Testimony

of

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before the

New York City Council Committee on Mental Health and Substance Use

on

The FY27 Executive Budget

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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 of Mental Hygiene, Dr. Jorge Petit; and Assistant Commissioners Jamie Neckles and Dr. Rebecca Linn-Walton. Thank you for the opportunity to testify today on our Executive Budget as it relates to mental health.

Our mental health work is a core component of our larger vision for the Health Department and the city. We offer a wide range of free services for justice-involved populations and New Yorkers struggling with mental illness or substance use. Some of those services are delivered directly by Health Department employees. In addition, we work with more than 200 community providers to deliver more than 500 programs that offer crisis intervention, housing, clinical support, and other mental health programming.

We build on that work every day. For example, in my first 90 days at the agency, I was proud to announce:

- A 12-million-dollar investment in the peer workforce at substance use recovery programs across New York City;
- A 20-million-dollar investment in perinatal and early childhood mental health services, as well as the expansion of our Nurse Family Partnership program;
- And a new campaign that encourages New Yorkers to order and carry our free naloxone kits. Last year alone, we distributed more than 285,000 naloxone kits and more than 100,000 fentanyl test strips.

Across every service, we are focused on harm reduction, accessibility, and honoring every person's humanity.

That is perhaps best exemplified by our peer workforce programs. Last month, the Mamdani administration announced a 12-million-dollar investment of opioid settlement funds. The money will go toward peer workforce development programs for substance use recovery, including internships, scholarships, and direct hiring opportunities. Over the next four years, this money will ultimately help employ 500 more peers across New York City.

The peer model honors the fact that people in recovery have a story no one else can tell. There is no substitute for lived experience. The recent investment in this workforce will help equip 500 more people to retrace their steps on the road to recovery—and bring someone back with them.

Whether New Yorkers are struggling with substance use, mental illness, or transitioning out of incarceration, they need the same things we all do: to know they are not alone and to have a safe place to come home to. We recognize that affordable, stable housing is the starting point for recovery. We're determined to get as many New Yorkers as possible housed and connected to resources.

We remain committed to the goal of the 15/15 program 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 having a serious mental illness or a substance use disorder. This year, we surpassed 13,000 units of both 15/15 units and State-City partnership

program units. We are well on our way to meeting or exceeding our goal.

Approximately 13% of our supportive housing units serve families with children; about 5% serve young adults. In aggregate, that is more than 2,000 units that are providing New Yorkers with stability early in their lives. All 13,000 of these apartments provide long-term solutions. Our data shows that for people moving out of supportive housing, the average length of stay is 7.6 years. These units are a lifeline for thousands of our neighbors, especially in one of the most expensive cities in the world.

In this year's Executive Budget, I am particularly proud to see the necessary funding to turn our Community Syringe Redemption Pilot Program into a mainstay initiative. That program offers payment for the collection and safe disposal of used syringes in public spaces. Participants receive guidance on how to safely dispose of syringes and are paid 20 cents a syringe for up to 10 dollars a day. In the first year alone, that program was responsible for the collection of more than 1.7 million syringes and enrolled over 1,800 participants. That's 1.7 million syringes safely discarded away from public reach. By every metric, it was a remarkable success.

That is reflected in the testimonials of participants—one of our earliest adopters said this program gave them a reason not to reuse needles. While removing litter is one small piece of a larger ecosystem for harm reduction and recovery, it is making a tangible difference in our communities.

The Syringe Redemption Program is complemented by the ongoing work of our Outreach and Syringe Litter teams, who also offer naloxone and service referrals to New Yorkers who frequent the high-use areas our teams prioritize. Every Outreach and Syringe Litter team partners with a Syringe Service Program, which provides overdose prevention education, HIV and hepatitis C testing, and referrals to a range of health and social services.

There are 14 Syringe Service Programs across the city, and they provide services at both brick-and-mortar locations and through mobile vehicles. Their work reaches approximately 22,000 people a year. I am grateful to see the value of the Syringe Redemption Program—and the larger harm reduction work it is a part of—be recognized in our city budget.

While mental health care is integral to programming across the Health Department, our Mental Hygiene division leads that work and employs about 600 people with an operating budget of over $900 million for fiscal year 2027.

There are several components of this year's city budget that support our mental health programs. In particular, there are longstanding funding cliffs that have been structurally solved in the budget. We are very grateful to see our work receive the long-term stability it deserves and break out of the pattern of year-to-year funding.

That includes our Mobile Treatment programming, which encompasses Intensive Mobile Treatment and Assisted Outpatient Treatment teams. IMT teams serve New Yorkers whose needs are not being met in traditional mental health settings. They serve some of our hardest-to-reach neighbors and meet them wherever they are: a home, a shelter, a street corner. Many of these teams include both clinicians and peer specialists, who are equipped to support New Yorkers through

mental health and substance use treatment. Services are individualized, and courses of treatment are expected to last several years. That program reached more than 1,000 people a year.

In parallel, our Assisted Outpatient Treatment teams support adults with a history of multiple hospitalizations or harm caused by nonadherence to mental health treatment plans. AOT reinforces recovery by monitoring the progress of a court-ordered treatment plan and supporting New Yorkers through care coordination across multiple different service providers. That work supports more than 2,000 people a year.

We are also encouraged to see funding stabilized for clubhouses, which provide New Yorkers living with serious mental illness with help accessing benefits, employment opportunities, and community. There are 13 clubhouses across all five boroughs. Each of these physical sites houses a community stronghold for New Yorkers with mental illness. Forty percent of members have been enrolled for more than five years. Here, participants are not clients or patients, they are members—and each clubhouse is designed by and for the people it serves.

New Yorkers deserve reliable, stable access to these services, and we are reassured that this Council and this administration are dedicating the resources to sustain them.

Finally, at the federal level, we are watching the administration's actions closely. National mental health infrastructure has been consistently devalued under this administration. Harm reduction work in particular has come under unwarranted scrutiny.

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. We continue to monitor changes in federal funding, infrastructure, and policy.

In many ways, the year ahead is sure to be a challenging one—but I have every confidence we will meet the moment. That confidence is not derived from any one leader, but from the many public servants committed to showing up for our city every day.

Early in my tenure as Health Commissioner, I spoke with one of our public servants working in substance use recovery. When I asked what keeps her going each day, she told me something I will never forget. She told me that this wasn't a job—it was a calling.

I am grateful to lead an agency of people who took a job and made it a calling. I have every confidence my agency will continue to answer the call for our city.

Thank you for your attention. I am happy to answer your questions.