet food

pantry. One reason cats are dumped in the street is because people cannot afford to keep them and if we had a pet food pantry, that can help to solve this problem. If people could get food to feed their animals they would not abandon them and the city shelters (as well as TNR/Rescue Organizations) would not be at capacity with strays/surrenders. I know the ACC has a pantry but it depends on the donations whether they can offer food or not and many members of the public don't even know this. More funding can only increase the number of households that can be helped by this program.

I hope you will consider funding TNR and a Pet Food Pantry as we desperately need them.

Best,
Leo Andujar
[redacted]
Bronx NY 10468

From: Linda Copain
To: Testimony
Subject: [EXTERNAL] Animals lives matter please keep them safe
Date: Sunday, March 22, 2026 5:55:05 PM



From: LAkitty7
To: Testimony
Subject: [EXTERNAL] Hi!
Date: Monday, March 16, 2026 7:52:41 PM

[redacted]

My name is Lisa Alexander and I reside in Bayside Queens. For years I have been a rescue person and Animals supporter and even work in the Veterinary industry.

I wanted to reinforce the urgency of having a food pantry. If we can't provide homes for every cat, at the very least we can have the humanity to offer them food and the ability to not give birth outside

I do know the pet food manufacturers are taking advantage of the margins in the industry —and have raised their prices to unsustainable numbers.

I wish there was a way we could come up with the competitor to this pet food so that it would be halfway affordable to most human beings.

In the interim, I try to help support a friend of mine who feeds over 100 cats twice a day in Queens areas. As a community, we need to come together to let these animals survive and not suffer on the street. We can do a lot better than this.

I especially urge you to make the pet pantry available to those who are making our community better by taking care of this problem single-handedly.

⭐ ⭐ ⭐ ⭐The rescuers on the streets are up at the crack of dawn in cold, snow and heat conditions building makeshift shelter, getting yelled at by people in the neighborhood who are not educated and not informed and basically doing the cities jobs.

⭐ ⭐ ⭐ ⭐I recommend subsidizing them so they do not break. Rescuers are superheroes. We need to now save THEM.
Sent from my iPhone

From: Lisa Taylor
To: Testimony
Subject: [EXTERNAL] Re: Pet Food Pantry Program
Date: Thursday, March 19, 2026 8:42:57 PM

[redacted]

NYC Council Members,

Last year's budget for New Yorkers' companion animals' need during a worsening economy included $500,000 for 3,500 spay/neuter surgeries but that only represents 2% of actual demand. Voters For Animal Rights knows that we need to more than double that, for at least $1.5 million, which would more than double the number of surgeries to 10,000. So far, this year's budget doesn't have any funding for spay/neuter or pet pantry, which is unacceptable.

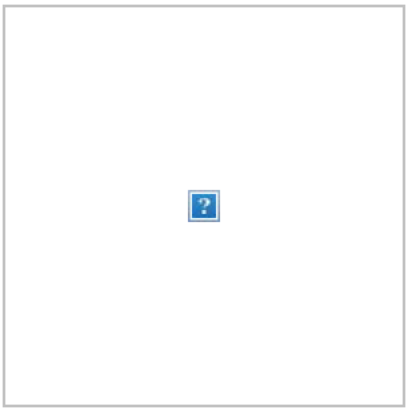
The economy is only getting tougher for many everyday New Yorkers. The establishment of a pet food pantry program creates a vital resource for the community, providing much-needed support to pet parents in times of financial difficulty. The benefits extend beyond simply feeding pets; they keep animals out of animal shelters. Additionally, a pet food pantry can foster a sense of community and encourage local partnerships.

I feel sure many City Council members share their homes with beloved animal companions. Can you imagine struggling to properly care for them, or having to make the devestating decision to leave them in already overcrowded shelters?

Please do the right thing and provide all funding for this lifesaving program. Animal companions give us unconditional love, comfort and joy--priceless gifts, especially during these dark and frightening times.

Thank you.

Lisa Taylor



Testimony by Maddy S Johnson, Brooklyn, NY, 11215

Thank you Council members for your infinite patience to listen to people for hours. Here is my written testimony which is unedited from the spoken version.

I'm Maddy Samaddar-Johnson - a multilingual multi-racial woman who runs the community group Park Slope Cats and worked as an architect, landscape architect & urban planner.

I've been rescuing animals for decades - in New York and earlier in the several other countries I've lived or worked in, including Canada, and several other countries in Asia, South Asia, Europe, Mid-East and Africa.

And if there is anything that is common no matter the country, race, religion - it is cruelty and apathy towards animals.

Independent rescuers like me in NYC without a large volunteer network or funding, are beyond depleted paying out of pocket, rescuing nonstop with NO pay —doing the city's job for free.

From 7am to 2am - that's how my days are. No vacation time, no time for a breather, just paying a big price for the kindness in my heart because I can't walk away from seeing the suffering of the most vulnerable and innocent right on the streets of this City.

It's Neverending. Brutal. With no time for anything else. Resolving innumerable pleas daily to help animals in distress.

And it has cost us—our physical, mental, emotional and financial health.

This is not just about animal rights. This is about *our* human rights too.

No - we are not all "crazy" cat ladies. We're ladies who rescue animals due to the compassion in our hearts and are getting driven crazy due to a lack of sustainable support

It is quite clear that we cannot adopt or foster our way out of this crisis.

We MUST stop it at its source.

The only solution is city-funded High-volume, low- or no-cost spays, neuters.

Access. Education. Enforcement.

The city has spent even more on projects which may just be for the renovation of a public toilet, or the installation of a statue of an animal while the actual animals are ignored, so the ask for 1.5 million dollars to be invested into city-funded spay/neuters and 2 million for pet pantries is not that big an amount in the grand scheme of things. I've seen more spent for a fountain in a park and or even the renovation of a water feature or public statue. And I say this with conviction having seen that in interior design or urban design projects for public works.

The four main barriers against spaying/neutering? Financial, Cultural, Inaccessibility and Apathy.

We need a separate Department of Animal Welfare led by those with ground experience in rescue and its related financial and ethical responsibilities.

We need strong enforcement against abuse, hoarding, neglect —not more obstacles for rescuers.

We need an army of citizen rescuers. BE the change. Teach them young.

And while at it - please stop glamorizing “bodega cats,” the majority who lead horrific lives locked up in dark dank basements unfixed, unvetted for their short sad lives.

Just in the past 4 months itself - in addition to TNR and other cases, I successfully resolved *two* back to back hoarding cases right in Park Slope totalling 94 cats combined who were found in deplorable conditions. I’d to intake some 45 in total from the two separate cases and hurriedly find foster homes for all of them. Others went to other indie rescuers and to three rescue groups. I paid for the vetting of all the ones I intook out of my own pocket. I use the BBAWC & PSVC clinics which are great! And even with discounts, the costs all added up. I did not use the ASPCA clinics which were too far and it was hard to get spots as I don’t have an account with them.

Every single one of those 94 cats and the others I’ve rescued just in the past 4 months has now been vetted, fixed, fostered. This was an exhausting, time-consuming, high-stress undertaking with immense financial loss from my end.

But for every single one we FIX, there are hundreds on Facebook or Next Door daily being given away unfixed or being bred, continuing the cycle of overpopulation.

This crisis is completely unsustainable.

We need extensive citywide community & online outreach to get out the message to people to spay and neuter and make it affordable, accessible AND compulsory.

So, drawing inspiration from Mayor Mamdani’s multilingual campaign style, we need a similar outreach to all communities to spay, neuter and vaccinate their pets and all cats and dogs in the city.

We already have announcements on government sites in NYC in various languages. So why not do an extensive, dynamic campaign to get the message of the importance of spaying and neutering across? Using social media, ads, outreach, getting all segments of the city involved? Several can afford to do it, but don’t do so, for reasons I cited earlier, not realizing just how much not spaying or neutering their pets contributes to the citywide crisis of animal suffering and overpopulation.

So, the following is the messaging, in a smattering of different languages:

कृपया सभी बिल्लियों और कुत्तों का बंध्याकरण करें।

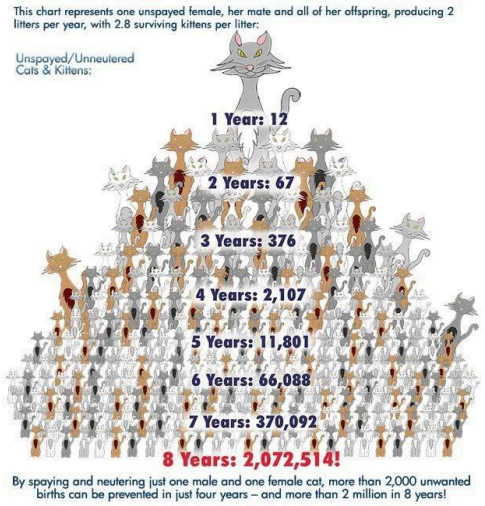
দয়া করে আপনাদের বিড়াল ও কুকুরদের বন্ধ্যাকরণ করান।
Stériliser tous les chats et les chiens sil vous plait!
Por favor, esterilicen a sus gatos y perros.

给宠物做绝育手术

Per favore, sterilizzate tutti i gatti e i cani

Пожалуйста, стерилизуйте всех кошек и собак.
Vui lòng triệt sản tất cả mèo và chó.

