



**NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**  
Michelle Morse, MD, MPH  
*Acting Health Commissioner*

Testimony

of

**Dr. H. Jean Wright II**  
**Executive Deputy Commissioner for the Division of Mental Hygiene**  
**New York City Department of Health and Mental Hygiene**

before the

**New York City Council**

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

On

**Oversight: Evaluating DOHMH's Systems for Measuring Outcomes and Equity in City-Funded Mental Health Programs.**

December 17, 2025  
250 Broadway, Hearing Room 1  
New York, NY

Good afternoon, Chair Lee and members of the Committee. I am Dr. Jean Wright, Executive Deputy Commissioner for the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene (the Health Department). I am joined today by Jamie Neckles, Assistant Commissioner for the Bureau of Mental Health, and Dr. Rebecca Linn-Walton, Assistant Commissioner for the Bureau of Alcohol and Drug Use. Thank you for the opportunity to testify today.

The Health Department recognizes that mental health and well-being are central to overall health. The Mental Health Division puts this into action by employing a public health approach to supporting the mental and behavioral health of all New Yorkers. We serve as the City's mental health strategist and work with more than 200 community providers to deliver over 800 mental health programs.

First, I'd like to share our vision for mental health for New York City, which shapes our desired outcomes, divisional strategy, and day-to-day operations.

A public health approach to mental health aspires to a future where every single New Yorker lives with dignity and meaning. Everyone has access to the resources they need to thrive and live to their full potential. New Yorkers understand the importance of mental health, have access to services they need, and know how to access them. Where New Yorkers are free from stigma, oppression, and the consequent health disparities.

The Health Department is organized around this ultimate vision. I want to uplift what Acting Health Commissioner Dr. Morse shared in her recent testimony on HealthyNYC, the city's campaign for improving life expectancy. Most New Yorkers did not live to see their 50<sup>th</sup> birthday when the Health Department first started calculating life expectancy in the early 1900's. Today, our latest data shows that NYers can expect to live into their eighties. Transformation has happened and remains possible, especially when there's support for public health infrastructure.

I'll now turn to our work today in the Mental Health Division.

The Health Department is the City's mental health strategist. We stand at the nexus of the city's mental health system - serving as a linkage between the State, the City, hospitals, providers, peers, communities, and experts. We provide decision makers, and the public, with population health data on mental health outcomes, paired with guidance and collaboration in acting on it.

First and foremost, we look to health outcomes to measure the wellbeing of our communities and inform program strategy.

For example, HealthyNYC identified key drivers of life expectancy, including two mental health outcomes: suicide deaths and drug overdose deaths. The Health Department developed ambitious goals to reduce both drivers and closely monitor progress in these outcomes.

Suicide is one of the top 10 leading causes of premature death. After a slight reduction in the suicide rate in 2018 to 2019, rates climbed during the COVID-19 pandemic. Provisional data for

2023 and 2024 show a slight decrease (a 2.5% decrease compared to 2021) showing a return to previous levels. Overall, suicide rates remain mostly level over the long term. We are committed to our goal of reaching a 10% reduction by 2030.

Regarding overdose, our most recent data shows progress with a reduction in drug overdose death. Following years of increases that cost New York City nearly 20,000 lives since 2016 – the number of overdose deaths decreased by 28% in 2024. Residents of all five boroughs saw decreases. While significant racial and geographic inequities persist, overdose deaths decreased among Black and Latino New Yorkers for the first time since 2018.

This information is essential for understanding the health of NYers and guiding our programmatic investments.

Our mental health programs are diverse, ranging from direct services to systems change interventions. We identify unique outcomes for each program to measure service quality, impact, and successful program implementation.

For example, the Intensive Mobile Treatment (IMT) program was created almost 10 years ago because we saw an unmet need and responded with innovation. IMT serves individuals with high service needs that are not being met in traditional mental health outpatient settings. IMT consists of teams working in the community to provide long term support to people with serious behavioral health concerns and complex life situations that may include transient living situations and housing instability and/or involvement in the criminal legal system.

