



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**

Ashwin Vasan, MD, PhD
Commissioner

Testimony

of

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Commissioner**

New York City Department of Health and Mental Hygiene

Before the

New York City Council

Committee on Mental Health, Disabilities and Addiction

On

Mental Health Roadmap Legislative Package

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Good morning, Chair Lee and members of the Committee on Mental Health, Disabilities and Addiction. I am Dr. Ashwin Vasani, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined today by Deepa Avula, Executive Deputy Commissioner for Mental Hygiene and Jamie Neckles, Assistant Commissioner for Mental Health at the Health Department and Laquisha Grant, Acting Deputy Director of Mental Health Systems and Initiatives from the Mayor's Office of Community Mental Health.

Mental health has been a major focus of my life's work, and for me, it represents a coming together of my professional skills and experience in public health, epidemiology, and clinical medicine, with my personal journey, as a loved one of family who have suffered from, succumbed to, and even triumphed over mental illness, and the impact of that journey on my own wellbeing.

I joined the Health Department more than a year ago, therefore, with a deep commitment addressing rising mental health needs of those in New York City, something you have heard me refer to as the "second pandemic". And I am proud to help lead the Mayor's commitment to centering mental health in the public health agenda for the city. It is good to be here with all of you today to discuss the Council's Mental Health Roadmap. Our city's mental health and wellbeing is a shared value and commitment.

We know that every New Yorker is healthier when they live in a city that is healthy, but right now our city's health is declining, and mental health is a major contributor to that, both directly and indirectly. The crisis is playing out directly in front of us with escalating overdoses. We lost 2,668 New Yorkers to an overdose in 2021, which is the highest number we have ever seen, and are losing a New Yorker every three hours to overdose. Right now, we are on track to surpass this number in 2022.

We know that the mental health crisis also disproportionately affects young people, who have endured a very difficult few years through the COVID-19 pandemic. I know, firsthand, as a parent, what this looks like. Thousands of our youth are coping with loss of a loved one and have experienced social isolation and loneliness, which as you have recently seen, the US Surgeon General has declared a national health crisis. According to the CDC, nearly 1 in 3 teenage girls say they've considered suicide, an increase of 60 percent from a decade ago.

Further, our neighbors who live with serious mental illness are not getting the treatment they need. On average, the time between the first symptoms of serious mental illness and treatment is 11 years, and the result is too many of our neighbors living with a treatable condition on the streets, cycling in and out of hospitals, or worse, our jails and prisons. We cannot accept this.

In March the Mayor and I announced our historic mental health plan, Care, Community, Action: A Mental Health Plan for NYC, which focuses on these three priority areas: improving mental health of our youth, treating people with serious mental illness, and reducing overdose deaths.

This plan is centered on a public health approach, focusing deliberately on the needs of the most vulnerable to build a system that benefits all, and understanding that it will demand unprecedented collaboration between city, state, and federal partners, to address issues like workforce, housing, and payment, which we are already beginning to see. The plan is ambitious and far-reaching and will affect millions of New Yorkers, while also being pragmatic, focused, and clear. It builds on evidence-based approaches, but also combines innovation and iteration, where best practices are not as well-defined.

Some of the key early initiatives we will be building a new front-door to the system for young people, through a digital mental health program for NYC teens to access mental health services more easily and quickly, and that links to site-based care in schools and in the community, as needed, as part of a continuum of services. We are also committed to addressing the potential impacts of social media on children and adolescents and critically looking at online spaces as harmful health exposures, balancing approaches grounded in policy, regulation, and research, with harm reduction and education for young people, caregivers, and other stakeholders.

For our neighbors living with serious mental illness, we are collaborating with the New York State Office of Mental Health to expand mobile treatment capacity to serve 800 more people and make immense efforts to assist the small subset of acutely ill New Yorkers facing street homelessness and SMI. We are also expanding the capacity of our clubhouses—our one-stop facilities for rehabilitation, treatment, and other services—to provide safe, supportive and “sticky” communities for people with SMI that can reduce hospitalizations, homelessness and criminal legal system contact, while expanding employment and educational opportunities and improving health and wellness. During fiscal years 2022 and 2023, NYC clubhouses have enrolled more than 1,000 new members, and this ongoing growth demonstrates a clear demand for these services as a key pillar of our community mental health system for people with SMI.

