



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

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Health Commissioner

Testimony

of

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**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 and Substance Use

On

**Oversight: From Crisis to Care:
How New York City Connects New Yorkers to Mental Health Services;
Pre-considered Introduction T2023-3879**

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250 Broadway, Hearing Room 2
New York, NY

Good afternoon, Chair Caban 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, Dr. Rebecca Linn-Walton, Assistant Commissioner for the Bureau of Alcohol and Drug Use, and Laquisha Grant from the Mayor's Office of Community Mental Health. Thank you for the opportunity to testify today.

We recognize that mental health is central to overall health. We put this into action by employing a public health approach to supporting the mental and behavioral health needs 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 programs.

We also recognize that we are working within a complex and imperfect system, in this city and country. This work exists within a context shaped by historic injustices. We are committed to working every single day with providers, communities, experts, and families to improve the mental health system and support all New Yorkers.

Today, I'll discuss two important pillars of the continuum of programs we support: crisis services, which are short term interventions for all New Yorkers, and mobile treatment, which are long term interventions for the highest need New Yorkers.

Crisis Services

What constitutes a "Mental Health Crisis" can look very different from person to person. You do not need a diagnosable mental illness or serious mental illness. A crisis may be triggered by a myriad of different internal emotional or cognitive experiences, interpersonal conflicts, including abuse or violence, or environmental stressors such neighborhood safety. It is essential to recognize the complexity and nuances of these experiences in this discussion.

Providing support in moments of mental health crisis is a tremendous duty that we share with our city and state partners. My colleague from the Mayor's Office of Community Mental Health are here today to answer questions regarding the BHEARD program, which is an important part of the mental health care continuum. I will speak to the crisis response infrastructure that the Health Department directly administers.

Crisis services we support can be categorized into three groups: *Someone to Call*, *Someone to Respond*, and *Somewhere to Go*.

NYC 988 is that *Someone to Call* for every single New Yorker.

When someone experiences a mental health crisis, it can be helpful to talk to someone we trust: a friend or family member, a religious advisor, a peer, a mental health professional or health care provider. Anyone can reach out to NYC 988 at any time of day or night, any day of the year, to speak with a trained crisis counselor or peer support specialist. New Yorkers can reach out via call, text, or chat.

NYC 988 counselors and peers will listen to a person's situation and help them through a moment of crisis with emotional support and coping skills. NYC 988 provides counseling and local resources consistent with national standards and best practices.

Counselors help connect people to ongoing mental health services that meet their needs. In New York City, these counselors refer people who don't need immediate care to community based mental health providers and community resources. There is also an online database of service providers available to the public on the NYC 988 website.

Sometimes, a person may be unable or unwilling to seek mental health services to get through their crisis. This brings me to *Someone to Respond*.

In these situations, NYC 988 will dispatch a Mobile Crisis Team (MCT) to visit the person wherever they live within a few hours, 8 am – 8 pm, 7 days a week, citywide. Mobile Crisis Teams are our cornerstone short term intervention for non-life-threatening mental health crises. Mobile Crisis Teams represent a significant portion of the mental health crisis response infrastructure in the city. In FY25, over 18,000 referrals were made to Mobile Crisis Teams. The city is currently served by 25 Mobile Crisis Teams, 22 of which are contracted by the Health Department.

Mobile Crisis Teams include both master's-level mental health clinicians and peer specialists. They meet face-to-face with the identified individual in crisis, as well as their family or other support systems, to engage, assess, de-escalate and connect individuals to the most appropriate services. Meetings typically occur wherever the person resides, such as a private apartment, a supportive housing setting or emergency shelter. After a crisis is de-escalated, people can be connected to out- or in-patient care if appropriate. We consider Mobile Crisis Teams a short-term intervention, typically ranging from 1-3 contacts in a two-week period.

Some people need more support than they can access in their home. These folks might need *Somewhere to Go*, our third and final category of mental health crisis services.