حيوانك الأليف



قم بتعقيم

બધા પાળતુ પ્રાણીઓની નસબંધી કરાવો

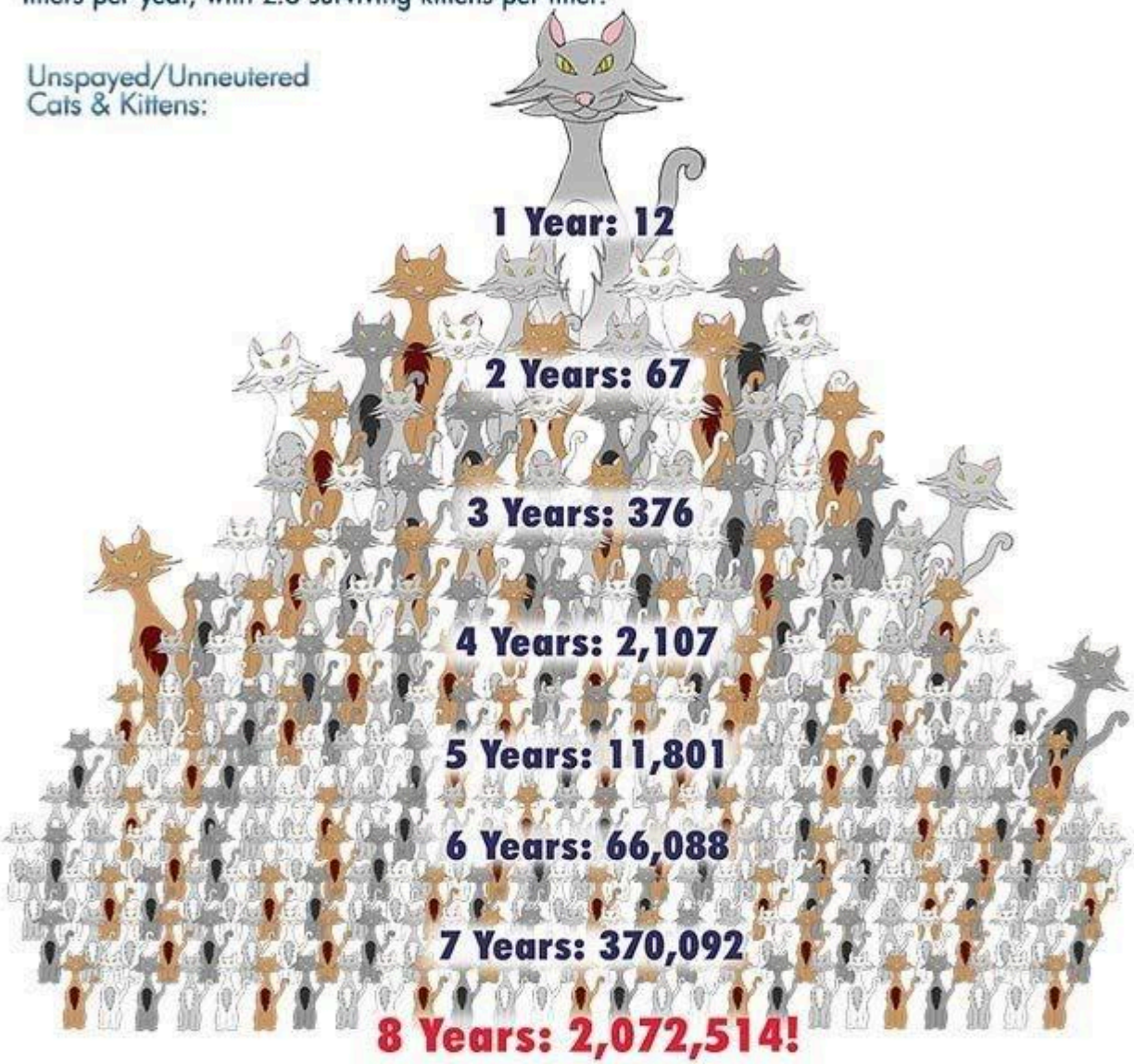
Invest in low cost spay/neuter, pet pantries. Invest in EMPATHY, ACTION, EDUCATION!

Thank you! Danke! شكريه! Tohdah! Σας ευχαριστώ! תודה Merci!

Note: Please see the image below to see how unsustainable the crisis is without spaying/neutering
—-

This chart represents one unspayed female, her mate and all of her offspring, producing 2 litters per year, with 2.8 surviving kittens per litter:

Unspayed/Unneutered
Cats & Kittens:



By spaying and neutering just one male and one female cat, more than 2,000 unwanted births can be prevented in just four years – and more than 2 million in 8 years!

From: Malissa Vazquez
To: NYC Council Hearings
Subject: [EXTERNAL] March 19th committee on Health testimony
Date: Sunday, March 22, 2026 11:55:32 AM

[redacted]

March 19th, 2026

Budget Hearing in the NYC Council Committee on Health

My name is Malissa Vazquez, and I am a New York City resident who is legally classified as disabled and reliant on social support systems. Despite the challenges I face, I am deeply committed to caring for community cats in my neighborhood. This work is not easy—especially while living with a compromised immune system—but it is something I am passionate about because these animals depend on compassionate people to survive.

Caring for community cats requires significant time, effort, and personal sacrifice. For individuals like myself, who already face financial and physical limitations, the lack of accessible resources makes this work even more difficult. Securing consistent food, affording veterinary care, and accessing low-cost spay and neuter services are ongoing struggles.

Without adequate support, many of us are forced to choose between our own basic needs and helping the animals in our care. This is not sustainable, and it puts both people and animals at risk. Community cats play an important role in our neighborhoods, and humane population control through spay and neuter is essential to reducing suffering and preventing overpopulation.

I urge the Council to increase funding for pet food pantries, accessible veterinary care, and affordable spay and neuter programs. These resources are not luxuries—they are necessities that allow residents, especially those of us who are vulnerable, to continue supporting our communities in meaningful ways.

By investing in these programs, the city is not only helping animals but also supporting residents who are already doing vital, unpaid work to care for them. With proper support, we can build a more humane, healthier, and more compassionate New York City for everyone.

Thank you for your time and consideration.

Sincerely,
Malissa Vazquez
Bronx NY
[redacted]

From: Marie Baker Lee
To: Testimony
Subject: [EXTERNAL] Fwd: Funding for affordable Spay/neuter programs and Pet Food Pantries
Date: Wednesday, March 18, 2026 5:24:18 PM

[redacted]

---------- Forwarded message ---------
From: **Marie Baker Lee** [redacted]
Date: Wed, Mar 18, 2026 at 5:23 PM
Subject: Funding for affordable Spay/neuter programs and Pet Food Pantries
To: <testimony@council.ny.gov>

HI,
I am a New Yorker living in East Harlem and I am very concerned about the rising costs of vet care as well as spay/neuter costs. I would very much appreciate it if there would be included in the city budget, funds for animal rescue groups, as well as rescuer individuals, who could benefit from the lower costs. Some rescue groups rescue hundreds of animals each year, and individuals could use funds too. So many pets are being abandoned and neglected and these groups and individuals step up.
A helping hand would be welcome.

Thank you very much,
Marie Baker-Lee
Cat parent NYC

From: Save Shelter Animals
To: Testimony
Subject: [EXTERNAL] Testimony March 19 9:30 Preliminary Budget Hearing -Health Committee
Date: Sunday, March 22, 2026 5:50:16 PM

[redacted]

Marilyn Galfin
March 22, 2026

March 19. 9:30 am - Preliminary Budget Hearing - Health Committee
Support Funding for Animal Welfare & Prevention

Good afternoon. Marilyn Galfin, Voices for Shelter Animals.

NYC Animal Care Centers reported 692 dogs and 863 cats euthanized in 2025. The actual number may be higher, as these figures may not fully reflect all outcomes.

Thirty-six dogs ,that we know of so far, have already been killed in the last two and a half weeks.

Today, 23 dogs and 14 cats are on the at-risk list and can be destroyed at any moment.

I urge this committee to call for a temporary halt on euthanasia at ACC, unless an animal is irremediably suffering or severely dangerous and to create a task force to address this crisis and put emergency protocols into place,

We need an oversight hearing to ensure accountability and transparency.

I urge this committee to work with ACC on immediate life-saving policy changes. Things such as creating bios that make animals look adoptable, and updating the emergency placement outcomes list so volunteers are not unknowingly promoting dead dogs. If ACC is unwilling, we must codify these protections into law.

We urgently need independent third-party oversight of shelter operations, including monitoring medication use in animals, safeguarding animal welfare, ensuring accurate, transparent, and accountable data reporting, and verifying that all systems are operating efficiently to achieve positive outcomes.

It is the moral responsibility of this city to protect shelter animals. We must end the cycle of healthy, adoptable, treatable animals entering the shelter, receiving inadequate care, inhumane conditions. and having their lives needlessly taken. Shelter animals are not disposable commodities. All lives are sacred, even shelter animals.

With a 127 billion dollar proposed city budget, an ask of 15 million—just over one-hundredth of one percent—for animal welfare and protection can reduce shelter intake, save lives, save the city money in the long term and help people keep their beloved pets, who for many are family.

In addition to funding for spay/neuter , affordable vet care, pet food pantries etc money is needed for mandatory microchipping, humane education grants; a hoarding awareness and intervention program; creation of an online multilingual portal that would have everything animal related with a campaign to promote this site to hook up the public to these resources and the help they need; creation of a pilot animal protection and emergency response unit. This would replace police animal response duties , and a task force to address animal abandonment and enforce animal laws.

Animal welfare is not just a moral issue—it is a social justice issue. We must protect and preserve life. It is time for our government to show compassion, act with humanity, and make animal welfare a real priority and also to invest in it. Thank you.

Matthew Daniel

[redacted]
Brooklyn, NY
11206

I am writing to support the proposal to fund 1.5 million for spay/neuter surgeries and 2 million for pet food pantries in next year's city budget. My partner and I own two wonderful cats, and we see firsthand how pet food pantries allow lower income New Yorkers to provide for their pets. Pets should not be a privilege of the wealthy, and city resources like pet food pantries help ensure that pet ownership can be equitable.

Additionally, I am very much in favor of funding spay/neuter surgeries. Some animal rescues estimate that there are one million homeless animals in NYC alone. These animals often have very low quality of life. Additionally, this population overwhelms animal shelters and TNR volunteers, especially during the summer "kitten season." There is no better way to reduce the feral cat population than spay/neuter surgeries.

I am 100% in support of my tax dollars going to fund spay/neuter surgeries and pet food pantries in the 2027 NYC budget.

From: Garnetfriend01
To: Testimony
Subject: [EXTERNAL] Today"s NYCC buget hearing for Animal/Pet Wellness!
Date: Thursday, March 19, 2026 9:57:12 PM

[redacted]

Hello, this is to share my testimony regarding the urgent need for a pet pantry and more money for spay neuter surgeries of NYC pets. I have rescued many animals in distress and the process of getting monetary help for vets has been agonizing and nearly impossible as the vet costs keep rising exponentially. In addition, many New Yorkers who adopted pets during the pandemic are now faced with SENIOR pets who are turning 6 and 7 and in dire need of some relief in order to continue keeping their pets fed & healthy. Please add money to the budget, it would need at least $1.5 million to even start to make an impact. Please let me know if you need any help or additional information. Thank you, Mayra Salcedo.
Sent from my iPhone

Hello everyone. My name is Morgan Black, and I am a member of ACT UP NY.

I am here to express my support for reopening the DOHMH sexual health clinics and to urge DOHMH to expand clinic services citywide.

Reopening the clinics should be top priority this year, starting with the Crown Heights clinic. Crown Heights has a higher rate of new HIV diagnoses than the city average, and has had higher COVID death rates than 75% of the city (according to DOHMH and City Council reports).

- The rate of new HIV diagnoses in Crown Heights is 34.4 per 100,000, compared to a citywide rate of 20.1 (Annual HIV Surveillance Statistics from 2024, page 81).
- Additionally, over the past five years, Crown Heights had higher COVID death rates than 75% of the city (according to a report by City Council).

I also urge DOHMH to expand clinic hours, geographic coverage and services to support the New Yorkers who are going to lose care under HR-1. This includes:

- extending clinic hours to Monday-Saturday, 9am to 9pm,
- making sure there's a clinic in every borough, so opening a clinic on Staten Island, and
- providing additional reproductive health services to fill the gap left by the closure of the Manhattan Planned Parenthood

Finally, DOHMH clinics do not require patients to show their ID, ensuring patient confidentiality. This confidentiality is particularly important as the federal government attempts to take healthcare away from immigrants and transgender New Yorkers.

- I urge DOHMH to consider new and creative ways to get people the care they need, such as providing mobile van services in neighborhoods with large immigrant communities and using the abortion hotline model to provide transgender health navigation services.

City Council Members, DOHMH, I ask that you prioritize the health and wellbeing of your constituents by reopening the sexual health clinics, and expanding services, hours, and geographical coverage.

