NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Ashwin Vasan, MD, PhD
Commissioner

Testimony

of

Jamie Neckles
Assistant Commissioner, Bureau of Mental Health
New York City Department of Health and Mental Hygiene

before the

New York City Council

Committee on Mental Health, Disabilities and Addiction
Committee on Fire and Emergency Management
Committee on Public Safety
Committee on Hospitals

On

Oversight: Behavioral Health Emergency Assistance Response Division (B-HEARD) and Responses to Mental Health Crises.

And

Int. 532-2024
Int. 1019-2024

September 23, 2024
City Council Chambers
New York, NY

Good afternoon, Chairs Lee, Salaam, Ariola, Narcisse and members of the Committees. I am Jamie Neckles, Assistant Commissioner for the Bureau of Mental Health at the New York City Department of Health and Mental Hygiene (the Health Department). Thank you for the opportunity to testify today. I am pleased to be here with my colleagues to explain the Health Department's vital role in addressing the mental health needs of New Yorkers.

The Health Department's mandate is to protect and promote the health and wellbeing of all New Yorkers. Promoting mental health is a critical part of this responsibility. We employ a public health approach to this work with the primary goal of preventing mental health crises before they happen. However, when they do occur, we seek to ensure all New Yorkers have access to responsive care that includes health and social supports that are affordable, accessible, effective, and free of stigma.

Providing support in moments of mental health crisis is a tremendous duty that we share with our city partners. My colleagues at the Mayor's Office of Community Mental Health (OCMH) spoke to one critical piece of this ecosystem – the BHEARD program. This is a health-centered response to 911 mental health emergencies administered by the NYC Fire Department and NYC Health + Hospitals (H+H) with oversight from OCMH.

I will speak to the mental health crisis response and treatment infrastructure that the Health Department administers. This is to give context for the broader system in which FDNY and H+H's BHEARD program operates and promote awareness of valuable services and supports available to New Yorkers from the Health Department. First, I want to provide some context for the Health Department's work in this space.

What constitutes a "Mental Health Crisis" can look very different from person to person. You do not need a diagnosable mental illness, a serious mental illness, or be experiencing homelessness. 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.

Additionally, anyone can experience a mental health crisis. A diagnosis or specific experience is not required to experience this kind of distress. We are here today to discuss the mental health care system that aims to support all New Yorkers. It is important to note that the housing crisis, for example, exerts tremendous pressure on this system. Housing is a well-established determinant of health - lack of it negatively impacts health in many ways. As a city, we must support both mental health care infrastructure and affordable housing for all New Yorkers.

I will now speak to our programs. The Health Department offers three kinds of mental health crisis services, simply categorized as *Somone to Call, Someone to Respond, and Somewhere to Go.*

I'll start with *Someone to Call*. 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 mental health or health care provider. Anyone can reach out to 988 at any time of day or night, any day

of the year, to speak with a trained crisis counselor or peer support specialist. NYC 988 is the Health Department's largest mental health crisis service. 988 provided crisis counseling over 311,000 times via call, text, or chat during Fiscal Year 24. 988 counselors and peers will listen to a caller's situation and help them through a moment of crisis with emotional support and coping skills. They will also help connect them to ongoing mental health services that meet their needs.

Sometimes, a person may be unable or unwilling to seek mental health services to get through their crisis. This brings me to the *Someone to Respond category.* 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. There are 24 teams serving all five boroughs: 19 teams serving adults and 5 teams serving children. In Fiscal Year 24, we received 16,500 referrals for adult mobile crisis teams.

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, the Health Department also supports Crisis Residences, which 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 988, a mobile crisis team, their mental health provider, or self-refer.

Now that I've described our short-term crisis services that offer someone to call (988) someone to respond (Mobile Crisis Teams) and somewhere to go (Crisis Residences) - I'll move on to describe our long-term treatment and recovery programs. These programs are 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.

The Health Department manages New York City's Single Point of Access (SPOA) system to these specialty treatment and recovery services. People are connected to these programs by providers who make referrals through the Health Department's 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 our Single Point of Access, as a part of their discharge planning process. SPOA system received 4,107 referrals in FY24.

SPOA accessible treatment and recovery programs include Assertive Community Treatment (ACT) and Intensive Mobile Treatment (IMT) Teams, which have a combined capacity to serve about 6,500 people at a time. These programs provide long term engagement and treatment for people with serious mental illness who have not found the support they need in traditional settings. One of the many benefits of these programs is reduced risk of future mental health crises. Clinicians at the Health Department's SPOA review eligibility and make referrals to the appropriate level and location of care.

In addition to managing the referral process, the Health Department also contracts with community-based organizations and hospitals to operate Assertive Community Treatment (ACT) Teams. ACT Teams provide longer term mobile mental health and substance use treatment to people with documented serious mental illness. These teams are staffed by behavioral health clinicians and peers. There are 77 total ACT teams in the city. The Health Department contracts for 47 teams, the State Office of Mental Health contracts for the remaining 30 teams. Some of these teams specialize in certain populations. Our 6 Forensic ACT teams work exclusively with eligible individuals with current or past criminal legal involvement. Our 10 Shelter Partnered ACT teams work exclusively with eligible individuals residing in mental health shelters.

We also contract with community-based organization to operate Intensive Mobile Treatment (IMT) Teams. These are interdisciplinary teams, including peers, that provide mobile mental health and substance use treatment for people with serious behavioral health concerns, very complex life situations, transient living situations and/or involvement with the criminal legal system. We support 36 teams serving all 5 boroughs. These teams are designed to engage the hardest to reach New Yorkers.

The Health Department works tirelessly to administer short-term interventions to deescalate moments of mental health crises and provide long-term treatment and recovery supports in the community for people with complex and high needs. This is in addition to administering a continuum of other essential mental health services, such as youth and school-based programs, supportive housing, and much more.

The Health Department is deeply committed to this work and has been for decades. 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.