Stable housing is a program outcome we monitor in IMT because many referred individuals are unhoused at the time of enrollment. In FY25, the proportion of those stably housed increased by 23% between the first and most recent year of enrollment.

Individuals referred to IMT also often have a history of involvement in the criminal legal system, so this is another key program outcome we monitor. IMT teams provide support to prevent participants' further involvement. Among IMT participants served in FY25, the proportion of those with jail admissions in the NYC Department of Correction system decreased by 5% between pre-enrollment and the most recent year of enrollment.

If we look at supportive housing, the program outcomes are different. The mission of supportive housing is to provide dignified, safe and affordable housing as a platform for health and recovery. While we monitor aspects of service quality and tenant outcomes, the number of supportive housing units available in itself is a critical program outcome. We currently contract for **12,817 units** of supportive housing and are on track for 13,000 units by the end of the calendar year.

Lastly, I'd like to highlight the Outreach and Syringe Litter Teams. These teams conduct outreach to people who use drugs in public in order to provide naloxone and connect people to treatment, health care, and resources to meet their basic needs. They also respond to community concerns of syringe litter. There are currently 6 teams, operated by 5 contracted Syringe Service

Providers. In 2024, these teams cleaned up and safely disposed of more than 199,000 syringes, initiated over 25,500 participant engagements, and made more than 8,000 referrals to additional care services. To expand on this work, soon all 16 Syringe Service Providers in the City will have Outreach and Syringe Litter Teams.

I've highlighted a handful of the 800+ mental health programs we support to illustrate the thoughtful, evidence-based approach to measuring success we employ for each unique program.

Across all programs, equity is always a critical consideration and desired outcome. Health equity is central to our vision for mental health in the City. We recognize that historic and contemporary injustices in government, health care, and other institutions have deepened distrust and contributed to individual and collective trauma, while exacerbating inequities across health conditions. We aim to eliminate inequities in mental health outcomes. The Health Department is dedicated to supporting the mental and behavioral health of ALL New Yorkers.

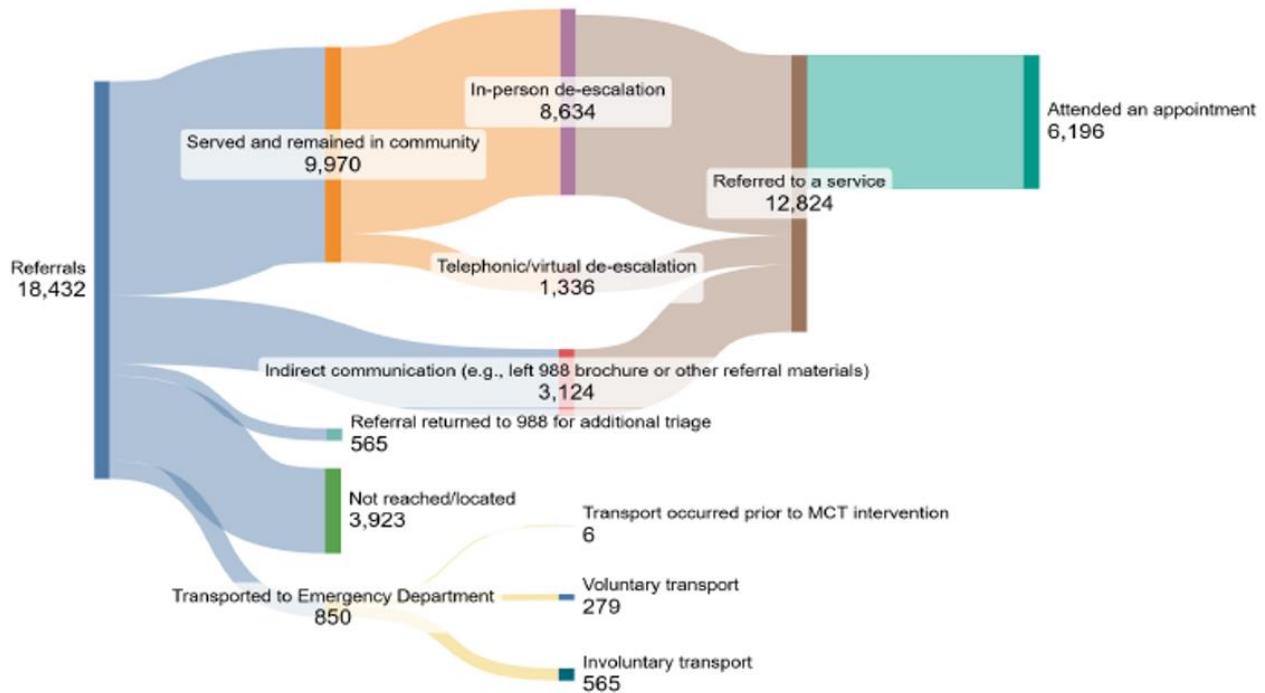
I am proud to share these impressive outcomes today and pleased with the progress we have made. We look forward to continually improving our programs, expanding our partnerships, and enhancing our supports for NYers in the greatest need. We welcome feedback from Council and community members today as we continue to improve and adapt the City's mental health infrastructure to better meet the needs of New Yorkers.