Thank you.

Montemurro, Nicole

From: Montemurro, Nicole
Sent: Tuesday, March 17, 2026 12:15 PM
To: 'testimony@council.nyc.gov'
Subject: TNR Cat CRISIS and PetFood

Dear City Council,

I am reaching out to urge your attention to two urgent needs impacting both animals and communities in the Bronx: the establishment of accessible pet food pantries and affordable spay and neuter services for pet owners.

As an independent rescuer, I have witnessed firsthand the severity of the current cat crisis. Since January 1st, my friend and I have taken it upon ourselves to spay or neuter 493 cats. Of these, approximately 150 require additional medical or dental care—needs that often force us to appeal to overburdened rescues for assistance. We cover many expenses, such as dental treatments, from our own pockets, which has placed a significant financial strain on us. While our story involves just the two of us, there are countless independent rescuers across the city dedicating their evenings, weekends, and personal resources to this cause, often after completing full days of work.

The reality is heartbreaking: many families, unable to afford the costs of pet care, are abandoning their male cats as they reach maturity and begin spraying, typically around ten months to a year old. My friends and I have rescued so many of these discarded animals that we have lost count. The magnitude of this problem cannot be overstated. Without meaningful intervention, the cycle of abandonment and suffering will persist, further overwhelming our already overcrowded shelters.

The root causes are clear—many people are forced to relinquish their pets simply because they cannot afford to care for them. Overcrowded shelters, where euthanasia is a daily reality, are a direct consequence. This situation is deeply troubling for us, and the suffering we witness on the streets is what keeps us motivated to continue our efforts. We know that if we don't act, no one else will, as every rescue organization is stretched beyond their limits.

We are pleading for the city's support. By providing affordable spay and neuter clinics and pet food pantries, the city can alleviate shelter overcrowding and prevent unnecessary suffering. These resources would not only support independent rescuers but also empower families to keep and care for their pets.

We implore you to take action and help us make a lasting difference. Your support could transform the lives of countless animals and the people who care for them.

Thank you for considering this urgent appeal.

Thu, Mar 19 2026
NYC Council, Committee on Health

Dear Members of the Committee,

I strongly support funding for spay/neuter programs and pet food pantries. These modest investments would make an immediate and meaningful difference for animals, families, and the volunteer organizations serving our communities.

New York City faces a serious animal overpopulation crisis, especially among cats.

Spay and neuter services are the most humane and cost-effective way to reduce suffering, prevent shelter overcrowding, and lower long-term city costs (i.e., avoiding crisis response). Currently, rescue organizations are carrying this burden alone. Most are entirely volunteer-run and funded by small donations from the public, yet they provide essential services the city depends on: TNR, rescue, medical care, fostering, and adoption. They receive little formal support despite functioning as a critical safety net.

Pet food pantries are equally vital. Temporary hardship should not force families to surrender their beloved pets. Food assistance keeps animals in homes, reduces shelter intake, and supports low-income and senior residents. This is so important in the current economy, when many city residents are struggling to afford to feed themselves and their families; pets are part of those families too.

This issue is personal to me and so many people living in our city. I have adopted two cats rescued by independent NYC organizations. Both needed emergency veterinary care prior to adoption costing thousands of dollars, paid out of pocket by the rescues. Even with generous veterinary discounts, the financial strain on volunteers is overwhelming. These animals, and the people saving them, deserve better.

Both spay neuter and pet food pantry programs are small budget investments with outsized impacts. Such funding programs will reduce shelter intake, lower euthanasia rates, and keep families with beloved pets together. New York City has an opportunity to make a compassionate investment that prevents suffering and supports the communities doing this essential work.

I respectfully urge the Council to approve this funding.

Sincerely,
Nina Beeby

[Brooklyn]

Noella Deabreu
[redacted] ozone park 11417
Resident of Queens

To Mayor Mamdani & Members of city council

Hi, sending this testimony to join in on the budget request, because the cats in our area are becoming rampant and it's quite a sad sight to see! They are just babies that have to hide daily and are scared and worried where their next meal is coming from. Not being able to grow older in a safe environment. TNR is such an important roll in our communities and we need help to reach these goals! I feed cats every chance I get, I reach out to rescues but oftentimes they are filled to their limit, on top of helping with spay and neuter, We need events or news segments on the importance of why spay and neuter is such a vital part in taking care of animals/pets in our communities. Food pantries for animals would help lessen the amount of animals that get strayed and abandoned when people are no longer able to afford the basic needs of their pet! We need to reduce the amount of animals on the street, in a safe way to ensure they can live a longer life either with TNR or adoption. Funding will create new opportunities for these animals to thrive.

Thank you!

From: NC Rodriguez
To: Testimony
Subject: [EXTERNAL] Pet Pantry/TNR
Date: Wednesday, March 18, 2026 10:54:47 AM

[redacted]

Hi there-
I'm a resident of Flatbush/Ditmas Park and noticing that many of my neighbors are re-homing animals due to the cost of vet care/other expenses. It deeply saddens me as a pet owner myself. Veterinary care has gotten prohibitively expensive, while everyone benefits from the joy of owning a pet. Please support low-cost vet care and pet food pantries in the budget. This would greatly help my neighbors and the city at large.

Thank you,
Nora C Rodriguez
[redacted]Brooklyn, NY 11226

Committee on Health Thursday March 19, 2026

New York City Council Budget and Oversight Hearings on The Preliminary Budget for Fiscal Year 2027

Today I am asking the City Council and Mayor Mamdani to please **fund $1.5 million for spay/neuter surgeries and $2 million for pet food pantries** in the NYC FY2027 Budget.

New York City would greatly benefit from these services as communities across the boroughs continue to struggle amidst an affordability crisis. I have reached out to my own council member in **District 38**, Alexa Avilés, for support in establishing a much needed pet food pantry in our district.

Affordability continues to be the number one reason for pet surrender. Access to affordable veterinary services and pet food would help support the rescuers & clinics that are working on the front lines of the cat overpopulation crisis in New York City. Many New Yorkers are often working at their own cost to provide care for rescued animals including medical costs – such as wellness exams, vaccines, and spay/neuter surgeries – food, litter, and enrichment. Emergency vet visits will frequently cost thousands of dollars.

While working with different animal rescue organizations across the city, I have witnessed the intense need our municipal system could fulfill when considering animal welfare in the NYC FY2027 Budget. Working within my own neighborhood to help host pet food pantries this year has also allowed me to understand and experience the needs of my own community firsthand. I urge our city council and mayor to please expand community support and prevention programs that would empower families to stay together and reduce the burden on animal rescuers, organizations, and our municipal shelter.

The pilot program that is a citywide model to expand spay and neuter services that was spearheaded by Council Member Lynn Schulman and former Council Member Justin Brannan is really encouraging. Programs like these demonstrate how our city can work together and how our city leaders can help New Yorkers ease financial barriers when needed most. Please help our city take action with effective solutions for the overpopulation crisis NYC currently faces.

Thank you for your time.

Olivia Leyva

From: Patrice Green
To: Testimony
Subject: [EXTERNAL] Re: support for budget allocations for spay/neuter and pet food pantry
Date: Friday, March 20, 2026 8:56:53 AM

[redacted]

My name is Dr. Patrice Green. I am a physician who is fortunate enough to live and work in NYC.

I am also a lifelong advocate of animal rights and animal welfare. I have spent many hours setting up make- shift shelters and feeding stations in marginalized neighborhoods to help care for abandoned and unwanted animals. Often, these animals have been discarded simply because of an inability of their humans to feed them or cover the cost of an expensive spay or neuter.

This winter was especially tough. Unhoused individuals, often with a hungry dog as their only companion, could frequently be seen wandering in the cold. Many of these dogs were clearly underweight nursing females or unneutered males.

It is not just the unhoused population of the city that is struggling. During tough economic times, the choice is often feeding your pet or feeding yourself. Spaying or neutering your companion becomes an even lower priority. I recently adopted a rescue dog who needed to be spayed. The cost was close to $1000.00. It is unrealistic to think that a low-income New Yorker could come anywhere near affording this.

Not long ago I came across an individual sleeping on the street, a large, thin dog curled by his side. I approached and offered the man a sandwich I had just purchased at a nearby grocery. He accepted and broke the sandwich in half, handing the larger portion to his dog, saying “he eats first.” This should not be a choice any New Yorker is forced to make.

Voters for Animal Rights has, I believe, put forth a coherent and reasonable request for funding for both spay and neuter services as well as pet food pantries that would positively impact the

people and animals of New York City. I urge the Committee to allocate these funds as requested.

Thank you.

Patrice Green, MD

[redacted]

New York, NY 10009

Sent from Yahoo Mail for iPhone

The Bronx needs Pet Pantries and TNR

1 message

Paul Coverdale [redacted] Wed, Mar 18, 2026 at 4:06 PM
To: woof@vfar.org <woof@vfar.org>

Hi!

We know firsthand that without support, communities who already bare the brunt of societies "economic shifts" are always left behin
The Bronx is that community, we need support!

Pets are necessary for mental wellbeing and TNR is needed for limiting what is already an overwhelming issue.

Without support, funding and education, we live in a world where only the wealthy are deemed appropriate pet parents, thats not righ

Kind regards
Paul

From: Rachel Ng
To: Testimony
Subject: [EXTERNAL] INCLUDE PET PANTRY AND TNR IN 2027 BUDGET
Date: Wednesday, March 18, 2026 2:03:13 PM

[redacted]

To whom it might concern,

As a New York City resident, I am writing to express my deep concern regarding the rising cost of veterinary care and the ongoing overpopulation crisis of unowned cats across the boroughs.

To address these issues, I urge you to include funding for affordable spay/neuter programs and pet food pantries in the upcoming fiscal year budget. These resources are essential for supporting pet owners and managing the local animal population humanely and effectively.

Thank you for your time and for considering this important request.

Best,
Rachel Ng

Hello, my name is Rachel Selekman and I have lived in Chi Osse's District 36 since 2011, but I have lived in NYC since 1988, and only when I moved to Bed-Stuy did I become aware of the cat overpopulation crisis, at which time I got TNR (trap, neuter, return) and started rescuing.

It's critical that the City Council include funding in the 2027 budget – and every budget annually – for affordable spay/neuter for pet owners as well as the tired and underappreciated rescuers, like me, who, for the benefit of the animals we rescue, have been shouldering the burden of caring for the city's feral cats and abandoned pets for decades. This work should be the city's job, not mine or the countless other volunteers who are helping NYC's animals in need. Until the city can take responsibility for the animal welfare crisis in NYC, **the City Council should do the bear minimum: fund affordable spay/neuter and have food pantries available annually.**

When it comes to abandoned pets, you should know that cats, in particular, but dogs and rabbits and turtles, too, are being abandoned outside in epidemic proportions, an incredible increase that rescuers have seen in the past few years. These are pets that were provided with food and shelter and are the least likely to survive outside because they aren't equipped to do so. Rescuers must act immediately to help these animals. And you should also know that ACC will turn away pets that have been rescued outside. This is a whole other topic – ACC's mandate – that the new Animal Welfare Caucus should address, and that must include speaking to those of us on the ground doing the work.