We also continue to invest in the expansion of 988 and integration with NYC Well, ensuring that New Yorkers have a clear alternative to 911 for their mental health needs that are not emergencies requiring a response in minutes, while positioning NYC as an exemplar in the path-breaking federal 988 initiative which will create a fundamental shift in how we view access to mental health resources.

To reduce overdose deaths, we continue to support Overdose Prevention Centers as a part of expanded Harm Reduction Hubs and are working to expand these services to reach more communities across the city. We are also enhancing our drug checking work, expanding naloxone distribution, bringing our Relay nonfatal overdose response program to additional hospital emergency rooms, and facilitating access to treatment like methadone and buprenorphine.

From a policy perspective, we are working with the state, academic partners, and other stakeholders on an agenda to build the mental health workforce and continue efforts to increase reimbursement for mental health care in line with federal parity laws. We understand that we

cannot continue to build more and more programs on top of a fundamentally under-resourced and under-capacitated system.

And this is just the beginning, the first floor, if you will, of a multi-level, multi-year effort to build the mental health system we've always deserved, but never had, and need now, more than ever. I am happy to expand upon all the initiatives covered by this plan and answer any questions. I am also looking forward to discussing more specifics on new funding at our executive budget hearing on May 15th.

Turning to the legislation being heard today. These bills are still under review by the Law Department.

Introduction 1006 requires the Health Department to establish and implement an outreach and education campaign regarding mental health services that can be accessed under Health + Hospitals' NYC Care program as well as other H+H behavioral health services. We agree that ensuring New Yorkers know how to find the help and care they need is vital. We want to make sure that New Yorkers are connected to the services that are right for them whether that be at an H+H site or by another community provider. We look forward to working with Council to identify more opportunities to promote NYC Well/988 and mental health services throughout the city.

Introduction 1018 requires the Health Department, in conjunction with NYPD and other agencies, to provide an annual report to Council about involuntary removals conducted pursuant to Mental Hygiene Law sections 9.41 and 9.58. These statutes authorize the removal of a person to a hospital for medical evaluation in the event of observable mental health impairment where the person is conducting themselves in a manner likely to result in serious harm to self or others, which can include harm from clearly unmet medical or basic needs. The goal behind these removals is to improve access to care, reduce social isolation and connect people to stable housing and community-based care. We support collecting, tracking, and reporting on this data to the public annually and look forward to working with Council to ensure this proposal is aligned with the data we have access to and are collecting through our work, as well as ensuring that any data reported does not compromise patient confidentiality and privacy.

Introduction 1019 requires the Health Department to develop and maintain a searchable electronic database and interactive map of outpatient mental health service providers in NYC. The Health Department already provides access to a provider directory through NYC Well/988. Providers can submit requests to be included in this directory. NYC Well/988 is available 24/7 to New Yorkers, where they can speak with a counselor and be referred to available services and providers. We look forward to discussing these capabilities with you further and addressing any concerns. We also want to make sure that we are not creating duplicative systems or resources that can be confusing to the public, and we recognize that the State plays the primary regulatory and oversight role of mental health providers and facilities.

Introduction 1021 requires the Health Department, in consultation with OCMH and other relevant agencies, to ensure that each borough has at least two crisis respite centers, open to walk-ins and referrals. To date, nine crisis respite centers - or Supportive Stabilization Centers as

they are now called - already operate across all five boroughs, half of which are in contract with the Health Department and the other half with the State Office of Mental Health or OMH. These sites are an OMH-licensed service and we expect more to open soon. In 2022, OMH released an RFP for additional Supportive Stabilization Centers as well as a slightly higher level of respite care called Intensive Crisis Stabilization Centers. Further analysis is needed after the additional sites are opened to assess remaining needs throughout the city. We look forward to discussing with you how crisis respite center locations are determined based on the agency's assessment of need and population size.

And lastly, Introduction 1022 requires the Health Department in consultation with OCMH to create a pilot program that would establish community centers for individuals with serious mental illness in high-need areas of NYC. The City's Serious Mental Illness plan outlines the expansion of clubhouses, and the Health Department will soon be releasing a concept paper outlining the planned approach to expanding clubhouses in NYC and specifying high-need areas that are to be targeted. I am a strong proponent of this model having run Fountain House before joining the Administration last year and having previously driven expansion of the model in NYC and across the nation. I look forward to working with Council and discussing how the plan to expand clubhouses accomplishes the same goals in the proposed legislation.

We look forward to this discussion and to answering any questions you might have. We thank you for your collaboration as we work together to address the mental health of our most vulnerable New Yorkers.

Thank you.