



Testimony

of

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before the

**New York City Council Committee on Mental Health and Substance Use
New York City Council Committee on Disabilities**

on

The FY27 Preliminary Budget

**March 19, 2026
City Hall
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Good afternoon, Chair Cabán 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, Executive Deputy Commissioner Dr. Jean Wright, Assistant Commissioner Dr. Rebecca Linn-Walton, and Assistant Commissioner Jamie Neckles.

Thank you for the opportunity to testify today on our Preliminary Budget as it relates to mental health. This is my first time testifying before the Committee on Mental Health and Substance Use. I would like to briefly introduce myself.

I found public health by working in the emergency room. It soon became clear to me that many of my patients were in the ER not because of an acute health emergency, but because every other system had failed them. The ER was the last place left to turn.

I learned how much upstream systems matter by watching them fail again and again. There's one story in particular I'd like to share with you.

On the sixth day of my emergency medicine training as an intern, a woman came into the ER at 2:30 in the morning. She was wheeling a suitcase behind her. My patient sat before me with smudged mascara, shoulders curved inward, and hands knotted in the sleeves of her sweatshirt. She told me her story. After surgery to fix a shattered ankle, she came home with a row of neat white pills for the pain. When her Oxy prescription ran out, she turned to her husband's old bottles in the bathroom cabinet. When that, too, ran dry, she found herself accepting pills through a half-opened car window behind a CVS.

The night she came into the ER, she showed up because she wanted her life back. She asked me for help—and I naively thought that I could help her. But when I asked my attending about next steps, he told me to discharge her. There was nothing we could do to help: in his words, it was “just not what we do here.”

I did what I was told. I sent her away. I would like to think she got the help she needed, but the truth is I don't know what happened. What I knew was that I didn't want that to happen again—to her, or to anyone else.

Driven by that experience with my patient, I founded Get Waivered to help ER clinicians obtain the waivers needed to treat substance use disorder on the spot. The program grew into a national movement, helping thousands of providers re-envision the emergency department as a front door for recovery. Above all else, this patient showed me that there are so many larger systems we need to invest in to change the circumstances that bring people to the emergency room in the first place.

That's the kind of upstream work happening at the New York City Health Department, each and every day. Our mental health programming spans substance use, serious mental illness, support for justice-involved populations, youth mental health, supportive housing, and more. All of it is making a meaningful difference in the lives of New Yorkers every day—what I share with you today are just a few of the highlights.

One of our most encouraging metrics of success is that in 2024, overdose deaths in New York City fell by 28%, the first significant decline in nearly a decade. That did not happen by accident. It happened because of sustained public health investments and programs that meet New Yorkers where they are without judgement and with resources that save lives.

It happened because of community health workers like Ava and Miriam on our Response and Engagement Teams. They walk the streets every day and engage with New Yorkers one on one.

I was out with them near Penn Station a few weekends ago, and Ava told me the story of a shift she worked last summer. She and Miriam were working in the South Bronx when she came upon an unconscious man surrounded by bystanders. She administered Narcan, revived him, and called EMS. He made it to the hospital. Were it not for Ava, that man would not be here today.

Again, that 28% decline is not passive. It is the result of years of deliberate investment in naloxone distribution, in harm reduction, and in our programs like Relay.

Relay is our hospital-based, peer-led overdose prevention program. Peer wellness advocates are sent into emergency departments to meet patients who wake up from a nonfatal overdose. As these patients recover, they are met with compassion, connection, and care. Relay reached nearly 1,600 patients in 2025 alone, and 95% of them accepted services in the emergency department. Relay is a monumental success. We recently expanded to Wyckoff Heights Medical Center in Brooklyn, which is now the 16th hospital in our program.

The 28% decline is not caused by any one program. It is only possible because of a broader network of harm reduction, resources, and community-based care. It is the result of the naloxone we help put into the hands of some 300,000 New Yorkers a year. It is the result of Response and Engagement Team members like Ava and Miriam, who do the quiet, unsung work of representing this agency every single day, connecting New Yorkers to care, and sometimes reviving them in the field. It is also the result of coordinated engagement with City Council, community organizations, and peers all rowing in the same direction.

We are seeing an impact not just in the citywide data, but in alleviating the racial inequities too. For the first time since 2018, we saw overdose deaths decline among Black and Latino New Yorkers too. That is what public health funding does. It saves lives. And the progress is continuing. Early 2025 data show the lowest quarterly death count since 2020.

Of course, none of these challenges happen in a vacuum. For so many of our neighbors, medical issues are not the underlying drivers of their mental health struggles and substance use disorders. It's structural.

Often, what New Yorkers need most is solid ground to stand on. They need a safe place to come home to. Everything else can follow from there. The most tangible way we can provide that is through supportive housing. We remain committed to develop 15,000 units of supportive housing, which provide affordable, independent, and permanent homes to New Yorkers who are unhoused and either have or are at high risk of a serious mental illness or a substance use disorder.

This year, we surpassed 13,000 units total of both 15/15 units and State-City partnership program units. We are well on our way to meeting or exceeding our goal. Especially in one of the most expensive cities in the world, these units are a lifeline for thousands of our neighbors.

We also continue to invest in our crisis hotline: through 988, we provide confidential support services at all hours of the day and night. Ninety percent of calls are answered within 30 seconds, and we offer services in English and Spanish with interpretation services available in over 200 languages. Our callers are trained to refer New Yorkers to the appropriate services and make sure that whatever their concerns are, they know they don't have to face them alone.

We want every person in our city to know that help is available. So earlier this week, we launched a social and digital 988 campaign in English, Spanish, and Chinese. That campaign is reaching New Yorkers right now and will continue through April.

Now, I will turn to the funding that makes all of this work possible. At the New York City Health Department, mental health care is integral to our overarching vision to achieve longer, healthier lives for all New Yorkers. Our division of Mental Hygiene leads that work and employs about 600 people with an operating budget of \$850 million for fiscal year 2027, as of the Preliminary Budget.

We are grateful for that continued funding and are particularly encouraged to see a sustained City investment in our supportive housing portfolio and our Outreach and Syringe Litter teams.

At the state level, we're grateful for several investments in critical mental health programming, including \$17.5 million to expand teen mental health first aid for all tenth graders statewide.

And finally, at the federal level, we are watching the administration's actions closely and have been gravely concerned to see national mental health infrastructure devalued over the last year. At the New York City Health Department, our federal funding is concentrated in our disease control and emergency preparedness divisions. Our Division of Mental Hygiene is not heavily reliant on federal funding, but every part of our agency is impacted by the rapidly changing public health landscape.

Here in New York City, we will continue to meet mental health challenges with compassion rather than criminalization. I am proud to lead an agency that puts that into practice every day. I am grateful for support at the state and city levels that allow us to do this life-saving work. Thank you for your attention. I am happy to take your questions.