Why are so many pets being abandoned outside? We often don't know for sure, since the people abandoning them don't usually leave notes (though sometimes they do), but it's not that hard to figure out:

1. Many abandoned male cats are under a year old, so they have come into maturity and they've started spraying. It stinks! Neutering males eliminates the problem before it even starts, and will stop the spraying once it's begun. But it costs hundreds of dollars that so many New Yorkers don't have so they dump these poor animals outside.
2. Many abandoned females are pregnant when dumped outside. Presumably her owner can't afford to care for her or her kittens so out she goes.
3. General affordability crisis: People can no longer afford to buy the supplies necessary to care for their pet(s). So out they go. It's an inhumane act to dump an animal outside when there are other options. But you think ACC is overcrowded now! If they had to intake all the pets people can no longer care for, they would be constantly over-capacity.
4. Sick pets: While most of the cats we rescue that have been dumped outside are young and unfixed, people also dump sick cats and dogs outside. Inhumane! Veterinary care isn't affordable, plain and simple.
5. Deportations: The city is facing and new challenge and it's going to get worse. Pets are getting left behind by people who are being abducted by ICE and the like. It's been happening in Los Angeles and Minneapolis and it's going to become an even bigger problem here. These will be animals left behind in apartments, cars, and let outside.

When the city includes funding for affordable spay/neuter and a pet food pantry in the annual budget, some pet parents won't dump their pets outside. This budgeted money, however, needs to be advertised. Not enough people know about it. And capacity for these surgeries needs to be increased. A clinic that has the capacity to do 2,000 or 3,000 surgeries a year needs to double their capacity to help with the affordability crisis, because it's not just affordability, *it's also about capacity.*

There are two more issues I'd like the committee, City Council , and new Animal Welfare Caucus to be aware of.

1. Bodegas, with their unfixed cats, are contributing in significant ways to NYC's cat overpopulation crises. Having cats in food establishments is illegal. While there are politicians who would like to make them legal, I am vehemently opposed. What needs to happen is that the current laws be enforced.

The photo below was taken by someone at a bodega in Clinton Hill in Brooklyn and was them reported to a rescuer. The person who found this scene was told that the kittens would be given away. Do you know what that means? They will most likely go to other bodegas or be given away to people who may not be able to do right by them. And by "right by them," I mean get them spayed/neutered, vaccinated, etc. So maybe they'll end up being dumped outside, left for rescuers to deal with – again. If they are given to a bodega, maybe they'll get run over by a car, or not be provided with enough food or a litter box that gets cleaned regularly, or maybe they'll have kittens *to keep this endless cycle going*. And let's remember that it's illegal to have cats in food establishments in NYC. And it's illegal to let unfixed cats roam outside in NYC. I've reported bodega cats to 311. Nothing happens. Regulating animals in food establishments should actually be the responsibility of the Department of Health. Nothing happens. It's a joke. Oh, and they may sell them too, also now illegal.



2. Did you know that the rescuer ASPCA hasn't allowed newly TNR-certified people to get rescuer accounts for at least 5 years? The rescuer ASPCA has explained that it doesn't have enough appointments for those *rescuers who already have accounts* and that's why they aren't providing new rescuers with accounts. This means that all these people who want to help feral and friendly cats as well as dogs, cannot get access to free spay/neuter at the ASPCA rescuer facilities. Without access to the rescuer ASPCA, there are very few options for any spay/neuter that's remotely affordable, and this means cats continue to multiply and suffer. If the City Council budgets annually for affordable spay/neuter, these rescuers can help more animals and help with the cat overpopulation crisis.

I hope that what I have articulated here makes it crystal clear that the City Council should fund affordable spay/neuter and a pet pantry in the 2027 budget. Rescuers and pet owners alike need both desperately.

— Rachel Selekman, Brooklyn, NY, rselekman@gmail.com, 347-986-9172

Dear Members of the New York City Council,

Every Last One Rescue is a foster-based organization saving NYC dogs at the Animal Care Centers. Our Angels program is to assist community members with the vet care they need to keep families together. We understand the dynamics issues that affect pet ownership. Our core foundation is "animal welfare is human welfare" because we cannot have one without the other. I urge you to expand funding for affordable spay and neuter services and pet food pantry programs across New York City.

New York is already taking steps in the right direction for animal welfare. A recent City Council initiative allocated funding to support thousands of low-cost spay/neuter surgeries, but this only meets a fraction of the need citywide. At the same time, many New Yorkers still struggle to afford basic veterinary care, contributing to rising pet abandonment and overcrowded shelters.

Investing in these services is a proven, cost-effective solution:

- Spay/neuter programs reduce shelter intake and overpopulation, preventing suffering before it starts
- Pet food pantries keep families together, addressing one of the most common reasons pets are surrendered
- Preventative care is far cheaper than sheltering and emergency interventions

Programs already exist but are under-resourced. Organizations like Animal Care Centers of NYC provide connections to free or low-cost spay/neuter services and even operate community resource programs that include pet food support, but demand continues to exceed capacity. Additionally, partnerships distributing pet food through community networks have already delivered hundreds of thousands of meals, demonstrating both need and impact.

New Yorkers overwhelmingly value their pets as family. Expanding funding would reduce strain on overcrowded shelters, support low-income pet owners, improve public health and community well-being, advance humane and preventative solutions.

I respectfully urge the Council to:

- Increase funding for free and low-cost spay/neuter programs
- Expand pet food pantry access in underserved neighborhoods
- Support community-based organizations already doing this work

Thank you for your leadership and commitment to making New York City more humane for both people and animals.

Sincerely,
Ren Fischer and Victoria Segal

March 19, 2026

City Council 2027 Health Budget Hearing

Thank you all for being here. My name is Rikki McGinty and I am a caretaker of community cats. Last October, I met Leon when he came to pick up kitten toys I had posted on Freecycle.org. Leon's neighbor had a female cat he could not afford to get spayed, and when she gave birth to kittens, the neighbor put them on the street. Leon rescued the two male newborns, bottle-raised them, and meant to adopt them. When I met Leon, Mumu and Leonard were five months old – I urged Leon to have them neutered soon.

Three weeks ago, I heard from Leon again, who had struck the same financial barriers as his neighbor: he could not afford to have his cats neutered or the ongoing costs of cat food. He wanted my help to find a new home for the cats; otherwise, he would have to surrender them to ACC. One of the brothers, almost one year old now, had started to "mark his territory," meaning he was urinating around the apartment. Peeing outside of the litter box is the top reason cat owners abandon their pets.

I immediately reached out to Flatbush Cats – to whom this Council allocated $500K for spay and neuter services in last year's budget – but the clinic was swamped with hundreds of surgeries that had to be delayed due to the recent blizzard. After a week of networking, I did find an affordable option and Mumu and Leonard were neutered on Tuesday! Leon is trying now to find an adopter with the financial means to pay for food and medical care for the cats' lifetimes.

Rescuing cats no longer applies only to cats living homeless in our neighborhoods but also to supporting the cats in our homes. To reduce the misery on the street and to keep our pets safe, we need you to enable affordable spay/neuter services and pet food pantries. These solutions work in tandem; we need both to address the dire situation of cats and rescuers.

Thank you for your time and for serving all New Yorkers in your next budget.

Rikki McGinty

[redacted]

Brooklyn NY 11238

From:	Rita Elizabeth Garcia
To:	Testimony
Subject:	[EXTERNAL] March 19. 9:30 am - Prelimanary Budget Hearing - Health Committee Support Funding for Animal Welfare & Prevention [Rita Garcia]
Date:	Sunday, March 22, 2026 2:15:05 PM

[redacted]

Members of the City Council,

I am asking you to do something bold, something humane, and something fiscally responsible: invest $15 million in a comprehensive, community-centered animal welfare strategy that addresses the root causes of suffering—for animals and for the people who love them.

At first glance, $15 million may sound like a large request. It isn't. Within a proposed city budget of $127 million, this represents just over one one-hundredth of the total. What is large is the cost of inaction—financially, socially, and morally.

We have seen what happens when we underfund prevention. Last year, a modest $1.5 million request for spay and neuter services was reduced to $500,000. A $1 million request for a pet food pantry received nothing. The result? More animals entering shelters, more overcrowding, more euthanasia, and more families forced into heartbreaking decisions they never should have had to make.

This is not just an animal issue. This is a community stability issue. This is a public health issue. This is a social justice issue.

When families cannot afford pet food, veterinary care, or basic services, they don't stop loving their animals—they are forced to surrender them. When we fail to provide access to spay and neuter, we guarantee a cycle of overpopulation that overwhelms shelters and drains city resources. When we rely on enforcement without offering support, we punish instead of prevent.

This proposal is not abstract. It is practical, targeted, and proven to save money over time. It includes:

- Pet food pantries to keep animals in homes and out of shelters
- Spay and neuter services for all animals—not just those in rescues
- Low-cost or free veterinary care to prevent suffering and costly emergencies
- Subsidized microchipping to reunite lost pets quickly
- Accessible dog training, both in-person and virtual, to reduce behavioral surrenders
- Grants for humane education to build a more compassionate next generation
- Public awareness campaigns addressing animal hoarding, TNR (Trap-Neuter-Return), and harmful myths about certain breeds and shelter animals

A centralized online portal connecting residents to all animal-related resources in one place
- A pilot Animal Protection Unit and Emergency Response Team to handle animal-related calls with expertise and care, reducing strain on police
- A dedicated task force addressing the alarming rise in animal abandonment and ensuring enforcement of existing laws

These are not luxuries. These are the building blocks of a system that works.

Right now, our system is reactive. It waits until animals are suffering, until shelters are overflowing, until families are in crisis. Then it spends exponentially more trying to manage the damage. Prevention is not only kinder—it is cheaper.

Every dollar invested in keeping pets in homes saves multiple dollars in shelter intake, medical care, enforcement, and long-term housing. Every family supported is a crisis averted. Every animal kept out of the shelter is a life improved—and often saved.

You will hear that this is too ambitious. That we should start smaller. But we have started small—and it has not been enough.

What this city chooses to fund reflects what it values.

- If we value compassion, we fund it.
- If we value prevention, we fund it.
- If we value keeping families—all families, including those with pets—together, we fund it.

Animal welfare is not a fringe issue. It intersects with housing, poverty, mental health, and public safety. Communities that invest in humane infrastructure are stronger, safer, and more resilient.

So I ask you: do not dismiss this because it feels big. Recognize it for what it is—a smart, strategic investment in the wellbeing of this entire city. We cannot solve this halfway. We either build a system that works—or we continue paying the price for one that doesn't.

The choice is yours.

Respectfully,
Rita Garcia
Upper West Side

March 19, 2026

Budget Hearing in the NYC Council Committee on Health

My name is Robin Jacobson. I am a New York City pet parent and a member of several animal welfare groups. Thank you for the opportunity to testify electronically today. I also want to thank you for your continued leadership on issues impacting animals and the communities who care for them.