Thank you for the opportunity to testify. My colleagues and I look forward to answering your questions.

## Appendix

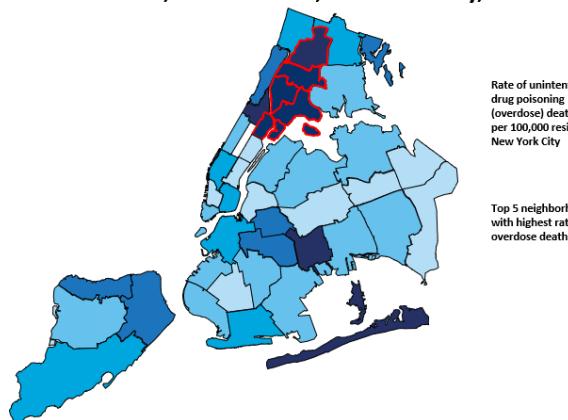
### Mobile Crisis Teams in Fiscal Year 2025

Mobile Crisis Teams attempt to contact every referral they receive. Depending on the individual situation, including the extent and accuracy of incoming information, referrals may have the following outcomes shown in the below chart.

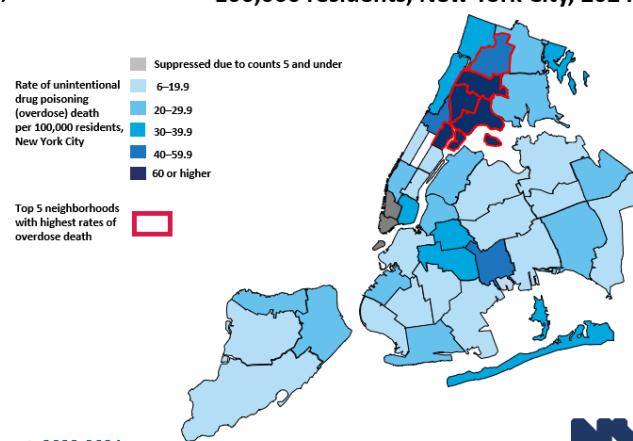


### South Bronx and East Harlem Continued to Experience High Rates of Overdose Deaths in 2024

Rate of unintentional drug overdose death per 100,000 residents, New York City, 2023



Rate of unintentional drug overdose death per 100,000 residents, New York City, 2024