For these situations, Crisis Residences provide an alternative to hospitalization for people experiencing mental health crises. They are warm, safe and supportive home-like places that offer 24-hour peer support, group activities, and connection to clinical services as needed. Guests typically can stay for up to one week. These open-door settings enable people to remain connected to their lives—school, work, family—while getting additional supports through a crisis. People may be referred to a crisis residence by NYC 988, a Mobile Crisis Team, their mental health provider, or through self-referral.

For continued support and treatment, all of these programs can connect New Yorkers to outpatient clinics and community-based services. For the subset of people served by mental health programs who are homeless, service providers assist with referrals to supportive housing, of which the health department contracts over 13,000 units.

For those in need of long-term care that extends beyond clinic walls, we have mobile treatment programs that allow providers to literally meet people where they are.

Mobile Treatment – Long Term Interventions for the Highest Need NYers

Mobile treatment programs are specialty care designed to serve people with the most complex behavioral health needs. We use the term Serious Mental Illness to refer to this combination of behavioral health and functional needs. These are long term interventions for a small subset of high need New Yorkers; unlike the crisis services I previously described.

The Health Department manages the referral system for these specialty services, New York City's Single Point of Access (SPOA), and contracts with community based organizations and hospitals to administer services, namely Assertive Community Treatment (ACT) and Intensive Mobile Treatment (IMT) Teams.

Providers make referrals to SPOA through our website. Referral sources include the crisis services providers I just described, as well as community based mental health, shelter, and housing providers who recognize that their client could benefit from a higher level of care. Hospitals, jails and prisons also make referrals to SPOA, as a part of their discharge planning process.

Clinicians at the Health Department's SPOA review eligibility and assign people to the appropriate level and location of care. The SPOA system received 4,952 referrals in FY25. Our clinicians will determine if someone is eligible for ACT and IMT, which have a combined capacity to serve about 6,500 people at a time.

ACT is an international evidenced based model that provides mobile, community based mental health and substance use treatment to people with serious mental illness, whose needs have not been met by clinic-based care. Teams are multidisciplinary, comprised of peers, social workers, psychiatrists and nurses who will visit clients wherever they live to administer medication and support clients in achieving goals such as housing and job placement.

ACT teams are licensed by the State Office of Mental Health (OMH) and contracted by both OMH and the Health Department. In NYC, there are 80 teams serving approximately 5,500 New Yorkers. ACT teams are operated by a total of 20 community-based-organizations and 15 hospitals, including NYC Health and Hospitals, state operated psychiatric centers, and private hospitals.

Some of these teams specialize in certain populations. Six Forensic ACT teams work exclusively with eligible individuals with current or past criminal legal involvement. Ten Shelter Partnered ACT teams work exclusively with eligible individuals residing in mental health shelters.

IMT provides mobile treatment like ACT but was created by the Health Department in 2016. IMT serves people with more complex cross system involvement, housing instability and transience - who sometimes have more complex, or less clear, behavioral health diagnoses.

Multidisciplinary IMT teams include behavioral health clinicians and peer specialists who bring services to wherever participants are in the community - the street corner, a shelter or a residential setting.

IMT provides mental health and substance use treatment, including medication, care coordination, and behavioral health support. The teams individualize service frequency and duration, and participants may stay in the program as long as they require the supports. IMT teams may also continue to provide services to participants during hospitalization, incarceration, and residential substance use related rehabilitation to promote continuity of care.

Our mobile treatment programs accessible through SPOA (ACT and IMT) are distinct from crisis services. Both are essential interventions that address different needs and play pivotal roles in the continuum of mental health care.

I will now turn to the legislation, before answering questions.

Pre-introduction T2023-3879, refers to the establishment of a taskforce on 988 and a public education campaign. We support the intent of the bill and look forward to further conversations about how existing efforts meet these needs. The Health Department is planning multiple 988 and mental health awareness campaigns this year. Additionally, there are mechanisms in place to improve the NYC 988 program, which includes stakeholder and community input.

The Health Department is deeply committed to this work and has been for decades. I want to thank the providers who carry out this important and challenging work every single day. I am pleased with the progress we have made, but we still have so much more work to do. Thank you for the opportunity to testify today. I look forward to answering your questions.