It was a meaningful and historic step forward in last year's budget when, for the first time ever, the city allocated $500,000 for spay/neuter services; this funding resulted in approximately 3,500 surgeries. This investment, however, only represents a small fraction of what is actually needed. The 3,500 surgeries make up only 2% of the estimated need. In order to effectively address the severe animal overpopulation and reduce shelter intake, New York City has to support nearly 200,000 spay/neuter surgeries each year.

The city's nonprofit and rescue community is already overwhelmed beyond their capacity. The work that needs to be done is left up to volunteers who often use their own time, money and resources. It is not sustainable to continue to rely on an informal, unpaid workforce to provide an urgently needed vital public service.

I am respectfully urging the Council to allocate $1.5 million in this year's budget for spay/neuter services. This funding would be crucial in building the infrastructure needed to manage the population of community animals in a humane and effective manner.

Another urgent issue for the animal population is pet food insecurity. There was no funding in last year's budget for pet food pantries even though there is a growing need for this service throughout New York City. At this time, financial hardship is still one of the leading reasons people surrender their pets; families are being forced to make the insurmountable choice between feeding themselves and their animal companions.

Enabling people to access pet food is one of the most effective ways to help keep their pets at home and out of the shelter system; it reduces intake, helps families and helps communities. That is why we are also calling for $2 million in funding for pet food pantry programs in the Bronx and Brooklyn.

Investing in spay/neuter services and access to pet food can enable New York City to reduce shelter intake, improve public health and support working families. These are not just issues concerning animal welfare – they are also community stability issues and equity issues.

In closing, I would like to urge the Council to build on last year's step in the right direction and allocate $1.5 million in spay/neuter services and $2 million for pet food pantries.

Thank you for the opportunity to submit this testimony and thank you for your time and commitment to the people and animals of New York City.

Sincerely,

Robin Jacobson

[redacted] New York, NY 10024

[redacted]

From: Russell Rovira
To: Testimony
Subject: [EXTERNAL] Committee On Health: Pet Pantry & TNR
Date: Saturday, March 21, 2026 8:26:39 AM

[redacted]

Russell Rovira-Espinoza
[redacted].
Brooklyn, NY 11220

I am in support of funding for a pet pantry and TNR programming.

The economy is only getting tougher for many everyday New Yorkers. The establishment of a pet food pantry program creates a vital resource for the community, providing much-needed support to pet parents in times of financial difficulty.

The benefits extend beyond simply feeding pets; they keep animals out of animal shelters. Additionally, a pet food pantry can foster a sense of community and encourage local partnerships.

In our community of Sunset Park, it is only becoming harder for residents to maintain themselves and their pets.

Thank you for your consideration.

From: Sakinah A.
To: Testimony
Subject: [EXTERNAL] 2027 Budget & Pet Food Pantry
Date: Sunday, March 22, 2026 3:56:17 PM

[redacted]

Greetings,

I'm writing as a caretaker of 2 cats and an animal rescue volunteer.

I support the City Council including funding for a pet food panty in NYC, that will help individuals and families in caring for their pets. Also, I want to ask that Council members not forget the importance of funding for spay/neuter services for New Yorkers. Per Voters for Animal Rights, there's still no money in the 2026 budget for low-cost spay/neuter services, and I was deeply disappointed to learn that information.

Some evidence for why a pet food pantry is necessary can be seen in some of the Animal Care Centers dog intakes. In the videos posted by ACC for adoptable dogs, some abandoned or surrendered dogs enter ACC's care very thin, and the outline of the dog's spine is visible.

Terribly heartbreaking to see and fortunately that changes afterwards. If people aren't able to feed their animals, then those same animals will end up in ACC which will continue to keep the shelter at crisis levels with persistent overcrowding. Funding for a pet food pantry will help change that by making it possible for people to feed their pets, instead of having to surrender due to being unable financially to feed their pet.

As for myself, I have a good job and don't have an issue buying food for my 2 cats. However, I'm a two time cancer survivor so knowing that there's a pet food pantry -- if I should ever need one -- would be a relief.

Allocating money for spay/neuter is necessary too. Low-cost spay & neuter services helps keep pets with their families. For example, it's disappointing when I see a cat owner walk into Petco thinking they can surrender kittens, because they allowed their intact cat to roam outside. Kittens from these types of situations either are abandoned on the street, or increase the number of animals that end up in shelters or rescues. Spay/neuter funding has proven to be helpful in preventing this from happening -- along with educating the public on the benefits of spaying/neutering.

Thank you for your time and I hope that the NYC Council will include funding for both in the 2026 budget.

Respectfully,

Sakinah S. Abdus-samad

[redacted]
Brooklyn, NY 11204

From: Sandra Celestin
To: Testimony
Subject: [EXTERNAL] Fix B-HEARD Program - Written Testimony
Date: Friday, March 20, 2026 9:30:07 AM

[redacted]

Good day,

My name is Sandra Celestin, and I am a New York City constituent and serve as an Advocacy Ambassador with NAMI-NYC, the National Alliance on Mental Illness.

I would like to take this opportunity to tell you my story and how funding Mental Health is extremely important to me. My mother suffers from Mental Illness, and has been for decades. In 2015, my health began to decline, and I was struggling with my Mental and Physical well-being. Then, in April of 2021, I relocated from Virginia back home to NY, and COVID was on the rise. My family and friends abandoned me, and I spent 9 months in the shelter system and attempted suicide twice.

B-HEARD (Behavioral Health Emergency Assistance Response Division) transforms New York City's response to 911 Mental Health calls from law enforcement to a health-centered model. This approach treats Mental Health crises as public health issues, leading to significant improvements in care. Key benefits include a 96% patient satisfaction rate, reduced hospitalization rates (only 46% of cases compared to 87% with traditional responses), and trained teams capable of expert de-escalation. Since 2021, B-HEARD has addressed nearly 35,000 calls, demonstrating its effectiveness as a humane, specialized alternative in handling mental health emergencies.

B-HEARD demonstrates several key positive effects in managing Mental Health crises: it reduces police involvement by employing EMTs and mental health professionals; lowers hospital transport rates, with 47% of individuals treated onsite or connected to community resources; and boasts a high acceptance rate of 95% among those approached. Patient satisfaction is notably high, with 99% reporting respectful treatment. The program improves crisis management by providing on-scene treatment, lessening trauma associated with police transports, and enhances long-term care connections by increasing referrals to community services. B-HEARD also alleviates emergency room overcrowding through effective community-based resource direction and intervention.

The absence of the B-HEARD program in New York City would lead to significant negative impacts on individuals experiencing mental health crises. Key consequences include increased police intervention, with NYPD officers responding to nearly all mental health 911 calls, which could escalate crises. Hospitalization rates would likely soar from the current 46% for B-HEARD participants to the traditional rate of 87%, as B-HEARD connects individuals to community resources instead of emergency rooms. The program's loss would diminish public

trust in mental health crisis responses, evidenced by a 96% patient satisfaction rate. Moreover, fewer individuals would accept help, as B-HEARD teams foster a more approachable atmosphere than traditional police and EMS responses. The specialized training of B-HEARD's licensed social workers in crisis management would also be lost, leading to less effective assistance and fewer targeted referrals to community care centers. Overall, the elimination of B-HEARD would transform mental health emergencies from public health issues into public safety concerns, exacerbating the problem.

Not having access to Mental Health crisis services can severely impact physical and mental well-being, leading to a decline in functioning and a higher risk of crises. Key consequences include worsening symptoms, impaired daily functioning, physical health complications due to chronic stress, and increased risk of dangerous outcomes like self-harm. Additionally, untreated mental health crises can result in social isolation, economic distress, unemployment, and a heightened risk of incarceration or homelessness.

Thank you for your time and attention to Mental Healthcare, as well as noting the concerns addressed.

Best Regards,

Sandra A. Celestin
[redacted]
New York City, New York 10030
[redacted]

From: Sandra Celestin
To: Testimony
Subject: [EXTERNAL] Testimony- Expand School-Based Mental Health Services
Date: Saturday, March 21, 2026 11:29:01 AM

[redacted]

Good day,

My name is Sandra Celestin. I am a New York City constituent and serve as an Advocacy Ambassador with NAMI-NYC, the National Alliance on Mental Illness.

I would like to take this opportunity to tell you my story and how funding Mental Health is extremely important to me. My mother suffers from Mental Illness, and has been for decades. In 2015, my health began to decline, and I was struggling with my Mental and Physical well-being. Then, in April of 2021, I relocated from Virginia back home to NY, and COVID was on the rise. My family and friends abandoned me, and I spent 9 months in the shelter system and attempted suicide twice.

In 2018, New York mandated Mental Health education in public schools, becoming the second state after Virginia. The law necessitates that health education incorporate Mental Health and its connection to physical health, impacting K–12 students in NYC. This includes a School Mental Health Program and the integration of mindful breathing practices. Although the law does not guarantee access to in-school Mental Health services, schools are recognized as key for early intervention. An audit revealed insufficient action from the NYC Department of Education to implement Mental Health instruction, with many schools lacking adequate staff support. Mental Health conditions among youth are increasing, adversely affecting their academic performance, relationships, and overall safety.

A Mental Health curriculum in schools is essential for reducing stigma, promoting discussions, and teaching coping skills to students K-12. It enables early identification and management of mental health needs, fostering academic success and social skills while improving relationships with adults and communities. The curriculum also supports mindfulness and emotional learning, benefiting children's social development and resilience. Teachers, parents, and caregivers learn to understand and respect children's feelings, contributing to positive developmental outcomes. The New York State Education Department mandates this curriculum, aiming to ensure children actively participate in Mental Health lessons to address treatable conditions early, ultimately leading to better focus, relationships, and overall well-being. Cultivating a supportive environment is crucial as school-age children navigate diverse challenges and developmental milestones.

A Mental Health curriculum in schools is essential for reducing stigma, promoting discussions, and teaching coping skills to students K-12. It enables early identification and management of mental health needs, fostering academic success and social skills while

improving relationships with adults and communities. The curriculum also supports mindfulness and emotional learning, benefiting children's social development and resilience. Teachers, parents, and caregivers learn to understand and respect children's feelings, contributing to positive developmental outcomes. The New York State Education Department mandates this curriculum, aiming to ensure children actively participate in Mental Health lessons to address treatable conditions early, ultimately leading to better focus, relationships, and overall well-being. Cultivating a supportive environment is crucial as school-age children navigate diverse challenges and developmental milestones.

In 1993, Robert Thompson and Jon Venables, both **10 years old**, abducted, tortured, and murdered **2-year-old** James Patrick Bulger in Merseyside, England. His mutilated body was discovered in Walton, Liverpool.

Thompson and Venables were charged on February 20, 1993, School-Aged with abduction and murder. They were found guilty on November 24, making them the youngest convicted murderers in modern British history.

They were sentenced to an indefinite prison sentence but were released on lifelong parole at 18. Venables was sent to prison multiple times for violating his parole and remained in prison until 2023.

The Bulger case has prompted widespread debate about how to handle young offenders when they are sentenced or released from custody. This is only one example of how early detection and intervention could have prevented this.

As a result, the Mental Health curriculum for students in grades K-12 needs to be enforced so that we, as Americans, can keep our children out of prison.

Thank you for your time and attention to Mental Healthcare, as well as noting the concerns addressed.

