



Testimony

of

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**New York City Department of Health and Mental Hygiene**

before the

**New York City Council Committee on Mental Health, Developmental Disability,  
Alcoholism, Substance Abuse & Disability Services**

on

**FY 2016 Preliminary Budget**

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Good morning Chairman Cohen and members of the Committee. I am Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined by Dr. Gary Belkin, the Department's Executive Deputy Commissioner for Mental Hygiene, and Sandy Rozza, the Department's Deputy Commissioner for Finance. Thank you for the opportunity to testify today on the Department's Preliminary Mental Hygiene Budget for Fiscal Year 2016.

I am pleased to report that there are no reductions to the Agency's budget for mental hygiene. There is actually an increase in funding for services, as \$8.5 million was added for fiscal year 2016, based on the recommendations of the Mayor's Task Force on Behavioral Health and Criminal Justice. These funds will support public health diversion centers, crisis intervention teams, health services to the Rikers Island enhanced housing units, and discharge planning. All told, with the release of the Task Force recommendations, the upcoming Medicaid managed care transition, the First Lady's activities to elevate the conversation around mental illness, and the efforts of the Council in this arena, mental health issues - by which I also mean substance use and developmental disabilities - are increasingly moving into the forefront. I want to acknowledge how significant this is: as I have said before, my primary goal as Commissioner is to reduce health disparities and address the needs of the most vulnerable New Yorkers. This includes mental health issues as much as it includes physical health conditions. And, as we all know, the two are often intertwined.

Promoting mental health must begin at the earliest stages of life. Providing for positive social-emotional development and supporting the mental health needs of children and their families are priorities for me, for Dr. Belkin, and for our colleagues at the Department.

As we raise awareness about mental health issues, we need to also address disparities in care and treatment for mental health and substance use disorders. For example, African-American New Yorkers with depression are more likely than other racial groups to report that they are not getting care. Addressing these disparities will also require going beyond traditional approaches and embracing what is known as "place-based", or neighborhood-based solutions. This approach recognizes that inequality exists, and disadvantage is concentrated in certain communities. Such disadvantage is rooted in the social conditions that vary across the City. While seeking to provide people better access to a variety of services, we must also acknowledge that neighborhood factors such as exposure to violence and lack of economic opportunity have a bearing on mental health. The Department's proposed Neighborhood Health Hubs are a core example of how we can better integrate health and mental health care, along with other social services, into our communities.

### **City and State Budget Highlights**

Before we discuss some of the issues specific to this Committee, I would like to provide a few budget updates. The Mayor's budget priorities reflect a commitment to improving

individual health by investing in communities and addressing factors outside of health services, factors that are often referred to as social determinants of health. The \$340 million allocated for Universal Pre-Kindergarten will build on the success of this past year. The Health Department was highly involved in this effort, and our staff worked tirelessly to facilitate the opening of 30,000 new seats, giving our youngest New Yorkers better opportunities for success. This year another 20,000 seats will be added, half of which are expected in daycare centers.

Another key social determinant of health is housing. Access to reliable housing can improve the quality of life for New Yorkers with mental health challenges and can create other positive health outcomes. The Administration's work on this issue is heavily influenced by our partners in Albany. The Governor's budget allocates \$20 million to the State Office of Mental Health to support the transitioning of individuals from adult homes and nursing homes to the community. It also includes funding for 80 new congregate care beds associated with the New York/New York III program, along with approximately 1,300 new units. While this funding is a good start, it is nowhere close to adequately supporting the housing needs of New Yorkers with behavioral health conditions. I ask the Council to support a commitment of 12,000 units of supportive housing in the City over the next decade. The funds being contemplated in Albany would pay for fewer units than provided by New York/New York III, even though the population is now twice as large. Housing is a basic essential for good health.

Another issue in which the Department is deeply involved in is Medicaid reform, especially as we prepare to transition to managed behavioral healthcare for Medicaid beneficiaries. All Medicaid recipients who need behavioral health services - approximately 2.5 to 3 million New Yorkers - will have their care provided within Medicaid managed care plans. A subset of these plans, known as Health and Recovery Plans, or "HARPS", will offer an enhanced package of psychosocial services and supports to approximately 65,000 New Yorkers aged 21 and older who have complex behavioral health needs. The integration of all service needs within one plan offers advantages to patients and providers, and is also expected to reduce costs. We are working hard to ensure that Medicaid beneficiaries, plans, and providers have the information they need for a successful transition. While the changes provide opportunities for improvement, they also have the potential for disruptions in care.