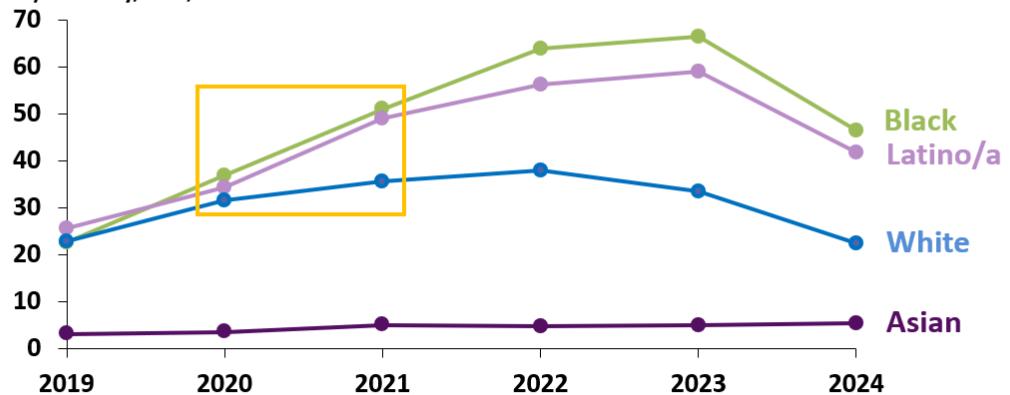
Source: NYC Office of Chief Medical Examiner and NYC Health Department, 2023-2024  
Data for 2023 and 2024 are provisional and subject to change.

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NYC  
Health

# Black and Latino/a New Yorkers Had the Greatest Increases and Slower Decreases Compared to White New Yorkers

Age-Adjusted Rate per 100,000 Residents of Unintentional Drug Poisoning (Overdose) Death by Race/Ethnicity, NYC, 2019 to 2024



Source: NYC Office of Chief Medical Examiner and NYC Health Department, 2019-2024  
Data for 2023 and 2024 are provisional and subject to change.

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# Mental Health Programs in Fiscal Year 2025

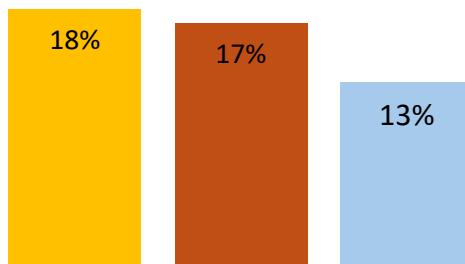
## SPOA Capacity in FY25

At the end of FY25 (as of 6/30/2025), there were **69 ACT teams, 6 FACT teams, 10 SPACT teams, 36 IMT teams, and 26 NMCC providers** in NYC. The capacity of each service type is shown below.

ACT	FACT	SPACT	IMT	NMCC
4,365	409	680	973	3,488

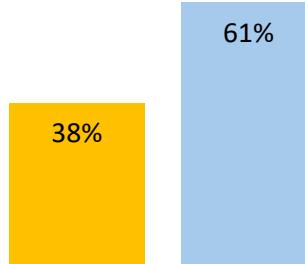
## Intensive Mobile Treatment (IMT) Outcomes in FY25

### Jail Admissions



Participants with jail admissions  
█ Year preceding enrollment  
█ First year of enrollment  
█ Most recent year of enrollment

### Housing Stability



Participants stably housed  
█ First year of enrollment  
█ Most recent year of enrollment

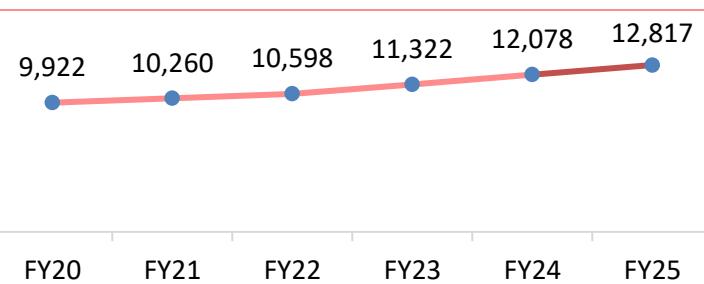
## Supportive Housing Growth in FY25

This chart reflects the growth in DOHMH-contracted supportive housing units over the last six fiscal years.

Average length of residence is

**7.6 years**

### Supportive Housing Unit Growth over the Years



## Clubhouses in FY25

### Employment Activities