Respectfully,

Sandra A. Celestin
[redacted]
New York, NY 10030

From: Sandra Celestin
To: Testimony
Subject: [EXTERNAL] Testimony - Increase Supportive Housing for People with Mental Illness
Date: Saturday, March 21, 2026 5:19:12 PM

[redacted]

Good day,
My name is Sandra Celestin. I am a New York City constituent and serve as an Advocacy Ambassador with NAMI-NYC, the National Alliance on Mental Illness.

I would like to take this opportunity to tell you my story and how funding Mental Health is extremely important to me. My mother suffers from Mental Illness, and has been for decades. In 2015, my health began to decline, and I was struggling with my Mental and Physical well-being. Then, in April of 2021, I relocated from Virginia back home to NY, and COVID was on the rise. My family and friends abandoned me, and I spent 9 months in the shelter system and attempted suicide twice. On January 20, 2022, I was accepted into supportive housing where they helped me regain control of my Mental faculties, and I currently reside there.

Protecting Permanent Supportive Housing (PSH) is essential as it provides affordable housing along with tailored services, contributing to long-term housing stability, improved mental health, and reduced reliance on costly emergency services. Key reasons for its protection include enhanced health and stability for individuals with mental illness, significant public cost savings by lessening high-cost interventions, and the provision of necessary support services. PSH promotes safety and independence through a "Housing First" approach, boosts community well-being by stabilizing neighborhoods, and helps end the cycle of crisis care involving shelters and emergency rooms, fostering a dignified living environment for vulnerable populations.

Supportive Housing (PSH) is essential for improving clinical outcomes, reducing psychiatric hospitalizations, and promoting long-term wellness. It is cost-effective and often achieves high success rates, with housing retention rates above 80% for chronically homeless individuals. However, recent policy shifts could lead to 170,000 to 200,000 households losing stable housing, posing a threat to vulnerable citizens. PSH also plays a role in psychological safety, as unsafe neighborhoods can impact mental health. Investments in PSH reduce chronic homelessness and improve housing stability and health, offering a cost-effective, preventative measure to address homelessness.

Supportive housing is highly effective in addressing chronic homelessness for several

reasons. The Housing First approach removes entry barriers, providing immediate stability necessary for dealing with complex needs. Comprehensive on-site support services, including case management and healthcare, target the root causes of homelessness. Long-term, rent-stabilized housing allows individuals to focus on recovery and personal goals instead of mere survival. This model also proves cost-effective by reducing the use of expensive emergency services and enhancing community safety by revitalizing neighborhoods. Evidence shows it leads to improved housing retention, better health, reduced substance use, and overall enhanced quality of life for residents.

Supportive housing is built on four pillars: the "Housing First" philosophy, which prioritizes providing a permanent home without requiring sobriety; integrated and voluntary services, offering personalized care without eviction risks; permanence and affordability through standard leases and rent subsidies; and proven cost-effectiveness by significantly reducing emergency system usage, thereby saving public funds. This approach leads to fewer hospital and incarceration days, demonstrating its financial viability.

Permanent Supportive Housing (PSH) is an evidence-based practice aimed at helping clients maintain housing stability. Since 1995, studies, including randomized controlled trials, have shown that integrating affordable long-term housing with voluntary support services enhances housing stability, decreases chronic homelessness, and reduces emergency public service use. Key findings highlight a significant increase in housing stability, retention rates up to 98%, reduced hospital visits, and cost savings. The "Housing First" model underpins PSH, emphasizing housing independent of service participation, with individualized, consumer-driven support. Rigorous research supports PSH's effectiveness, with proven outcomes including high housing stability, significant budgetary returns, and improved health and quality of life for participants. Academic reviews further validate PSH's role in achieving better housing outcomes and overall well-being.

Thank you for your time and attention to Mental Healthcare, as well as noting the concerns addressed.

Best Regards,

Sandra A. Celestin
[redacted]
New York City, New York 10030
[redacted]

From: Sarah Kyle
To: Testimony
Subject: [EXTERNAL] Budget Hearing - TNR Consideration
Date: Wednesday, March 18, 2026 2:34:05 PM

[redacted]

To whom it may concern;

I'm a New Yorker living in Sunnyside, Queens. I'm concerned about the rising cost of Animal Care in the city, when I adopted my own cat I was forced to drive 3 hours to get an affordable spay appointment. Failing to fund programs like this, will only result in more animals suffering in New York city.

I urge you to consider funding spay and neuter programs and pet pantries in this fiscal year.

Thank you.

--
Sarah & Kyle
[redacted]

From: S C
To: Testimony
Subject: [EXTERNAL] Budget Hearing - TNR Consideration
Date: Wednesday, March 18, 2026 2:33:26 PM

[redacted]

To whom it may concern;

I'm a New Yorker living in Sunnyside, Queens. I'm concerned about the rising cost of Animal Care in the city, when I adopted my own cat I was forced to drive 3 hours to get an affordable spay appointment. Failing to fund programs like this, will only result in more animals suffering in New York city.

I urge you to consider funding spay and neuter programs and pet pantries in this fiscal year.

Thank you.

Sarah Bedell

From: Sarah Clayton
To: Testimony
Subject: [EXTERNAL] Budget Hearing - TNR Consideration
Date: Wednesday, March 18, 2026 2:34:08 PM

[redacted]

To whom it may concern;

I'm a New Yorker living in Sunnyside, Queens. I'm concerned about the rising cost of Animal Care in the city, when I adopted my own cat I was forced to drive 3 hours to get an affordable spay appointment. Failing to fund programs like this, will only result in more animals suffering in New York city.

I urge you to consider funding spay and neuter programs and pet pantries in this fiscal year.

Thank you.

--
Sarah Clayton

New York City, NY

[redacted]

Staff Me Up

LinkedIn

From: #TeamEudes For Eudes Pierre
To: Testimony
Subject: [EXTERNAL] TESTIMONY-Committee on Mental Health, Addiction and Disabilities
Date: Sunday, March 22, 2026 6:07:12 PM



Thank you Chair Caban and members of the committee for holding this hearing on the FY '27 preliminary budget as it relates to mental health, disabilities and addiction.

My name is Sheina Banatte and I am the managing director of Advocacy for Justice for Eudes Pierre Coalition and a Steering Committee member of CCIT-NYC. I am here today, to testify about the need for substantial investments in the behavioral health continuum of care with an emphasis on employing peers (individuals with lived mental health experience) to prevent crises and offer stability post crises, including real investments in B-HEARD.

Eudes Pierre, my beloved cousin, murdered by NYPD four years ago while experiencing a mental health crisis after calling 911, is why I continue to show up here. Exposing my grief, my frustrations, and my purpose to honor his life and legacy so he's not defined by how he was killed. Win Rozario, King Wong, Michael Lynch. Not limited to survivors like Jabez Chakraborty, 22 years old, who is faced not only with more trauma and stigma, but criminal charges brought on by the Queens DA.

Countless New Yorkers have been traumatized by inappropriate responses to mental health crisis calls. Since 2015, over 20 individuals have been killed by police officers while experiencing a mental health crisis in New York City. The situation is dire and this system needs accountability, change, and transformation immediately. There is no bigger investment in this critical time we are in than in INVESTING IN HUMAN LIVES.

Invest in Peers; those who specialize in compassion, emotional intelligence, culturally responsive, trauma informed. A person centered approach. An approach the NYPD have exhibited they do not possess nor can be trained to develop and adhere to. Peers must be added to B-HEARD teams and be made a part of all aspects of planning, training, implementation, and oversight.

Furthermore,

• Expand the number of B-HEARD teams to match the call volume.

• Expand the number of B-HEARD teams to ensure citywide and 24/7 coverage.

• Establish 988 as the number to be dialed for mental health and substance use crises, in lieu of 911, while ensuring interoperability among 988, 911, and 311.

• Renew and expand the speaker budget initiative for the peer behavioral workforce to $6M in

the FY ‘27 budget. Funding eligibility criteria must be refined to spotlight the peer behavioral workforce, with an emphasis on positions that aid in community-based behavioral health crisis response systems and the related continuum of care.

The City Council Committee on Mental Health, Addiction, and Disabilities jointly with the Committee on Workforce Development, must hold an oversight hearing this spring on the topic of behavioral health workforce development. This is especially pertinent as Mayor Mamdani promotes his vision for the Department of Community Safety, which would need a robust behavioral health workforce. A comprehensive workforce strategy, coupled with adequate funding, will enable the City to take a coordinated approach to building a pipeline of behavioral health workers, while investing in professional development and career pathways to retain talent.

Thank you for the opportunity to testify. Please help us create a system that ensures mental health crisis calls are appropriately responded to. Together, we can ensure that no one is further criminalized or murdered because of their mental health status. Justice for Eudes Pierre.

#PEERSNOTPOLICE

In Solidarity,
#TeamEudes for Eudes Pierre

"Injustice anywhere is a threat to justice everywhere."
-Rev. Dr. Martin Luther King Jr.
#JusticeforEudesPierre
#MentalHealthMatters

Video:
https://youtu.be/6CuLMlW4tnM?si=bqjCDFIdo0jaE4nN
Change.org:
https://www.change.org/p/nyc-council-member-the-eudes-pierre-law
Instagram:
https://instagram.com/justiceforeudes?igshid=YmMyMTA2M2Y=

Are you in crisis, experiencing emotional distress, or worried about someone you know? Call or text 988 or chat at
988lifeline.org
24 hours a day, 7 days a week.

I am an active rescuer in the Bronx, and we are in urgent need of spay and neuter services. There has been a significant increase in the number of friendly cats being abandoned and surrendered in local parks, on the streets, at pet shops, and veterinarians. I've never witnessed so many cats reproducing throughout the streets. We urgently require the city's involvement, particularly in the Bronx. Additionally, animals are being left behind in apartments as people face eviction.We are working tirelessly to address this growing crisis, but without the necessary resources and support, our efforts can only go so far. The situation is heartbreaking, and we are calling on the community and local authorities to join us in this mission to control the stray cat population humanely.Collaborating with local shelters, veterinarians, and volunteers, we aim to implement more effective spay and neuter programs to prevent suffering. We need to advocate for policies that support animal welfare and help pet owners feed their pets with supportive pet food pantries.

From: Susan Kalev
To: Testimony
Subject: [EXTERNAL] PROTECTING OUR PETS
Date: Monday, March 16, 2026 8:50:14 PM

[redacted]

WE NEED more funding for spay/neuter programs to prevent killing of our beloved animals. New Yorkers need more help for pet food pantries. All cost of living expenses are rising and caring for our beloved companion animals are becoming a burden for many of us. Please include those needs in the City budget.

Thank you.

[redacted]
NYC

Testimony

HI my name is Sylvia Pizarro. It has been a recovery journey for me at Lifelinks Clubhouse I developed a relationship with the members at LIfelinks. It has been a positive experience Because I would get invovled in the activities and meetings like Wellness. Without LIfelinks I would be isolated in the community. I would be sad, depressed and lost without LIfelinks. I wouldn't know what to do with my time. The way that LIfelinks has helped me is I get to know the people there. I'd leave home to come to the lifelinks clubhouse because I feel better at the clubhouse by doing the activities. I like the reception desk because I get to greet t the members and answer the phone. There are other parts about the clubhouse LIfelinks that I like which is that it provides structure. Structure is necessary to have consistency.