### **Programmatic Highlights**

Now I would like to take a moment to discuss some of the Department's programmatic initiatives and accomplishments from the past year related to behavioral health.

Most recently, we announced an innovative new partnership with the First Lady and the Fund for Public Health that will create a roadmap for a more inclusive health care system in our City. This plan will bring together City agencies, community partners and mental health providers to develop a more comprehensive and unified approach to mental health services. This extremely important initiative will improve common mental health conditions where both needs

and outcomes now vary by neighborhood, by race, and by economic status. The roadmap will be finalized over the summer, and we look forward to this committee's input as we move forward with its development.

Another one of the Department's core commitments to mental health is in our correctional facilities. Approximately 25 percent of inmates in the New York City jails are assessed to have some form of mental illness when incarcerated, with a smaller group of the total inmate population – about five percent – designated as seriously mentally ill. At the beginning of fiscal year 2015, the Mayor set aside \$32.5 million for mental health services for inmates. The Health Department, which will receive \$6.7 million of this funding, works in collaboration with the Department of Correction to create more therapeutic settings for inmates with behavioral health issues. This funding has been used for four of the 22 Mental Observation Units at Rikers; two of these four “Program for Accelerating Clinical Effectiveness”, or “PACE” units, are now open. We also received additional funding through the Mayor's Behavioral Health and Criminal Justice Task Force for initiatives that divert individuals away from the criminal justice system, safely de-escalate behavioral disturbances in the jails, and increase discharge planning services upon release. The first of these Public Health Diversion Centers will open this fall. I thank Commissioner Ponte for his commitment to reform at Rikers. It is a long process, but this Administration is committed to enacting lasting change throughout the criminal justice system.

Reliable crisis services are also part of our work. We have expanded the Children's Rapid Response Mobile Crisis Teams, which provide short-term response and management services to youth under age 18. These teams aim to defuse behavioral and mental health crisis situations, and link children and their families to community services as an alternative to emergency room use and hospitalization. Since the first team was launched in the Bronx in 2013, we have added two other teams in Brooklyn and Queens in the fall of 2014. The next team will start in Manhattan in the late spring of this year. But our efforts to help families and children need to also be preventive, and supportive to all parents, so that they can successfully raise physically and mentally healthy children. As a result, the Department is increasing its role in fostering approaches that are proven to work in early childhood for long-term mental health. This includes pursuing evidence-based models of parent coaching, such as through peers, which have been effective in the Department's parent-run Family Resource Centers. Identifying ways to spread this type of intervention through communities will be a key priority for us moving forward.

Families, and our City as a whole, also continue to grapple with the impact of the opioid epidemic. At least one New Yorker, on average, dies every day from opioid-related overdose. Our efforts to address this problem include working with providers and educating the general public. We will continue to increase access to naloxone, a drug that reverses opioid overdose and can be administered by an affected person's friend or partner. We are also working with

providers across the City to incorporate the use of medications, in particular buprenorphine, to treat opioid addictions and reduce risk of overdose. In addition to addressing opioids, we are working to highlight the dangers of excessive drinking. Excessive drinking continues to be a problem for New Yorkers; one in five adult New Yorkers report being harmed at least once in the past six months as a result of someone else's drinking. We launched an ad campaign, in subway cars and the bathrooms of nearly 100 bars across the City, to let New Yorkers know that "Just One More Drink *Can* Hurt." I am pleased by the results of this campaign; our evaluation showed that people who saw our advertisements cut off a friend who was drinking too much, and over a third of the people who saw the advertisements at least once took a taxi or car service home after drinking. These advertisements helped New Yorkers understand that excessive drinking puts them at risk, and also affects those around them

### **Looking Ahead**

A future in which New Yorkers can obtain the mental health care and support they need will require collaboration among those of us in government, our community and private-sector partners, and the evolving healthcare system. It will be a challenge. But if we can work together neighborhood by neighborhood to identify needs and resources, recognizing that many factors affect health, including housing, education, and safety, we will ensure that every New Yorker can live in a setting that promotes health and mental health, with access to the care and treatment they need and deserve.

The work of this Committee is critical to meeting that goal and advancing the initiatives I have discussed today, and we consider the Council an essential partner as we move forward. Thank you again for the opportunity to testify. Dr. Belkin and I are happy to answer any questions.