From: Teresa Mayer
To: Testimony
Subject: [EXTERNAL] NYC BUDGET- Pet Pantry and TNR
Date: Wednesday, March 18, 2026 8:53:57 PM

[redacted]

Hello,

I am a New Yorker living in Park Slope/Boerum Hill Brooklyn. I am concerned by the rising cost of vet care and the overpopulation crisis of unowned cats in our neighborhoods. Please provide funding for affordable spay/neuter programs and pet food pantries in the upcoming fiscal year.

I personally foster to up 4 cats at a time in my 312 sq foot apartment but I can only do so much as one person. We need you to do your part! Do the right thing and include this in the budget.

Thank you,
Teresa Mayer

Sent from My iPhone

As a foster volunteer for Animal Care and Control/NYC, I support allocating $1.5 million for spay and neuter surgeries and $2 million for pet food pantries in the FY 2027 city budget. These are not abstract line items—they are the difference between prevention and crisis.

Spay and neuter funding directly reduces overcrowding in shelters, preventing thousands of unwanted litters before they begin. Without it, intake rises, resources strain, and euthanasia rates follow. Pet food pantries work just as quietly, but just as powerfully. A temporary hardship should not mean a permanent loss. When families can access basic support, they are far more likely to keep and care for the animals they love.

Right now, rescue groups across the city are stretched beyond capacity, stepping in where gaps already exist. These funds would not only ease that burden, but address the root causes driving surrenders in the first place. Investing in prevention and support is not just humane—it is practical, cost-effective, and necessary for a city that values both its animals and its communities.

Thank you for your attention to this matter.

Tracy Sumner

Victoria Gardiner
[redacted]
Brooklyn, NY 11226

Committee on Health Hearing – Thursday, March 19, 2026, 9:30 AM

Re: Support for City-Funded Spay/Neuter Services and Pet Food Pantries (FY 2027 Budget)

My name is Victoria Gardiner, and I am a Brooklyn resident, a cat parent, and an active volunteer in local animal rescue efforts. I am testifying in strong support of increased city funding for spay/neuter surgeries and pet food pantries in the FY 2027 budget.

As a resident of Brooklyn, I witness firsthand the severe and ongoing suffering of cats living on our streets, an experience that has profoundly shaped my commitment to rescue work. As an independent rescuer, I have personally contributed thousands of dollars from my own finances toward life-saving veterinary care, food, and essential resources for street cats in need. In addition, I volunteer with Flatbush Cats, where I assist with trap-neuter-return (TNR) initiatives and shelter operations, helping to prevent further reproduction and suffering while giving friendly cats the opportunity to transition into safe, loving homes. While cats are undeniably a joy to be around, the level of devastation endured by cats living outdoors (something I have observed constantly throughout my five years of rescue work) is unacceptable and demands urgent action. I am tired of seeing deceased cats that deserved better or spending late nights at emergency vet offices to have suffering cats humanely euthanized because the city has failed them.

I share my experience because New York City has the ability and responsibility to meaningfully address this crisis. Funding affordable spay/neuter services is one of the most effective and humane solutions to cat overpopulation, as it directly prevents the cycle of reproduction and suffering. Expanded access to these services would also ease the immense financial and emotional burden placed on volunteers, many of whom step in not because it is their job, but because they cannot turn away from an animal in distress. Furthermore, affordable spay/neuter programs reduce barriers to adoption by lowering initial veterinary costs, enabling more friendly cats to leave the streets and enter permanent homes. For many prospective adopters, financial constraints remain the sole obstacle, and the combination of affordable spay/neuter services with city-funded pet food pantries would significantly improve outcomes for both animals and their caregivers.

I respectfully urge the New York City Council and Mayor Mamdani to allocate $1.5 million for spay/neuter surgeries and $2 million for pet food pantries in the FY 2027 city budget. These investments represent the minimum funding necessary to achieve a meaningful and measurable impact on the lives of thousands of cats and the people who care for them. The current level of funding for comparable initiatives is insufficient and fails to meet the scale of the need.
Thank you for the opportunity to submit this testimony. I greatly appreciate your consideration and urge you to prioritize these critical welfare investments in the FY 2027 budget.

Sincerely,

Victoria Gardiner

Victoria Gardiner

From: victoria sammut
To: Testimony
Subject: [EXTERNAL] Urgent Need for Funding for Spay/Neuter and Pet Food Programs
Date: Tuesday, March 17, 2026 11:12:44 PM

[redacted]

Dear Council Members,

My name is Victoria Sammut, and I am a dedicated volunteer and cat colony caretaker here in New York. I spend my time caring for community cats—feeding them, monitoring their health, and working tirelessly to trap, neuter, and return them when resources are available.

Every single day, I receive calls and messages about cats that need help—whether they are sick, injured, or in urgent need of being trapped. The demand is constant and overwhelming, and there are simply not enough resources to keep up.

I am writing to stress how urgent it is that our city increases funding for spay/neuter services and establishes pet food pantry programs. Right now, the need is overwhelming. The cat population is simply out of control, and without proper intervention, it will only continue to grow into a full-blown crisis.

On the streets, these cats face unimaginable hardship. Many are abused, neglected, or simply ignored. Kittens, especially, suffer the most—they are born outside into dangerous conditions, often becoming sick with infections, parasites, and respiratory illnesses. Many do not survive. This is the reality we are seeing every single day.

Cats can begin reproducing as early as five months old, and a single unspayed female cat and her offspring can produce dozens—if not hundreds—of kittens in just a few years. As caretakers, we are doing everything we can, but without adequate funding, we are fighting a losing battle.

Last year's funding only addressed a fraction of the need, and the absence of funding in this year's proposed budget is deeply concerning. We need to expand access to spay/neuter services immediately. Increasing funding to at least $1.5 million would allow thousands more animals to be sterilized, directly reducing overpopulation and suffering.

Additionally, pet food pantries are critical. I see firsthand how many families are struggling to care for their pets due to financial hardship. These programs keep animals fed, prevent surrenders to already overcrowded shelters, and support the community as a whole.

Without action now, we will face an even greater crisis—more homeless animals, more strain on shelters, and more suffering in our communities.

I urge you to prioritize funding for spay/neuter services and pet food pantries in this year's budget. This is not just an animal issue—it is a public health and community issue.

Thank you for your time and consideration.

Sincerely,
Victoria Sammut

Sent from Yahoo Mail for iPhone

To Mayor Mamdani & Members of city council

Hello, I'm sending this testimony to join in on the budget request for city funding in helping the stray cat community in NYC. TNR has such an important role in our communities and we need help to reach these goals to help decrease the number of strays we have on the streets. I have a neighbor that is able to trap and have many of the strays in my neighborhood neutered and spayed. But the cat population grows faster especially when very few places are available to take on the amount of cats and the cost to do the procedure. I feed and try to find shelters for the cats in my neighborhood, and ones I come across when I am out doing errands. I reach out to rescues but oftentimes they are filled to their limit, on top of helping with spay and neuter. We need events or news segments on the importance of why spay and neuter is such a vital part in taking care of animals/pets in our communities. Food pantries for animals would help lessen the amount of animals that get strayed and abandoned when people are no longer able to afford the basic needs of their pet.
We need to reduce the amount of animals on the street, in a safe way to ensure they can live a longer life either with TNR or adoption. Funding will create new opportunities for these animals to thrive.

Thank You,

Regarding: spay/neuter programs and pet food pantries.

Right now, these critical resources are not funded in the FY27 budget – and that impacts animals, families, and our entire community. Please fund them.

Bless you for your compassion towards all animals!

/Yngve Riling & all the animals

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: MAR. 19 2026

(PLEASE PRINT)

Name: DELMAR [illegible]

Address: 201 VARICK St.

I represent: K9RESCUENYC

Address: 201 VARICK ST. UNIT #712

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: ISAAC IRIZARRY

Address: 10 VARET st BROOKLYN NY 11206

I represent: IRIZARRY Animal Foundation

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 03/19/2026

(PLEASE PRINT)

Name: JAmeal Cephas

Address: _____

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Shlomit Levy

Address: [redacted] Brooklyn NY

I represent: Center for Justice Innovation

Address: 520 8th Avenue New York NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/16

(PLEASE PRINT)

Name: James Bolstow

Address: _____

I represent: Vibrant Emotional Health

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Sofia Tanni

Address: _____

I represent: Asian American Federation (Panel with Omar Kazi)

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rikki McGinty

Address: [redacted] Brooklyn NY 11236

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Michael Phillips

Address: 484 W. 43rd #42E 10036

I represent: Urban Cat League

Address: same as above

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Elaine Mayer

Address: [redacted]

I represent: Rikers Island Cat Rescue

Address: Hazen St E. Elmhurst

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Aisha Elliott

Address: _____

I represent: Womens Prison Association

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Anita Kwok

Address: _____

I represent: United Neighborhood Houses

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Nisha Agarwal

Address: San Francisco

I represent: MOPD

Address: MOPD

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Sara Rawsharara

Address: _____

I represent: MODP

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Tanya Copeland

Address: [redacted] N Bronx, NY 10468

I represent: Bronx Community Cats

Address: Bronx, NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☑ in favor ☐ in opposition

Date: 3/19/2026

(PLEASE PRINT)

Name: Crystal Nevill-Scott

Address: [redacted] Arlington NJ 07031

I represent: Getting OUT + Staying OUT

Address: 201 East 124th St NY, NY 10035

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/26

(PLEASE PRINT)

Name: Alyssa Valentin

Address: _____

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3.19.2026.

(PLEASE PRINT)

Name: OMAR KAZI

Address: 150 COURT ST, BROOKLYN 11206

I represent: ARAB AMERICAN FAMILY SUPPORT CENTER.

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/26

(PLEASE PRINT)

Name: Juan C Pinzon

Address: _____

I represent: Community Service Society / MCCAP

Address: 633 3rd Ave, NY, NY. ACCESS Health

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Alex Blass

Address: _____

I represent: I Ain't Dope CCIT

Address: NY, NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Sheina Bancette

Address: [redacted] Elmont, NY 11003

I represent: Justice for Evde Pierre, CCIT-NYC

Address: NYC, NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/20

(PLEASE PRINT)

Name: Anne Levin

Address: _____

I represent: Brooklyn Bridge Animal Welfare

Address: 710 Montague St Brooklyn 11201

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: _____

Address: _____

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. Budget

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Patrice Green

Address: NY NY 10009

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: _____

Address: _____

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. Budget Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Candice Kumai

Address: [redacted] Brooklyn, NY

I represent: VFAR.

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. Budget Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Allie Taylor

Address: [redacted] Brooklyn 11221

I represent: Voters for Animal Rights

Address: 1276 Putnam Ave Brooklyn 11221

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. budget Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jean Bubley

Address: [redacted], Brooklyn, NY 11217

I represent: Self

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. Budget

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Patricia Honey

Address: [redacted]

I represent: Brooklyn NY 11215

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: WINN PERIYASAMY

Address: 593 COLUMBUS AVE

I represent: GODDARD RIVERSIDE

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Elaine LaPenna

Address: [redacted] NYC 10002 (Apt. 5G)

I represent: Myself & NYCCRA

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Darren Greenwood

Address: [redacted]

I represent: Chelton Loft

Address: 1946 1st Ave

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☑ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: BILL GROSS

Address: 305 7th Ave. NYC 10001

I represent: SAGE

Address: 305 7th Ave NYC 10001

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 1172 Res. No. _____

☑ in favor ☐ in opposition

Date: 3/18

(PLEASE PRINT)

Name: Chelsea Domalski

Address: _____

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 1172 Res. No. _____

☑ in favor ☐ in opposition

Date: 3/19

(PLEASE PRINT)

Name: Yves Mathieu East

Address: _____

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Hector Garcia

Address: _____

I represent: Goodwill Industries NY/NJ

Address: 512 Southern Blvd Bronx N.Y. 10455

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: SHANTAL BODEN

Address: [redacted] ELMHST

I represent: Goodwill NY/NJ

Address: 512 Southern Blvd Bronx NY

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 3/19/26

(PLEASE PRINT)

Name: Trina Prior

Address: Secretary Treasurer DC 37 - Local 372

I represent: Local 372 NYC Bd of Ed Employees

Address: 20 West 33rd Street NY NY 10001

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/10/2026

(PLEASE PRINT)

Name: SONJA CHAI

Address: [redacted]

I represent: BROOKLYN BRIDGE ANIMAL WELFARE COALITION

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

3/19/26

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Charles De San Pedro Jr

Address: [redacted]

I represent: Top Clubhouse

Address: 263 West 86th Street

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. Clubhouse Funding Res. No. _____

☐ in favor ☐ in opposition

Clubhouse Initiative Funding *Date:* 3/19/2026

(PLEASE PRINT)

Name: Blanca Simmons

Address: 263 W 86th Street

I represent: DP clubhouse.

Address: 263 W 86th street

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/26

(PLEASE PRINT)

Name: Faith Behum

Address: UJA-Federation of NY

I represent: UJA

Address: 130 E. 59th Street

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Carmen Garcia

Address: 301 Grove Street Brooklyn NY 11237

I represent: Make the Road New York

Address: 301 Grove St BK NY 11237

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. clubhouse funding Res. No. _____

☒ in favor ☐ in opposition

Date: 3/19/2026

(PLEASE PRINT)

Name: Hadley Weiss

Address: [redacted]

I represent: TOP Clubhouse

Address: 263 W. 86th St.

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/2026

(PLEASE PRINT)

Name: Kathleen Raab

Address: [redacted] Astoria, NY 11101

I represent: SPCA International

Address: 242 W 30th St, NY NY 10001, Room 1503

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: MADDY SANIADAR JOHNSON

Address: [redacted]

I represent: Empire State Pride Agenda (ESPA)

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Simka Ellis

Address: [redacted] Astoria, NY 11102

I represent: Foster Cats Collective of Queens, Inc

Address: same

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: _____

Address: [redacted]

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. Budget Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/26

(PLEASE PRINT)

Name: Laura Jean Hawkins

Address: [redacted] LIC NY

I represent: SHAREings CAREings, Inc.

Address: 31-19 Newtown Ave, Astoria

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: ANNA KRI[illegible]

Address: [redacted] Astoria 11105

I represent: SHARING + CARING

Address: 31-19 Newtown Ave, Astoria 11102

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Marilyn Galfin - animal welfare & budget

Address: _____

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: RONNI MARKS

Address: 35 EAST 38TH ST NYC

I represent: THE HEPATITIS C ACTION + SUPPORT GROUP INC

Address: SAME ABOVE

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 03/19/2026

(PLEASE PRINT)

Name: Jeannine Garriga

Address: [redacted] Bronx NY 10468

I represent: The Hepatitis C Mentor & Support Group

Address: 35 E 38th Street NY, NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/2026

(PLEASE PRINT)

Name: Robert DesRouleauy

Address: 35 East 38th Street, New York, NY 10016

I represent: The Hepatitis C Mentor & Support Group

Address: 35 East 38th Street, New York, NY 10016

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Machael Cush

Address: _____

I represent: Visions

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: MARTHA NEIGHBORS

Address: _____

I represent: SNUG HARBOR CULTURAL CENTER

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: EULE HANTZOPOLOUS

Address: _____

I represent: QUEENS BOTANICAL GARDEN

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: ANGEL HERNANDEZ

Address: _____

I represent: NY BOTANICAL GARDEN

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: MICHAEL SCHNALL

Address: _____

I represent: BROOKLYN BOTANIC GARDEN

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Angelica Ozeno

Address: [redacted]

I represent: CACF - AHNYC

Address: 50 Broad Street 10th Floor

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Nadia Chait

Address: _____

I represent: CASES

Address: 4 West 125

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Lidiya Lednyak

Address: _____

I represent: DOHMH

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Marnie Davidoff

Address: _____

I represent: DOHMH

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jamie Neikles

Address: _____

I represent: DOHMH

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Rebecca Linn-Walton

Address: _____

I represent: DOHMH

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. H. Jean Wright

Address: _____

I represent: DOHMH

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Aaron Anderson

Address: _____

I represent: DOHMH

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Alister Martin

Address: _____

I represent: DOHMH

Address: _____

I Requst for Accomodation
I am a peer
I have a therapist
appt at 4:30pm. If
possible can I leave
out by 4:15

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Christina Sparrock

Address: _____

I represent: New York Lawyers for the Public Interest

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/2026

(PLEASE PRINT)

Name: Maryum Mohammed-Miller

Address: 44 Court Street Brooklyn NY

I represent: Planned Parenthood of Greater NY

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. MoPD Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/26

(PLEASE PRINT)

Name: ELIZABETH VALDEZ

Address: 25 ELM PL BROOKLYN

I represent: BROOKLYN CENTER FOR

Address: INDEPENDENCE OF THE DISABLED

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Katie Mui

Address: [redacted] NY 10011

I represent: Supportive Housing Network of NY

Address: 347 W 37th St FLOOR 18

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/26

(PLEASE PRINT)

Name: Crystal Welsh

Address: [redacted]

I represent: Getting Out + Staying Out

Address: 201 E. 124th St

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/2018

(PLEASE PRINT)

Name: Irina Prior

Address: 125 Barclay St NY NY 10007

I represent: SAPIS, Local 372, DC 37

Address: (Substance Abuse Prevention Intervention Specialists)

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jordyn Rosenthal

Address: 1 State Street

I represent: Community Access

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Lee Ponsker

Address: _____

I represent: INCLUDE NYC

Address: 520 8th Ave NY NY 10018

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

=4

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3-19-26

(PLEASE PRINT)

Name: Robert Acevedo

Address: _____

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rebecca Linn Walton

Address: _____

I represent: DoHMH

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Erhiko Otsubo

Address: _____

I represent: DoHMH

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Lidiya Lednyak

Address: _____

I represent: DOHMH

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Sarah Braunstein

Address: _____

I represent: DOHMH

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Zahirah McNatt

Address: _____

I represent: DOHMH

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Corinne Schiff

Address: _____

I represent: DOHMH

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Aaron Anderson

Address: _____

I represent: DOHMH

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Alister Martin

Address: _____

I represent: DOHMH

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: March 19, 2026

(PLEASE PRINT)

Name: Dr. Robin Recant

Address: [redacted] N.Y. NY 1002[illegible]

I represent: Myself

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: [illegible]

Address: _____

I represent: [illegible]

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Assata Terry

Address: 25 Chapel Street Bklyn NY 11201

I represent: Center for Community Alternatives

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/2026

(PLEASE PRINT)

Name: CASEY STARR

Address: _____

I represent: SAMARITANS suicide prevention center

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/2026

(PLEASE PRINT)

Name: KUMARIE CRUZ

Address: _____

I represent: SAMARITANS suicide prevention center

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/2026

(PLEASE PRINT)

Name: Fiodhna O'Grady

Address: _____

I represent: Samaritans suicide prevention center

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Ryan Manganelli

Address: _____

I represent: 32 BJ Health Fund

Address: [redacted] 25 W 18th St New York, NY 10011

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/1987

(PLEASE PRINT)

Name: Alice Bufkin

Address: 14 Wall St. 4E NY NY 10005

I represent: Citizens' Committee For Children of New York

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/2026

(PLEASE PRINT)

Name: Irma Prior

Address: 125 Barclay Street NY NY 10007

I represent: SAPIS member, Local 372, DC37

Address: (Substance Abuse Prevention Intervention Specialist)

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/2026

(PLEASE PRINT)

Name: Meghan Peterson

Address: 25 Barclay Street NY NY 10007

I represent: President, Local 3005 DC37

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/2026

(PLEASE PRINT)

Name: Deirdré DeLeo VNSHealth

Address: 220 East 42nd Street, NYC

I represent: VNS Health

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/24

(PLEASE PRINT)

Name: Camilla Samuelsson

Address: 151 W. 30th St Fl 11, New York, NY 10001

I represent: New York Lawyers for the Public Interest

Address: [redacted] Brooklyn, NY 11247

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jordana Weber

Address: [redacted]

I represent: SOAP

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/26

(PLEASE PRINT)

Name: Cristina Abbatista

Address: 575 8th Ave, 16th Fl NY, NY 10018

I represent: Urban Pathways

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jihoon Kim

Address: _____

I represent: In Unity Alliance

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/26

(PLEASE PRINT)

Name: MIKE SCHWEINSBURG

Address: 334 E 8TH ST 10003

I represent: 504 DEMOCRATIC CLUB

Address: SAME

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/26

(PLEASE PRINT)

Name: [illegible]

Address: [redacted]

I represent: [illegible]

Address: [illegible]

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Laura Sorino

Address: _____

I represent: Institute for Community Living (ICL)

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Hector Garcia

Address: _____

I represent: Goodwill

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card 15

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/26

(PLEASE PRINT)

Name: Dr David Appel

Address: _____

I represent: NYC School Based Health Alliance

Address: [redacted] NY NY
Work 3450 Reservoir Oval, Bx NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3-19-26

(PLEASE PRINT)

Name: JESUS GARCIA

Address: [redacted] NY NY 10021

I represent: MYSELF

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/16/26

(PLEASE PRINT)

Name: Michael Petti

Address: [redacted] 1373

I represent: Lifelik's Clubhouse Located in

Address: Elmhurst Hospital

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: _____

Address: [redacted]

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Ashley Santiago

Address: _____

I represent: FREEDOM AGENDA

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/26

(PLEASE PRINT)

Name: Nicholas Schultz

Address: _____

I represent: NYC DME

Address: 421 E 26th St.

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Joan Graham

Address: _____

I represent: DME

Address: 421 E 26th St.

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/19/26

(PLEASE PRINT)

Name: Arif Khan

Address: _____

I represent: OCME

Address: 421 E. 26th St. NY 10016

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Yvonne Williams

Address: [redacted]

I represent: OCME

Address: 421 E 26 Street

Please complete this card and return to the Sergeant-at-Arms